

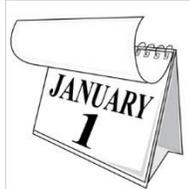


Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 4, 2020



Mental Health Advocacy Day on January 29th gave our advocacy efforts a wonderful boost. Thanks to all who participated. Now we need to follow it up with personal contacts with legislators and a good showing at the regional budget hearings on February 10th.



SAVE THESE DATES

Monday, February 10th, 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 or Rebecca Buck at tutton@leg.state.vt.us or 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 13th, Vermont State House, Montpelier – Suicide Prevention Day

Thursday, March 12th, Vermont State House, Montpelier – Disability Awareness Day

Friday, March 13th, 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
- LGBTQ+ 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/>

What Happened This Week

Mental Health Advocacy Day Make a Strong Statement of Support for Community Mental Health

We did it! We filled much of the State House and had an active day, engaging legislators and administrative leaders and making our voices heard.

The Secretary of Human Services read a proclamation from the Governor; the Commissioner of Mental Health laid out her 10-year vision; and the House passed a resolution recognizing mental health advocacy day. Additionally, Lt Governor David Zuckerman, House Speaker Mitzi Johnson and Senate President Tim Ashe all spoke to participants who packed room 11 and overflowed into the Hallway. *We apologize to those who were unable to come into the room to hear everything.*

Community Advocate awards were presented to Tracy Thresher, Nial Ward and Marty Roberts. Lifetime achievement awards were presented to Savi Van Sluytman, Bill Ashe and Linda Chambers. Representative Theresa Wood and Representative Diane Lanpher received legislative leadership awards.



Here are just a few of the scenes from Mental Health Advocacy Day

Highlights from just some of the testimony presented on Mental Health Advocacy Day

House Human Services Takes a full Morning of Testimony on Mental Health

Commissioner Sarah Squirrell presented “Vermont 2030: A Ten Year Plan for an Integrated and Holistic System of Care” at the House Health Care Committee, condensed into a PowerPoint presentation. She emphasized that nationally, the system is moving towards integration. DMH recommends that a board be established to oversee the implementation of the strategies in the plan towards an integrated system. She identified eight action areas:

- Promoting Health and Wellness
- Influencing Social Contributors of Health
- Eliminating Stigma and Discrimination
- Expand Access to Community-Based Care
- Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis.
- Peer Services are Accessible at All Levels of Care “Not doing at a scale that is sufficient to influence care delivery.”
- Ensuring Service Delivery is Person-Led
- Committing to Workforce Development and Payment Parity

Citing the 2017 Workforce Report, Commissioner Squirrell advocated for equal pay for mental health providers compared to physical health providers, as well as parity between inpatient and community-based services.

New ideas in the report include: a Stakeholder Council to oversee implementation of the strategies; a group to assess and recommend how to increase resources for social contributors of health needs; centralized resource and referral hub for access to care; mobile response for kids; and a peer work group informing DMH leadership around expansion of peer supports.

Commissioner Squirrell said next steps include working with the legislature to have a structure to implement the strategies. DMH will take the lead. “We want to ensure that not just mental health, but also healthcare will be involved; ...we need “mutual accountability” in partnership with people across the delivery system.”

In response to the presentation, Chair Lippert commented that an “integrated and holistic system of care is not something that we should take for granted. We must see mental health as part of health care, and our actions need to reflect that. Hoping and trusting that AHS stands behind this vision. The current structure allows for siloing and integration.” Representative Donahue commented that “it should be a system of health, not a system of mental health.” Representative Cordes, a nurse, said “we haven’t done a good job in health care in prioritizing person-led care.” Commissioner Squirrell noted that there is a need to focus more on older Vermonters.

Laurie Emerson, NAMI –Vermont Executive Director, said that 47 co-sponsoring organizations contributed to the fifth Mental Health Advocacy Day. NAMI is starting to do education in schools. Rick Barnett, licensed clinical psychologist, provided his testimony, advocating for prescribing authority for doctorate level psychologists, noting the shortage of psychiatrists. Christophre Woods, Vermont Psychiatric Survivors, Executive Director, provided testimony focused on the peer perspective. He advocated for the establishment of six peer respite centers with central governance and community input and more meaningful input from peers to DMH; removing barriers to housing based on

discrimination/stigma; and increasing self-identified peer leadership at DMH. In the context of the recent crisis at Brattleboro Retreat, Woods advocated for no new funding for hospitals without specific conditions that would elevate people's agency and ability to access peer supports.

