



Helping people and communities live healthy, safe and satisfying lives.

Legislative Update March 21, 2018

Upcoming Advocacy Events

Please join Vermont Care Partners at the National Council for Behavioral Health's Annual Public Policy Institute and Hill Day, to be held April 25, 2018 in Washington, D.C. in conjunction with NatCon18 – National Council's annual conference. There is no additional cost to participate if you are attending NatCon18.

Hill Day is the largest behavioral health advocacy event of the year in the Nation's capital, where hundreds of stakeholders join together in our mission to serve people living with mental illness and addictions by urging Congress to support our work and protect vital funding sources like Medicaid. Last year, the National Council partnered with 20 other national organizations. Julie Tessler of Vermont Care Partners is the State Captain for Hill Day again this year. She will be keeping our delegation organized and will provide you with the appointment schedule.

At Hill Day, you will have the opportunity to:

- Learn about critical federal policy issues
- Gain special insights into the legislative process, with updates from political journalists and national health care experts
- Meet with our congressional delegation and/or their staff to speak up for our field's priorities
- Network with other advocates from around the country

Legislative Action

House Appropriations Committee Develops Budget for Approval by the House of Representatives

The House Appropriations Committee developed a budget for approval by the full house of Representatives at the end of the week. It includes the \$2 million general fund (GF), \$4.3 million total fund replacement of developmental services cuts proposed by the Scott Administration.

Additionally, a package of mental health services was added to the Governor's budget proposal on top of the \$400,000 GF proposed for street outreach programs in four regions of the State. Out of the original \$400,000 the Howard Center in Chittenden County is slated to receive \$150,000 and \$250,000 would be allocated in the other 3 communities. The Department of Mental Health would also receive \$200,000 on a one-time basis to assist the pilot communities, in light of their difficulty in securing local matching funds. Another \$168,000 was appropriated to extend the Pathways for Housing peer warm line to achieve full 24/7 coverage. Plus \$276,000 allocated to DMH "at the Department discretion in Rutland County for supportive housing services for individuals with mental health disabilities who have experienced chronic homelessness, using the low barriers model".

Vermont Care Partners had advocated for an increase in statewide housing vouchers through DMH, but the Committee did not pursue this. The last piece of the “mental health” package approved by the Committee was \$165,000 for recovery centers.

The House Appropriations Committee did not discuss the \$5.74 stage 2 workforce investment request made by Vermont Care Partners in spite of compelling testimony and advocacy by many stakeholders.

Attorney General Settlement with Tobacco Companies for the years 2004 to 2017 came to an agreement for a one-time payment of \$28 million. There are restrictions on the funds; one half must go towards addressing addiction. The expectation is that the funds will be appropriated and used over the next 3 - 4 years. Here is the House proposal for the addiction funds:

1. \$1 million for student loan repayment for LADCs (for 4 years) It was recommended that LADCs make a 5-year commitment to work in Vermont. Each LADC would work for a year and then apply for money each year. The program would be run through AHEC. The awardee and employer would sign a promissory note.
2. \$600,000 would be directed to DOC for recovery coaching in 3 facilities for offenders with addictions. The program would be based in separate wings for people with SUD. Three limited services positions would be created to work with people transitioning from incarceration to assist them in finding housing, employment and to connect with recovery centers. The program would start as a one-year pilot, which if successful could be funded in the future.
3. \$300,000 DCF to create Circles of Support and Accountability (COSAs) for DCF involved families in collaboration with community justice centers.
4. \$250,000 for evaluation of SUD prevention services in schools. The Opioid Commission would get \$40,000 to inventory prevention programs in schools.
5. A legislative working group will evaluate how to best spend funds in the future and report back to the legislature.

The other \$14 million would be appropriated as follows:

1. \$10 million for teachers’ retirement system
2. \$2 million for reserves – rainy day fund
3. \$1.5 higher education one-time expenses: \$1 million to state colleges, \$.5 million for UVM
4. \$.5 million to Treasurer’s office for climate efficiency measures for state buildings

Language on sheriff’s transport of mental health patients includes a requirement for a lean process which will include DOC, DCF, DMH and the Courts. An additional \$74,000 was appropriated because the Administration’s budget was insufficient. It may still need to come back to budget adjustment for sufficient funding.

