



Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for January 21, 2020



*The Governor's Budget address is today. Vermont Care Partners will be looking for increased funding to designated and specialized service agencies so that we have adequate resources to meet the mental health and developmental service needs of Vermonters. Next week, on January 29<sup>th</sup>, Mental Health Advocacy Day will give all interested Vermonters including: peers, self-advocates, providers, advocates, family members and others the chance to speak out on funding and policy issues. We hope you will join us.*



### SAVE THESE DATES

#### **Saturday, January 25<sup>th</sup>, at 10 AM – 3 PM, Berlin, VT NAMI Smarts Advocacy Training**

Want to make a positive change in mental health services? Become an advocate!! NAMI Smarts for Advocacy gives you the strategies to build knowledge, confidence, and competence in:

- Writing and delivering short and compelling personal stories that have an “ask”
- Finding and using facts in speaking and writing
- Preparing for and conducting a successful meeting with legislators
- Following-up with savvy thank you notes that reinforce a key message
- Writing focused emails that have an impact
- Making effective phone calls

This advocacy skills training is especially for advocates who will join Mental Health Advocacy Day on January 29, 2020. For more information call: 800-639-6480 or Email: [program@namivt.org](mailto:program@namivt.org) Pre-registration required:

<https://forms.zohopublic.com/namivermont/form/2020NAMISmartsAdvocacyTraining/formperma/TcKMKBbF9A2fiH564IMOZMzzaB7kKshM26zI52P-9a4>

#### **Wednesday, January 29<sup>th</sup>, Vermont State House, Montpelier - Mental Health Advocacy Day**

Mental health advocates, peers, family members, professionals, providers, community members and mental health stakeholders will urge “Support Your Community ~ Invest in Mental Health”. The agenda includes activities that will be of interest for every mental health and developmental disabilities advocate and supporter including advocacy training, opportunities to interact with legislators, Award

presentations, providing testimony and listening to personal stories of lived experience. For information on participating in Mental Health Advocacy Day including the agenda, how to make nominations for the Community Advocate Awards, signing up to share your story, testifying at a committee or volunteering for the day of the event Click this link:

[https://vermontcarepartners.org/evrplus\\_registration/?action=evrplusegister&event\\_id=26](https://vermontcarepartners.org/evrplus_registration/?action=evrplusegister&event_id=26)

### **Tuesday, January 28<sup>th</sup>, Vermont State House – Medicaid Assembly at the Statehouse**

The Vermont Workers' Center is hosting an opportunity for low-income people to share their stories, meet with legislators, and learn together. They will talk about how to protect Medicaid and guarantee health care and the right to live with dignity for everyone in Vermont. For information click here:

<https://www.workerscenter.org/MedicaidAssembly>

### **Monday, February 10<sup>th</sup>, 6 – 7 PM Public Hearings on the Fiscal Year 2021 State Budget**

The Vermont House and Senate Committees on Appropriations public hearings locations:

- Barre City: Downstreet Housing and Community Development, 22 Keith Ave, Suite 100
- Morrisville: People's Academy High School, Auditorium, top of Copley Avenue
- Rutland City: Rutland Public Schools, Longfellow School Building, Board Room
- St. Johnsbury: St. Johnsbury House, main dining room, 1207 Main St.
- St. Albans City: St. Albans City School, Library, 29 Bellows Street
- Winooski: VSAC, 10 East Allen Street (follow the signs when entering the building)
- Springfield: Town Hall, 96 Main Street, 3rd floor Selectmen's Hal [5:30 p.m. to 6:30 p.m.]