Scott Acus, Collaborative Solutions Corporation, Executive Director, provided an overview presentation of Collaborative Solutions Corporation. At Second Spring the typical length of stay is nine months at a cost of under \$900 per day (2017 figures). Utilization has been up. Mental health diagnoses can alienate people from their cultures. Intensive Residential Recoveries are highly effective. Noting that in FY19, 25% of residents used an ambulance and/or other health care for non-psychiatric reasons, Acus advocated for building the system to accommodate people with serious medical needs, greater age span, trauma/homelessness, and other factors. He said it is important to include consumers of these services in planning for any additional Intensive Residential Recovery (IRR) capacity. Representative Lippert posed the idea of House Health Care visiting Second Spring.

Karen Crowley, Vermont Cooperative for Practice Improvement Executive Director, provided an overview of VCPI. She mentioned Recovery-Oriented Cognitive Therapy; Six Core Strategies. VCPI is launching a new learning management system.

JoEllen Tarallo, Center for Health and Learning, Executive Director provided testimony focused on suicide prevention efforts. Tarallo requested the committee support the recommendations in the governor's budget. Screening trumps non-structured approaches every time. She highlighted the needs of populations with increased risk: older Vermonters, youth, LGBTQ, veterans, and new Americans among others.

Lorna Mattern, United Counseling Service (UCS) Executive Director, presented on their psychiatric urgent care for kids pilot – "PUCK." Mattern noted the statewide crisis of overutilization of emergency departments. UCS worked with Southern Vermont Medical Center [SVMC]. Before PUCK, students being removed from classroom by police and going to emergency department (ED) was traumatizing. With PUCK, staff drive the child to a UCS site. Services include psychiatric consultation to the family or the primary care physician and/or same-day intake and development of a crisis plan and follow up with the sending school. Mattern showed the sensory room. Committee members agreed that EDs can be traumatizing for kids. UCS is already seeing a 40% reduction of ED utilization. Mattern noted that more funding would be needed to keep PUCK going.

Tina Manning, Coordinator of Peer Supports for Washington County Mental Health, shared her story of why peer support was crucial. Her recovery process was not easy; without peers – "my team" – "I would not be where I am." Tina shared information about Maple House, Washington County Mental Health's peer-run crisis bed. Manning now supervises 16 people and has helped lead "a life worth living." "We should have a lot more crisis beds run by peers" which will help save ED costs. "We can save you money." Representative Lippert response: "It's so important for us to hear you."

Courtney Slobodnick shared written testimony advocating for school-based clinical services. Representative Lippert shared some thoughts. He told a story of a girl who experienced three hospitalizations without anyone asking about her LGBTQ identity. "People are living in fear of what the mental health system might do to them.... It can be painfully frustrating to see how slow that is. We have had the opportunity to make change. Thank those who do the work on the front lines. We need to hear from you, and we need to interact with you. I'm personally committed to doing that."

Senate Institutions Learns about Intensive Residential Recovery Proposal

Commissioner Squirrell and Deputy Commissioner Fox presented an overview of the residential bed system and their report on Analysis of Need. Group homes are designed to be for long-term care and are connected to community rehabilitation and treatment/community support programs (CRT/CSP). Some people served are in the custody of the commissioner and/or are on Orders of Non-hospitalizations. Intensive Recovery Residences (IRRs) are used for stepdown from hospital level of care. Group homes are accessed from the community level; IRRs are a statewide resource for people who are in the custody of the commissioner. Deputy Commissioner Fox noted that in order to go to Middlesex, a judge must agree to an order of non-hospitalization which specifies the need for a secure setting and the person must be in the custody of the commissioner. At this time, 10-15 people who are inpatient could be at a physically secure setting if emergency involuntary procedures (EIPs) could be done in those settings but are “stuck.”

