



Helping people live healthy, safe and satisfying lives community by community

## Legislative Wrap Up for 2019

### FISCAL LEGISLATION

#### Fiscal Year 2020 Appropriations Bill (H.542)

##### *Allocations*

The FY'20 Appropriations Bill has been approved by the Legislature and is expected to be signed into law by Governor Scott. The Legislature added several increases for designated and specialized service agencies (DA/SSAs) to the budget proposed by the Governor and approved the \$7.6 million developmental services (DS) caseload addition that the administration requested. Here are the additions for DA/SSAs in total funds:

- Funding increase for DA/SSAs, developmental (DS) and mental health (MH) services - \$5.2 million - split between Department of Mental Health (DMH) and Department of Disabilities, Aging and Independent Living (DAIL) to achieve the same percentage increase for mental health and developmental services of a little over 1%;
- Community Rehabilitation and Treatment (CRT) enhanced residential for up to 12 beds - \$1.56 million (Governor requested \$534,810)
- Electronic Health Records (EHR) development - \$1.5 million in one-time funds
- Workforce Development - \$1.5 million (one-time for 3-years)

Other related increases:

- Recovery Centers \$240,000 (one-time)
- Residential Care \$5/day rate increase \$2 million
- Peer Support/Copeland Center \$60,000 (one-time)
- Woodside base reduction \$400,000 plus \$200,000 one-time (I will need to confirm this number)
- SASH \$750,000GF plus match for 3 years replaces cut on DAIL funding for SASH Administration

Vermont Care Partners has received strong support from the Senate for our funding increases, particularly for the rate increase which was not in the Governor's or House's budgets. Senator Kitchel, Senator Ashe, Senator Lyons and Senator Westman all took leadership roles in securing this funding. The House Health Services Committee made the increase for DA/SSAs their number one budget priority while the House Human Services Committee and Senate Health and Welfare Committees both had it as one of several

priorities. Unlike past years this increase is not specifically addressed to staff and may be used for operating or administrative expenses, as necessary.

## **Language**

### **Developmental Services Payment Reform**

Vermont Care Partners asked for legislative review of the DS payment reform and worked with the Agency of Human Services to develop this language.

#### Sec. E.333 DEVELOPMENTAL DISABILITIES SERVICE PAYMENT REFORM UPDATE

(a) The Agency of Human Services shall submit an update to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare Committee on the progress made on developmental disability service delivery and payment reform model on or before January 15, 2020. The update shall provide information on the decisions made to date on the proposed model for developmental disabilities payment and service delivery reform and shall include information on:

- (1) anticipated costs to both providers and the State of any potential changes and any identified funding strategies;
- (2) the plan to use a standardized assessment tool;
- (3) how the proposed model addresses individualized services and community inclusion;
- (4) stakeholder engagement, including how their feedback was incorporated into the plan;
- (5) a description of how the model works in relation to payment and sustainability of the system and its workforce;
- (6) how the model covers the costs of high-needs individuals;
- (7) the continuation of person-centered care planning and services;
- (8) maintaining choice of provider, service management, and service options; and
- (9) how it will hold providers accountable for service expenditures and individual recipient outcomes.

DAIL agreed to meet with representatives from House Human Services and House Appropriations monthly over the summer/fall to insure that those committees are up to date on proposals for change. The representatives involved are likely to be Representative Theresa Wood and Representative Diane Lanpher. Representative Wood was clear that the intent of the legislature is to ensure that nothing that is proposed by AHS differs from the Developmental Disabilities Act. The representatives want to meet with providers/advocates prior to any meetings they have with DAIL. The Legislative Committee on Rules will be involved in approving any changes to DS payment and delivery, too.

### **CRT Enhanced Residential Beds**

Here is the language on the CRT enhanced residential beds

#### Sec. E.314 MENTAL HEALTH FUNDING ALLOCATIONS

(a) \$1,560,800 of the funds provided to the Department of Mental Health shall be utilized to create up to 12 supported housing arrangements for Community Rehabilitation and Treatment (CRT) individuals whose acuity and particular needs have been prohibitive to community reentry. The intent of this funding is reduced inpatient use by individuals who have limited discharge options.

