

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
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 Shifting the legislative lens to focus on the prevention and mitigation of
11 childhood trauma and toxic stress while simultaneously enhancing child and
12 family resilience creates opportunities within State government and among its
13 community partners better to serve members of Vermont’s most vulnerable
14 population. While significant efforts to provide upstream services are already
15 well under way in many parts of the State, better coordination is necessary to
16 ensure that gaps in services are addressed and redundancies do not occur.
17 Coordination of upstream services that are cost effective and either research
18 based or research informed decrease the necessity for more substantial
19 downstream services, including services for opioid addiction and other
20 substance use disorders.

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 Director of Child and Family Resilience shall be established within
12 the Agency of Human Services for a period of six fiscal years. The Director
13 shall direct the Agency’s response on behalf of clients who have experienced
14 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, educators, and
6 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; and

15 (8) regularly meeting with the Child and Family Trauma Work Group.

16 (b) The Director shall present updates on the progress of his or her work to
17 the House Committees on Health Care and on Human Services and to the
18 Senate Committee on Health and Welfare in January of each year between
19 2019 and 2024, including any recommendations for legislative action.

20 (c) On or before January 15, 2024, the Director shall submit a written
21 report to the House Committees on Health Care and on Human Services and to

1 the Senate Committee on Health and Welfare summarizing the Director's
2 achievements, existing gaps in trauma-informed services, and
3 recommendations for future action.

4 Sec. 6. COORDINATED RESPONSE TO CHILDHOOD TRAUMA
5 WITH JUDICIAL BRANCH

6 On or before January 15, 2020, the Chief Justice of the Supreme Court or
7 designee and the Agency of Human Services' Director of Child and Family
8 Resilience shall jointly present an action plan to the House Committees on
9 Health Care and on Human Services and to the Senate Committee on Health
10 and Welfare for better coordinating the Judiciary and Executive Branches'
11 approaches for preventing and mitigating childhood trauma and toxic stress
12 and building child and family resilience, including any recommendations for
13 legislative action.

14 Sec. 7. TRAUMA-INFORMED TRAINING FOR CHILD CARE
15 PROVIDERS

16 The Agency of Human Services' Director of Child and Family Resilience,
17 in consultation with Northern Lights at the Community College of Vermont
18 and the Northeastern Family Institute, shall develop a plan to promote access
19 to and training on the use of trauma-informed practices that build resilience
20 among children and students for the following employees of registered and
21 licensed family child care homes and center-based child care and preschool

1 programs: family child care providers, family child care assistants,
2 administrators, teachers, teacher associates, teacher assistants, and classroom
3 aides. The plan shall include recommendations for how to expand existing
4 consultation and educational services to support delivery of this training. On
5 or before January 15, 2019, the Director shall present the plan to the House
6 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. PARENT-CHILD CENTERS; EVALUATION

10 (a) On or before January 15, 2019, the Agency of Human Services’
11 Director for Child and Family Resilience shall evaluate and present findings on
12 which services offered through the State’s parent-child center network are
13 eligible for matching Medicaid funds from the federal government. The
14 Director shall submit the report to the House Committees on Health Care and
15 on Human Services and to the Senate Committee on Health and Welfare.

16 (b) On or before January 15, 2019, the Commissioner of Vermont Health
17 Access and the Green Mountain Care Board shall identify which payers
18 support preventative services related to childhood trauma and toxic stress,
19 including those services offered through the State’s parent-child network. The
20 Commissioner’s and Board’s findings and a plan for generating a sustainable
21 funding source for preventative services offered through the parent-child center

1 network shall be submitted to the House Committees on Health Care and on
2 Human Services and to the Senate Committee on Health and Welfare.

3 (c) As used in this section, “toxic stress” shall have the same meaning as in
4 33 V.S.A. § 3402.

5 * * * Health Care * * *

6 Sec. 9. BRIGHT FUTURES GUIDELINES; INTENT

7 (a) It is the intent of the General Assembly that the Bright Futures
8 Guidelines shall serve as a bridge between clinical and community providers in
9 a shared goal to promote healthy child and family development.

10 (b) The Bright Futures Guidelines shall be used as a resource in Vermont
11 for all individuals and organizations that provide care and support services to
12 children and families for the purpose of promoting healthy development and
13 encouraging screening for social determinants of health.

14 (c) The Bright Futures Guidelines shall inform the work of the Agency of
15 Human Services’ Building Flourishing Communities initiative.

16 Sec. 10. 18 V.S.A. § 702 is amended to read:

17 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

18 * * *

19 (c) The Blueprint shall be developed and implemented to further the
20 following principles:

1 (1) ~~the~~ The primary care provider should serve a central role in the
2 coordination of medical care and social services and shall be compensated
3 appropriately for this effort;.

