

S.261

An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience

It is hereby enacted by the General Assembly of the State of Vermont:

\* \* \* Purpose \* \* \*

Sec. 1. PURPOSE

It is the purpose of this act to ~~continue to build~~ create a consistent family support system by

~~enhancing opportunities to build utilizing and enhancing existing child and family supports and programs that build~~ child and family resilience for all families

~~throughout the State. Further, the bill intends to support all families that are experiencing childhood trauma and toxic stress that leads to childhood trauma, such as adverse childhood experiences.~~

While significant efforts to provide upstream services are already well under

way in many parts of the State, these efforts have been underfunded for years, and the underfunding leads to delays in services, as well as barriers for families to receive services they need in a timely manner. better coordination is necessary to ensure that

~~gaps in services are addressed and redundancies do not occur. Coordination-Implementation of~~

upstream services that are cost effective and either research- evidence-based or research evidence-

informed decrease the necessity for more substantial chronic conditions and downstream services,

including services for opioid addiction and other substance use disorders.

\* \* \* Human Services Generally \* \* \*

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

As used in this chapter:

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

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

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

PARENT CHILD CENTERS SUPPORT SECTION 3 AS IT IS WRITTEN. WE DO BELIEVE FUNDING NEEDS TO BE ALLOCATED TO SUPPORT THE EXPANSION ENVISIONED IN THIS SECTION.

§ 3403. EXPANSION OF SUPPORT SERVICES IN PEDIATRIC

PRIMARY CARE

The Commissioner for Children and Families, in collaboration with the State’s parent-child center network, shall implement a program linking pediatric primary care with support services in each county of the State. The Commissioner shall select at least one new county annually in which to implement a program based on regional need and available pediatric and parent-child center partners. The Commissioner may accept private grants and donations for the purpose of funding the expansion. Each county shall have at least one pediatric primary care and support service partnership on or before January 1, 2023.

Sec. 4. 33 V.S.A. § 3404 is added to read: (NO COMMENT)

§ 3404. CHILDREN OF INCARCERATED PARENTS

The Departments for Children and Families and of Corrections shall make joint referrals as appropriate for children of incarcerated parents to existing programs within each child's community that address childhood trauma, toxic stress, and resilience building.

Sec. 5. DIRECTOR OF PREVENTION AND HEALTH IMPROVEMENT

PARENT CHILD CENTERS are concerned that one person in this position cannot do what is envisioned here. We suggest deleting this section and allocating any funding that might have been associated with it to existing upstream programs, such as the PCC Master Grant or the CIS bundle, or the pediatric primary care partnership envisioned in Section 3, above.

(a)(1) The position of Director of Prevention and Health Improvement shall be established within the Agency of Human Services. It is the intent of the General Assembly that the Director position be funded by the repurposing of existing expenditures and resources, including the potential reassignment of existing positions. If the Secretary determines to fund this position by reassigning an existing position, he or she shall propose to the Joint Fiscal Committee prior to October 1, 2018 any necessary statutory modifications to reflect the reassignment.

(2)The Director shall direct the Agency's response on behalf of clients who have experienced childhood trauma and toxic stress, including:

(A) — reducing or eliminating ongoing sources of childhood trauma and

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toxic stress;

~~(B) — strengthening existing programs and establishing new programs within the Agency that build resilience among individuals who have experienced childhood trauma and toxic stress;~~

~~(C) providing advice and support to the Secretary of Human Services and facilitating communication and coordination among the Agency's departments with regard to childhood trauma, toxic stress, and the promotion of resilience building;~~

~~(D) — training all Agency employees on childhood trauma, toxic stress, resilience building, and the Agency's Trauma-Informed System of Care policy and posting training opportunities for child care providers, afterschool program providers, educators, and health care providers on the Agency's website;~~

~~(E) — collaborating with community partners to build consistency between trauma-informed systems that address medical and social service needs, including serving as a conduit between providers and the public;~~

~~(F) — coordinating the Agency's approach to childhood trauma, toxic stress, and resilience building with any similar efforts occurring elsewhere in State government;~~

~~(G) — providing support for and disseminating educational materials pertaining to the Agency's Building Flourishing Communities initiative;~~

~~(H) — regularly meeting with the Child and Family Trauma Work Group; and~~

~~(d) — ensuring that the Agency and its community partners are leveraging all available federal funds for services related to preventing and mitigating childhood trauma and toxic stress and building child and family resilience.~~

~~(b) The Director shall present updates on the progress of his or her work to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare in January of each year between 2019 and 2024, including any recommendations for legislative action.~~

~~(c) — On or before January 15, 2024, the Director shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare summarizing the Director's achievements, existing gaps in trauma informed services, and recommendations for future action.~~

Sec. 6. COORDINATED RESPONSE TO CHILDHOOD TRAUMA  
WITH JUDICIAL BRANCH

PARENT CHILD CENTERS DO NOT HAVE A SPECIFIC POSITION ON SEC. 6. However, we do note there is more planning and reporting required by this section. We suggest focusing more on implementation of existing upstream services.

