

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 PREVENTION

11 (a)(1) The position of Director of Prevention shall be established within  
12 the Agency of Human Services for a period of six fiscal years. It is the intent of  
13 the General Assembly that the Director position is funded by repurposing  
14 existing expenditures and resources designated for substance use disorder,  
15 including opioid addiction, and related prevention activities.

16 (2) The Director shall direct the Agency’s response on behalf of clients  
17 who have experienced childhood trauma and toxic stress, including:

18 (A) reducing or eliminating ongoing sources of childhood trauma and  
19 toxic stress;

1           (B) strengthening existing programs and establishing new programs  
2           within the Agency that build resilience among individuals who have  
3           experienced childhood trauma and toxic stress;

4           (C) providing advice and support to the Secretary of Human Services  
5           and facilitating communication and coordination among the Agency’s  
6           departments with regard to childhood trauma, toxic stress, and the promotion  
7           of resilience building;

8           (D) training all Agency employees on childhood trauma, toxic stress,  
9           resilience building, and the Agency’s Trauma-Informed System of Care policy  
10           and posting training opportunities for child care providers, afterschool program  
11           providers, educators, and health care providers on the Agency’s website;

12           (E) collaborating with community partners to build consistency  
13           between trauma-informed systems that address medical and social service  
14           needs, including serving as a conduit between providers and the public;

15           (F) coordinating the Agency’s approach to childhood trauma, toxic  
16           stress, and resilience building with any similar efforts occurring elsewhere in  
17           State government;

18           (G) providing support for and disseminating educational materials  
19           pertaining to the Agency’s Building Flourishing Communities initiative;

20           (H) regularly meeting with the Child and Family Trauma Work  
21           Group; and

1           (I) ensuring that the Agency and its community partners are  
2           leveraging all available federal funds for services related to preventing and  
3           mitigating childhood trauma and toxic stress and building child and family  
4           resilience.

5           (b) The Director shall present updates on the progress of his or her work to  
6           the House Committees on Health Care and on Human Services and to the  
7           Senate Committee on Health and Welfare in January of each year between  
8           2019 and 2024, including any recommendations for legislative action.

9           (c) On or before January 15, 2024, the Director shall submit a written  
10           report to the House Committees on Health Care and on Human Services and to  
11           the Senate Committee on Health and Welfare summarizing the Director's  
12           achievements, existing gaps in trauma-informed services, and  
13           recommendations for future action.

14           Sec. 6. COORDINATED RESPONSE TO CHILDHOOD TRAUMA  
15           WITH JUDICIAL BRANCH

16           On or before January 15, 2020, the Chief Justice of the Supreme Court or  
17           designee and the Agency of Human Services' Director of Prevention shall  
18           jointly present an action plan to the House Committees on Health Care and on  
19           Human Services and to the Senate Committee on Health and Welfare for better  
20           coordinating the Judiciary and Executive Branches' approaches for preventing

1 and mitigating childhood trauma and toxic stress and building child and family  
2 resilience, including any recommendations for legislative action.

3 Sec. 7. TRAUMA-INFORMED TRAINING FOR CHILD CARE

4 PROVIDERS

5 The Agency of Human Services’ Director of Prevention, in consultation  
6 with stakeholders, shall develop and implement a plan to promote access to  
7 and training on the use of trauma-informed practices that build resilience  
8 among children and students for the employees of registered and licensed  
9 family child care homes, center-based child care and preschool programs, and  
10 after-school programs. On or before January 15, 2019, the Director shall  
11 present information about the plan and its implementation to the House  
12 Committees on Health Care and on Human Services and to the Senate  
13 Committee on Health and Welfare. “Trauma-informed” shall have the same  
14 meaning as in 33 V.S.A. § 3402.

15 Sec. 8. **CHILD CARE AND COMMUNITY-BASED FAMILY SUPPORT**  
16 **SYSTEM; EVALUATION**

17 The Director of Prevention shall develop a framework for evaluating the  
18 workforce, payment streams, and real costs associated with the State’s child  
19 care system and community-based family support system. The framework  
20 shall indicate the most appropriate entity to conduct this evaluation as well as  
21 articulate the anticipated outcomes of the evaluation. The Director shall

1 present the framework to the House Committees on Health Care and on  
2 Human Services and to the Senate Committee on Health and Welfare on or  
3 before January 15, 2019.

4 Sec. 9. SYSTEM EVALUATION

5 (a) The Commissioner of Health shall determine the appropriate  
6 methodology for evaluating the work of the Agency of Human Services related  
7 to childhood trauma, toxic stress, and resilience that shall include use of  
8 results-based accountability measures currently collected by the Agency. On  
9 or before January 1, 2019, the Commissioner shall submit the recommended  
10 evaluation methodology to the Director of Prevention and the House  
11 Committees on Health Care and on Human Services and the Senate Committee  
12 on Health and Welfare.

13 (b) The Director shall implement the Commissioner’s recommended  
14 evaluation methodology for the purpose of better understanding the strengths  
15 and weaknesses of current efforts to address childhood trauma, toxic stress,  
16 and resilience statewide.