## **Rate Increase for DA/SSA**

Here is the language for the rate increase for DA/SSAs

### **Sec. E.314 MENTAL HEALTH FUNDING ALLOCATIONS**

(b) A total of \$5,202,688 is provided to increase rates and payments to the Designated Agencies and other specialized service providers for mental health and developmental disability services and is intended to be allocated proportionally to the Departments of Mental Health and of Disabilities, Aging, and Independent Living. The \$2,601,344 provided to the Department of Mental Health for this purpose includes Designated Agencies and specialized service agencies.

### **Sec. E.333.1 DEVELOPMENTAL DISABILITIES FUNDING ALLOCATION**

(a) A total of \$5,202,688 is provided to increase rates and payments to the Designated Agencies and other specialized service providers for mental health and developmental disability services and is intended to be allocated proportionally to the Departments of Mental Health and of Disabilities, Aging, and Independent Living. \$2,601,344 provided to the Department of Disabilities, Aging and Independent Living for this purpose includes the specialized service agencies.

For the sake of perspective, the last Pay Act for state employees included COLAs of 1.35% awarded in January 2019 and for January 2020, plus step increases of 1.9% for those employees who are eligible for them July 2018 and July 2019. Exempt employees will receive step increases capped at 1.9% of \$90,000. The overall increase for employees is 2.57% in both FY19 and FY20. In both FY19 and FY20 a 2% COLA was given to enable seniors and people with disabilities to remain at home and in communities impacting staff at: Adult Day Health Centers, Meals on Wheels, Homemaker Programs, Respite Care, Companion Services, Choices for Care, Hospice, Personal Care and Enhanced Residential Care. Hospital budgets are up, with varying rates charged to insurers and paid by Medicare and Medicaid, however a number of smaller rural hospitals are not in good fiscal standing. Vermont Care Partners does not have comprehensive information on the salaries of hospital staff.

## **Workforce Development**

The Workforce Development language calls for the funds to be used for loan repayment and tuition assistance for individuals employed by designated or specialized service agency in Vermont based on a three-year contractual obligation to provide mental health services or substance use disorder treatment services, or both. The funds may be used for bachelors, masters or nursing degrees offered through accredited institutions of higher education, including online programs. AHS may contract with AHEC or VSAC to administer the programs.

We had tried very hard to ensure that DS employees could fully access the funds, but were unsuccessful. It is the intent of the Legislature that staff who are involved in providing clinical (MA level) mental health or SUD services to people served in the DS programs will be eligible for this benefit. Here is the language.

### **Sec. E.301.2 MENTAL HEALTH AND SUBSTANCE USE DISORDER WORKFORCE**

(a) The \$1,500,000 allocated to the Agency of Human Services for fiscal year 2019 pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1(b)(1) shall be carried forward to fiscal year 2020 and be used for loan repayment and tuition assistance to promote the recruitment and retention of high-quality providers of mental health and substance use disorder treatment services in Vermont. The funds shall be made available to individuals employed by a designated or specialized service agency in Vermont based on a

three-year contractual obligation to provide mental health services or substance use disorder treatment services, or both, at a designated or specialized service agency in Vermont, for the following uses:

(1) loan repayment for master's-level clinicians, bachelor's-level direct service staff, and nurses; and

(2) tuition assistance for individuals pursuing degrees to become master's-level clinicians, bachelor's-level direct-service staff, and nurses.

(b)(1) Loan repayment and tuition assistance funds shall be available to employees of designated and specialized service agencies as set forth in subsection (a) of this section for bachelor's- and master's-level degree programs offered through accredited institutions of higher education, including online programs.

(2) The Agency may contract with Area Health Education Centers or the Vermont Student Assistance Corporation or both to administer these programs. (c) The fiscal year 2020 appropriation pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1(b)(2) shall be reserved to be addressed in the fiscal year 2020 budget adjustment or fiscal year 2021 budget processes

### **Legislature Directs a Review of Success Beyond Six Spending Practices**

In response to Secretary Gobeille's concerns about the growth in spending on Success Beyond Six services by DAs and the need to manage Medicaid funds to a cap negotiated with the Centers for Medicaid and Medicare (CMS) this language was including in the appropriations bill. Please note the analysis calls for a proposal for AHS, Agency of Education, and DMH participation in spending decisions.

