



Helping people live healthy, safe and satisfying lives in their communities

Legislative Update March 26, 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 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 of Representatives Passes Budget Bill

The full House of Representatives passed the fiscal year 2019 Appropriations Bill with no controversy and little discussion. As presented in our last update we are particularly pleased that the \$2 million general fund (GF), \$4.3 million total fund, cut to developmental services cuts as proposed by the Scott Administration was restored.

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's discretion in Rutland County for supportive housing services for individuals with mental health disabilities who have

experienced chronic homelessness, using the low barriers model". The bill includes \$165,000 for recovery centers.

The 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 four years.

For details please see last week's update or the web report of the Joint Fiscal Office:

http://www.leg.state.vt.us/jfo/webreports/webreports/Web/FY2019%20Big%20Bill%20Web%20Report%203-20-2018%2010_28_45%20AM.html

The Senate Appropriations Committee has already commenced its work on the budget and the Senate Health and Welfare Committee will accept brief testimony on it this coming week.

House Passes Special Education Bill and Senate Education Committee Takes it up

The House of Representatives passed the Special Education bill last week. Vermont Digger did a nice job summarizing the legislation: <https://vtdigger.org/2018/03/23/special-education-funding-bill-sails-through-house/>

In the Senate Education Committee there has been considerable testimony including a presentation by Tammy Kolbe of UVM. She said that the current education funding system blocks some evidenced based practices and incentivizes giving special education services to students that don't need them. A census-based funding system enables practice decisions to be decoupled from funding so that funding streams don't steer practice decisions. She expects that 300 – 400 students would be in high needs category for which the schools would receive additional funds. She also recommended setting up accountability mechanisms that go beyond the current ones to explicitly track outcomes for special education students. Committee Chair Senator Baruth doesn't believe that our current formula offers sufficient predictability.

House Human Services Addresses Opiate Addiction

Annie Ramniceanu, Director of Mental Health and Addiction Systems for DOC said they have a new policy of continuing medication assisted treatment (MAT) for people for whom they can verify a prescription for buprenorphine or methadone. The prescription is administered for no more than 120 days and there is a compassionate taper. Maltrexone (vivitrol) is offered for those who are at moderately high risk, generally it is administered just prior to release. The intramuscular injection is active for about 30 days. Most inmates that access other MAT on the outside receive some follow-up support by DOC. Connections are made to multiple resources including recovery centers and primary care physicians. At this point 16 peer recovery coaches/inmates have been trained and provide support in 3 facilities. DOC is looking to bridge peer-led recovery coaching to people as they transition out.

When asked about those who come in with opioid addiction but no prescription, Annie said DOC is an interim facility and does not induct people due to federal status. To prepare for S.166 which expands MAT, they have begun planning with VT SBIRT. They are gearing up to do inductions. Annie said that research shows that medication alone up to 120 days is as effective as medication paired with psychosocial treatment. Counseling is voluntary for those receiving medication. Currently S.166 is in House Corrections and Institutions. Substance use disorder (SUD) prevalence of inmates is 40% with varied levels of severity.

Tony Fallond, Clinical Services Manager and State Opioid Treatment Authority for the Department of Health gave an update on the Hub and Spoke system. The nine hub locations have no wait lists. It generally takes two days to two weeks to access medication. 3,650 people are treated in the hubs. About 3,600 people are receiving MAT in the Spokes. Vermont is treating 50% of people with opiate addiction. Tony said recovery coaching in EDs is a new program in several hospitals to reach out to people in need of treatment. Tony said people can be symptomatic for a year after ending opioid drugs or treatment. Therefore people leaving DOC are at high risk of returning to opioid use. The 120 day taper works in a facility to the extent that outside influences are absent and access to opioids is limited. Here is the powerpoint Tony brought to the Committee:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/House%20Human%20Services/Substance%20Use%20Disorders/W~Tony%20Folland~Substance%20Use%20Disorders-%20Hub%20and%20Spoke%20Evaluation~3-21-2018.pdf>

Jolinda LeClair, Director of Drug Prevention Policy for the Governor's Opioid Coordination Council commended DOC and ADAP to taking up a number of recommendations of the Council.

She spoke about the some of the recommendations.

- Developing a continuum of care, particularly for women and their children – pre-birth to age 3.
- Grow and support Vermont's SUD workforce
- Data interoperability to share data between DOC, Hubs and Spokes
- Expanding SBIRT including pilots in DOC and Hospitals
- Expand syringe exchange programs
- Expand non-pharmaceutical approaches to treatment and to pain management
- Expand the number of recovery coaches to 500 statewide
- Expand Medicaid and Medicare coverage for opioid treatment
- Expand employment support in both Recovery Centers and treatment providers

Senate Health and Welfare Learns about Opioid Treatment in Corrections

Ben Watts, Health Services Administrator for DOC spoke about the new policy to provide up to 120 days of MAT for inmates who come in already in treatment for up to 120 days. They will extend the 120 limit in some cases. Many individuals go through the correctional system in less than 120 days. People are screened for SUD use at intake; if positive they receive an SBIRT screening by nursing staff within a week. Each month 20 – 30 people who are addicted to opiates but not in treatment, come into correctional facilities. Hubs are used for treatment by telehealth. There are support groups in each facility and recovery coaching in three facilities. Everyone leaving the facilities is offered narcan to prevent death from overdose.