Time limits on testimony may apply depending on volume of participants. If you have a story you would like to share privately with the committee members, please contact Theresa to schedule this at the end of one of the hearings. To view the proposed budget, available after 2:00 p.m. on January 21, go to the Department of Finance and Management's website. For more information about the format of these events, contact Theresa Utton-Jerman at [tutton@leg.state.vt.us](mailto:tutton@leg.state.vt.us) or Rebecca Buck at [rbuck@leg.state.vt.us](mailto:rbuck@leg.state.vt.us), or call 802-828-5767 or toll-free within Vermont at 1-800-322-5616. Written testimony can be submitted to Theresa or Rebecca by e-mail or mailed to the House and Senate Committees on Appropriations, 115 State Street, Montpelier, VT 05633

### **Thursday, February 13<sup>th</sup>, Vermont State House, Montpelier – Suicide Prevention Day**

### **Thursday, March 12<sup>th</sup>, Vermont State House, Montpelier – Disability Awareness Day**

### **Friday March 13<sup>th</sup>, Davis Center, University of Vermont – STEPPING FORWARD TOGETHER 2020: Creating Solutions that Promote Health Equity**

Vermont Care Partners Annual conference will enable you to join national and regional experts to learn how to promote equity in your community. The conference includes over 20 workshops on topics:

- Promotion of Cultural and Linguistic Competence
- Collaboration with Faith Based Leaders to Promote Health Equity for All
- Tracking "isms" in Systems for People with Disabilities
- Disrupting White Supremacy Culture Organizations
- LGTBQ+ Inclusion in the Behavioral Health System
- Making Room at the Table: A Model for Real Peer Leadership
- Understanding the Impact of Untreated Adverse Childhood Experiences on the Health and Well-being of Vermonters with Intellectual and Developmental Disabilities
- Understanding Adoption Competent Care
- Leading from Where You Are: How to Affect Policy and Legislative Decisions

**This year's featured speakers:**

**Sydney Hankerson, MD**

Co-Director, Columbia University Wellness Center Assistant Professor of Clinical Psychiatry, Columbia University, Vagelos College of Physicians and Surgeons Assistant Attending, New York-Presbyterian Hospital Research Scientist, New York State Psychiatric Institute

**Vivian H. Jackson, Ph.D., ACSW**

Adjunct Assistant Professor, Senior Policy Associate National Center for Cultural Competence Georgetown University Center for Child and Human Development Washington, DC

**Maria Mercedes Avila, Ph.D.**

Associate Professor of Pediatrics, Larner College of Medicine, University of Vermont

For further information and registration here is the link:

<https://vermontcareSTEPPING FORWARD TOGETHER 2020: Creating Solutions that Promote Health Equitypartners.org/2020conference/>

**A conference flyer is attached.**

## ***What's Happening***

### **House Human Services Learns about Developmental Disability Services**

Clare McFadden presented an overview of developmental disabilities services. She explained that the purpose of Vermont's developmental disability services system is to work with citizens to develop and maintain quality services reflecting the needs and wishes of people labeled with a developmental disability and their families. The role of designated and specialized service agencies was described, as well as the comprehensive range of services designed to support individuals and families at varying levels of need. She also described self-managed services which are used by 83 people.

The Committee then received an overview of developmental services payment reform and conflict of interest free case management. Clare said that the goal is to ensure full transparency and accountability, specifically:

- Comply with the All Payer Model ACO Agreement, which obligates AHS to develop a plan to coordinate payment and delivery of Medicaid Home and Community-based Services with the State's delivery reform efforts for health care;
- Increase the transparency and accountability of DDS services, consistent with recommendations in the 2014 State Auditor's Report;
- Improve the validity and reliability of needs assessments through use of a standardized assessment tool, which will be used to inform an individual's funding;
- Ensure submission of encounter data to support continued tracking of approved services;
- Provide equity and predictability, including similar budgets and services for individuals with similar needs, and consistent funding streams for providers;
- Provide flexibility in response to changes in individual needs and choices; and
- Support a sustainable provider network.

The Committee learned that the State engaged Burns & Associates to conduct a provider rate study to evaluate the actual cost to providers of delivering services to inform the new payment model and assist in the development of provider reimbursement rates. When asked if the costs were the same across the

state the reply was “no”, but the consultants didn’t find a significant variation in wages and benefits using the Department of Labor data. Representative Wood asked how uniform rates will stabilize providers.

