



Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for September 24, 2020



The COVID 19 pandemic has changed the focus of Vermont Care Partners' advocacy efforts as our provider network has revamped our services to meet the needs Vermonters in new ways with careful precautions for health and safety of those we serve, our workforce and partners. Legislative work is now happening remotely.

Legislature Focuses on Finalizing the Fiscal Year 2021 Budget

The Legislature will be in session just through the end of this week to finalize the FY21 budget after approving a budget for only the first quarter of the fiscal year in June due to the uncertainties in state and federal revenues. The language in the bill repeals all of the appropriations in the original bill first quarter budget bill (except one payment for the state colleges). The budget restatement for fiscal year 2021 will be for a full year. The House version of the budget preserves \$226 million in reserve funds but the Senate uses \$5 million from the Human Services Caseload Reserve. Although both budget proposals preserve services to vulnerable Vermonters, there are no increases in the base budget. The total budget will be up by about \$1 billion to over \$7 billion from FY20 due to federal funds.

The Budget Bill addresses the \$223 million in remaining federal Corona virus Relief Fund (CRF) which must be expended by the end of the calendar year. If more CRF funds come in or more is unspent the Joint Fiscal Committee will determine how the funds will be spent.

At this time the House and Senate have both approved somewhat different budget bills and a committee of conference will be convened to work out the differences.

This update provides information aspects of the budget related to the Vermont Care Partner system of care and the people that we serve.

Senate Health and Welfare Reviews DAIL Budget

Monica explained that people with Developmental Disabilities have not been receiving their normal services due to the pandemic. To mitigate the impact, DAIL gave one-time crisis payments to families with children at home. Additionally, up until August 15th DAIL paid providers with an emergency case rate to stabilize funding but now the expectation is that providers will no longer receive funding for services that have been suspended. She is not sure what will happen in the winter. For families who don't want anyone coming in their homes they can continue to receive supplemental payments.

House Health Care Reviews Public Safety Proposal for Mental Health Workers in State Police Barracks

Bor Yang, Executive Director of the Human Rights Commission believes the money should be transferred from the Department of Public Safety (DPS) to the Department of Mental Health (DMH). Her concern is that the workers would follow the protocols and policies of the police. Additionally, she thinks if the money is used by the DPS the focus will solely be emergency response, but DMH would use it more widely for things like community residential facilities.

Calvin Moen, a trainer from the Peer Developmental Workforce, trains on alternatives to policing in crisis situations. He is a psychiatric survivor who has experienced harm from the psychiatric care system but uses mental health services. He is opposed to the proposal to expand mental health workers into the state police barracks because the people most likely to be killed by police are people in mental health crisis. He believes the most effective way to reduce violence against people who are in mental health crisis is to avoid the police; instead we should focus on investing in the community. This effort makes mental health a criminal /public safety issue and reinforces the myth of people with mental health conditions as violent and dangerous people. He also believes that social workers and mental health workers are not alternatives to the police, "they are just as capable of separating us from our families" He added that when clinicians arrive on the scene it constitutes an escalation and that people have seen loss in their lives because of their involvement with these professionals. He recommends having people with lived experience involved, not just in the "mid to long-term". Calvin said there are models where peers respond to crisis and that are responsible to the person they serve, not to a mental health agency. He would like to see expansion of the 2-bed peer crisis respite program, and development of supported housing, peer supports and other ideas identified by psychiatric survivors. Calvin recommended putting the funds into DMH with clear directive of having the community that is impacted involved in determining how the funds will be implemented.

Karen Kurlle, Director of Intensive Care Services for WCMHS said their crisis lines receives 14,000 calls a year. Screeners work with law enforcement 34% of the time. Starting in August there is an urgent care mental health clinician working with Barre and Montpelier police department who goes on several calls a day. They have different roles and responsibilities than law enforcement officers and receive supervision from WCMHS. She acknowledged that with two screeners are on call 24/7 they can't be everywhere they are needed all of the time. This new worker would strengthen their responsiveness and going with police would reduce response time. Other WCMHS programs have waiting lists and are saturated. She acknowledged that the mental health system needs resources and is overwhelmed.

