TO THE HONORABLE SENATE:

The Committee on Health and Welfare to which was referred House Bill No. 508 entitled "An act relating to building resilience for individuals experiencing adverse childhood experiences" respectfully reports that it has considered the same and recommends that the Senate propose to the House that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

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. It is used to measure an adult's exposure to toxic stress 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 having been experienced by a respondent. ACEs include physical, emotional, and sexual abuse; neglect; food and financial insecurity; living with a person experiencing mental illness or substance use disorder, or both; experiencing or witnessing domestic violence; and having divorced parents or an incarcerated parent.

(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 problems with employment and economic stability, including bankruptcy and homelessness.

(g) AFEs are common in Vermont. One in eight Vermont children has 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 earlier in life an intervention occurs for an individual who has experienced ACEs or AFEs, the more likely that intervention is to be successful.

(i) 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.

(j) 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.

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

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 invention is essential to ameliorate the impacts of adversity. A statewide, community-based, public health approach is necessary to effectively address 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.

§ 3352. 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) "Social determinants of health" means the conditions in which people are born, grow, live, work, and age, including socioeconomic status, education, the physical environment, employment, social support networks, and access to health care.

(4) "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 to actively resist retraumatization.

(5) "Toxic stress" means strong, frequent, or prolonged experience of adversity without adequate support.

§ 3353. DIRECTING TRAUMA-INFORMED SYSTEMS

(a) The Secretary of Human Services shall ensure that one or more persons within the Agency are responsible for coordinating the Agency's response to adverse childhood and family experiences and collaborating with community partners to build trauma-informed systems, including:

(1) coordinating the Agency's childhood trauma prevention, screening, and treatment efforts with any similar efforts occurring elsewhere in State government;

(2) disseminating training materials for early child care and learning professionals, in conjunction with the Agency of Education, regarding the identification of students exposed to adverse childhood and family experiences and of strategies for referring families to community health teams and primary care medical homes;

(3) developing and implementing programming modeled after Vermont's Resilience Beyond Incarceration and Kids-A-Part programs to

address and reduce trauma and associated health risks to children of incarcerated parents;

(4) developing a plan that builds 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, in conjunction with the Secretary of Education and other stakeholders, for creating a trauma-informed school system throughout Vermont;

(5) developing a plan that builds on work being done by early child care and learning professionals for children ages 0–5 regarding collaboration with health care professionals in medical homes, including assisting in the screening and surveillance of young children; and

(6) support efforts to develop a framework for outreach and partnership with local community groups to build flourishing communities.

(b) The person or persons directing the Agency's work related to adverse childhood and family experiences, in consultation with the Child and Family Trauma Committee established pursuant to section 3354 of this chapter, shall provide advice and support to the Secretary and to each of the Agency's departments in addressing the prevention and treatment of adverse childhood and family experiences and building of trauma-informed systems. This person or persons shall also support the Secretary and departments in connecting

communities and organizations with the appropriate resources for recovery when traumatic events occur.

§ 3354. 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 person or persons directing the Agency's work related to adverse childhood and family experiences;

(B) the Commissioner of Mental Health or designee;

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

(D) the Commissioner of Corrections or designee;

(E) the Commissioner of Health or designee;

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

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

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

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

(J) a field services director within the Agency, appointed by the Secretary; and

(K) 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 analyze existing resources related to building resilience in early childhood and 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. AGENCY APPOINTMENT RELATED TO ADVERSE CHILDHOOD AND FAMILY EXPERIENCE WORK

On or before September 1, 2017, the Secretary of Human Services shall inform the chairs of the Senate Committee on Health and Welfare and House Committees on Health Care and on Human Services as to whether the Agency was able to reallocate a position within the Agency for the purpose of directing the Agency's work pursuant to 18 V.S.A. § 3353 or whether some other arrangement was implemented.

Sec. 4. ADVERSE CHILDHOOD AND FAMILY EXPERIENCES; PRESENTATION

On or before February 1, 2018, the person or persons directing the Agency's work related to adverse childhood and family experiences shall present to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare findings and recommendations related to each of the following, as well as proposed legislative language where appropriate:

(1) identification of existing home visiting services and populations eligible for these services, as well as 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) identification of all existing grants administered by the Agency of Human Services for professional development related to trauma-informed training;

(3) determination of what policies, if any, the Agency of Human Services should adopt regarding the use of evidence-informed grants with community partners that are under contract with the Agency to provide trauma-informed services;

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

amount of any savings that could be realized by the prevention and mitigation of adverse childhood and family experiences; and

(5) identification of measures to assess the long-term impacts of adverse childhood and family experiences 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. 5. INVENTORY AND INTERIM REPORT

(a) The person or persons directing the Agency's work related to adverse childhood and family experience pursuant to 33 V.S.A. § 3353, in consultation with Vermont's "Help Me Grow" Resource and Referral Service Program, shall create an inventory of available State and community resources, program capabilities, and coordination capacity in each service area 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 and the screening and surveillance work occurring in early learning programs;

(2) regional capacity to establish integrated prevention, screening, and treatment programming and apply uniformly the Department for Children and Families' Strengthening Families Framework among service providers;

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

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

(b) On or before November 1, 2017, the person or persons directing the Agency's work related to adverse childhood and family experiences shall submit the inventory created pursuant to subsection (a) of this section and any preliminary recommendations related to Sec. 4 of this act to the Senate Committee on Health and Welfare and House Committees on Health Care and on Human Services.

Sec. 6. ADVERSE CHILDHOOD AND FAMILY EXPERIENCES; RESPONSE PLAN

On or before January 15, 2019, the person or persons directing the Agency's work related to adverse childhood and family experiences pursuant to 33 V.S.A. § 3353, shall present a plan to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare regarding 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 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.

Sec. 7. 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 is encouraged to participate in a training program, such as trauma-informed programming approved by the Department of Health in consultation with the Department of Mental Health, which may include programming offered by Prevent Child Abuse Vermont. If 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.

Sec. 8. 18 V.S.A. § 705 is amended to read:

§ 705. COMMUNITY HEALTH TEAMS

* * *

(d) The Director shall implement a plan to enable community health teams to work with school nurses in a manner that enables a community health team to 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.

Sec. 9. 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 person or persons directing the Agency of Human Service's work related to adverse childhood and family experiences pursuant to 18 V.S.A. § 3353, 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-informed 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. 10. RECOMMENDATIONS RELATED TO BLUEPRINT FOR HEALTH INCENTIVES

As part of the report due pursuant to 18 V.S.A. § 709, the Director of the Blueprint for Health shall submit any recommendations regarding the design of adverse childhood and family experience screening incentives required pursuant to 18 V.S.A. § 710.

Sec. 11. HOME VISITING REFERRALS

The person or persons directing the Agency of Human Services' work related to adverse childhood and family experiences pursuant to 18 V.S.A. § 3353 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.

Sec. 12. GRANTS TO COMMUNITY PARTNERS

For the purpose of interrupting the widespread, multigenerational effects of adverse childhood and family experiences and their subsequent severe, related health problems, the Agency shall ensure that grants to its community partners related to children and families strive toward accountability and community resilience.

* * * Training and Coordination * * *

Sec. 13. 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.

* * * Effective Date * * *

Sec. 14. 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 vote: _____)

_____

Senator _____

FOR THE COMMITTEE