Max Barrow from the Green Mountain Self Advocates spoke about his work and said he feels lucky to live in Vermont. He explained about the importance of rights and freedoms through person-centered services. He pointed out some problems

- Many people have few relationships with people who are not paid to be with them
- Some people are in segregated settings
- Support staff lack the skills to assist people to develop natural supports in their community
- There is nowhere to go to resolve ongoing complaints
- There is a lack of staff so if a staff person is out there is no back up
- People need help to speak up when being silenced by families
- Some people get bounced around between case managers
- Who watches out for us?

Solutions:

- Peer assistance to assist with understanding options in care planning for reliable information about options
- Independent case managers paired up with a peer
- Someone on the outside of agencies to contact to address concerns

Beth Sightler, the Executive Director of Champlain Community Services spoke about what it’s like to be a person with I/DD in Vermont and notes that many have histories of trauma. She said the strength of our system of care is the flexibility that providers have to address peoples’ changing lives. She highlighted that Vermont is rated 3rd in the US for inclusion of people with I/DD and briefly described the Centers of Excellence quality review process led by Vermont Care Partners.

The current system has been in place and worked for a lot of people, in spite of challenges with staff recruitment and retention. While acknowledging that improvements are possible, she warned that the proposed changes are the biggest since the Brandon Training School closed, so more effort is necessary to get the word out to people who use services and their families. She shared concerns about the speed of system change and offered recommendations:

1. Robust communication about the systems change
2. Understand the different perspectives about conflict of interest free case management
3. Learn about how people will be impacted by the change
4. Protect the person-centered service and the legislation that supports it

Beth’s presentation is at this link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Human%20Services/Developmental%20Disabilities%20Services/W~Beth%20Sightler~The%20Vermont%20Developmental%20Disabilities%20Service%20System-%20Service%20Provider%20Perspective~1-14-2020.pdf>

Kirstin Murphy, Executive Director of the Developmental Disabilities Council spoke about the payment and practice reform. She pointed out that the Home and Community Based Services Rule was based on a white paper on authentic community living which Max Barrows contributed to. Vermont is one of the last states to address the service planning and management section of the new rule which requires that planning and case management must be separate from service provision. This is to prevent an agency from steering a person to a service that is convenient or familiar to an agency. Fiduciary conflicts could occur when the service packages could be impacted by financial interests of an agency due to misaligned

financial incentives. Kirstin pointed out that the National Core Indicator analysis of Vermont found that peoples reported choice of services was only at 68% compared to 79% nationally.

Committee Chair Ann Pugh said they will spend more time on this and determine the role of the legislature in the systems change process. Vermont Care Partners and our fellow advocates are preparing to present a proposal to develop an ombudsman program for developmental service recipients.

### **Senate Judiciary Committee Begins Study of Insanity Defense as Proposed in S.183**

The existing statute in Title 13 lays out a standard for what a defendant needs to prove: that at the time of contact the defendant lacked understanding due to mental illness about the criminal nature of their conduct or that conduct is unlawful. When a person meets the standard for insanity the court then holds a hearing to determine if they will be found to be a person in need of treatment due to being a danger to self and others. Then they are committed to DMH for an indeterminate time, which in practice tends to be 90 days.

S.183 would create an exception to the insanity defense procedures when the defendant is found not guilty by reason of insanity for homicide or attempted homicide by requiring that the order of commitment not be for less than 3 years. The bill also sets up parameters for discharge and requires the State to prove that the person is no longer at risk to self or others.

