

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 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 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 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. **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 33 V.S.A. § 3402.

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.

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

2 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

3 * * *

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

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

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

10 (3) ~~local~~ Local service providers should be used and supported,
11 whenever possible;

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

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

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 * * *

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 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.

20

21

1 (Committee vote: _____)

2

3

Senator _____

4

FOR THE COMMITTEE