#### **Sec. E.314.1 SUCCESS BEYOND SIX; REVIEW**

(a) The Success Beyond Six program is based on agreements between the Designated Agencies and local schools, supervisory unions, or districts. The Agency of Human Services does not play a role in funding decisions, however the overall program spending is part of the Medicaid program and impacts overall Medicaid spending and the budget neutrality cap.

(b) Given the limited room in the Global Commitment Medicaid budget neutrality cap, the Agency of Human Services (AHS), the Agency of Education (AOE), and Department of Mental Health (DMH) shall assess and determine how to evaluate Success Beyond Six program spending against other competing priorities in the Medicaid program.

(c) AHS, AOE, and DMH shall report to the General Assembly on Success Beyond Six evaluation and oversight not later than January 15, 2020. The report shall include:

(1) an inventory of existing methods for providing school-based mental health services;

(2) analysis of the trend in school-based mental health programming that is funded through the Success Beyond Six program fiscal mechanism;

(3) evaluation of the program attributes;

(4) determination, in partnership with the Designated Agencies, of metrics for evaluating program outcomes; and

(5) a proposal for how AHS, AOE, and DMH should participate in Success Beyond Six spending decisions.

### **Electronic Medical Records Development**

The Legislature has directed that Vermont Care Partners work with the AHS to develop a report on how we intend to use the \$1.5 million one-time funds appropriated for the development of electronic medical records (EMR). The report will be reviewed and approved by the Joint Fiscal Committee at their July meeting. This level of scrutiny is required because of concerns with previous information technology projects like Vermont Health Connect that were not successful.

#### **Sec. C.100 FISCAL YEAR 2019 ONE-TIME APPROPRIATIONS**

(a) In fiscal year 2019, funds are appropriated from the General Fund and shall be carried forward as follows()

(10) To the Agency of Human Services: \$1,500,000 to fund grants for the development of an electronic medical/health records system for the State's Designated Agency system.

(A) Vermont Care Partners and the Agency of Human Services shall present a plan for review and approval by the Joint Fiscal Committee at its July 2019 meeting. The plan shall summarize the development and implementation of the system and demonstrate that this project will support the goals set forth in the statewide Health Information Technology (HIT) Plan (defined in 18 V.S.A. § 9351) and meet, at a minimum, the connectivity requirements set forth in the statewide HIT plan and the requirements of the Centers for Medicaid Services (CMS). The plan shall support current payment reform initiatives and include the projected project timeline and total budget including the allocation of this appropriation. No funds shall be released prior to review and approval by the Joint Fiscal Committee.

### **AHS Strategic Plan and Medicaid Spending Cap**

The House Appropriations Committee felt strongly that Vermont needs to prepare for the potential of a recession. Committee Chair Kitty Toll wants to ensure that as state revenues become more strained that there is a strategic plan for managing resources to best meet human services needs of Vermonters. Given that spending growth is most acute in the Agency of Human Services, they wondered if all of the current spending and services are necessary and structured in the best way. The Secretary of Human Services had presented extensive information on funding trends and how they need to be better managed to stay within the budget cap which Vermont negotiated with CMS. In addition to concerns about the growth of expenditures for school-based mental health services, he has made it clear that the annual growth in the developmental services, from the perspective of the Scott Administration, is "unsustainable" and must be contained. The following language was developed in response to these concerns.

#### **Sec. E.300.8 AGENCY OF HUMAN SERVICES; STRATEGIC PLAN; REPORT**

(a) The Agency of Human Services, in order to respond effectively to dynamic and changing societal needs, shall identify emerging trends and develop a strategic plan for addressing the most challenging issues the Agency anticipates Vermont will face within the next five to 10 years.