CIS was reduced by \$1 million. HHS recommended restoring and put into bundled rates.

The Committee also reviewed policy bills. The Special Education funding bill was amended with language promoting cost containment and more specific appropriations language.

Commissioner Bailey Presents to Senate Appropriations Committee

Mental Health Commissioner Melissa Bailey reviewed the initiatives and budget changes in the FY19 Department of Mental Health budget request. Here is the link:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Appropriations/FY%202019%20BUDGET/03%20Human%20Services/18->

[0457~Mental%20Health%20Department~FY%202019%20Proposed%20Budget%20Request--Talking%20Points~3-13-2018.pdf](https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Adult%20Housing%20and%20Residential%20Supports/W~Kate%20Lamphere~Adult%20Housing%20and%20Residential%20Supports~3-13-2018.pdf)

There was much discussion about the Street Outreach request of \$400,000 GF. This initiative, as described by DMH, “would place street outreach workers as an extension of Crisis Services at DAs throughout the following communities: Chittenden County, Rutland, Barre/Montpelier and Brattleboro. These communities are targeted for placement due to the areas’ high use of Emergency Departments, homelessness and use of general assistance. The plan calls for outreach workers to be placed in each of the four communities. The estimated cost of each outreach worker is \$65K per year including benefits.”

Senator Kitchel asked about whether agencies have gotten funds from town meetings. The Commissioner said there is hope of raising funds from hospitals or other resources. The goal is to reduce emergency department utilization; it may or may not be street outreach, depending on individual community needs. The staff will be able to respond to community’s needs, including supporting local police with repeat offenders. It was modeled after Chittenden where there was shared ownership and towns willing to contribute. The funds are not meant to be matched with federal Medicaid funding. If no town funds are raised, Commissioner Bailey said that the communities may still be able to just use state funds. Senator Kitchel suggested that the programs could be in fewer locations, while Commissioner Bailey suggested that there could just be fewer staff per location.

Another point of discussion was the Forensics Unit with \$1.5 million in GF. The long-term plan is for a 20 bed unit in St. Albans. On a short-term basis, the plan is for a 12 bed unit at the Alpha Unit at St. Albans which would be retrofitted to become a forensic unit. Some people are being sent to prison to wait for a forensic inpatient bed. The unit will be run by DMH. The 12 new beds will improve the flow of patients through inpatient care. The Commissioner reported that they looked at Windsor and other facilities for both this unit and the secure residential.

Senator Sears expressed his perspective in no uncertain terms. He said “the whole mental health system is in crisis. We are in denial. We are kicking the can down the road. We are locking people up who need mental health services”. He is concerned about the proposed St. Albans location 3.5 hours away from Bennington which will prevent patients from having family visits. He thinks that VTC in Randolph would be the perfect location and would like more beds. He believes that many inmates have mental health and developmental disabilities.

Commissioner Bailey said that the hospitals aren’t willing to take on forensic patients who have average lengths of stay of 65 days.

Senator Ashe asked where loan repayments could be directed to address the greatest shortage of professions, to which Melissa replied “we need more clinicians and social workers”. She mentioned psychiatrist and nurses, too. When Senator Kitchel asked about the amount of money necessary to achieve the \$15/hour minimum wage, the Commissioner references a letter from AI which specified \$1.5 million.

Senate Health and Welfare Learns about Designated Agency Housing and Support Program

Kate Lamphere Director of Mental Health and Linda Simoneaux, both of HCRS spoke about how their residential continuum supports the people that they serve and plan to serve in the future:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Adult%20Housing%20and%20Residential%20Supports/W~Kate%20Lamphere~Adult%20Housing%20and%20Residential%20Supports~3-15-2018.pdf>

HCRS has 5 residential programs with the goal of “live, learn and leave”; a place to live, learning how to be themselves and leave for greater independence. They use evidence-based practices and work with peers. The values they use were developed by peers and include respecting people, respecting choice and supporting recovery. There are 38 beds in the continuum. Having staff stay has a big impact on the quality of care because it’s all about relationships. The residential programs are homes. Linda spoke about how people step down from inpatient hospitalization into the residential programs with support from other agency services. Linda spoke about how traumatic people’s experiences are before they come into services and how well they do as they recover and move on to active lives. They not only impact the people they serve, they also impact their community. Their art show put on in Brattleboro is an example of this. In describing their varied program it was clear that they address incredibly varied needs from homelessness, to substance use, families and people in mental health crisis.

