Vermont Care Partners

A partnership between the VT Council of Developmental and Mental Health Services and the VT Care Network

Testimony on s261

Vermont Care Partners
Dillon Burns

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Vermont Care Partners strongly supports the work down by Senate Health and Welfare to address trauma and toxic stress and build resiliency. We appreciate the attention on this issue and think it is crucial to addressing some of the other gaps and needs in our mental and physical health care systems.

- Our agencies serve kids, families, and adults with mental health and developmental disabilities and are committed to providing integrated, trauma-informed care across the lifespan.
- We are leaders in providing evidenced-based trauma treatment and often train community partners to do the same.
- Our members have had a long and active role in AHS's Child and Family Trauma Workgroup and believe that this group is functionally best positioned to enact some of the goals of s261.
- We strongly support the establishment of an AHS Coordinator of Trauma-Informed Systems. Beyond trauma training, leadership support and trauma-informed organizational change is crucial for these efforts to be effective.
- P. 6 – Section 3404-b-17: we suggest this be changed to "a member appointed by Vermont Care Partners"
- P. 10 – Section 3406: We understand this section is under revision. Vermont Care Partners agencies all offer Children, Youth, and Family Services that provide home-based services, supporting attachment, addressing social determinants of health, and building resilience. Our agencies also provide home and community-based services to adults who are pregnant and parenting small children, including adults who are in recovery. Several of our agencies are building integrated care positions in pediatric offices, including a new grant through DMH that is supporting bidirectional care with FQHCs. We believe this section should include an assessment of existing programs linking pediatric primary care with home visiting, and should encourage expanding existing resources before implementing new programs.
- P.13, section 7: The Trauma Coordinator is charged with building consistency between trauma-informed systems that address medical and social service needs. It is important that Blueprint providers' assessment of trauma and toxic stress be connected to the efforts of the AHS Trauma Coordinator and Child and Family Trauma Workgroup. We suggest that the

following language be added to line 6: "in coordination with the Agency of Human Services Trauma Coordinator. "

- P. 14, lines 1-8 – We strongly support this language. It is crucial that when ACOs are identifying the highest risk individuals, ACES are factored in to the equation. Currently, for example, risk levels for attributed lives of children do not include proven risk factors such as parental mental health or DCF custody status. We suggest the following additional language be added to line 8: "in coordination with the Agency of Human Services Trauma Coordinator. "