(b) The Agency of Human Services shall analyze and determine:

(1)(A) projected changes in the demographics of the State;

(B) increasing or emerging trends that affect or are likely to affect human services needs in the State, including social risks to be addressed; and

(C) anticipated demands on the budgets of the Agency and its departments;

(2) whether current targeted investments are successfully achieving their anticipated outcomes and, if not, why not;

(3) the appropriate programmatic, policy, and organizational reconfigurations necessary to achieve the Agency's strategic plan; and

(4) such other issues as the Agency determines are relevant to developing and achieving the Agency's strategic plan.

(c) The Agency may, within available resources, contract with an independent consultant to assist it in developing the strategic plan, analyses, and determinations required by this section.

(d)(1) On or before November 1, 2019, the Agency of Human Services shall provide a progress update on its strategic plan, analyses, and determinations to the Joint Fiscal Committee, the Health Reform Oversight Committee, the Joint Legislative Justice Oversight Committee, and the Government Accountability Committee.

(2) On or before January 15, 2020, the Agency of Human Services shall provide its final strategic plan, analyses, and determinations, including any recommendations for legislative action, to the House Committees on Appropriations, on Corrections and Institutions, on Government Operations, on Health Care, on Human Services, and on Judiciary and the Senate Committees on Appropriations, on Government Operations, on Health and Welfare, on Institutions, and on Judiciary.

Sec. E.300.9 REPORT TO THE JOINT FISCAL COMMITTEE ON FISCAL PRESSURES

(a) The Secretary of Human Services shall report to the Joint Fiscal Committee at its November 2019 meeting on the following fiscal issues:

(1) the most current estimate of timing related to the 12 beds being developed for State priority use at the Brattleboro Retreat and the fiscal year 2020 and 2021 funding implications. The Secretary shall estimate the additional needs for State funds and sources to provide funding the Administration is considering in the fiscal year 2021 budget presentation to the Legislature;

**Public Inebriate Deadline Extended**

Each Year the Appropriations Act includes an extension for funding public inebriate services. Without this language funding for public inebriate programs would be terminated.

**Housing**

There is a growing understanding of the importance of housing as a social determinant of health and two pieces of language in the bill address the need to improve access to shelter and housing for people living in poverty and other vulnerable populations.

Sec. E.321.1 HOUSING ASSISTANCE BENEFITS; FLEXIBILITY PROGRAM; COMMUNITY BASED ALTERNATIVES TO GENERAL ASSISTANCE TEMPORARY HOUSING

(a) For fiscal year 2020, the Agency of Human Services may continue to fund housing assistance programs within the General Assistance program to create flexibility to provide General Assistance benefits, as well as grants to support the establishment of community-based alternatives for temporary housing as part of the effort to reduce the number of individuals temporarily housed by the General Assistance program. The purpose of these housing assistance programs and community-based alternatives is to mitigate poverty and serve applicants more effectively than they are currently being served with General Assistance funds. Eligible activities shall include, among other things, the provision of shelter, overflow shelter, case management, transitional housing, deposits, down payments, rental assistance, upstream prevention, and related services that ensure that all Vermonters have access to shelter, housing, and the services they need to become safely housed. The Agency may award grants to homeless and housing service providers for eligible activities. Where such housing assistance programs and grants are provided, and community-based programs are established, the General Assistance rules shall not apply. The assistance provided under this section is not an entitlement and may be discontinued when the appropriation has been fully spent.

(b) The housing assistance and community-based programs may operate in up to 12 districts designated by the Secretary of Human Services. The Agency shall establish goals and procedures for evaluating the program overall, including performance measures that demonstrate program results, and for each district in which the Agency operates the program, it shall establish procedures for evaluating the district program and its effects.

(c) The Agency shall continue to engage interested parties, including both statewide organizations and local agencies, in the design, implementation, and evaluation of housing assistance programs and community-based alternatives to General Assistance temporary housing.