Commissioner Squirrell noted some challenges with working on inter-state issues with children/youth accessing Champlain Valley Physician’s Hospital (CVPH). The Commissioner discussed Central Vermont Medical Center’s plan to build a 25-bed facility and said, “we are still in discussions, but their Tier 1 would align with our Level 1 in terms of acuity.” Brattleboro Retreat Level 1 beds are being designed for flexibility of purpose, for example geriatric psychiatry.

Senator Benning mentioned that people in Essex County would have to drive over 100 miles to access a group home. Commissioner Squirrell responded that agencies have chosen whether to build up their own capacity.

Commissioner Squirrell noted that DMH surveyed hospitals about discharge need in order to assess what capacity would be needed. She noted that we should build capacity at all levels of care to manage flow. A lot of individuals served in CRT are successfully living in community settings; only a small percentage (5%) need a higher level of care.

She also talked about DMH’s suicide prevention efforts. She said we are seeing higher rates of despair/hopelessness. DMH would like to:

- Expand National Suicide Prevention Lifeline in partnership with NCSS, Pathways, and 211 (In-state call response to this lifeline was low)
- Expand Zero Suicide in Vermont including partnering with DAs and veterans’ organizations
- Expanding strategies for older Vermonters and veterans, including the Eldercare program so they can get the care they need when they need it

Richard Fales testified about his experience of mental health challenges, suicidality, and substance use disorder. JoEllen Tarallo from the Center for Health and Learning testified about the Vermont Suicide Prevention Coalition. Designated agencies have shown a commitment to Zero Suicide; JoEllen is thrilled that this is funded in the Governor’s budget. She said that we need to focus on transitions of care between providers and reducing access to lethal means for those who are at high risk.

House Human Services Learns about experiences with Developmental Disability and Substance Use

Tracy Thresher testified about his work as an advocate for people with I/DD . He spoke movingly about his journey mentoring others and helping them build their leadership skills. He called mentoring his purpose in life – “throwing out tiny pebbles” of help to others. He spoke of schools needing to do more mentoring. Representative Wood encouraged the committee to watch the movie Wretches and Jabberers.

Jess Kirby who works for Howard Center's Safe Recovery program in the syringe exchange program, spoke about how Safe Recovery held her hand as she took her journey from addiction to recovery. It provides case managers and harm reduction strategies. She feels it is important for people to have supports that are non-judgmental as they go through the recovery process – no matter where they are in the process. She shared her personal story as an opioid dependent teenager. And referred to Safe Recovery as a bridge she couldn't burn. She was on a waitlist for treatment for two years and told how difficult it was to want to treat her addiction and having to wait – that is where harm reduction kept her safe until she could start treatment. She spoke of the importance of access to Narcan. She urged moving from punitive responses to supportive responses. Committee Chair Ann Pugh asked what could have been done during her middle school years that would have kept her off the path of drug use. Jess replied vigilant enforcement activities don't work (e.g. bathroom policies etc.) She spoke of her uncertain home life and feeling "different and disconnected from her peers". Jess acknowledged that continuing to be able to take MAT was an important part of remaining in recovery. She talked about not pressuring herself to get off MAT – she sees it as a daily drug she uses to treat a chronic health condition just as other people treat other health conditions.

House General, Housing and Military Affairs Learns about the Experience of Homelessness

Anna MacKenzie, who came with her baby Liam, said she was formerly homeless, starting 3 – 4 years ago. Her struggle with addiction led to the loss of her 2 older children when she lived in Highgate public housing. After that she went to rehab and then stayed with a friend. When that didn't work out, she went to the good Samaritan shelter. After 6 months she started to get back into drugs and then got pregnant. Her physician offered support from Washington County Mental Health Services (WCMHS) which included DOULA services. This helped her get centered, but she was still depressed and homeless. Her case manager helped her get to appointments and meet her needs, including transitional housing at the Nest, but she couldn't stay there after the baby was born. She was only allowed to stay in a hotel for 28 days. Anna explained that while she was waiting for housing, she couldn't be paying rent or she would have been dropped from the housing lists.

Marcy Couillard, who supports Anna, works with mothers and children under the age of 5. She noted that 80% of the people she serves are homeless. Sometimes people can't get housing due to background checks that require successful histories of paying rent and income requirements. Transportation, housing, and childcare are all hard to access. Each step is a struggle. She goes out to the people she serves in her van. They work in partnership with CVMC and 16 organizations in all. Marcy supports the moms to make connections to the community and resources. There is not enough housing that will accept public housing vouchers. She can serve 6 – 10 women at a time, but there is a long waiting list.

