TO THE HONORABLE SENATE:

The Committee on Health and Welfare to which was referred Senate Bill No. 90 entitled "An act relating to coordinating Vermont's response to adverse childhood and family experiences" respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Findings * * *

Sec. 1. FINDINGS

(a) It is the belief of the General Assembly that controlling health care costs requires consideration of population health, particularly adverse childhood experiences (ACEs) and adverse family experiences (AFEs).

(b) 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.

(c) In a 1998 article entitled "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," published in the American Journal of Preventive Medicine, evidence was cited of a "strong graded relationship between the breadth of exposure to abuse or

household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

(d) Physical, psychological, and emotional trauma during childhood may result in damage to multiple brain structures and functions.

(e) The greater the ACE score of a respondent, the greater the risk for many health conditions and high-risk behaviors, including alcoholism and alcohol abuse, chronic obstructive pulmonary disease, depression, obesity, illicit drug use, ischemic heart disease, liver disease, intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, unintended pregnancies, and others.

(f) ACEs are implicated in the ten leading causes of death in the United States, and with an ACE score of six or higher, an individual has a 20-year reduction in life expectancy. In addition, the higher the ACE score, the greater the likelihood of later employment and economic stability problems, including bankruptcy and homelessness.

(g) AFEs are common in Vermont. One in eight Vermont children have experienced three or more AFEs, 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 AFEs have higher odds of failing to engage and flourish in school.

(h) The impact of ACEs and AFEs are felt across all socioeconomic boundaries.

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

(j) ACEs and AFEs can be prevented when a multigenerational approach is employed to interrupt the cycle of ACEs and AFEs within a family, including both prevention and treatment throughout an individual's lifespan.

(k) It is the belief of the General Assembly that people who have experienced adverse childhood and family experiences can build resilience and can succeed in leading happy, healthy lives.

* * * Building Child and Family Resilience * * *

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

CHAPTER 34. PROMOTION OF CHILD AND FAMILY RESILIENCE

§ 3351. PRINCIPLES FOR VERMONT'S TRAUMA-INFORMED SYSTEM OF CARE

(a) Under the leadership of the Director of Trauma-Informed Systems, established pursuant to section 3352 of this chapter, the Agency of Human Services shall establish health in all policies within the Agency, in which trauma sensitivity is a core governing principle. The Director shall work to develop and implement policies that provide consistency across the Agency's

programs. The Director, on behalf of the Agency, shall work to continue to build flourishing communities and child and family work group initiatives, and shall establish trauma-informed practices within its programs, including integrated family services and child integrated services. The Agency shall collaborate with its community partners to build evidence-based, trauma-informed screening, prevention, intervention, and treatment policies and programs. These programs shall demonstrate measurable outcomes that reduce the long-term effects of harmful social determinants of health.

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

(2) The State's social services; health care, including mental health; education; and criminal justice systems shall be redesigned in a manner that is

trauma-informed to address effectively: adverse childhood and family experience prevention, the impacts of trauma, and resilience building.

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

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

(5) As early childhood adversity is common, a public health approach is necessary to address effectively this as 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 culture change around the prevention and treatment of childhood trauma.

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

(7) Service systems shall be integrated at the local and regional levels to maximize resources and simplify how systems respond to individual and family needs.

§ 3352. DIRECTOR OF TRAUMA-INFORMED SYSTEMS

(a) A director of trauma-informed systems shall be established in the Office of the Secretary of Human Services for the purpose of:

(1) developing and coordinating evidence-based and family-focused initiatives to prevent adverse childhood and family experiences from occurring;

(2) directing the Agency's response to the impact of adverse childhood and family experiences by coordinating services for individuals;

(3) coordinating the Agency's childhood trauma prevention, screening, and treatment efforts with any similar efforts occurring at the Agency of Education and within the Department for Children and Families' Child Development Division;

(4) disseminating training materials for prekindergarten teachers, in conjunction with the Agency of Education, regarding the identification of students exposed to adverse childhood and family experiences and strategies for referring families to community health teams in coordination with primary care medical homes;

(5) developing and implementing programming to address and reduce trauma and associated health risks to children of incarcerated parents;

(6) developing a plan that builds on work completed in relation to 2015 Acts and Resolves No. 46, in conjunction with the Secretary of Education and

other stakeholders, for creating a trauma-informed school system throughout Vermont; and

(7) overseeing grants to community partners who provide services related to trauma prevention, screening, and treatment.

(b) The Director shall provide advice and support to the Secretary and to each of the Agency's departments in establishing evidence-based and family-focused mechanisms for the assessment and prevention of adverse childhood and family experiences. The Director shall also support the Secretary and departments in connecting affected individuals with the appropriate resources for recovery.

* * * Fostering of Trauma-Informed Systems * * *

Sec. 3. INVENTORY AND OMNIBUS REPORT

(a) The Director of Trauma-Informed Systems, in consultation with Vermont's "Help Me Grow" Resource and Referral Service Program, shall conduct an inventory of available State and community resources, program capabilities, and coordination capacity in each county of the State with regard to the following:

(1) programs or providers currently screening patients for adverse childhood and family experiences or conducting another type of trauma assessment, including VCHIP's work integrating trauma-informed services in the delivery of health care to children;

(2) regional capacity to establish integrated prevention, screening, and treatment programming, including the Positive Parenting Program (Triple P), Prevent Child Abuse Vermont, and Vermont Center for Children, Youth and Families' Vermont Family Based Approach;

(3) regional capacity to apply uniformly the Department for Children and Families' Strengthening Families Framework among service providers;

(4) availability of referral treatment programs for families and individuals who have experienced trauma or are experiencing trauma and whether telemedicine may be used to address shortages in service, if any; and

(5) identification of any regional or programmatic gaps in services or inconsistencies in the use of adverse child and family screening tools.