On or before January 15, 2020, the Chief Justice of the Supreme Court or designee and the Agency of Human Services' Director of Prevention and Health Improvement shall jointly present an action plan to the House

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Committees on Health Care and on Human Services and to the Senate

Committee on Health and Welfare for better coordinating the Judicial and  
Executive Branches' approaches for preventing and mitigating childhood

trauma and toxic stress and building child and family resilience, including any recommendations for legislative action.

Sec. 7. TRAUMA-INFORMED TRAINING FOR CHILD CARE

PROVIDERS

PARENT CHILD CENTERS do not believe this section is needed and recommend deleting it, but PCCs are not specifically opposed to it.

~~The Agency of Human Services' Director of Prevention and Health Improvement, in consultation with stakeholders, shall develop and implement a plan to promote access to and training on the use of trauma-informed practices that build resilience among children and students for the employees of registered and licensed family child care homes, center-based child care and preschool programs, and afterschool programs. On or before January 15, 2019, the Director shall present information about the plan and its implementation to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare. "Trauma-informed" shall have the same meaning as in 33 V.S.A. § 3402.~~

Sec. 8. CHILD CARE AND COMMUNITY-BASED FAMILY SUPPORT  
SYSTEM; EVALUATION

~~The Agency of Human Services Services' Director of Prevention and Health Improvement shall develop a framework for evaluating evaluate the workforce, payment streams, and the real costs associated with providing State services~~

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through the State's child care system

and community-based family support system, including parent-child centers, compared to the funding that is provided to these entities to provide contracted State services to families.; ~~The framework shall indicate~~

the most appropriate entity to conduct this evaluation as well as articulate the

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~~anticipated outcomes of the evaluation. The Director Secretary shall present the framework evaluation, including the disparity (if one exists) between the costs to provide State services and the funding provided to providers, to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare on or before January 15, 2019.~~

Sec. 9. SYSTEM EVALUATION

Suggested language: Any grant, contract, or State service that is targeted to families or children with the intention of building the five protective factors shall have clear Results Based Accountability indicators and a data collection commitment to measure progress.

~~(a) The Commissioner of Health shall determine the appropriate methodology for evaluating the work of the Agency of Human Services related to childhood trauma, toxic stress, and resilience that shall include use of results based accountability measures currently collected by the Agency. On or before January 1, 2019, the Commissioner shall submit the recommended evaluation methodology to the Director of Prevention and Health Improvement and the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.~~

~~(b) The Director shall implement the Commissioner's recommended evaluation methodology for the purpose of understanding better the strengths and weaknesses of current efforts to address childhood trauma, toxic stress, and resilience statewide.~~

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~~(e) As used in this section, “toxic stress” shall have the same meaning as in~~

~~33 V.S.A. § 3402.~~

\* \* \* Health Care \* \* \*

Sec. 10. BRIGHT FUTURES GUIDELINES; INTENT

PARENT CHILD CENTERS SUPPORT SECTION 10 AS WRITTEN.

(a) It is the intent of the General Assembly that the Bright Futures Guidelines shall serve as a bridge between clinical and community providers in a shared goal to promote healthy child and family development.

(b)The Bright Futures Guidelines shall be used as a resource in Vermont for all individuals and organizations that provide care and support services to children and families for the purpose of promoting healthy development and encouraging screening for social determinants of health.

(c) The Bright Futures Guidelines shall inform the work of the Agency of Human Services' Building Flourishing Communities initiative.

Sec. 11. 18 V.S.A. § 702 is amended to read:

§ 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

\* \* \*

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

~~(1) the~~ The primary care provider should serve a central role in the coordination of shall collaborate across medical care and social services and shall be compensated

~~(1) appropriately for this effort;~~ to address the intent of this bill.

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

(3) ~~local~~ Local service providers should be used and supported, whenever possible, as suggested in Act 113 of (YEAR);

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

(5) ~~implementation~~ Implementation of the Blueprint in communities across the State should be accompanied by payment to providers sufficient to support care management activities consistent with the Blueprint, and as suggested in Act 113 recognizing that interim or temporary payment measures may be necessary during early and transitional phases of implementation; ~~and.~~

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

(7) Providers should assess their patients' social determinants of health, as well as their patients' experiences with -trauma and toxic stress to ensure that the needs of the whole patient are addressed and opportunities to build resilience and community supports are maximized.