Sec. E.300.4 SPECIALIZED HOUSING VOUCHERS

(a) The Secretary of Human Services shall convene a working group to include one representative from each of the Departments of Mental Health, of Corrections, for Children and Families, of Disabilities, Aging, and Independent Living, and of Housing and Community Development within the Agency of Commerce and Community Development; the Vermont State Housing Authority; and the Vermont Housing and Conservation Board to develop a strategy to fully utilize available federal rental assistance funds for vulnerable populations in Vermont. This rental assistance, in the form of specialized and rapid rehousing

vouchers, serves specialized, vulnerable populations, including homeless families with children, homeless youths, chronically homeless individuals with mental illness, and families that have lost or are at risk of losing a child to State custody. The working group shall consult with community-based housing and human services providers and examine the following:

- (1) whether existing expenditures on case management or other services for this vulnerable population could be utilized as match to draw federal specialized voucher funds; and
- (2) Vermont's current allocation of housing assistance funds to ensure that Vermont maximizes the ability of the State to draw federal voucher funds; and
- (3) any other recommendations the working group may make to help avoid further loss of these specialized vouchers.

(b) On or before November 1, 2019, the Secretary of Human Services shall report the findings of the working group to the Secretary of Administration for possible inclusion in the Governor's 2021 budget request and concurrently to the House Committees on Appropriations, on Health and Welfare, and on General, Housing, and Military Affairs and the Senate Committees on Appropriations, on Health and Welfare, and on Economic Development, Housing and General Affairs.

### **Special Education**

Language in the Appropriation Act requires a one-year delay of implementation of certain provisions of Act 173 of 2018 which addresses the effectiveness, availability and equity of services provided to all students who require additional support. Act 173 was supposed to change special education funding from reimbursement-based to a census-based model effective July 2020. The census block grant model will be delayed until July, 2021.

### **CAPITAL Act 42 (H.543)**

#### **Secures Residential Recovery**

The Capital Act appropriates a total of \$4.5 million for replacement, land acquisition, design, permitting and construction of a 16-bed secure residential recovery facility over the next two years. The language also directs DMH and DAIL to adopt rules to enable the use of emergency involuntary procedures identical to those used in inpatient facilities. Additionally the Act calls for exploring the placement of interim secure residential recovery beds or permanent beds that could be flexible to meet other potential therapeutic community residential uses. The analysis and report required to be conducted by AHS and DMH must specifically address the secure residential recovery beds proposed by Rutland Regional Medical Center and Rutland Mental Health Center.

#### **Sec.30. REPLACEMENT OF MIDDLESEX SECURE RESIDENTIAL**

(c) Interim Secure Residential Recovery Beds.

(1) Interim bed negotiations. On or before the August 15, 2019, the Commissioner of Mental Health shall conduct an analysis of mental health bed needs in residential programs at secure residential recovery facilities across the State. Based on this analysis, the Secretary of Human Services may commence negotiations for placement of eight interim beds in a secure residential recovery facility or permanent beds that could be flexible to meet other potential therapeutic community residential uses with a target a completion date for negotiations of December 1, 2019. The Secretary shall not execute an agreement without legislative approval.

(2) Report. On or before December 15, 2019, the Agency shall submit a report to the House Committees on Appropriations, on Corrections and Institutions, and on Health Care and to the Senate Committees on Appropriations, on Institutions, and on Health and Welfare on the status of negotiations based on the Department of Mental Health's analysis of bed needs. To the extent the Agency determines it is an appropriate location for an alternative to the Middlesex Secure Residential Recovery Facility, the report

shall include an analysis of operating secure residential recovery beds at Rutland Regional Medical Center and Rutland Mental Health Services.

### **REVENUE BILL (H.541)**

The exemption previously enjoyed by non-profits for the two cent per gallon fuel tax was eliminated.

## **POLICY LEGISLATION**

### **Minimum Wage Bill (S.23)**

In the end, the Legislature did not succeed in passing a minimum wage bill. The original bill passed by the Senate would have raised Vermont's minimum wage from \$10.50 per hour to \$15 per hour on a gradual basis by 2024. Legislative leaders promise to return to the bill early on when the legislature reconvenes in January.