In addition there is a notification requirement, *“At least 10 days prior to discharging the person, discontinuing treatment of the person in a secure residential recovery facility, or determining not to apply for an order for continued treatment for the person, the Commissioner of Mental Health shall provide notice of the proposed action to the State’s Attorney, any victim of the offense, and the Criminal Division of the Superior Court that held the initial hearing required by section 4820 of this title.*

*(C) The Criminal Division shall hold a public safety hearing to consider whether the proposed action should occur. The State’s Attorney and any victim of the offense shall have standing to be heard at the hearing. The party seeking the proposed action shall have the burden of proving by a preponderance of the evidence that the proposed action would not cause an unreasonable risk to public safety.*

*(D) If the court finds by a preponderance of the evidence that the proposed action would not cause an unreasonable risk to public safety, the court shall issue an order permitting the Commissioner to proceed with the proposed action. If the court does not make such a finding, the court shall issue an order directing the Commissioner not to proceed.”*

Senator Sears explained that victims want information when a person is released from treatment. There is an exception in HIPAA that allows release of information in certain circumstances.

The Bill also calls for a report on the mental health services for correctional inmates and comparison of those services with those offered in the community. Senator Sears would like the Senate Institutions Committee to see that report and determine if a forensic facility would be needed. A workgroup would identify gaps in the criminal justice system and mental health services and make recommendations for treatment and management of individuals found not guilty by reason of insanity.

State’s Attorney Dave Cahill and Deputy State’s Attorney James Pepper are concerned that the mental health system treats those found not guilty by reason of insanity the same as other patients in the care and custody of the Commissioner of Mental Health. The initial commitment order is 90 days which may be renewed for one year. Plus, there is still the standard of the least restrictive level of care possible. The criminal court may only require a discharge hearing after the first 90 days to determine if the person

to be discharged will be at risk. That public safety hearing requirement drops out after the 90 day mark. Then the decision is made by DMH with no notice to the victim, courts, state attorney, etc.

Dave Cahill is concerned that murderers can be out mingling with the public less than one year after they commit a murder. DMH does not have a facility to lodge someone long term or the authority to do so. He believes the court should monitor these individuals. The three year commitment is proposed to prevent these situations and to enable the treatment provider to get a long-term sense of whether the person is stable or not.

Continued commitment after the first 3 years would be based on not just medical necessity, but also on safety. Senator Benning and Senator Baruth are uncomfortable with the victims having standing in the continuing commitment hearing. Additionally, the bill shifts the burden onto the patient to prove that their treatment is no longer needed.

David Scherr from the Attorney General's Office testified that the AG agrees with the goals of the bill regarding public safety and victim notification. An underlying consideration from a practical standpoint is that there is no adequate forensic facility and limited Medicaid funding to execute the proposed law.

David Scherr said that further research is needed on the 3-year confinement. It touches on constitutional issues. The laws of VT say they are not guilty by reason of insanity. The current one year period after the first 90 days does allow for further review of whether the confinement is necessary due to their medical condition.

#### **House Corrections and Institutions Studies Woodside**

Department of Children and Families (DCF) Commissioner Ken Schatz confirmed that the closure of Woodside will be included in the Governor's FY21 budget proposal. The Commissioner said all youth that enter the system of care receive treatment. Leslie Wisdom, the General Counsel for DCF reviewed a legislative report. She described the three reasons that youth enter Woodside:

1. Delinquency: Youth in the custody of DCF for a delinquent act that would be considered a crime if they were an adult; The Courts, with recommendation from DCF, make the Woodside placement if necessary when no other suitable placement is available, and if the youth presents a risk of injury to himself or herself, to others or to property.
2. Department of Corrections (DOC): DCF currently has an MOU with DOC to house and care for youth who are charged criminally as an adult or have been convicted as an adult for committing a criminal offense. If Woodside closes, DOC would have the responsibility of caring for and holding youth in adult facilities that have been charged criminally, with sight and sound separation from adult inmates. DCF and DOC may in the future identify alternative settings and enter into a new MOU. Youth in the juvenile delinquency system generally may not be placed in adult facilities.
3. Interstate Compact: Requires states to safely care for youth who are on the run from other jurisdictions outside of Vermont. Sometimes, it is necessary to hold a youth "securely" pursuant to the ICJ until the youth can be safely returned to another jurisdiction. The ICJ defines a "secure facility" as either staff-secured or locked in order to prohibit a youth from leaving.