Brandi Littlefield, Assistant Director of the Community Outreach Program at the Howard Center said that in their program the staff work for the Agency. The Community Outreach Program reduces the need for and diverts people from law enforcement. In FY'20 they served 20,567 unique individuals. They often responded to crises instead of police or together with police. With only 91 individuals having to go to the Emergency Department for further assistance.

Charlotte McCorkel, Senior Director for Client Services for the Howard Center, explained that the Center has an array of outreach services, all of which interface with law enforcement. First Call provides phone support and face-to-face support. There are two residential crisis facilities for stays up to 10 days. Act 1 and Bridge provide support for people with substance use disorder (SUD) crises. Street outreach provides support in lieu of police. Street and Community outreach staff are often the first ones to triage to see what people need. She noted that there are times when the Howard Center relies on law enforcement to ensure safety.

Steve Broer, Director of Behavioral Health Services for Northwest Counseling and Support Services, spoke about their model of working with the State Police, including the use of a dog. They have learned that having a full-time person at the Barracks supports more immediate access to mental health professionals and better collaboration. The State Police are not purchasing a person, they are accessing a system of care. He is open to considering ways to enhance the model and determining the best data to show outcomes.

George Karabakakis, CEO of Health Care and Rehabilitative Services (HCRS) said they have been collaborating with law enforcement since 2003, starting with a police social work program in Bellows Falls. Now the program is in Brattleboro, Springfield, Windsor, West Minster, and Hartford. The staff person at the State Troopers' Barracks serves 31 towns and works with sheriffs, too. The program is about addressing the reality that law enforcement is often the first call made. Situations often involve poverty, homelessness, and health care issues. These workers work side by side with law enforcement; going on calls with officers. They reach out to families and help make referrals for people who have a range of social service needs because many people need help and connections. Over the past year over 1000 children and adults were supported. Including peers in the process is important, he notes, so HCRS is working on this locally. From George's perspective, this is about interrupting cycles with proactive early intervention work. He added that "we have learned that we are part of a whole social service network". HCRS is also working with schools and truancy workgroups. George explained that they do have a space at the police stations which leads to trusting connections and strong working relationships which are key. The people served know that the staff are from HCRS. What they do is consistent with HCRS philosophy and values.

Steve Broer agreed that having NCSS staff co-located at State Police allows for informal conversation and trust. He understands the concern about collusion, but has seen real movement with law enforcement through this configuration.

Committee Chair Bill Lippert asked the Vermont Care Partners panel about Calvin's suggestion for a primarily peer response. Charlotte said Calvin's comment resonated with her. The START team is peer-led and responds in crisis and at point of intake. However, there are times when a law enforcement response is still necessary due to safety concerns.

George agreed that the use of peers is in no way incompatible; shared humanity and lived experience as part of intervention makes sense. He recommends bringing that together with clinical expertise and resources. "we need to work toward it". The HCRS Peer Support Team is talking about how to incorporate peers into outreach.

Representative Donahue asked why not just add another person to enhance crisis team, rather than add a specific police clinician – this won't reduce flexibility. Karen said the local cities wanted the focus and priority access for their area. She would love to add a 3rd person to their crisis response team. George said the role of the police liaison is different from the crisis workers. They focus on looking holistically at the whole support system for the individuals served. At HCRS they are not crisis screeners and are not qualified to screen for hospitalization.

George Karabakakis accompanied his testimony with this information

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Budget%20FY2021/Written%20Testimony/W~George%20Karabakakis~Health%20Care%20and%20Rehabilitation%20Services%20of%20Southeast%20Vermont,%20Police%20Social%20Work%20Program~9-8-2020.pdf>

Steve Broer submitted this testimony.

