Report of Committee of Conference

H.508

TO THE SENATE AND HOUSE OF REPRESENTATIVES:

The Committee of Conference, to which were referred the disagreeing votes of the two Houses upon Senate Bill, entitled:

H. 508. An act relating to building resilience for individuals experiencing adverse childhood experiences.

Respectfully reports that it has met and considered the same and recommends that the Senate recedes from its proposal of amendment and that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Adversity in childhood has a direct impact on an individual's health outcomes and social functioning. The cumulative effects of multiple adverse childhood experiences (ACEs) have even more profound public health and societal implications. ACEs include physical, emotional, and sexual abuse; neglect; food and financial insecurity; living with a person experiencing mental illness, substance use disorder, or both; experiencing or witnessing domestic violence; and having divorced parents or an incarcerated parent.

(2) The ACE questionnaire contains ten categories of questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. It is used to measure an adult's exposure to traumatic stressors in childhood. Based on a respondent's answers to the questionnaire, an ACE score is calculated, which is the total number of ACE categories reported as experienced by a respondent.

(3) ACEs are common in Vermont. One in eight Vermont children have experienced three or more ACEs, the most common being divorced or separated parents, food and housing insecurity, and having lived with someone with a substance use disorder or mental health condition. Children with three or more ACEs have higher odds of failing to engage and flourish in school.

(4) The impact of ACEs in Vermont is evident through the rise in caseloads in the Department for Children and Families, the acceleration of the opioid epidemic, which is both driving and affected by family dysfunction, and rising health costs associated with adult chronic illness.

(5) The impact of ACEs are felt across all socioeconomic boundaries.

(6) The earlier in life an intervention occurs for an individual who has experienced ACEs, the more likely that intervention is to be successful.

(7) There are at least 17 nationally recognized models shown to be effective in lowering the risk for child abuse and neglect, improving maternal and child health, and promoting child develop and school readiness.

(8) The General Assembly understands that people who have experienced adverse childhood experiences can build resilience and can succeed in leading happy, healthy lives.

Sec. 2. 33 V.S.A. chapter 34 is added to read:

CHAPTER 34. PROMOTION OF CHILD AND FAMILY RESILIENCE

§ 3401. PRINCIPLES FOR VERMONT'S TRAUMA-INFORMED SYSTEM OF CARE

The General Assembly, to further the significant progress made in Vermont with regard to the prevention, screening, and treatment for adverse childhood and family experiences, adopts the following principles with regard to strengthening Vermont's response to trauma and toxic stress during childhood:

(1) Childhood and family trauma affects all aspects of society. Each of Vermont's systems addressing trauma, particularly social services; health care, including mental health; education; child care; and the justice system, shall collaborate to address the causes and symptoms of childhood and family trauma and to build resilience.

(2) Current efforts to address childhood trauma in Vermont shall be recognized, coordinated, and strengthened.

(3) Addressing trauma in Vermont requires building resilience in those individuals already affected and preventing childhood trauma within the next generation.

(4) Early childhood adversity and adverse family events are common and can be prevented. When adversity is not prevented, early intervention is essential to ameliorate the impacts of adversity. A statewide, community-based, public health approach is necessary to address effectively what is a chronic public health disorder. To that end, Vermont shall implement an overarching public health model based on neurobiology, resilience, epigenetics, and the science of adverse childhood and family experiences with regard to toxic stress. This model shall include training for local leaders to facilitate a cultural change around the prevention and treatment of childhood trauma.

(5) Addressing health in all policies shall be a priority of the Agency of Human Services in order to foster flourishing, self-healing communities.

(6) Service systems shall be integrated at the local and regional levels to maximize resources and simplify how systems respond to individual and family needs. All programs and services shall be evidence-informed and research-based, adhering to best practices in trauma treatment.

§ 3402. DEFINITIONS

As used in this chapter:

(1) "Adverse childhood experiences" or "ACEs" means potentially traumatic events that occur during childhood and can have negative, lasting effects on the adult's health and well-being.

(2) “Adverse family experiences” or “AFEs” means potentially traumatic events experienced by a child in his or her home or community that can have negative, lasting effects on the child’s health and well-being.

(3) “Trauma-informed” means a type of program, organization, or system that realizes the widespread impact of trauma and understands there are 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.