(b) For the purpose improving access to and coordination of current trauma-informed services and identifying gaps in services, the Director of Trauma-Informed Systems shall submit a report, in conjunction with the inventory completed pursuant to subsection (a) of this section, to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare on or before December 1, 2017. The report shall contain findings and recommendations related to each of the following, as well as proposed legislative language where appropriate:

(1) identify existing home visiting services and populations eligible for these services and develop a proposal for expanding home visits to all Vermont

families with a newborn infant by addressing both the financial and strategic implications of universal home visiting;

(2) identify all existing grants administered by the Agency of Human Services for professional development related to trauma-informed training;

(3) identify, and if necessary implement, policies within the Agency of Human Services requiring the use of evidence-informed grants with community partners under contract with the Agency to provide trauma-informed services;

(4) develop a timeline and funding mechanism for the parenting class pilot program established pursuant to Sec. 10 of this act;

(5) develop a proposal for measuring the outcomes of each of the initiatives created by this act, including specific quantifiable data; and

(6) develop measures to assess the long-term impacts of adverse childhood and family events on Vermonters and to assess the effectiveness of the initiatives created by this act in interrupting the effects of adverse childhood and family experiences.

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

On or before January 15, 2019, the Agency of Human Services' Director of Trauma-Informed Systems shall develop and submit a plan to the Governor, the House Committees on Health Care and on Human Services, and the Senate

Committee on Health and Welfare regarding the integration of evidence-based 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 improving and engaging community providers in the systematic prevention of trauma, as well as screening, case detection, and care of individuals affected by adverse childhood and family experiences.

* * * Community Health Teams * * *

Sec. 5. 16 V.S.A. chapter 31, subchapter 4 is added to read:

Subchapter 4. School Nurses

§ 1441. FAMILY WELLNESS COACH TRAINING

A school nurse employed by a primary or secondary school shall participate in a training program, such as trauma-informed programming approved by the Department of Health, including programming offered by Prevent Child Abuse Vermont. After a school nurse has completed a training program, he or she may provide family wellness coaching to those families with a student attending the school where the school nurse is employed.

§ 1442. PARTNERSHIP WITH COMMUNITY HEALTH TEAMS

A school nurse may participate in an informal partnership with a community health team that is located in the same region as the primary

or secondary school where the school nurse is employed pursuant to 18 V.S.A. § 705.

Sec. 6. 18 V.S.A. § 705 is amended to read:

§ 705. COMMUNITY HEALTH TEAMS

* * *

(d) A community health team shall foster an informal partnership with school nurses employed by primary or secondary schools located in the same region as the community health team. At a school nurse's request, the community health team shall serve as:

(1) an educational resource for issues that may arise during the course of the school nurse's practice; and

(2) a referral resource for services available to students and families outside an educational institution in coordination with the primary care medical home.

* * * Blueprint for Health * * *

Sec. 7. 18 V.S.A. § 710 is added to read:

§ 710. ADVERSE CHILDHOOD AND FAMILY EXPERIENCE SCREENING TOOL

The Director of the Blueprint for Health, in coordination with the Women's Health Initiative, and in consultation with the Agency of Human Services' Director of Trauma-Informed Systems, shall work with those health insurance

plans that participate in Blueprint for Health payments to plan for an increase in the per-member per month payments to primary care and obstetric practices for the purpose of incentivizing use of a voluntary evidence-based screening tool. In addition, the Director of the Blueprint for Health shall work with these health insurers to plan for an increase in capacity payments to the community health teams for the purpose of providing trauma-informed care to individuals who screen positive for adverse childhood and family experiences.

Sec. 8. RECOMMENDATIONS RELATED TO BLUEPRINT FOR HEALTH INCENTIVES

On or before January 15, 2018, the Director of the Blueprint for Health shall submit any recommendations regarding adverse childhood and family experience screening incentives required pursuant to 18 V.S.A. § 710 to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

Sec. 9. HOME VISITING REFERRALS

The Director of Trauma-Informed Systems shall coordinate with the Director of the Blueprint for Health and the Women's Health Initiative, to ensure 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.

* * * Parent-Child Centers * * *

Sec. 10. PARENTING CLASSES; APPROPRIATION

The Agency of Human Services shall provide grants to each parent-child center in the State for the creation of a pilot program that offers parenting classes. The classes shall be conducted in the offices of health care professionals providing obstetric or midwifery care and shall use a statewide uniform curriculum developed by the parent-child centers. The grant of any parent-child center choosing not to operate a pilot program under this section shall be divided among participating parent-child centers. The purpose of the pilot program is to interrupt the widespread, multigenerational effects of adverse childhood and family experiences and their subsequent severe related health problems.

* * * Training and Coordination * * *

Sec. 11. CURRICULUM; UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING

The General Assembly recommends that the University of Vermont's College of Medicine and School of Nursing 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.

* * * Effective Date * * *

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2017.

(Committee vote: _____)

_____

Senator _____

FOR THE COMMITTEE