Commissioner Schatz said the prevalence of mental health problems has grown and the acuity is increasing, but there have been recent enhancements to the system of care for youth, including youth with significant behavioral and/or mental health issues.

DCF estimates that the current need for secure capacity for youth ranges from three to five beds total, but there may not be a need every single day in the state for secure capacity. In the short term, DCF

issued a request for proposal (RFP) to expand capacity. As part of longer-term work, AHS has also issued an RFP for a consultant to analyze Vermont's residential system of care.

### **GMCB Reviews their Analysis of the Brattleboro Retreat Finances at House Health Care**

The Chair of the Green Mountain Care Board (GMCB) Kevin Mullin reviewed the analysis of the finances of the Brattleboro Retreat. Board staff analyzed the most recent available three years of audited financial statements from the Brattleboro Retreat in order to assess its financial condition.

Findings:

#1: Operating expenses are outpacing operating revenues resulting in sizable financial losses that are not being subsidized by non-operating income. Reserves are being utilized to cover the losses, resulting in a financially weakened organization.

#2: Net A/R is in decline, as uncollectibles are growing at an unsustainable rate. In FY 2018, the allowance for uncollectible accounts consist of 39% of gross accounts receivable, up from 17% in FY 2015.

#3: Age of plant now exceeds 20 years, which suggests that capital improvements to this facility are likely required in the near future to accommodate state and federal regulatory requirements.

The full presentation is at:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Health%20Care%20Miscellaneous/W~Kevin%20Mullin~Presentation%20on%20Analysis%20of%20Brattleboro%20Retreat's%20Audited%20Financial%20Statements%20FY15%20through%20FY18~1-15-2020.pdf>

Kevin Mullin pointed out the challenge that the analysis of fiscal health of hospitals is that until there is unanimity on what to do, many hospitals in Vermont are going to continue to have fiscal challenges. It's up to others to determine the changes necessary in our health care system. Kevin said the State and the Retreat need to have this healthy conversation about where are we going with the mental health system in Vermont. The current crisis forces the State to consider the future and where we should be heading.

### **House Appropriations and Health Care Committee Learns about All Payer Model**

Ena Backus, Director of Health Reform gave an overview of health reform and how we are controlling the growth in health care spending through the ACO with a capped budget tied to improved outcomes and quality of care. Vermont All-Payer Accountable Care Organization (ACO) Model Agreement is a contract between the State of Vermont and the Federal Government which enables Medicare to join Medicaid and commercial payers in an aligned model to pay ACOs in Vermont differently than fee-for-service. It is a cost containment and quality improvement model, not a coverage expansion model.

Ena Backus explained that ACOs are composed of and led by health care providers who have agreed to be accountable for the cost and quality of care for a defined population. These providers share governance and work together to provide coordinated, comprehensive care for their patients. Under the All-Payer ACO Model, ACOs are the organizations that can accept alternatives to fee-for-service payment (prospective payment, capitation, budget, full-risk). Vermont has one ACO certified by the Green Mountain Care Board: OneCare Vermont.

The All-Payer Growth Target is a compounded annualized growth rate no more than 3.5%. The Medicare Growth Target: 0.2% below national projections. The State is responsible for performance on 20 quality measures including three population health goals for Vermont:

- ✓ Improve access to primary care
- ✓ Reduce deaths due to suicide and drug overdose
- ✓ Reduce prevalence and morbidity of chronic disease

The Vermont All-Payer Accountable Care Organization Model Agreement was signed the same year as the current 1115 Global Commitment to Health Medicaid waiver was renewed (2016). The Global Commitment waiver recognizes the All-Payer Model Agreement by making a new category of funding available for the state to assist the Accountable Care Organization (ACO) and providers in one-time, developmental start-up funding called Delivery System-Related Investments. One Care is requesting DSR investments then AHS determines if these are good investments with approval from federal government.

