

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 It is the purpose of this act the create a consistent family support system for
11 all families throughout the State experiencing childhood trauma and toxic
12 stress by enhancing opportunities to build child and family resilience. While
13 significant efforts to provide upstream services are already well under way in
14 many parts of the State, better coordination is necessary to ensure that gaps in
15 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 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, **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 to
5 the Senate Committee on Health and Welfare summarizing the Director's
6 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. PREVENTATIVE SERVICES; EVALUATION**

10 (a) On or before January 15, 2019, the Commissioner of Vermont Health
11 Access and the Green Mountain Care Board shall identify which payers
12 support preventative services related to childhood trauma and toxic stress,
13 including those services offered through the State’s parent-child network. The
14 Commissioner’s and Board’s findings and a plan for generating a sustainable
15 funding source for preventative services offered through the parent-child center
16 network shall be presented to the House Committees on Health Care and on
17 Human Services and to the Senate Committee on Health and Welfare.

18 (b) As used in this section, “toxic stress” shall have the same meaning as in
19 33 V.S.A. § 3402.

20 **Sec. 9. SYSTEM EVALUATION**

1 children and families for the purpose of promoting healthy development and
2 encouraging screening for social determinants of health.

3 (c) The Bright Futures Guidelines shall inform the work of the Agency of
4 Human Services' Building Flourishing Communities initiative.

5 Sec. 11. 18 V.S.A. § 702 is amended to read:

6 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

7 * * *

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

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

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

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

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

19 (5) ~~implementation~~ Implementation of the Blueprint in communities
20 across the State should be accompanied by payment to providers sufficient to
21 support care management activities consistent with the Blueprint, recognizing

1 that interim or temporary payment measures may be necessary during early
2 and transitional phases of implementation; ~~and,~~

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

8 (7) Providers should assess trauma and toxic stress to ensure that the
9 needs of the whole patient are addressed and opportunities to build resilience
10 and community supports are maximized.

11 * * *

12 Sec. 12. 18 V.S.A. § 9382 is amended to read:

13 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

14 (a) In order to be eligible to receive payments from Medicaid or
15 commercial insurance through any payment reform program or initiative,
16 including an all-payer model, each accountable care organization shall obtain
17 and maintain certification from the Green Mountain Care Board. The Board
18 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
19 processes for certifying accountable care organizations. To the extent
20 permitted under federal law, the Board shall ensure these rules anticipate and
21 accommodate a range of ACO models and sizes, balancing oversight with

1 support for innovation. In order to certify an ACO to operate in this State, the
2 Board shall ensure that the following criteria are met:

3 * * *

4 (17) For preventing and addressing the impacts of adverse childhood
5 experiences and other traumas, the ACO provides connections to existing
6 community services and incentives, such as developing quality outcome
7 measures for use by primary care providers working with children and
8 families, developing partnerships between nurses and families, providing
9 opportunities for home visits and other community services, and including
10 parent-child centers, designated agencies, and the Department of Health's local
11 offices as participating providers in the ACO.

12 * * *

13 Sec. 13. SCHOOL NURSES; HEALTH-RELATED BARRIERS TO
14 LEARNING

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

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 councils
10 working on childhood wellness to:

11 (1) Supervise the preparation of appropriate nutrition and fitness
12 curricula for use in the public schools, promote programs for the preparation of
13 teachers to teach these curricula, and assist in the development of 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 disaggregate
18 the information. The survey may include questions pertaining to adverse
19 childhood experiences, meaning those potentially traumatic events that occur
20 during childhood and can have negative, lasting effects on an individual's
21 health and well-being.

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; ~~and~~

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 (Committee vote: _____)

2

3

Senator _____

4

FOR THE COMMITTEE