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Budget%20FY2021/Public%20Comment/W~Tomasz%20Jankowski~Northeast%20Kingdom%20Human%20Services,%20Embedding%20Mental%20Health%20Clinicians%20within%20Law%20Enforcement%20Agencies%20and%20Schools~9-8-2020.pdf>

The testimony of Wilda White who Chaired the Mental Health Crisis Commission began with an overview of the findings about the death of Phil Brennan. The majority of the Commissioner felt that the death was a result of service and communication failure between organizations. Wilda believes that it also had to do with the police department failing to follow its own policies as a result of implicit bias against people with mental health conditions.

Wilda said the DPS proposal will be disproportionately impact BIPOC. Black people are disproportionately diagnosed with mental illness and 15% of patients at VPCH are BIPOC. From her perspective it is incumbent to get law enforcement out of mental health care and educate mental health providers about their bias toward BIPOC. She thinks the proposal strengthens systems of social control over black people, reinforcing Jim Crow policies. Wilda recommends including people with lived experience at every level in our health care experience. She also criticized Team Two training as the blind leading the blind and would like law enforcement and clinicians receive training from psychiatric survivors.

Sheriff Jennifer Harlow said law enforcement doesn't feel equipped to address all mental health crises. She has had positive experience with mental health workers. Tomasz Jankowski, CEO of Northeast Kingdom Human Services, added that they have been working closely with law enforcement and is looking at peer to peer support. Tomasz said we may want to rethink how calls are triaged.

Dr. Ann Reynolds a participant of the Social Equity Caucus spoke about how Boston developed a multilingual and multiracial team to address families in crisis. She thinks the Vermont mental health system needs an infusion of high-level mental health resources with crisis teams not connected with Law Enforcement. The number of BIPOC people in Vermont are increasing. Mentally ill people have a right to fear law enforcement given that 25% of people killed by law Enforcement are mentally ill. One option is to triage 911 calls to mental health crisis teams. Dr Reynolds thinks that DAs could fill this role with greatly increased resources. She wants to reinvent police and doesn't believe they belong in schools or health care. She loves the idea of peer support group.

AJ Ruben of Disability Rights Vermont urged everyone to read "wrongly confined". He suggests moving funding from DPS to DMH. He would like peer involved in the policy development. Police social workers can be cooped by being embedded in police (his ideas are available in his written testimony)

Malika Puffer, DMH Adult Standing Committee, manages peer support services at HCRS and has been involved with the police social workers. She doesn't support the proposal because police can be dangerous. In fact, she believes mental health providers also contribute to risk. The crisis team is like an arm of the psychiatric institution system. She said, "If I needed psychiatric support in a crisis, I would not call police or the crisis team." People need an alternative to being sent to hospital emergency

departments, like a drop-in center. She would like to see such a program piloted. When Representative Lippert asked if there is a conflict in running peer support at a DA, Malika said she feels that she has most of the autonomy that she needs, but a limited capacity with 4 staff. She added that its not true that mental health crisis teams can adequately determine risk, she feels that too often there is a coercive response. She wants another layer of options unconnected to hospitals and corrections.

Attorney Rob Appel said the proposal for co-location is problematic because we train police to control and clear. If a mental health worker is part of police team, then the same dynamic will occur. The uniform and sense of force escalates people in crisis. People with lived experience are more likely to deescalate. He would rather keep the funding systems and controls separate.

The Committee discussed whether 911 calls can be directed to peer support, crisis or family services. They would like to drastically enhance peer support and discussed improved funding for DA crisis teams. In summary the House Health Care Committee sees the issues as bigger and broader than the proposal.