Committee Chair Tom Stevens told her that they are considering a bill on Recovery Residence that addresses zoning. When he asked, "Does it make sense to have a recovery home for mothers and children?" Marcy said yes, adding that many women don't have references for landlords after long histories of homelessness, and/or because they are young. She recommended changing the definition of homelessness, to include people who are couch surfing. Keith Grier said there are 101 homeless people in Washington County, not including the couch surfers.

Liz Genge, Director of Property and Asset Management, Downstreet Housing and Community Development and Keith Grier, Director of Community Support Program, Washington County Mental Health Services spoke about the Tiny House project. Two Tiny houses will be adjacent to another residence with peers to enable people who were formerly homeless to live independently, with access to support. Liz Genge reported that Mary Moulton had the initial idea and came to Downstreet. Norwich University, Barre and the Lauzons where all involved in developing the program.

Keith Grier said WCMHS Community Support Program serves 330 individuals with major mental illness. Many have been institutionalized and many have been homeless, many have had a hard time accessing and maintaining housing. The tiny homes are unique with the on-site supports provided by a peer who has had experience with mental illness. Keith said the tiny homes create a sense of space and by clustering living options it creates a sense of community. We need services and housing everywhere, he explained. Downstreet has a hard time helping people stay in housing when services are not affordable. There is rental assistance through the DMH vouchers.

Senate Judiciary Begins Work on Justice Reinvestment Bill

Senator Sears reviewed the funding that will be included in the Justice Reinvestment initiative: \$1 million for evidence-based housing, \$400,000 for domestic violence programming and \$600,000 for other risk-reduction programming.

Attorney General TJ Donovan testified that he is fully supportive of Justice Reinvestment. He spoke about the need to invest in affordable housing and community support services too. People need these tools to be successful. It's important to prevent marginalizing people who become involved in the correctional system.

Senator Sears said he is particularly concerned about racial disparity in incarceration and he wants to reduce the number of detainees. Additionally, he is concerned about women who are incarcerated with a history of being victims of crime. Sentences are based on the level of offense, not the risk to reoffend for women, which is a problem because they have a lower risk to reoffend than men. TJ Donovan said if we change our system to become "trauma-informed" it will achieve that goal of addressing risk. TJ said our facilities are loud, and conducive to mental health treatment. He suggested exploring the closed state college campus for future facilities.

Judge Grearson testified that while there is a continuum of programs inside facilities there isn't the same continuum in the communities. He would like to see the community programs shored up. Kim Bushey the program director for the Department of Corrections, was a bit more critical, explaining that the continuum of programs in facilities is inadequate due to capacity issues and are only available to inmates with moderate to high risk. Targeted programming addresses substance use, anti-social thinking and social skills. There is also educational programming which addresses literacy, employment readiness skills and budgeting, etc. Kim would like to see DOC offer a flexible mix of programming for the diverse needs of inmates at all risk levels. She would also like to stand up more comprehensive resources for those under community supervision.

After her testimony, Kim was complimentary of the services provided by the Howard Center and Clara Martin Center, but believes that community providers, in general, should increase their knowledge about criminogenic thinking to provide effective services. She is interested in working with the designated agencies on this.

Human Services Secretary Mike Smith Presents FY21 Budget to House Appropriation Committee

The Agency of Human Services budget reflects an increase of \$15.1M GF, a 1.5% increase over the FY20. Medicaid spending is flat or declining. Committee Chair Kitty Toll asked whether we are shifting Medicaid dollars from core services to new initiatives, like shoring up the ACO? The Secretary replied

that the decline in funding has to do with reduced utilization and caseload in the Department of Vermont Health Access (DVHA).