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

§ 3403. CHILD AND FAMILY TRAUMA COMMITTEE

(a) Creation. There is created the Child and Family Trauma Committee within the Agency of Human Services for the purpose of providing guidance to the Agency in its efforts to mitigate childhood trauma and build resiliency in accordance with the following principles:

(1) prioritization of a multi-generational approach to support health and mitigate adversity;

(2) recognition of the importance of actively building skills, including executive functioning and self-regulation, when designing strategies to promote the healthy development of young children, adolescents, and adults;

(3) use of approaches that are centered around early childhood, including prenatal, and that focus on building adult core capabilities; and

(4) emphasis on the integration of best practice, evidence-informed practice, and evaluation to ensure accountability and to provide evidence of effectiveness and efficiency.

(b)(1) Membership. The Committee shall be composed of the following members:

(A) the Commissioner of Mental Health or designee;

(B) the Commissioner of Disabilities, Aging, and Independent Living or designee;

(C) the Commissioner of Corrections or designee;

(D) the Commissioner of Health or designee;

(E) the Commissioner of Vermont Health Access or designee;

(F) a representative of the Department for Children and Families' Child Development Division;

(G) a representative of the Department for Children and Families' Economic Services Division;

(H) a representative of the Department for Children and Families' Family Services Division;

(I) a field services director within the Agency of Human Services, appointed by the Secretary; and

(J) the Secretary of Education or designee.

(2) The Secretary of Human Services shall invite at least the following representatives to serve as members of the Committee:

(A) a representative of the Vermont Network Against Domestic and Sexual Violence;

(B) a representative of the Vermont Adoption Consortium;

(C) a representative of the Vermont Federation of Families for Children's Mental Health;

(D) a representative of Vermont Care Partners;

(E) a mental health professional, as defined in 18 V.S.A. § 7101, or a social worker, licensed pursuant to 26 V.S.A. chapter 61;

(F) a representative of the parent-child center network;

(G) a representative of Vermont Afterschool, Inc.;

(H) a representative of Building Bright Futures;

(I) a representative of Vermont's "Help Me Grow" Resource and Referral Service Program;

(J) a representative of trauma survivors or of family members of trauma survivors;

(K) a public school teacher, administrator, guidance counselor, or school nurse with knowledge about adverse childhood and family experiences;

(L) a private practice physician licensed pursuant to 26 V.S.A. chapter 23 or 33, a private practice nurse licensed pursuant to 26 V.S.A. chapter 38, or a private practice physician assistant licensed pursuant to 26 V.S.A. chapter 31;

(M) a representative of Prevent Child Abuse Vermont; and

(N) a representative of the field of restorative justice.

(c) Powers and duties. In light of current research and the fiscal environment, the Committee shall advise the Agency on appropriate structures for advancing the most evidence-informed and cost-effective approaches to serve children experiencing trauma.

(d) Assistance. The Committee shall have the administrative, technical, and legal assistance of the Agency of Human Services.

(e) Meetings.

(1) Meetings shall be held at the call of the Secretary of Human Services, but not more than 12 times annually.

(2) The Committee shall select a chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

Sec. 3. ADVERSE CHILDHOOD AND FAMILY EXPERIENCES; WORKING GROUP

(a) Creation. There is created the Adverse Childhood and Family Experiences Working Group for the purpose of investigating, cataloguing, and analyzing existing resources to mitigate childhood trauma, identify populations served, and examine structures to build resiliency.

(b) Membership. The Working Group shall be composed of the following members:

(1) two members of the House, who shall be appointed by the Speaker, including:

(A) the Chair of the House Committee on Human Services or designee; and

(B) the Chair of the House Committee on Health Care or designee; and

(2) two members of the Senate, who shall be appointed by the Committee on Committees, including:

(A) the Chair of the Senate Committee on Health and Welfare or designee; and

(B) the Chair of the Senate Committee on Education or designee.

(c)(1) Powers and duties. In light of current research and the fiscal environment, the Working Group shall analyze existing resources related to

building resilience in early childhood and propose appropriate structures for advancing the most evidence-based or evidence-informed and cost-effective approaches to serve children experiencing trauma, including the following:

(A) identifying by service area existing intervention programs for children and families and those populations served by each program, including the effectiveness of identified programs;

(B) determining whether there are any statewide or regional gaps in services for interventions on behalf of children and families;

(C) exploring previous and ongoing initiatives within the Agencies of Human Services and of Education that address trauma, including any gains achieved;

(D) considering, if necessary, a legislative proposal that targets the use of evidence-based or evidence-informed and cost-effective interventions for children and families based upon the strength and weaknesses of existing services; and

(E) determining the fiscal impact and staffing needs related to any changes to State services proposed by the Working Group, including those that impact public schools.