4 (2) ~~use~~ Use of information technology should be maximized;.

5 (3) ~~local~~ Local service providers should be used and supported,
6 whenever possible;.

7 (4) ~~transition~~ Transition plans should be developed by all involved
8 parties to ensure a smooth and timely transition from the current model to the
9 Blueprint model of health care delivery and payment;.

10 (5) ~~implementation~~ Implementation of the Blueprint in communities
11 across the State should be accompanied by payment to providers sufficient to
12 support care management activities consistent with the Blueprint, recognizing
13 that interim or temporary payment measures may be necessary during early
14 and transitional phases of implementation; ~~and~~.

15 (6) ~~interventions~~ Interventions designed to prevent chronic disease and
16 improve outcomes for persons with chronic disease should be maximized,
17 should target specific chronic disease risk factors, and should address changes
18 in individual behavior; the physical, mental, and social environment; and
19 health care policies and systems.

1 families, developing partnerships between nurses and families, providing
2 opportunities for home visits and other community services, and including
3 parent-child centers, designated agencies, and the Department of Health’s local
4 offices as participating providers in the ACO.

5 * * *

6 Sec. 12. SCHOOL NURSES; HEALTH-RELATED BARRIERS TO
7 LEARNING

8 On or before September 1, 2018, the Agency of Human Services’ Director
9 of Child and Family Resilience shall coordinate with the Vermont State School
10 Nurse Consultant and with the Agency of Education systematically to support
11 local education agencies, school administrators, and school nurses in ensuring
12 that all students’ health appraisal forms are completed on an annual basis to
13 enable school nurses to identify students’ health-related barriers to learning.

14 * * * Opioid Abuse Treatment * * *

15 Sec. 13. 33 V.S.A. § 2004a is amended to read:

16 § 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

17 (a) The Evidence-Based Education and Advertising Fund is established in
18 the State Treasury as a special fund to be a source of financing for activities
19 relating to fund collection and analysis of information on pharmaceutical
20 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
21 prescription drug data needed by the Office of the Attorney General for

1 enforcement activities; for the Vermont Prescription Monitoring System
2 established in 18 V.S.A. chapter 84A; for the evidence-based ~~education~~
3 educational program established in 18 V.S.A. chapter 91, subchapter 2; for
4 statewide unused prescription drug disposal initiatives; for the prevention of
5 prescription drug misuse, abuse, and diversion; for prevention and treatment of
6 substance use disorder; for exploration of nonpharmacological approaches to
7 pain management; for a hospital antimicrobial program for the purpose of
8 reducing hospital-acquired infections; for the purchase and distribution of
9 naloxone to emergency medical services personnel; for evidence-based or
10 evidence-informed opioid-related programming conducted by the parent-child
11 center network; and for the support of any opioid-antagonist ~~education~~
12 educational, training, and distribution program operated by the Department of
13 Health or its agents. Monies deposited into the Fund shall be used for the
14 purposes described in this section.

15 * * *

16 * * * Education * * *

17 Sec. 14. 16 V.S.A. § 136 is amended to read:

18 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS
19 AND COMPREHENSIVE HEALTH

20 * * *

1 (c) The Secretary shall collaborate with other agencies and councils
2 working on childhood wellness to:

3 (1) Supervise the preparation of appropriate nutrition and fitness
4 curricula for use in the public schools, promote programs for the preparation of
5 teachers to teach these curricula, and assist in the development of wellness
6 programs.

7 (2) [Repealed.]

8 (3) Establish and maintain a website that displays data from a youth risk
9 behavior survey in a way that enables the public to aggregate and disaggregate
10 the information. The survey shall include questions pertaining to adverse
11 childhood experiences, meaning those potentially traumatic events that occur
12 during childhood and can have negative, lasting effects on an individual's
13 health and well-being.

14 (4) Research funding opportunities for schools and communities that
15 wish to build wellness programs and make the information available to the
16 public.

17 (5) Create a process for schools to share with the Department of Health
18 any data collected about the height and weight of students in kindergarten
19 through grade six. The Commissioner of Health may report any data compiled
20 under this subdivision on a countywide basis. Any reporting of data must

1 protect the privacy of individual students and the identity of participating
2 schools.

3 * * *

4 Sec. 15. RULEMAKING

5 The Standards Board for Professional Educators shall amend its licensure
6 rules pursuant to 3 V.S.A. chapter 25 to require teachers and administrators to
7 receive training on the use of trauma-informed practices that build resilience
8 among students. “Trauma-informed” shall have the same meaning as in
9 33 V.S.A. § 3402.

10 * * * Effective Date * * *

11 Sec. 16. EFFECTIVE DATE

12 This act shall take effect on July 1, 2018.

13

14

15 (Committee vote: _____)

16

17

Senator _____

18

FOR THE COMMITTEE