AHS Budget Highlights: Initiatives (base funding will annualize, one time funding will not)

- Invests \$3M total (\$1M GF, \$2M EF) for Early Care and Learning (Based Funding) includes rate increases
- Invests \$1M GF at VDH for Sustained Home Visiting, will leverage Medicaid funds 550 families will be served – it's an expansion of an existing program. (Base Funding)
- Provides \$575K GF at DMH for Suicide Prevention – (Base Funding)
- Invests \$600K GF (one-time) at DMH Mobile Response & Stabilization Services in Rutland for children and families
- Provides \$650K (one-time) at DCF for Childcare Transportation
- Invests \$418K GF (one-time) at DCF for Emergency Housing Initiative

Representative Kimberly Jessup asked about coordination with OneCare for newborn home visiting. Finance Director Sarah Clark said this is a VDH, not OneCare initiative. Representative Jessup said OneCare has a prevention mantra, much of their work looks similar to the AHS initiatives on prevention. Sarah Clark said it's an important conversation. Ena Backus, the Director of Health Reform, has the primary relationship with the ACO and is coordinating department work with the ACO.

Brattleboro Retreat – Mike said meetings are cordial and productive. BR is looking for financial consultant and hiring a new CFO to fill the currently vacant position. They are also looking at admissions policies. The census is coming up. The Retreat is looking at their case mix and staffing. They want time to decide what their ask is.

Great news:

- CMS approved Medicare for opioid treatment for people who are dual eligible receiving HUB treatment
- FMAP improved for a savings of \$3.2 million GF Base due to FMAP Change

There was discussion about the use of MAT in correctional facilities which is higher than anticipated. Mike Smith said that not all correctional officers have bought into the program; its controversial. They will follow up with DOC. DOC is planning to bill Medicaid for transitional housing and case management of people in community supervision.

Representative Dave Yacavone asked how much it would cost for a 2% increase for DA/SSAs. AHS will research that question and respond.

Two Committees look at Use of Force by Law Enforcement

On Tuesday, January 28, at a joint meeting the House Judiciary and House Government Operations Committee heard testimony on two house bills, H.808 and H.464, that address use of force in policing. H.464 requires data collection on use of force; and requires the Criminal Justice Training Council to create a policy on "appropriate use of force, de-escalation, and cross-cultural awareness" to be adopted by law enforcement. H.808 creates a statutory statewide policy and provides that the allowable use of deadly force is limited to situations where it is "necessary in defense of human life." Representative Anne Donahue, in introducing H.808, shared that a new California statute was used as a basis for discussion in developing the bill. She said that the introduction of the bill was driven by an issue of public confidence from minority communities around public accountability after a recent increase in deaths resulting from use of force, including deaths of people experiencing mental illness.

The committees heard testimony from a wide array of witnesses. Public Safety Commissioner Michael Schirling stated that interactions between police and people with mental health challenges has increased significantly in recent years. He cited the “failed promise on the part of the federal government” around funding mental health services in the wake of de-institutionalization and acknowledged this is a national problem. He talked about lack of resources across the spectrum of care and said that there is very little that can be done to change what happens in the last few moments before a tragic use of force incident, but the focus should be on all the interventions that could prevent such a confrontation. He advocated for expanding street outreach and embedded social worker programs statewide, citing a decrease in arrests by 50% in Windham County after implementation.

Attorney General TJ Donovan spoke in support of looking at the California statute. He said this is about public trust in law enforcement. “What we can do better is to have a 21st century law enforcement system. Training/recognizing disabilities/cultural competence is a big part of that.” He said that in reviewing officer-involved shootings, mental illness was a thread that ran through every one of them. Parents of victims told him they would never have called the police if they had known the outcome. He wants all stakeholders at the table for the discussion.

Bor Yang, Executive Director of the Human Rights Commission, supports the legislation, saying it was imperative that police are trained in cultural competency. Cindy Taylor Patch and Drew Bloom shared information about the current police training for de-escalation and use of force. Taylor Patch shared that 16 hours out of 800 are spent on mental illness, de-escalation, and use of force, and eight hours on fair and impartial policing. She said there were many stakeholders involved in developing the training and that it includes scenario-based training. She said “getting mobile response to join police officers can be inconsistent across the state.”

Team Two Coordinator Kristen Chandler was slated to speak but the committee ran out of time.