\* \* \*

Sec. 12. 18 V.S.A. § 9382 is amended to read: (NO COMMENT)

§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

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

\* \* \*

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

\* \* \*

Sec. 13. SCHOOL NURSES; HEALTH-RELATED BARRIERS TO

LEARNING (NO COMMENT)

On or before September 1, 2018, the Agency of Human Services' Director of Prevention and Health Improvement shall coordinate with the Vermont State School Nurse Consultant and with the Agency of Education systematically to support local education agencies, school administrators, and school nurses in ensuring that all students' health appraisal forms are completed on an annual basis to enable school nurses to identify students' health-related barriers to learning.

\* \* \* Opioid Abuse Treatment \* \* \*

Sec. 14. 33 V.S.A. § 2004a is amended to read:

§ 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

(a) The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for activities relating to fund collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; for the Vermont Prescription Monitoring System established in 18 V.S.A. chapter 84A; for the evidence-based ~~education~~ educational program established in 18 V.S.A. chapter 91, subchapter 2; for

statewide unused prescription drug disposal initiatives; for the prevention of prescription drug misuse, abuse, and diversion; for prevention and treatment of substance use disorder; for exploration of nonpharmacological approaches to pain management; for a hospital antimicrobial program for the purpose of reducing hospital-acquired infections; for the purchase and distribution of naloxone to emergency medical services personnel; for evidence-based or evidence-informed upstream family services that can specifically help families dealing with opiate issues to build the five protective factors and prevent childhood trauma opioid related programming conducted for the benefit of children and families; and for the support of any opioid-antagonist ~~education~~ educational, training, and distribution program operated by the Department of Health or its agents. Monies deposited into the Fund shall be used for the purposes described in this section.

\* \* \*

\* \* \* Education \* \* \*

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

§ 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS

AND COMPREHENSIVE HEALTH (NO COMMENT)

\* \* \*

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

(1) Supervise the preparation of appropriate nutrition and fitness

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curricula for use in the public schools, promote programs for the preparation of

teachers to teach these curricula, and assist in the development of wellness programs.

(2) [Repealed.]

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

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

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

\* \* \*

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

§ 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL

SUPPORT TEAM (NO COMMENT)

\* \* \*

(b) The tiered system of supports shall:

- (1) be aligned as appropriate with the general education curriculum;
- (2) be designed to enhance the ability of the general education system to meet the needs of all students;
- (3) be designed to provide necessary supports promptly, regardless of an individual student's eligibility for categorical programs;
- (4) seek to identify and respond to students in need of support for at-risk behaviors and to students in need of specialized, individualized behavior supports; ~~and~~
- (5) provide all students with a continuum of evidence-based and research-based behavior practices, including trauma-sensitive programming, that teach and encourage prosocial skills and behaviors schoolwide;
- (6) promote collaboration with families, community supports, and the system of health and human services; and
- (7) provide professional development as needed to support all staff in implementing the system.

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

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

\* \* \*

Sec. 17. 16 V.S.A. § 2904 is amended to read:

§ 2904. REPORTS (NO COMMENT)

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

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

\* \* \* Reallocation of Resources \* \* \*

Sec. 18. REALLOCATION OF RESOURCES (NO

COMMENT)

(a) In an effort to eliminate duplicated efforts and realize savings, the Secretary of Human Services shall review working groups, commissions, and other initiatives pertaining to childhood trauma, substance use disorder, and mental health for the purpose of determining their effectiveness and budgetary impact. The working groups, commissions, and other initiatives addressed shall include:

(1)the Alcohol and Drug Abuse Council pursuant to 18 V.S.A. § 4803;

(2)the Controlled Substances and Pain Management Advisory Council pursuant 18 V.S.A. § 4255;

(3)the Domestic Violence Fatality Review Commission pursuant to 15 V.S.A. § 1140;

(4)the Mental Health Crisis Response Commission pursuant to 18 V.S.A. § 7257a;

(5)the Tobacco Evaluation and Review Board pursuant to 18 V.S.A. § 9504;

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(6)the Governor's Marijuana Advisory Commission; and

(7)the Governor’s Opioid Coordination Council.

(b)On or before October 1, 2018, the Secretary shall submit a report containing findings and recommendations for legislative action to the Senate Committees on Appropriations and on Health and Welfare and to the House Committees on Appropriations, on Health Care, and on Human Services. Any savings identified in conducting this review may be used to fund the Director of Prevention and Health Improvement position established in Sec. 5 of this act.

\* \* \* Effective Date \* \* \*

Sec. 19. EFFECTIVE DATE

This act shall take effect on July 1, 2018.