H.281

Introduced by Representatives Till of Jericho, Browning of Arlington, Christie of Hartford, Cina of Burlington, Donovan of Burlington, Dunn of Essex, Gannon of Wilmington, LaLonde of South Burlington, Masland of Thetford, McCullough of Williston, Squirrell of Underhill, Webb of Shelburne, Yacovone of Morristown, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; population health; adverse childhood experiences; prevention

Statement of purpose of bill as introduced: This bill proposes to create a trauma-informed service director in the Agency of Human Services. It also proposes to establish a universal home visiting program, as well as a pilot program in a federally qualified health center. The bill proposes to encourage the use of adverse childhood experience screening tools, incentivize provider use, incorporate education in medical and nursing school curricula, and assess regional capacity for program growth.

An act relating to preventing adverse childhood experiences

It is hereby enacted by the General Assembly of the State of Vermont:

* * * Findings * * *

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).

(b) The ACE questionnaire contains ten categories of questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. It is used to measure an adult's exposure to traumatic stressors 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 experienced by a respondent.

(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.

(g) An individual with an ACE score of one has a 20 percent increased risk of heart disease. An individual with an ACE score of two is twice as likely to experience rheumatic disease and 70 percent more likely to have heart disease. An individual with an ACE score of four has a three to four times higher risk of depression, is five times more likely to become an alcoholic, is eight times more likely to experience sexual assault, and is up to ten times more likely to attempt suicide. An individual with an ACE score of six or higher is 2.6 times more likely to experience chronic obstructive pulmonary disease, is three times more likely to experience lung cancer, and is 46 times more likely to abuse intravenous drugs. An individual with an ACE score of seven or higher is 31 times more likely to attempt suicide.

(h) ACEs are common in Vermont. In 2011, the Vermont Department of Health reported that 58 percent of Vermont adults had experienced at least one adverse event during their childhood, and that 14 percent of Vermont adults had experienced four or more adverse events during their childhood. Seventeen percent of Vermont women have had four or more ACEs.

(i) The impact of ACEs is felt across all socioeconomic boundaries.

(j) The earlier in life an intervention occurs for an individual who has experienced ACEs, the more likely that intervention is to be successful.

(k) ACEs can be prevented when a multigenerational approach is employed to interrupt the cycle of ACEs within a family, including both prevention and treatment throughout an individual's lifespan.

(l) It is the belief of the General Assembly that people who have experienced adverse childhood experiences can learn resilience and can succeed in leading happy, healthy lives.

* * * Principles * * *

Sec. 2. PRINCIPLES FOR VERMONT'S TRAUMA-INFORMED SYSTEM OF CARE

The General Assembly adopts the following principles with regard to strengthening Vermont's response to trauma and toxic stress during childhood:

(1) Childhood trauma impacts all aspects of society. Each of Vermont's systems addressing trauma, particularly social services, health care, education,

and the criminal justice system, shall collaborate to address the causes and symptoms of childhood trauma.

(2) The State's social services, health care, education, and criminal justice systems shall be redesigned in a manner that is trauma-informed to address effectively: adverse childhood experience prevention; the impacts of trauma; and resilience building.

(3) Current efforts to address childhood trauma in Vermont shall be reorganized, coordinated, and strengthened.

(4) Addressing trauma in Vermont requires the building of resilience in those individuals already affected and preventing childhood trauma within the next generation.

(5) As early childhood adversity is common, a public health approach is necessary to address effectively 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 experiences with regard to toxic stress. This model shall include training for local leaders to facilitate a culture change around the prevention and treatment of childhood trauma.

(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.

* * * Trauma-Informed Service Director * * *

Sec. 3. 3 V.S.A. § 3055 is added to read:

§ 3055. TRAUMA-INFORMED SERVICE DIRECTOR

(a) A trauma-informed service director shall be established in the Office of the Secretary of Human Services as part of the Integrated Family Services initiative for the purpose of:

(1) developing and coordinating evidence- or research-based and family-focused initiatives to prevent adverse childhood experiences from occurring; and

(2) directing the Agency's response to the impact of adverse childhood experiences by coordinating services for individuals.

