



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

Legislative Update April 2, 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

Senate Health and Welfare Accepts Testimony on Budget passed by House

Julie Tessler testified on behalf of Vermont Care Partners. She presented our priorities for the Stage 2 Workforce Investment and the restorations of the \$4.3 million cut to developmental services. She also expressed our support for the four housing pilots and recommended that the funding for low barrier housing be directed to the Department of Mental Health for statewide housing vouchers. Additionally, she asked for consideration for investment in electronic medical records implementation from the \$28 million Tobacco Settlement funds. The budget priorities are specified in this memo: <https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Budget%20Memo/Written%20Testimony/W~Julie%20Tessler~Budget%20Memo%20-%20Written%20Testimony%20-%20Vermont%20Care%20Partners~3-30-2018.pdf>

The restoration of the Developmental Services funding was also supported by the State Long Term Care Ombudsman and the Developmental Disabilities Council. Susan Aranoff, of the DD Council prioritized the Stage 2 workforce investment and spoke of the benefits of Stage 1.

Erhard Mahnke from the Low Income Housing Coalition and Pathways Vermont said housing is the foundation that everyone needs. He cited data indicating that 28% of homeless people in Vermont have mental health conditions. He spoke in favor of the funding in the House budget to expand Pathways into Rutland.

Lindsay Casale of Pathways Vermont asked for support of the funding in the House budget to achieve 24/7 coverage for their Warmline and for support of the \$276,000 appropriation to expand housing first into Rutland County. She said housing first is only available in the 6 Counties where Pathways operates and is not otherwise available to Vermonters. Senator Ayer asked about the \$180,000 more requested to also expand to Bennington County. The response from Lindsay was that they would like to have two local teams supporting direct service one in each county and that both communities have asked for Pathways support.

Mental Health Commissioner Bailey Gives Update to Senate Health and Welfare Committee

Commissioner Bailey gave an update on the DMH initiatives to the Committee and responded to questions that had been posed in advance. Here are some highlights from her presentation.

- Funding is in current budget bill for street outreach/mobile crisis expansion therefore DMH will continue working with regions to secure matching funds
- Exploring sites for permanent and expanded secure residential continues with several sites being evaluated and DMH is still exploring potential locations for temporary forensics care
- DMH is having discussions with designated hospitals on their willingness to expand inpatient capacity
- DMH will continue to work with DAs, SSAs and Hospitals to identify themes in ED back-ups
- Exploring expanding secure residential and ability to use involuntary procedures in SRF

There was a good discussion about the forensic population and factors affecting their treatment beyond mental illness, for instance criminogenic behaviors, antisocial and manipulative behaviors. These factors create challenges in serving mixed populations together in the same unit. The forensic population needs different treatment modalities and approaches. Melissa said there are also people with mental illness who may become incarcerated who do not have these criminogenic characteristics.

The proposal in the Governor's recommended budget for a temporary forensic facility would have been for hospital level of care provided by DMH. There are four categories of individuals who receive "forensics" psychiatric care.

- Individuals who are awaiting a psychiatric evaluation as part of a trial
- Individuals who have been found incompetent to stand trial
- Individuals who were tried and found not guilty by reason of insanity
- Individuals who have been convicted and are in DOC custody who develop the need for acute psychiatric care on either a voluntary or involuntary basis

There are people receiving inpatient psychiatric care who are physically dangerous who may or may not have criminal justice involvement. They present a risk based on past behavior, including assaults on staff or other individuals at the hospital.

What DMH may need from the Legislature:

- Emergency Involuntary Procedure rule changes for the secure residential facility
- Support work with Agency of Education on school violence
- Create the right opportunity to address trauma
- Continued support in exploring additional inpatient and secure residential resources

Melissa reviewed the VCP data on the Stage 1 workforce investment. She said that DMH has felt the positive impact of the investment.

Senate Education Plans to Major Adjustments to the House Special Education Bill

Senate Education Committee plans to marry the two special education bills and make a number of changes in the House bill that calls for a census formula to fund special education. Their concerns include: how the census formula will work for private schools; the impact of the change of the funding formula; the large advisory board making funding recommendations to the State Board of Education; definitions and amounts of funding; how the federal maintenance of effort requirements will be met; and that the special education funds could be used for other purposes.

Senator Baruth explained that the House bill changed the funding model with the expectation to enhance effectiveness, availability and equity of services by promoting best practices. Senator Balaint pointed out that this bill doesn't actually do that, it just changes the funding model. She said, "It's just a hope to improve practices". By the end of the week the Committee had developed an initial draft bill that combines the two special education bills and creates a two track funding formula for special education: a census formula for public schools phased in over 5 years and the independent schools maintaining a reimbursement methodology for special education students sent by local education agencies.

The Vermont Digger did a nice summary on the discussion: <https://vtdigger.org/2018/03/27/senate-committee-pours-cold-water-special-education-funding-reform/>

House Human Services Continues Deliberations on ACES

Representative Mike Mrowicki testified on the ACES report done by a 6-member legislative working group. He gave an overview of ACES and spoke about what the work group heard when they had public hearings about the prevalence of children experiencing trauma and the emerging practices in various areas of Vermont. The group agreed that a widespread, comprehensive and multi-generational approach may be the best way to both educate the public and build support for service.

They related ACES to the growing populations in special education and corrections and people experiencing chronic health care conditions, addictions, generational poverty and homelessness. The group concluded that data and a better understanding of stories of people who have experienced it, is key to better understanding many of the challenges in Vermont. Mike feels that a trauma coordinator at AHS could build and strengthen the work going on to address trauma. Chief Justice Reiber wants to train the court system on the topic, too.