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





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

2 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

3 (a) In order to be eligible to receive payments from Medicaid or  
4 commercial insurance through any payment reform program or initiative,  
5 including an all-payer model, each accountable care organization shall obtain  
6 and maintain certification from the Green Mountain Care Board. The Board  
7 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and  
8 processes for certifying accountable care organizations. To the extent  
9 permitted under federal law, the Board shall ensure these rules anticipate and  
10 accommodate a range of ACO models and sizes, balancing oversight with  
11 support for innovation. In order to certify an ACO to operate in this State, the  
12 Board shall ensure that the following criteria are met:

13 \* \* \*

14 (17) For preventing and addressing the impacts of adverse childhood  
15 experiences and other traumas, the ACO provides connections to existing  
16 community services and incentives, such as developing quality-outcome  
17 measurements for use by primary care providers working with children and  
18 families, developing partnerships between nurses and families, providing  
19 opportunities for home visits and other community services, and including  
20 parent-child centers, designated agencies, and the Department of Health's local  
21 offices as participating providers in the ACO.

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

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

\* \* \* Opioid Abuse Treatment \* \* \*

Sec. 14. 33 V.S.A. § 2004a is amended to read:

§ 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

(a) The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for activities relating to fund collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; for the Vermont Prescription Monitoring System established in 18 V.S.A. chapter 84A; for the evidence-based ~~education~~ educational program established in 18 V.S.A. chapter 91, subchapter 2; for statewide unused prescription drug disposal initiatives; for the prevention of

1 prescription drug misuse, abuse, and diversion; for prevention and treatment of  
2 substance use disorder; for exploration of nonpharmacological approaches to  
3 pain management; for a hospital antimicrobial program for the purpose of  
4 reducing hospital-acquired infections; for the purchase and distribution of  
5 naloxone to emergency medical services personnel; for evidence-based or  
6 evidence-informed opioid-related programming conducted by the parent-child  
7 center network; and for the support of any opioid-antagonist ~~education~~  
8 educational, training, and distribution program operated by the Department of  
9 Health or its agents. Monies deposited into the Fund shall be used for the  
10 purposes described in this section.

11 \* \* \*

12 \* \* \* Education \* \* \*

13 Sec. 15. 16 V.S.A. § 136 is amended to read:

14 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS  
15 AND COMPREHENSIVE HEALTH

16 \* \* \*

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

19 (1) Supervise the preparation of appropriate nutrition and fitness  
20 curricula for use in the public schools, promote programs for the preparation of

1 teachers to teach these curricula, and assist in the development of wellness  
2 programs.

3 (2) [Repealed.]

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

10 (4) Research funding opportunities for schools and communities that  
11 wish to build wellness programs and make the information available to the  
12 public.

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

19 \* \* \*

1 Sec. 16. 16 V.S.A. § 2902 is amended to read:

2 § 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL  
3 SUPPORT TEAM

4 \* \* \*

5 (b) The tiered system of supports shall:

6 (1) be aligned as appropriate with the general education curriculum;

7 (2) be designed to enhance the ability of the general education system to  
8 meet the needs of all students;

9 (3) be designed to provide necessary supports promptly, regardless of an  
10 individual student's eligibility for categorical programs;

11 (4) seek to identify and respond to students in need of support for at-risk  
12 behaviors and to students in need of specialized, individualized behavior  
13 supports; ~~and~~

14 (5) provide all students with a continuum of evidence-based and  
15 research-based behavior practices, including trauma-sensitive programming,  
16 that teach and encourage prosocial skills and behaviors schoolwide;

17 (6) promote collaboration with families, community supports, and the  
18 system of health and human services; and

19 (7) provide professional development as needed to support all staff in  
20 implementing the system.

1 (c) The educational support team for each public school in the district shall  
2 be composed of staff from a variety of teaching and support positions and  
3 shall:

4 (1) Determine which enrolled students require additional assistance to  
5 be successful in school or to complete secondary school based on indicators set  
6 forth in guidelines developed by the Secretary, such as academic progress,  
7 attendance, behavior, or poverty. The educational support team shall pay  
8 particular attention to students during times of academic or personal transition  
9 and to those students who have been exposed to trauma.

10 \* \* \*

11 Sec. 17. 16 V.S.A. § 2904 is amended to read:

12 § 2904. REPORTS

13 Annually, each superintendent shall ~~report~~ be responsible for ensuring that  
14 each principal within his or her supervisory union or supervisory district  
15 reports to the Secretary in a form prescribed by the Secretary; on the status of  
16 the ~~educational support systems~~ multi-tiered system of supports in each school  
17 ~~in the supervisory union~~. The report shall describe the services and supports  
18 that are a part of the ~~education support system~~ multi-tiered system of supports,  
19 how they are funded, and how building the capacity of the ~~educational support~~  
20 ~~system~~ multi-tiered system of supports has been addressed in the ~~school action~~  
21 ~~plans~~, school's continuous improvement plan and professional development

1 and shall be in addition to the report required of the ~~educational support~~ multi-  
2 tiered system of supports team in subdivision 2902(c)(6) of this chapter. The  
3 superintendent's report shall include a description and justification of how  
4 funds received due to Medicaid reimbursement under section 2959a of this title  
5 were used.

6 \* \* \* Effective Date \* \* \*

7 Sec. 18. EFFECTIVE DATE

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

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11 (Committee vote: \_\_\_\_\_)

12

\_\_\_\_\_

13

Senator \_\_\_\_\_

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FOR THE COMMITTEE