The minimum wage billed which passed the House called for a study about the impact on Medicaid rates for health and human service providers to be completed by next December because if the minimum wage were to be raised in the future without corresponding increases in Medicaid appropriation, DA/SSAs and other health care providers would be put in the position of reducing services. The original House bill not only specified rate increases to achieve the minimum wage, it would have also addressed wage compression of all staff making within \$1 of minimum wage. Representative Theresa Wood had the bill amended to take into account the contracted workers employed by individuals and their families in the DS, Children's personal care and choices for care programs.

There is already a \$14 per hour minimum wage mandated for DA/SSAs that began in FY'18. It has improved recruitment and retention for the affected positions which improved both access to and quality of care. Opponents believe that higher wage requirements would lead businesses to reduce their employees to keep costs down and address competition with companies in neighboring states. Another potential impact of a statewide minimum wage would be greater competition for DA/SSAs in recruiting entry level staff as well as many other jobs, including ones that are less demanding and require less skill, who would be offered the same pay levels.

### **Social Service Integration into Health Reform (S.7)**

This Bill requires AHS to do a report to the Legislature by January 1, 2021, in collaboration with the Green Mountain Care Board on their plan to coordinate the financing and delivery of Medicaid mental health services and Medicaid home- and community-based services with the all-payer financial target services. The Agency shall consult with individuals receiving services and family members. The Green Mountain Care Board must also report on its evaluation of social service integration with accountable care organizations (ACOs) by December 1, 2019, including the manner and degree to which services provided by the designated and specialized service agencies and other community-based agencies are integrated into ACOs. Individuals receiving services and family members of individuals receiving services are to be

consulted in developing the report. The evaluation shall address: (1) the number of social service providers receiving payments through one or more ACO, and for which services; (2) the extent to which any existing relationships between social service providers and one or more ACOs address childhood trauma or resilience building; and (3) recommendations to enhance integration between social service providers and ACOs, if appropriate. AHS will report to the Legislature on “any” future plans for the integration of mental health and long-term care services with the accountable care organization, if such a plan is developed.

This Bill also addresses the responsibilities of the AHS Director of Trauma Prevention and Resilience Development who is directed to assess models of social service and pediatric primary care integration, which may include home visiting.

Vermont Care Partners has recommended that both the Health Care and Human Services Committees do a deep dive into the intersection of social services and health reform, including integration with the ACO during the second half of the biennium. In the interim, the language in S.7 bill moves the conversation forward, particularly by requiring involvement of consumers and families in the planning processes.

#### **Rural Health Study Bill (H.548)**

This Bill creates a Rural Health Service Task Force staffed by the Green Mountain Care Board (GMCB) and AHS which will evaluate Vermont’s current health system and identify ways to sustain it and ensure access to affordable, high-quality health care. The membership of the task force includes: AHS, GMCB, Department of Health, the VT Health Advocate and providers. Vermont Care Partners will have a seat at the table. The Duties include analysis of:

- (1) the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum;
- (2) how to ensure the sustainability of the rural health care system, including identifying the major financial, administrative, and workforce barriers;
- (3) ways to overcome any existing barriers to the sustainability of the rural health care system, including prospective ideas for the future of access to health care services in rural Vermont across the health care continuum;
- (4) ways to encourage and improve care coordination among institutional and community service providers; and
- (5) the potential consequences of the failure of one or more rural Vermont hospitals.

Housing needs for individuals with mental health conditions are addressed in the Bill, as well. Specifically, the bill calls for analysis of residential mental health needs to be submitted to the policy and appropriations committees by December 15<sup>th</sup>.

- (a) The Department of Mental Health shall evaluate and determine the mental health bed needs for residential programs across the State by geographic area and provider type, including long-term residences (group homes), intensive residential recovery facilities, and secure residential recovery facilities. This evaluation shall include a review of needs in rural locations, current and historic occupancy rates, an

analysis of admission and referral data, and an assessment of barriers to access for individuals requiring residential services. The evaluation shall include consultation with providers and with past or present program participants or individuals in need of residential programs, or both.