### **House Health Care and Senate Health and Welfare Jointly Receive Testimony from OneCare**

Vicki Loner, CEO and Tom Borys, Director of Finance and Payment Reform presented the benefits of an ACO Approach:

- Provider led reform
- Ability to share data across providers
- Forum to share best practices and learnings across systems
- Mechanism for sharing and mitigating financial risk (currently at \$44 million) across multiple systems
- Enable new partnerships and collaboration, without losing autonomy
- Supports a unified care model and investments in population health
- Opportunity for payment reforms
- CMS MACRA/MIPS reward program for providers who participate (5% rate Medicare increase)
- Medicare benefit enhancements, such as greater access to post-discharge home visits, telehealth services, and skilled nursing facility services.

Tom Borys said each hospital is the risk bearing organization for its community. The risk sharing model will evolve. The ACO agrees on the cost of care with each payer. At the end of year the amount of spending is reconciled with the payment. If the providers over spend, they owe money back to the payers, if they save money they keep it. OneCare relies on the hospitals to make the payments if there is overspending for the lives attributed to their region, regardless of where the individuals receive care outside of their area. It is based on the geographic location of the primary care provider for the people they serve. Each community has a 5% risk corridor. There is a pooling mechanism for the risk across the communities – a network funded reinsurance program. Hospitals are doing well with fixed payments, but some who aren't doing fixed payment aren't doing as well.

Vicki spoke about the change to the care coordination program with engagement by the lead coordinator. This is a collaborative effort with providers. There are close to 4,000 people receiving care coordination. This has led to a 33% reduction in emergency department use for Medicare population and a 13% reduction for the Medicaid population. The comprehensive payment reform pilot allows primary care providers to hire mental health clinicians to provide comprehensive health care homes.

OneCare is exploring applying to the IRS for 501(c)(3) non-profit tax exempt status and will work with the Agency of Human Services to identify requirements of importance to transparency. They are working with the GMCB on developing key performance dashboards for the website.

### *OneCare Budget*

Total Health care spend: \$1.425 billion in total value based spending

Existing Health care spend: \$1.363 billion in existing health care spending

OneCare Budget: \$43 million network investments

Administrative cost: \$19 million

Tom Borys is concerned that the hospitals are contributing too much to the cost of OneCare and take a large fiscal risk. Representative Anne Donahue asked if we are spending \$62 million on health care to launch this and the reply was affirmative; \$16.6 million is the level of state support.

Marisa Parisi of RISEVT said the goal of her primary prevention work is to provide interventions in the community to improve the health of their environments and healthy lifestyles. RISEVT started in 2015 in the northwestern part of the State as a pilot using an evidence-based model that used wellness efforts in each community. In 2018 OneCare began a statewide effort, using a toolkit with the aim of having program managers in every hospital in Vermont by the end of 2020.

House Health Care Committee Chair Bill Lippert asked, “How do we prevent OneCare from becoming the Agency of Human Services (AHS)? How to we ensure alignment of state goals?” Marisa said OneCare is serving as an activator for communities and they work with the local field service director to help the Vermont Department of Health achieve its goals. Bill said it will be important to communicate that this will ensure health outcomes. Vicki Loner added that they are working in partnership with AHS to achieve their goals. The Commissioner of Health serves on the OneCare population health advisory group.

Sara Barry of OneCare said they are achieving 85% of Medicaid and 86% of Medicare outcome measures. The top 16% of high needs population, spend 60% of the funds, 98% have multiple chronic conditions and 52% have mental health needs. The system provides high-quality person-centered community-based care to keep Vermonters healthy. In 2019 OneCare invested \$1 million in community innovations: She highlighted the youth psychiatric urgent care pilot in Bennington. Sara shared positive data on reductions in cost, as well as reductions in inpatient and ED use after care coordination services were provided.

