## TO THE HONORABLE SENATE: The Committee on Health and Welfare to which was referred Senate Bill

Z	The Commutee on Health and wenale to which was referred Senale Bin	
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 bill be amended by	
6	striking out all after the enacting clause and inserting in lieu thereof the	
7	following:	
8	* * * Purpose * * *	
9	Sec. 1. PURPOSE	
10	It is the purpose of this act to create a consistent family support system by	
11	enhancing opportunities to build child and family resilience for all families	
12	throughout the State that are experiencing childhood trauma and toxic stress.	
13	While significant efforts to provide upstream services are already well under	
14	way in many parts of the State, better coordination is necessary to ensure that	
15	gaps in services are addressed and redundancies do not occur. Coordination of	
16	upstream services that are cost-effective and either research based or research	
17	informed decrease the necessity for more substantial downstream services,	
18	including services for opioid addiction and other substance use disorders.	

1	* * * Human Services Generally * * *
2	Sec. 2. 33 V.S.A. § 3402 is added to read:
3	<u>§ 3402. DEFINITIONS</u>
4	As used in this chapter:
5	(1) "Toxic stress" means strong, frequent, or prolonged experience of
6	adversity without adequate support.
7	(2) "Trauma-informed" means a type of program, organization, or
8	system that recognizes the widespread impact of trauma and potential paths for
9	recovery; recognizes the signs and symptoms of trauma in clients, families,
10	staff, and others involved in a system; responds by fully integrating knowledge
11	about trauma into policies, procedures, and practices; and seeks actively to
12	resist retraumatization and build resilience among the population served.
13	Sec. 3. 33 V.S.A. § 3403 is added to read:
14	<u>§ 3403. EXPANSION OF SUPPORT SERVICES IN PEDIATRIC</u>
15	PRIMARY CARE
16	The Commissioner for Children and Families, in collaboration with the
17	State's parent-child center network, shall implement a program linking
18	pediatric primary care with support services in each county of the State. The
19	Commissioner shall select at least one new county annually in which to
20	implement a program based on regional need and available pediatric and
21	parent-child center partners. The Commissioner may accept private grants and

1	donations for the purpose of funding the expansion. Each county shall have at			
2	least one pediatric primary care and support service partnership on or before			
3	January 1, 2023.			
4	Sec. 4. 33 V.S.A. § 3404 is added to read:			
5	§ 3404. CHILDREN OF INCARCERATED PARENTS			
6	The Departments for Children and Families and of Corrections shall make			
7	joint referrals as appropriate for children of incarcerated parents to existing			
8	programs within each child's community that address childhood trauma, toxic			
9	stress, and resilience building.			
10	Sec. 5. DIRECTOR OF CHILD AND FAMILY RESILIENCE			
11	(a) The position of Director of Child and Family Resilience shall be			
12	established within the Agency of Human Services for a period of six fiscal			
13	years. The Director shall direct the Agency's response on behalf of clients			
14	who have experienced childhood trauma and toxic stress, including:			
15	(1) reducing or eliminating ongoing sources of childhood trauma and			
16	toxic stress;			
17	(2) strengthening existing programs and establishing new programs			
18	within the Agency that build resilience among individuals who have			
19	experienced childhood trauma and toxic stress;			
20	(3) providing advice and support to the Secretary of Human Services			
21	and facilitating communication and coordination among the Agency's			

1	departments with regard to childhood trauma, toxic stress, and the promotion		
2	of resilience building;		
3	(4) training all Agency employees on childhood trauma, toxic stress,		
4	resilience building, and the Agency's Trauma-Informed System of Care policy		
5	and posting training opportunities for child care providers, afterschool program		
6	providers, educators, and health care providers on the Agency's website;		
7	(5) collaborating with community partners to build consistency between		
8	trauma-informed systems that address medical and social service needs,		
9	including serving as a conduit between providers and the public;		
10	(6) coordinating the Agency's approach to childhood trauma, toxic		
11	stress, and resilience building with any similar efforts occurring elsewhere in		
12	State government;		
13	(7) providing support for and disseminating educational materials		
14	pertaining to the Agency's Building Flourishing Communities initiative;		
15	(8) regularly meeting with the Child and Family Trauma Work		
16	Group; and		
17	(9) ensuring that the Agency and its community partners are leveraging		
18	all available federal funds for services related to preventing and mitigating		
19	childhood trauma and toxic stress and building child and family resilience.		
20	(b) The Director shall present updates on the progress of his or her work to		
21	the House Committees on Health Care and on Human Services and to the		