The Bill also calls for the Department of Mental Health, in collaboration with the Vermont Housing and Conservation Board, the Vermont State Housing Authority, and other community service organizations, to initiate efforts to increase the number of affordable housing opportunities for individuals with mental health needs, including those experiencing homelessness, by identifying potential funding sources for supportive housing and services and by using Section 8 vouchers to the greatest extent possible. The intent is to create new options for affordable permanent housing based on My Pad, Housing First, and other evidence based supportive housing models.

### **Bill to Decriminalize Buprenorphine (H.162)**

Vermont Care Partners was following the progress of H.162 which would have resulted in the decriminalization of possession of buprenorphine. The House Human Services took testimony on the bill from a variety of stakeholders including the Commissioner of Health who opposed the bill. Commissioner Levine, felt that given the excellent access to medication assisted treatment and the risks involved in self-medicating that decriminalization would not be beneficial to Vermonters.

Proponents of the Bill said that use of buprenorphine can be viewed as harm reduction and is often a first step toward recovery. They say the drug is relatively harmless compared to risk from overdose from heroin or fentanyl. Viewing the opioid epidemic as a crisis, they see this measure as an important tool to save lives. The House Judiciary Committee passed the bill in March and the House Human Services Committee began to hear testimony, but did not feel satisfied at the end of the session that they had sufficient information on such issues as the amount of buprenorphine that an individual should be legally able to possess and the potential impact of decriminalization on the use of drug treatment by people with addictions.

### **Act to Prohibit Prior Authorization for Medication Assisted Treatment (S.43)**

Governor Scott has signed into law S.43 which prohibits prior authorization for medication assisted treatment. Specifically, this applies to both the medications and the counseling and behavioral therapies association with medication assisted treatment. The legislation prevents delays in access to medication by reducing barriers to immediate access.

### **Education**

We provided education about our independent schools and school-based services to the House Education Committee. We shared that our services can be a solution to some of the problems raised by both rising special education costs and increasingly dysregulated student behavior in some of the following ways:

- For both our school-based services and our independent schools, our funding model leverages Medicaid Match so that schools pay only a portion of the cost of behavioral supports that the highest-intensity students require;
- The innovative MTSS [Multi-tiered Services and Supports and PBIS [Positive Behavior Intervention and Supports] contracts that we provide in several schools fit well with a census-based approach because they are designed to support the emotional-behavioral needs of the whole student body preventatively;

- Our 14 therapeutic independent schools should be seen as a necessary part of the continuum of special education services. These are not general education independent schools but schools specifically designed to serve students with emotional, behavioral, and developmental disabilities.

We were successful in getting clarification that independent schools are eligible to participate voluntarily in school safety grants.

## **ADDITIONAL ISSUES**

### **State Holiday Commemorating the Closure of Brandon Training School**

Vermont Care Partners proposed the creation of a Holiday to celebrate the development of our community-based system of care and the closure of Brandon Training School to Rep Theresa Wood. In response she sponsored H.332, an act relating to the establishment of Developmental Disabilities Independence Day. This Bill was directed to the House Human Services Committee, but was not taken up this year.

In November of 1993 Brandon Training School was closed making Vermont the first state in the nation to both close our institution for people with developmental disabilities and establish a totally community-based system of care. This event was a milestone in the history of Vermont and speaks to our continuing values and efforts to promote a Vermont that works for all of us. All Vermonters, including people with disabilities, deserve to live with dignity and respect, and the freedom to make their own life choices. After 25 years Vermont is only one out of 11 states that have closed their institutions in favor of a fully inclusive community-based service system. The decisions of yesterday and our ongoing values should be celebrated and never taken for granted. The proposed holiday would not involve a shutdown of work sites, but simply a day of appreciation for our current services and the progress we have made to achieve full community

### **Suicide Prevention**

Vermont has the 11th highest rate of suicide in the country. It is a critical public health crisis. A number of our agencies are participating in the Zero Suicide initiative that has three goals: decreasing risk factors; early recognition of early signs of distress and mental health problems; and knowledge of effective steps to prevent self-harming behavior. This effort should be a State priority. Testimony was taken by the House Health Care Committee on this topic. The Committee made mental health their top priority throughout the session.