### **Senate Health and Welfare Hears Rural Health Task Force Report**

An Act creating the Rural Health Task force calls for the following actions:

1. Inventory of current system of rural health delivery in Vermont, including the role of rural hospitals in the health care continuum
2. Consider how to ensure sustainability of rural health care system, including identifying the major financial, administrative, and workforce barriers
3. Identify 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. Identify ways to encourage and improve care coordination among institutional and community service providers
5. Consider potential consequences of the failure of one or more rural hospitals in Vermont

GMCB Commissioner Robin Lunge highlighted that there is no across the board oversight of fiscal health of agencies. When asked about fiscal health of health care providers by Committee Chair Ginny Lyons, Robin said they were not successful in collecting KPI across the health care providers.

Vermont's health care workforce crisis is driven by several immediate factors:

- Student Debt
- Education and credentialing challenges; Licensing challenges
- Provider "burn out"
- Aging workforce
- Marketing Vermont as employment destination
- Housing and Childcare; Transportation
- Employment for partner
- Tight national, regional, and local labor market
- Insufficient Medicaid rates to cover wage increases

Recommendations were made for occupational licensing reforms, higher education reforms and maximize existing workforce and telehealth. Care coordination reform recommendations included "Buy don't build" which is about utilizing low-cost, experienced care coordination expertise at existing home and community-based service providers. Other recommendations included: continued investment and improvement of technology that supports effective coordination of care and could reduce administrative burdens; promote the coordination of data sharing across AHS and ACO; and increase access for Medicaid patients to telemonitoring.

### **Senate Institutions Gets Update on Secure Residential facility**

Mental Health Commissioner Sarah Squirrell spoke about the proposed expansion of the secure residential facility. The primary referral source is the level one beds. The preliminary analysis on bed needs identified the need for an expanded physically secure residential with capacity to do involuntary procedures. It's a State Government priority. It dovetails with the 12 new level one beds at the Brattleboro Retreat. Expanded step down will complement the additional level one beds.

Senator Benning asked for an update on Brattleboro Retreat. Given their significant role and capacity, Sarah said they had worked with Brattleboro Retreat on solutions that have integrity and rationale. They arrived at an array of rate adjustments in the budget adjustment for FY20 and in the FY21 budget request, including retroactive increases. The Retreat felt these increases were not enough. Recent conversations with the Retreat's executive committee have been cordial and productive. A turnaround firm will look at overall fiscal health. Additionally, they will reevaluate the admissions process and will evaluate outpatient services.

Chris Cole, the Commissioner of Buildings and General Services, spoke about the RFP process. The process for building a new secure residential facility will take 3.5 years. Senator Benning asked about the costs when the capital bill is projected to be lower than in past years by \$20 million. "Is this a top priority?" The Commissioner said this is a critical top priority for the Administration. When asked about the future need in 10 years Commissioner Squirrell said we are seeing increasing acuity and we are looking at the need for a continuum of care, including community-based care capacity and integrated health and mental health care. These services could reduce need in the future. The Brattleboro Retreat beds are designed to be flexible and meet other levels of need in the future.

Sarah Squirrell acknowledged the impact of children born to opioid addicted parents will be affecting school-based mental health services. Senator Rogers said we don't have a clue; there could well be a bunch of adults in need of service in the future as these children grow up. Commissioner Cole said anytime that kids experience trauma due to opioids or vets experience war trauma, we can expect mental health issues.

### **State Revenue Forecast increases by \$44 Million**

The State's economist is projecting a growth in state revenues of \$44 million over the next two years which was accepted by the Emergency Board and the Governor. Specifically, general fund revenue will rise by \$18.4 million this year, and \$15.5 million in the next fiscal year. However, there is still a projected gap in spending pressures over revenues for fiscal year 2021 of \$70 million.

### ***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.