1	Senate Committee on Health and Welfare in January of each year between		
2	2019 and 2024, including any recommendations for legislative action.		
3	(c) On or before January 15, 2024, the Director shall submit a written		
4	report to the House Committees on Health Care and on Human Services and the		
5	the Senate Committee on Health and Welfare summarizing the Director's		
б	achievements, existing gaps in trauma-informed services, and		
7	recommendations for future action.		
8	Sec. 6. COORDINATED RESPONSE TO CHILDHOOD TRAUMA		
9	WITH JUDICIAL BRANCH		
10	On or before January 15, 2020, the Chief Justice of the Supreme Court or		
11	designee and the Agency of Human Services' Director of Child and Family		
12	Resilience shall jointly present an action plan to the House Committees on		
13	Health Care and on Human Services and to the Senate Committee on Health		
14	and Welfare for better coordinating the Judiciary and Executive Branches'		
15	approaches for preventing and mitigating childhood trauma and toxic stress		
16	and building child and family resilience, including any recommendations for		
17	legislative action.		
18	Sec. 7. TRAUMA-INFORMED TRAINING FOR CHILD CARE		
19	PROVIDERS		
20	The Agency of Human Services' Director of Child and Family Resilience,		
21	in consultation with stakeholders, shall develop and implement a plan to		

1	promote access to and training on the use of trauma-informed practices that		
2	build resilience among children and students for the employees of registered		
3	and licensed family child care homes, center-based child care and preschool		
4	programs, and afterschool programs. On or before January 15, 2019, the		
5	Director shall present information about the plan and its implementation to the		
6	House Committees on Health Care and on Human Services and to the Senate		
7	Committee on Health and Welfare. "Trauma-informed" shall have the same		
8	meaning as in 33 V.S.A. § 3402.		
9	Sec. 8. CHILD CARE; EVALUATION		
10	The Director of Child and Family Resilience shall develop a framework for		
11	evaluating the workforce, payment streams, and real costs associated with the		
12	State's child care system. The framework shall indicate the most appropriate		
13	entity to conduct this evaluation as well as articulate the anticipated outcomes		
14	of the evaluation. The Director shall present the framework to the House		
15	Committees on Health Care and on Human Services and to the Senate		
16	Committee on Health and Welfare on or before January 15, 2019.		
17	Sec. 9. SYSTEM EVALUATION		
18	(a) The Commissioner of Health shall determine the appropriate		
19	methodology for evaluating the work of the Agency of Human Services related		
20	to childhood trauma, toxic stress, and resilience that shall include use of		
21	results-based accountability measures currently collected by the Agency. On		

1	or before January 1, 2019, the Commissioner shall submit the recommended
2	evaluation methodology to the Director of Child and Family Resilience and the
3	House Committees on Health Care and on Human Services and the Senate
4	Committee on Health and Welfare.
5	(b) The Director shall implement the Commissioner's recommended
6	evaluation methodology for the purpose of better understanding the strengths
7	and weaknesses of current efforts to address childhood trauma, toxic stress,
8	and resilience statewide.
9	(c) As used in this section, "toxic stress" shall have the same meaning as in
10	<u>33 V.S.A. § 3402.</u>
11	* * * Health Care * * *
12	Sec. 10. BRIGHT FUTURES GUIDELINES; INTENT
13	(a) It is the intent of the General Assembly that the Bright Futures
14	Guidelines shall serve as a bridge between clinical and community providers in
15	a shared goal to promote healthy child and family development.
16	(b) The Bright Futures Guidelines shall be used as a resource in Vermont
17	for all individuals and organizations that provide care and support services to
18	children and families for the purpose of promoting healthy development and
19	encouraging screening for social determinants of health.
20	(c) The Bright Futures Guidelines shall inform the work of the Agency of
21	Human Services' Building Flourishing Communities initiative.

