

1 Brianne K. Nadeau
2 Councilmember Brianne K. Nadeau

3 Mary M. Cheh
4 Councilmember Mary M. Cheh

5 Brandon T. Todd
6 Councilmember Brandon T. Todd

7 Kenyan R. McDuffie
8 Councilmember Kenyan R. McDuffie

9 Robert C. White, Jr.
10 Councilmember Robert C. White, Jr.

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14 A BILL
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18 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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23 To establish an Adverse Childhood Experiences Health Task Force to identify evidence-based
24 solutions to reduce children's exposure to adverse childhood experiences, recommend
25 ways to address the impacts of those experiences and recommend investments in
26 preventative health care and mental health and wellness interventions, make
27 recommendations regarding specified matters pertaining to adverse childhood
28 experiences, and report its findings and recommendations to the Mayor and the Council.
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30 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
31 act may be cited as the "Adverse Childhood Experiences Task Force Act of 2018".

32 Sec. 2. Adverse Childhood Experiences Task Force.

33 (a) There is established an Adverse Childhood Experiences Task Force ("Task Force") to
34 study policies and practices in pediatric settings that are designed to mitigate conditions arising
35 from toxic stressors and adverse childhood experiences ("ACEs"). The Task Force shall:

- 36 (1) Meet at least every other month;
- 37 (2) Identify vulnerable populations and risk factors for ACEs;
- 38 (3) Study, review, and identify current treatment options for both those who are

1 privately insured and those who receive care through the public-health system;

2 (4) Study, review, and identify evidence-based and emerging treatment options
3 that are scalable to public- and private-healthcare settings;

4 (5) Determine whether there are any District-wide or regional gaps in services for
5 interventions on behalf of children and families;

6 (6) Identify successful initiatives throughout the United States and recommend
7 programs, tools, strategies, and funding sources needed to implement similar initiatives in the
8 District;

9 (7) Conduct qualitative studies regarding low-income urban youth and Latino
10 families to identify and characterize the range of ACEs experienced and to describe the
11 significance of ACEs on health status;

12 (8) Conduct a population-based survey among District residents to measure the
13 scope and nature of ACEs and toxic stressors that exist in the city;

14 (9) Identify and recommend evidence-based practices for healthcare providers and
15 public-health systems;

16 (10) Identify means to increase public understanding of ACEs and their impact on
17 health and well-being;

18 (11) Identify and recommend models for private and public funding; and

19 (12) Make comprehensive recommendations on policy initiatives and budgetary
20 priorities to address ACEs in a due to the Mayor no later than December 31, 2019; and

21 (13) Present its recommendations to the Mayor and the Council within 30 days of
22 submitting its report.

23 (b) This act shall sunset concurrently with the Task Force presenting its recommendations

1 to the Mayor and Council.

2 Sec. 3. Adverse Childhood Experiences Task Force composition.

3 (a) The Mayor shall appoint the members of the Task Force.

4 (b) The Task Force shall be comprised of:

5 (1) One representative from the Office of the Deputy Mayor for Health and
6 Human Services;

7 ;

8 (2) One representative from the Department of Behavioral Health;

9 (3) One representative from the Department of Health;

10 (4) One representative from the Department of Health Care Finance;

11 (5) One representative from Department of Youth Rehabilitation Services;

12 (6) One representative from Child and Family Services Agency;

13 (7) One representative from the Office of the State Superintendent of Education;

14 (8) One representative from the District of Columbia Public Schools;

15 (9) One representative from the Council Committee on Health;

16 (10) One representative from D.C. Action for Children;

17 (11) One representative from La Clínica del Pueblo, a nonprofit health center;

18 (12) One representative from the D.C. Collaborative for Mental Health in Primary
19 Care;

20 (13) One representative from a core service agency ("CSA") in the District;

21 (14) One representative from Children's National Medical Center;

22 (15) One representative from the Psychiatric Institute of Washington ("PIW");

23 and

1 (16) One a representative of a Head Start program in the District.

2 (b) The Mayor shall designate two co-chairs of the Task Force, one each from the
3 government and non-government sectors.

4 (c) Members of the Task Force shall:

5 (1) Serve without compensation;

6 (2) Be residents of the District;

7 (3) Hold meetings within the District and not travel outside the District for
8 purposes relating to the Task Force; and

9 (4) Be reimbursed for travel expenses.

10 Sec. 4. Fiscal impact statement.

11 The Council adopts the fiscal impact statement in the committee report as the fiscal
12 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
13 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

14 Sec. 5. Effective date.

15 This act shall take effect after approval by the Mayor (or in the event of a veto by the
16 Mayor, override of the veto by the Council, a 30-day period of Congressional review as provided
17 in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973
18 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia
19 Register.