Forensic peer support was developed in Pennsylvania. Either incarcerated or recently released inmates serve as recovery coaches. This program has begun at the Northern facility. The goal is to have coaches available inside and outside of facilities. DOC is working with community justice centers to develop groups for people who have been released from incarceration into communities.

Health Commissioner Mark Levine spoke about how proud he is of Hub and Spokes. In addition to addressing SUD, people experience improvement in family life, employment and relationship with others. One study showed illegal activity went down to zero.

Bob Bick, CEO of the Howard Center, presented this information:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20W>

[elfare/Medication%20Assisted%20Treatment/W~Bob%20Bick~Medication%20Assisted%20Treatment%20-%20Testimony~3-23-2018.pdf](#)

Bob said that not everyone that uses opiates requires treatment. For those who do require treatment, they don't all require MAT. Vivitrol is generally only used on a one-dose basis. The Chittenden Center serves 33% of the people served in the State. In FY 2018 they served 1,260 patients. He is seeing an increase in use of cocaine and methamphetamines. There aren't medications to treat these addictions. The Chittenden Center serves more women than men while active use appears to include more men than women. Average age of first use is 21, while the average age of entering treatment is 36 at the Center. This means that people typically struggle for 12 to 15 years before entering treatment. The primary drug used has changed from opiates to heroin. Soon in the future they plan to give first doses on the day people come in. Unfortunately, 10% of people served at the Chittenden Center are uninsured.

Jolinda LeClaire said that her job is connecting resources and identifying gaps. The Vermont MAT system is nationally recognized. There are areas that require further investment: prevention and recovery. The day you begin treatment is the day you begin recovery. People need housing, jobs, social supports and connections to successfully achieve recovery. VAMHAR has trained 300 recovery coaches. The VDH Maternal and Child Health Division is piloting a new program at the Burlington Turning Point which involves inviting women and children into services.

Jolinda highlighted the need to expand the syringe exchange program. It provides safe supplies; reduces risk of disease; offers case management; and makes referral to treatment. VDH is looking at the option of expanding sites, although many communities would have concerns about siting it. Another discussion at the Opioid Council was about safe consumption sites.

Jolinda would like to talk about the importance of having a continuum of care, especially for mothers and children. More regions of the state need recovery housing for this population. Transportation and childcare are essential to sustaining recovery and require further study.

House Human Service Begins Review of ACES bill S.261

Senator Lyons spoke to the House Human Services Committee about the work led by Representative Mike Mrowicki on the ACES workgroup over the summer. They looked across State Government to study trauma-informed programs. She said that there are good things happening, but there is still a need for systemic improvement.

The bill looks at current trauma initiatives and establishes a trauma director in AHS to make sure trauma-informed training and coordination between branches of government occur. It is important to measure outcomes, so there is a process to set up to collect data in the bill. They want to reinforce what works like prevention of ACES, particularly by addressing SUD. The bill also supports home visiting and Doula programs with integrated social and health services. The Agency of Education provided input, too. Reducing violence is a prevention strategy addressed in the bill. The focus is prevention, supporting families and children to mitigate SUD and other trauma. Representative Rosenquist emphasized the need to build resilience. They identified existing resources to pay for the Director of Trauma position at AHS. There is an analysis of wages of parent child center staff and child care centers to stabilize services for children.

Senate Health and Welfare Learns more about DA Residential Supports

Mary Moulton, the Executive Director of WCMHS, came to speak about partnerships in housing. Housing is a cornerstone of people's mental health. In Washington County there are numerous housing settings for the people served with different levels of support from staff and supports, including a housing first model. Mary would like to see flexibility for housing which could include expanding housing vouchers to enable flexibility to end homelessness.

Scott Ankus, the Executive Director of Collaborative Solutions, spoke about the two Second Springs intensive residential programs that support people to step-down from hospitalization and prepare to reenter the community. Collaborative Solutions also runs a 2-bed program that provides one-on-one staffing. All of the programs provide evidence-based treatment and use a recovery model. Utilization is at 90% and the average length of stay is 7 months. The bed/day cost comparison is \$890/day for second spring versus \$1,200/day for hospital care and \$2,100/day for VT Psychiatric Care Hospital.

Brook Jenkins, the Executive Director of the Good Samaritan Haven, said they were able to use a one-time appropriation to expand last year. They now have 77 beds in Barre and Montpelier and house 60 - 65 people per night so they don't have to use hotels anymore. Since November they have served 1,150 people, of which nearly half have mental health conditions and 30% have addictions. Presently 27 people are chronically homeless, many of whom have special needs. Not everyone wants to engage in services, but most do want help and their own place to live. They help people apply for services and benefits.

The Nest consists of three apartments rented through WCMHS which can serve up to 13 people, who can access clinician and supports, many of these people move on to independent living.

The witnesses said the primary needs they see are for more affordable housing, including tiny houses, single room occupancy housing and vouchers. There is also a need for supportive services for people who need long term support.

Eileen Pelletier of Downstreet Housing and Community Development was unable to attend, but communicated that they have 9 beds in development in an apartment in Montpelier of which 30% will receive support from WCMHS. They have done a feasibility study on tiny houses and have purchased a lot and will be applying for 3- 4 efficient tiny houses for hard to house people from Housing Conservation Trust Fund.

The presentation showed substantial collaboration between the shelter, low income housing and designated mental health agency.

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
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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.