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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 <u>The</u> primary care provider should serve a central role in the		
coordination of medical care and social services and shall be compensated		
appropriately for this effort;.		
(2) use Use of information technology should be maximized;		
(3) local Local service providers should be used and supported,		
whenever possible;.		
(4) transition <u>Transition</u> 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, recognizing 17 18 that interim or temporary payment measures may be necessary during early

19 and transitional phases of implementation; and.

20 (6) interventions Interventions designed to prevent chronic disease and 21 improve outcomes for persons with chronic disease should be maximized,

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1	should target specific chronic disease risk factors, and should address changes	
2	in individual behavior; the physical, mental, and social environment; and	
3	health care policies and systems.	
4	(7) Providers should assess trauma and toxic stress to ensure that the	
5	needs of the whole patient are addressed and opportunities to build resilience	
6	and community supports are maximized.	
7	* * *	
8	Sec. 12. 18 V.S.A. § 9382 is amended to read:	
9	§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS	
10	(a) In order to be eligible to receive payments from Medicaid or	
11	commercial insurance through any payment reform program or initiative,	
12	including an all-payer model, each accountable care organization shall obtain	
13	and maintain certification from the Green Mountain Care Board. The Board	
14	shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and	
15	processes for certifying accountable care organizations. To the extent	
16	permitted under federal law, the Board shall ensure these rules anticipate and	
17	accommodate a range of ACO models and sizes, balancing oversight with	
18	support for innovation. In order to certify an ACO to operate in this State, the	
19	Board shall ensure that the following criteria are met:	
20	* * *	

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1	(17) For preventing and addressing the impacts of adverse childhood	
2	experiences and other traumas, the ACO provides connections to existing	
3	community services and incentives, such as developing quality-outcome	
4	measurements for use by primary care providers working with children and	
5	families, developing partnerships between nurses and families, providing	
6	opportunities for home visits and other community services, and including	
7	parent-child centers, designated agencies, and the Department of Health's local	
8	offices as participating providers in the ACO.	
9	* * *	
10	Sec. 13. SCHOOL NURSES; HEALTH-RELATED BARRIERS TO	
11	LEARNING	
12	On or before September 1, 2018, the Agency of Human Services' Director	
13	of Child and Family Resilience shall coordinate with the Vermont State School	
14	Nurse Consultant and with the Agency of Education systematically to support	
15	local education agencies, school administrators, and school nurses in ensuring	
16	that all students' health appraisal forms are completed on an annual basis to	
17	enable school nurses to identify students' health-related barriers to learning.	

1	* * * Opioid Abuse Treatment * * *
2	Sec. 14. 33 V.S.A. § 2004a is amended to read:
3	§ 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND
4	(a) The Evidence-Based Education and Advertising Fund is established in
5	the State Treasury as a special fund to be a source of financing for activities
6	relating to fund collection and analysis of information on pharmaceutical
7	marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
8	prescription drug data needed by the Office of the Attorney General for
9	enforcement activities; for the Vermont Prescription Monitoring System
10	established in 18 V.S.A. chapter 84A; for the evidence-based education
11	educational program established in 18 V.S.A. chapter 91, subchapter 2; for
12	statewide unused prescription drug disposal initiatives; for the prevention of
13	prescription drug misuse, abuse, and diversion; for prevention and treatment of
14	substance use disorder; for exploration of nonpharmacological approaches to
15	pain management; for a hospital antimicrobial program for the purpose of
16	reducing hospital-acquired infections; for the purchase and distribution of
17	naloxone to emergency medical services personnel; for evidence-based or
18	evidence-informed opioid-related programming conducted by the parent-child
19	center network; and for the support of any opioid-antagonist education
20	educational, training, and distribution program operated by the Department of