House Appropriations Committee Hears Department of Children and Families FY21 Budget Proposal

DCF Commissioner Ken Schatz presented the FY21 DCF budget to House Appropriations on January 30. DCF anticipates significant savings by streamlining the application process for certain Economic Services benefits (SNAP, LIHEAP, etc): applicants will now reapply every three years instead of every six months. Among many other details, Schatz discussed that DCF is proposing to close Woodside, and instead fund residential programs with a combination of \$43,652 general fund and almost \$1.9million in Medicaid funds for the 3-5 kids who need this level of care. Funds are also proposed for a client placement specialist, family services worker, and family group conferencing. Schatz said the RFP response for a residential program is due at the end of February with a plan to review and make decisions by mid-March.

The budget also included a decrease in substitute care (funding for residential care). Schatz said that home-like environments are ideal, but some youth have very significant needs who need residential care. He noted that DCF is partnering with DMH for a consultant to review the residential system of care. He said caseload is decreasing slightly, and the adoption caseload is decreasing, but acknowledged it is a risk to decrease funding in this area.

In his budget testimony, Schatz acknowledged CIS payment reform, describing the equalization of rates, the regional re-distribution of funds, and the decision to not fund at the level recommended by the consultant by \$2 million. Committee members asked many questions. Representative Yacavone noted,

“we are adding \$2 million for home visiting; but then underfunding CIS by \$2 million? Do you add more before you shore up what’s already funded?”

Commissioner Schatz shared the Emergency Housing Restructure Initiative, which would move Emergency Housing funds from Economic Services to Office of Economic Opportunity. This includes \$10 million for homeless assistance grants. Deputy Commissioner Grant spoke about how this would allow the funds to be used more flexibly (e.g. security deposit) rather than only motel vouchers. More details are here: <https://dcf.vermont.gov/sites/dcf/files/DCF/reports/Emergency-Housing-Restructure.pdf>

Commissioner Schatz spoke about the decision to cut funding for Lund’s Independence Place but to continue to serve those families through the Family Supportive Housing funds available. He said, “having one consistent approach statewide with expansion makes sense.”

He also touched on the threat of a new federal policy to cut Reach-Up benefits. If executed, 5,204 Vermont households will lose SNAP eligibility, and 4,619 children will lose SNAP eligibility. It is currently being reviewed and advocates are suing the federal government to halt implementation. It could impact the end of FY21.

House Health Care Committee Receives Update on Secure Residential Development

Mental Health Commissioner Squirrell, Chris Cole Commissioner of Buildings and General Services, DCF Commissioner Schatz all came to present Secure Residential facility testimony to the House Health Care Committee. The Department of Mental Health (DMH) continues to recommend the replacement of the Middlesex Therapeutic Community Residence (MTCR). The facility meets the needs of people with high acuity and security needs. The temporary facility has outlasted its expected lifespan and must be replaced. DMH proposes to replace the temporary Middlesex facility with a 16-bed, state-run, physically secure residential facility with increased clinical capacity which will include emergency involuntary procedures. This will improve flow and inpatient bed availability in the system of care.

At any given time, there are 10 – 15 people in level one beds that could be served in a secure residential facility, but for some the use of involuntary procedures would be necessary. DAIL will need to develop new rules to allow the involuntary procedures at the community-based facility.

An IMD is a facility with more than 16 beds that provide mental health treatment for adults. IMDs cannot access Medicaid funding without a waiver from the federal government. DMH research indicated that the secure residential will need to be placed 30 – 40 miles away from the Vermont Psychiatric Care Hospital. Using a state-owned site will enable start up one half year earlier. The programming and design work has already begun. Representative Donahue asked about stakeholder involvement in this phase. Sarah Squirrell said as soon as the initial plan is developed, they will invite in stakeholders. Representative Donahue said that is late in the game. She believes that stakeholders should be involved at the start of programming discussion. Commissioner Squirrell will send a plan for stakeholder engagement to the Committee next week.

Commissioner Coal announced that the Woodside facility site is the best option for both timing and cost. The main facility will be taken down and a new facility will be built. Representative Cina asked about the youth currently housed at Woodside. Commissioner Schatz said that the current facility is not appropriate for youth. The population has gone down to an average of 2 to 3 youth, with up to 5 at a time in recent months. We have many programs options in Vermont and neighboring states. He thinks DCF can provide safe and appropriate care without the Woodside facility.

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.