(b) The Trauma-Informed Service Director shall provide advice and support to the Secretary and to each of the Agency's departments in establishing evidence- or research-based and family-focused mechanisms for the assessment and prevention of adverse childhood experiences. The Director shall also support the Secretary and departments in connecting affected individuals with the appropriate resources for recovery.

Sec. 4. PROGRAM CAPACITY AND RESOURCE INVENTORY

(a) The Trauma-Informed Service Director established pursuant to 3 V.S.A. § 3055, in consultation with the Department of Vermont Health Access, shall

conduct an inventory of available resources, program capabilities, and coordination capacity in each county of the State with regard to the following:

(1) those programs or providers currently screening patients for adverse childhood experiences or conducting another type of trauma assessment;

(2) the capacity to establish integrated prevention and treatment programming as delivered by the Positive Parenting Program (Triple P) and Vermont Center for Children, Youth and Families' Vermont Based Approach;

(3) the capacity to apply uniformly the Department for Children and Families' Strengthening Families Framework among service providers; and

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

(b) On or before January 15, 2018, the Director shall submit the results of the inventory conducted pursuant to subsection (a) of this section, along with any other findings or recommendations for legislative action, to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

Sec. 5. TRAUMA-INFORMED SERVICE DIRECTOR; SYSTEM PLAN

On or before January 15, 2019, the Trauma-Informed Service Director established pursuant to 3 V.S.A. § 3055 shall develop and submit a plan to the Governor, the House Committees on Health Care and on Human Services, and

the Senate Committee on Health and Welfare regarding the integration of evidence- or research-based and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood experiences. The plan shall address the coordination of services throughout the Agency of Human Services and shall propose mechanisms for engaging community providers in the systematic prevention of trauma, as well as screening, case detection, and care of individuals affected by adverse childhood experiences.

* * * Trauma and Resilience Task Force * * *

Sec. 6. TRAUMA AND RESILIENCE TASK FORCE

(a) Creation. There is created the Trauma and Resilience Task Force to design and implement system and statewide efforts to address trauma.

(b) Membership. The Task Force shall be composed of the following members, representing all counties of the State:

(1) the Secretary of Human Services or designee

(2) the Secretary of Education or designee;

(3) two school nurses representing different school districts, appointed by the Vermont State School Nurses' Association;

(4) two child care providers from different regions of the State;

(5) a representative of a parent-child center, appointed by the Governor;

(6) a mental health professional, as defined in 18 V.S.A. § 7101, appointed by Vermont Care Partners;

(7) a pediatrician, appointed by the Governor;

(8) a physician practicing family medicine, appointed by the Governor; and

(9) a provider of services to youths and adults involved in the criminal justice system, appointed by the Criminal Justice Training Council.

(c) Powers and duties. The Task Force shall study and develop a plan on the prevention of and intervention in childhood trauma, including:

(1) development of new trauma initiatives;

(2) development of standards for recommended interventions; and

(3) review and approval, when appropriate, of proposals for new pilot programs related to adverse childhood experiences.

(d) Assistance. The Task Force shall have the administrative, technical, and legal assistance of the Agency of Human Services.

(e) Report. On or before December 15, 2018, the Task Force shall submit a written report to the General Assembly with a summary of its work and findings, and any recommendations for legislative action.

(f) Meetings.

(1) The Secretary of Human Services shall call the first meeting of the Task Force to occur on or before September 1, 2017.

(2) The Committee shall select a chair from among its members at the first meeting.

(3) The Task Force shall cease to exist on January 31, 2019.

(g) Reimbursement. Members of the Task Force who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their attendance shall be entitled to per diem compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for not more than four meetings.

* * * Blueprint for Health * * *

Sec. 7. 18 V.S.A. § 710 is added to read:

§ 710. ADVERSE CHILDHOOD EXPERIENCE SCREENING TOOL

The Director of the Blueprint for Health, in consultation with the Agency of Human Services' Trauma-Informed Service Director established pursuant to 3 V.S.A. § 3055, shall incentivize Blueprint for Health practices to use a voluntary, evidence- or research-based adverse childhood experience screening tool with patients and families by increasing per-member, per-month payments to participating practices.