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1	Health or its agents. Monies deposited into the Fund shall be used	for the		
2	purposes described in this section.			
3	* * *			
4	* * * Education * * *			
5	Sec. 15. 16 V.S.A. § 136 is amended to read:			
6	§ 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS			
7	AND COMPREHENSIVE HEALTH			
8	* * *			
9	(c) The Secretary shall collaborate with other agencies and cou	ncils		
10	working on childhood wellness to:			
11	(1) Supervise the preparation of appropriate nutrition and fit	iness		
12	curricula for use in the public schools, promote programs for the p	reparation of		
13	teachers to teach these curricula, and assist in the development of v	wellness		
14	programs.			
15	(2) [Repealed.]			
16	(3) Establish and maintain a website that displays data from	a youth risk		
17	behavior survey in a way that enables the public to aggregate and c	lisaggregate		
18	the information. The survey may include questions pertaining to a	<u>dverse</u>		
19	childhood experiences, meaning those potentially traumatic events	that occur		
20	during childhood and can have negative, lasting effects on an indiv	vidual's		
21	health and well-being.			

1	(4) Research funding opportunities for schools and communities that	
2	wish to build wellness programs and make the information available to the	
3	public.	
4	(5) Create a process for schools to share with the Department of Health	
5	any data collected about the height and weight of students in kindergarten	
6	through grade six. The Commissioner of Health may report any data compiled	
7	under this subdivision on a countywide basis. Any reporting of data must	
8	protect the privacy of individual students and the identity of participating	
9	schools.	
10	* * *	
11	Sec. 16. 16 V.S.A. § 2902 is amended to read:	
12	§ 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL	
13	SUPPORT TEAM	
14	* * *	
15	(b) The tiered system of supports shall:	
16	(1) be aligned as appropriate with the general education curriculum;	
17	(2) be designed to enhance the ability of the general education system to	
18	meet the needs of all students;	
19	(3) be designed to provide necessary supports promptly, regardless of an	
20	individual student's eligibility for categorical programs;	

1	(4) seek to identify and respond to students in need of support for at-risk
2	behaviors and to students in need of specialized, individualized behavior
3	supports; <del>and</del>
4	(5) provide all students with a continuum of evidence-based and
5	research-based behavior practices, including trauma-sensitive programming,
6	that teach and encourage prosocial skills and behaviors schoolwide;
7	(6) promote collaboration with families, community supports, and the
8	system of health and human services; and
9	(7) provide professional development as needed to support all staff in
10	implementing the system.
11	(c) The educational support team for each public school in the district shall
12	be composed of staff from a variety of teaching and support positions and
13	shall:
14	(1) Determine which enrolled students require additional assistance to
15	be successful in school or to complete secondary school based on indicators set
16	forth in guidelines developed by the Secretary, such as academic progress,
17	attendance, behavior, or poverty. The educational support team shall pay
18	particular attention to students during times of academic or personal transition
19	and to those students who have been exposed to trauma.
20	* * *

1	Sec. 17. 16 V.S.A. § 2904 is amended to read:		
2	§ 2904. REPORTS		
3	Annually, each superintendent shall report be responsible for ensuring that		
4	each principal within his or her supervisory union or supervisory district		
5	reports to the Secretary in a form prescribed by the Secretary, on the status of		
6	the educational support systems multi-tiered system of supports in each school		
7	in the supervisory union. The report shall describe the services and supports		
8	that are a part of the education support system multi-tiered system of supports,		
9	how they are funded, and how building the capacity of the educational support		
10	system multi-tiered system of supports has been addressed in the school action		
11	plans, school's continuous improvement plan and professional development		
12	and shall be in addition to the report required of the educational support multi-		
13	tiered system of supports team in subdivision 2902(c)(6) of this chapter. The		
14	superintendent's report shall include a description and justification of how		
15	funds received due to Medicaid reimbursement under section 2959a of this title		
16	were used.		
17	* * * Effective Date * * *		
18	Sec. 18. EFFECTIVE DATE		
19	This act shall take effect on July 1, 2018.		

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1	(Committee vote:)	
2		
3		Senator
4		FOR THE COMMITTEE

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