Kathy Hency, Director of Mental Health and Health Care Integration for DMH, spoke on behalf AHS. She gave data on the impact of high ACE scores. AHS is using evidence-based models to inform their work. Act 43 requires a plan by AHS to:

- (1) Improve and engage community providers in the systematic prevention of trauma;
- (2) Conduct case detection and care of individuals affected by adverse childhood experiences;
- (3) Ensure that grants to the Agency of Human Services' community partners related to children and families strive toward accountability and community resilience

AHS has multiple grant programs to mitigate and intervene in trauma. The goal is to increase incorporation of the protective factors to address ACES in grants in the future, including: social and

emotional competence of children; parental resilience; social connections; parenting and child development knowledge; and concrete support in times of need.

Building Flourishing Communities is a grass-roots effort which includes 24 community members from around the State who are training to unite community efforts by grounding them in the science that explains why Adverse Childhood Experiences (ACEs) can be so devastating to health and well-being, and then helping to develop local leaders to implement local prevention efforts. It is modeled after Washington State. Kathy reported that 1 of 7 Vermonters have an ACE score of 4 or more and are at significant risk.

Breena Holmes MD, Director of Maternal and Child Health, Department of Health spoke about the prevention of ACES through promoting protective factors. A public health approach is important for all Vermonters. Young children live in 3 domains: homes, medical homes and childcare settings. Pediatricians must understand the other two domains through screening for maternal depression and food insecurity.

A pilot in Lamoille, DULCE, is run by the parent child center. It has a family specialist worker in the pediatrician office who works with a team to bring resources to the families. She is working with 75 families.

Children's Integrated Services and Help Me Grow are focused on pre-school children. It provides training on screening for developmental issues for childcare providers, home visitors and pediatricians. Building Bright Futures promotes national guidelines for screening by pediatricians; and provides an adjunct to the 211 call center enabling access to child development specialists. She spoke about the need to work with both parents and children. Of particular concern is alcohol and tobacco use during pregnancy which is used in greater rates than opioids.

Reeva Murphy, Deputy Commissioner, Child Development Division, Department for Children and Families spoke about what's occurring in trauma informed care for early childhood services. They have developed trauma training for childcare providers through CCV. Help Me Grow is a DCF home visiting social work program to teach parenting skills, support children, build resiliency and improve access to community resources.

Senate Health and Welfare Strives to Address Addiction

Peter Malary Vice President of Government Relations for VAMHAR and Sarah Monro the Director of the Recovery Center Network were asked to respond to the question about how they could use more resources. The 12 recovery centers in Vermont are seen as a national model. They asked for \$50,000 for the network and \$60,000 for each recovery center to fund a supervisor for recovery coaches and to strengthen administrative functions. There are recovery coaches who work in correctional facilities and hospital emergency departments. VAMHAR provides training for recovery coaches. Peter said Recovery centers work well with treatment providers.

Bob Bick, CEO of the Howard Center said there is a continuum of resources necessary to address addiction of which intervention and treatment are equally important components. Intervention is about working with individuals who are not yet ready to accept treatment and support. One example is the Safe Recovery program which works with people who are actively injecting. Last year 1,100 clients came for clean needles, HIV and HEP C testing. The program is the largest referral source (283) for treatment at the Chittenden Clinic in the state. It is a statewide resource even though it's located in Chittenden County with 34% of people served coming from outside of Chittenden County. At one point they had

seven staff and were able to provide case management. Now they are down to 2 FTEs, with half of the current budget being only one-time funds from UVMMC. Vermont has been successful in reducing the number of people with HIV. Bob would like to also include a low-barrier buprenorphine program at the site, instead of just making referrals.

Bob explained to the Committee that the state is preoccupied with opiate addiction. But alcohol is the number one substance use disorder; it causes more death and harm than opiates. Drinking and driving programs have seen reduced resources for assessment and education which is being substituted with car locks that activate when a person is inebriated. Police have focused on opiates over stopping drunk driving. Safe injection sites are another needed resource in the state.

It was also pointed out by Bob that outpatient programs have been terribly underfunded. They are a primary source of treatment for alcohol and other drug use disorders. Many agencies cannot provide the supports that are necessary with the resources allocated. Providers can only bill for 2-15 minute units of care coordination for a client in a day, but, this service often takes more time to perform. He said, "the reality is that our programs focus on the most vulnerable: people who are uninsured, underinsured and unemployed with 80% of the people we serve representing the lowest socioeconomic strata in VT."

Howard Center (HC) runs the largest medication assisted treatment (MAT) program in Vermont. Rutland Regional Medical Center is the only other non-profit program. In the past four years HC has lost \$1 million operating its MAT hub services and they project another \$200,000 loss this year. Rutland lost \$100,000 last year; a \$200,000 loss is expected this year and next year a \$250,000 loss is expected, if they don't reduce services. The underfunding is impacting the ability to provide quality services.

Tim Ashe and Senator Ayer are interested in taxing prescriptions for opiates. Nolan Langwell researched the options in other states and in Congress. No other state has passed legislation to do this, yet. Taxing based on the MME, the relative pain relieving dosage, appears to be the best option. Nolan estimated a gross collection of \$3 million gross which would then be reduced by administrative and collection costs.

Senator Anne Cummings, the Chair of the Finance Committee said it could take time to get it up running, so the tax may not generate revenue immediately, but she has a vehicle to introduce the proposal in her committee this session.

The Vermont Digger did a nice summary of the proposal: https://vtdigger.org/2018/03/30/senators-float-new-opioid-tax-fund-fight-addiction/?utm_source=VTDigger+Subscribers+and+Donors&utm_campaign=2b698a65a4-Weekly+Update&utm_medium=email&utm_term=0_dc3c5486db-2b698a65a4-405583557

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
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- 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.