Minimum Wage Bill Sails through Senate and Begins Consideration in the House

The Senate has passed a bill calling for a \$15/hr minimum wage by 2024. It would be phased in starting with a minimum wage of \$11.10/hr starting on January 1, 2019. It grows gradually to \$14.10 in 2023 and finally to \$15/hr in 2025.

Last year the House passed a paid family leave bill funded by .141% tax on employees through payroll deductions. This bill has not been taken up by the Senate at this point.

Senate Poised to Pass Universal Primary Care Study

After review by the Appropriations and Finance Committees, S.53 is finally ready for consideration by the full Senate. The bill will set up to fund a study of universal primary care which is inclusive of mental health.

House Passes Green Mountain Care Board Legislation

The House Health Care Committee took all bills related to the Green Mountain Care Board and put them into H.912 which was passed by the full House. The Senate Health and Welfare Committee has begun review of the bill which makes explicit requirements for review of the All Payer Model waiver and the ACO.

Trauma Bill Passes the Senate

S. 261 An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience has passed the Senate and is being picked up by the House Health Care Committee. The purpose of this act is to create a consistent family support system by enhancing opportunities to build child and family resilience for all families throughout the State that are experiencing childhood trauma and toxic stress. While significant efforts to provide upstream services are already well under way in many parts of the State, better coordination is necessary to ensure that gaps in services are addressed and redundancies do not occur. Coordination of upstream services, that are cost effective and either research-based or research-informed, decrease the necessity for more substantial downstream services, including services for opioid addiction and other substance use disorders.

Senate Passes Bill to Improve Medication Assisted Treatment for Inmates

S.166 an Act relating to the provision of medication-assisted treatment for inmates has passed the Senate and will be taken up by the House Corrections and Institutions Committee. It requires screening

for opioid use for incoming inmates and ensures that buprenorphine and methadone are medications that inmates may receive in prison. Although access to methadone may not be possible from all facilities, so DOC must come up with a plan for offering methadone by October 1, 2018.

H.874 is a bill to address problems with DOC discontinuing medications or switching medications of incoming inmates. This has been a particular problem with psychotropic medication. A report back to the legislature on medication discontinuation will be required next year.

Senate Approves Independent Schools Bill

The Senate passed S.229 an act relating to State Board of Education approval of independent schools. The Bill is now being taken up by the House Education Committee. The critical issue is the requirement that independent schools serve students with special needs and how those students would be directed to the schools, as well as where the funding for services will come from.

Special Education Funding Bill

H.897 which creates a new funding formula for special education has not made it out of the House of Representatives yet, but is already under consideration by the Senate Education Committee.

To take action or for more information, including the weekly committee schedules:

- Legislative home page: <https://legislature.vermont.gov/>
- Sergeant-at-Arms Office: (802) 828-2228 or (800) 322-5616
- State House fax (to reach any member): (802) 828-2424
- State House mailing address (to reach any member):

Your Legislator
State House
115 State Street, Drawer 33
Montpelier, VT 05633-5501

- Email, home address and phone: Legislators' email addresses and home contacts may be found on the Legislature home page at <https://legislature.vermont.gov/>
- Governor Phil Scott (802) 828-3333 or <http://governor.vermont.gov/>

The purpose of the legislative update is to inform individuals who are interested in developmental, mental health and substance abuse services about legislative advocacy, policy development and activities that occur in the State Legislature. The Vermont Council is a non-profit trade association which works in partnership with Vermont Care Network to form Vermont Care Partners. Together our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our membership consists of 16 designated developmental and mental health agencies.