Sec. 8. RECOMMENDATIONS RELATED TO BLUEPRINT FOR HEALTH INCENTIVES

On or before January 15, 2018, the Director shall submit any related recommendations regarding adverse childhood experience screening incentives

required pursuant to 18 V.S.A. § 710 to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

* * * Home Visiting Program * * *

Sec. 9. UNIVERSAL HOME VISITING PROGRAM

(a) The Secretary of Human Services, building on the work of the Children's Integrated Services system and in consultation with appropriate stakeholders, including the Vermont Home Visiting Alliance, shall develop and implement a statewide, tiered program that ensures universal home visiting services to families caring for newborn infants. The Secretary shall initially conduct an assessment of home visiting services provided in each district of the State to determine where there are unmet needs.

(b) The Secretary shall expand the existing Nurse–Family Partnership program to serve all eligible mothers in the State.

(c) The Secretary shall contract through Children's Integrated Services and home health agencies throughout the State to provide Maternal Early Childhood Home Visiting services to all eligible families caring for a newborn infant who are not otherwise served by the Nurse–Family Partnership Program.

(d) The Secretary shall contract through Children's Integrated Services and parent-child centers throughout the State to provide home visiting services using the Parents as Teachers model to all eligible families caring for a

newborn infant who are not otherwise served by the Nurse–Family Partnership or Maternal Early Childhood Home Visiting programs.

(e) The Secretary shall implement an evidence- and research-based model to provide home visiting services to all families caring for a newborn infant who are not otherwise served by the Nurse–Family Partnership, Maternal Early Childhood Home Visiting, or Parents as Teachers programs.

(f) On or before January 15, 2020, the Secretary shall report to the House Committee on Human Services and to the Senate Committee on Health and Welfare with his or her findings and recommendations related to the effectiveness of the universal home visiting program.

* * * Pilot Program * * *

Sec. 10. PILOT; FEDERALLY QUALIFIED HEALTH CENTERS

(a) On or before January 1, 2018, the Secretary of Human Services, in consultation with appropriate stakeholders, shall develop and implement a pilot program to integrate the Vermont Center for Children, Youth and Families' Vermont Family Based Approach in one federally qualified health center in the State. The pilot shall be integrated with other children's services offered by the Agency of Human Services, including the Integrated Family Services initiative.

(b) Staff members of the participating federally qualified health center shall receive training in the Vermont Center for Children, Youth and Families'

Vermont Family Based Approach prior to the commencement of the pilot program.

(c) The participating federally qualified health center shall receive funds from the Agency of Human Services to provide psychiatric and psychological services, as well as to retain two family wellness coaches and one family focus coach.

(d) On or before January 15, 2020, the Secretary shall report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare with his or her findings and recommendations related to the federally qualified health center pilot program.

(e) The pilot program shall cease to exist on July 1, 2021.

* * * Parent-Child Centers * * *

Sec. 11. PARENTING CLASSES; APPROPRIATION

The Agency of Human Services shall provide grants to each parent-child center in the State for the creation of pilot programs offering parenting classes. The classes shall be conducted in the offices of health care professionals providing obstetric or midwifery care and shall use a statewide uniform curriculum developed by the parent-child centers. The grant of any parent-child center choosing not to operate a pilot program under this section shall be divided among participating parent-child centers. The purpose of the pilot program is to interrupt the widespread, multigenerational effects of

adverse childhood experiences and their subsequent severe related health problems.

* * * College of Medicine and School of Nursing Curriculum * * *

Sec. 12. CURRICULUM; UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING

The General Assembly recommends that the University of Vermont's College of Medicine and School of Nursing expressly include information in their curricula pertaining to adverse childhood experiences and their impact on short- and long-term physical and mental health outcomes.

* * * Results-Based Accountability * * *

Sec. 13. RESULTS-BASED ACCOUNTABILITY

On or before January 15, 2018, the Secretary of Human Services shall submit recommendations for measuring outcomes of each of the initiatives created by this act to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

* * * Effective Date * * *

Sec. 14. EFFECTIVE DATE

This act shall take effect on July 1, 2017.