(2) The Working Group shall take testimony from a diverse array of public and private stakeholders, including members of the existing Child and Family Trauma Committee established pursuant to 33 V.S.A. § 3403.

(d)(1) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Office of Legislative Council. The Joint Fiscal Office and the Agencies of Education and of Human Services shall provide assistance to the Working Group as necessary.

(2) On or before August 15, 2017, the Agency of Human Services, in consultation with the Agency of Education, shall provide data and background materials relevant to the responsibilities of the Working Group to the Office of Legislative Council, including:

(A) a spreadsheet by service area of those programs or services that receive State or federal funds to provide intervention services for children and families and the eligibility criteria for each program and service;

(B) a compilation of grants to organizations that address childhood trauma and resiliency from the grants inventory established pursuant to 3 V.S.A. § 3022a;

(C) a summary as to how the Agencies currently coordinate their work related to childhood trauma prevention, screening, and treatment efforts;

(D) any training materials currently disseminated to early child care and learning professionals by the Agencies regarding the identification of students exposed to adverse childhood and family experiences and strategies for referring families to community health teams and primary care medical homes;

(E) a description of any existing programming within the Agencies aimed at addressing and reducing trauma and associated health risks to children of incarcerated parents;

(F) a description of any ongoing initiatives that build on work completed pursuant to 2015 Acts and Resolves No. 46, especially with respect to positive behavior intervention and supports (PBIS) and full-service and trauma-informed schools;

(G) a description of any ongoing work done by early child care and learning professionals for children 0–5 years of age regarding collaboration with health professionals in medical homes, including assisting in the screening and surveillance of young children; and

(H) a summary of the Agencies' efforts to date to develop a framework for outreach and partnership with local community groups to build flourishing communities.

(e) Proposed legislation. On or before November 1, 2017, the Working Group shall submit any recommended legislation to the House Committee on Human Services and the Senate Committee on Health and Welfare.

(f) Meetings.

(1) The Chair of the House Committee on Human Services or designee shall call the first meeting of the Working Group to occur on or before September 1, 2017.

(2) The Working Group shall select a chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(4) The Working Group shall cease to exist on January 1, 2018.

(g) Reimbursement. For attendance at meetings during adjournment of the General Assembly, legislative members of the Working Group shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406 for no more than six meetings.

(h) Appropriation. The sum of $5,136.00 is appropriated to the General Assembly from the General Fund in fiscal year 2018 for per diem compensation and reimbursement of expenses for members of the Working Group.

Sec. 4. ADVERSE CHILDHOOD AND FAMILY EXPERIENCES; RESPONSE PLAN

(a) On or before January 15, 2019, the Agency of Human Services shall present a plan to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare in response to the work completed by the Adverse Childhood and Family Experiences Working Group established pursuant to Sec. 3 of this act that specially addresses the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood

and family experiences. The plan shall address the coordination of services throughout the Agency and shall propose mechanisms for:

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

(2) case detection and care of individuals affected by adverse childhood and family experiences;

(3) encouraging family wellness coaching within primary and secondary schools;

(4) incentivizing the use of adverse child and family experiences screening tools within practices participating in the Blueprint for Health;

(5) ensuring that all obstetric, midwifery, pediatric, naturopathic, and family medicine and internal medicine primary care practices participating in the Blueprint for Health receive information about regional home visiting services for the purpose of referring patients to appropriate services; and

(6) ensuring that grants to the Agency of Human Services' community partners related to children and families strive toward accountability and community resilience.

(b) On or before February 1, 2018, the Agency of Human Services shall update the Senate Committee on Health and Welfare and the House Committees on Health Care and on Human Services on work being done in advance of the response plan required by subsection (a) of this section.

Sec. 5. CURRICULUM; UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND COLLEGE OF NURSING AND HEALTH SCIENCES

The General Assembly recommends that the University of Vermont's College of Medicine and College of Nursing and Health Sciences expressly include information in their curricula pertaining to adverse childhood and family experiences and their impact on short- and long-term physical and mental health outcomes.

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2017.

and that after passage the title of the bill be amended to read:

An act relating to building resilience for individuals experiencing adverse childhood and family experiences.

COMMITTEE ON THE PART OF THE SENATE	COMMITTEE ON THE PART OF THE HOUSE
SEN. VIRGINIA V. LYONS	REP. ANN D. PUGH
SEN. CLAIRE D. AYER	REP. MICHAEL MROWICKI
SEN. DEBORAH J. INGRAM	REP. CARL ROSENQUIST