Senate Health and Welfare Considers Public Safety Proposal

Public Safety Commissioner Mike Shirling spoke about the call volume to law enforcement related to mental health, co-occurring, or behaviors has increased exponentially. The problem is the lack of tool set. In Burlington from 2008 to 2015 there was a 400% increase in these calls. He said law enforcement partnerships with mental health are in many parts of the state and there have been no negative experiences. Outcomes include reduced hospitalizations, reduced calls for service, improved outcomes for individuals, and reduced corrections visits. He is baffled by the pushback when the overwhelming response has been de-escalation. Removing the funding will hamper the way DPS is trying to modernize safety services. He sees crisis hotlines and peer services as complementary. He doesn't want to see this propose short shifted to fund additional services.

Committee Chair Senator Lyons wants to make sure criteria and standards are in place. She doesn't want to see a bifurcation of systems. It is clear to her that the programs in her area are effective. She sees this proposal as replicating successful programs done in partnership with DAs.

Mental Health Commissioner Squirrell said this is a critical opportunity to strengthen partnerships. Team Two, Mental health outreach and community and street outreach programs in Chittenden County are recognized models by the APA and SAMSHA. DMH fully supports expansion of the programs for inclusive collaboration, training, and community outreach partnerships. The program at NCSS has shown reduced time for call by Law Enforcement and increased referrals for further support. Since people call 911 for mental health crises, she said, we should ensure that there is a mental health presence available to respond. We also want to continue to strengthen our crisis continuum of care and expand the role of peers. Mourning Fox said having a mental health professional in the Barracks improves understanding and collaboration between the DA and law enforcement.

Karim Chapman, Executive Director of Vermont Psychiatric Survivors (VPS), started with a story of being 14 and having his father killed. A person with shared experience helped him out in a way that medications and health care could not. He created a peer worker program within the crisis team in Rutland and the developed a good relationship with law enforcement, but everyone must be at the table. Peers also have an important role in educating the community and doing community outreach.

Wilda White, the former Executive Director of VPS, founded an organization call MAD Freedom to end discrimination against people with mental illness. She has also served as chair of the mental health crisis response commission. She and MAD are concerned about impact of this proposal on the black

community, "it's time is past". She believes that it is imperative to eliminate law enforcement interaction with people who have mental illness and emotional stress, unless there is violence. BIPOC are disproportionately killed and diagnosed with mental illness. She sees this alliance of law enforcement and mental health as a combustible mix. She explained that it risks transforming mass incarceration into mass medicalization and subjecting BIPOC to further marginalization and furthering racism and the class system.

Wilda shared data from a 2005 Washington Post article which cited a research study which found black men are diagnosed with schizophrenia 4 times more often than white men even though it is equally prevalent in all races. The Committee learn that 15% of patients at VPCH black. She would rather see investment community based resources for prevention and maintenance to obviate the need for 911 than this response that she sees as a band aid.

George Karabakakis, CEO of HCRS said that they started with Bellows Falls police department in 2003. It was so successful that they expanded to many locations throughout Windsor and Windham counties. The unfortunate reality is that law enforcement is often called upon to address unmet social service needs. Having a HCRS staff on the team connects people to the services that they need. Developing relationships, achieving de-escalation and getting supports. It is seldom about law enforcement and criminal justice system. Most of the workers have intentional peer support training and focus on case management not clinical intervention. George said that the voice of people impacted must be included. HCRS has a strong peer support team which could and should be part of the response.

Lieutenant Anthony French, Station Commander of West Minister barracks, said it was frustrating to respond to social service and mental health needs when they didn't have more than a band aid solution. Now they have follow-through. It is more than a crisis worker; it's a liaison between police and social services for people with a variety of needs. The worker is supervised by HCRS and meets with other police social workers. Sometimes arriving at situations at the same time is helpful. The program has enabled people to access the resources they need for long term solutions.

House Health Care Committee Develops Budget Amendment for DPS Proposal

The House Health Care Committee developed an amendment to the FY21 budget bill which was approved by the full House of Representatives.

Sec. E.314.2 MENTAL HEALTH OUTREACH; STATEWIDE SCALE; DEPARTMENT OF MENTAL HEALTH; DEPARTMENT OF PUBLIC SAFETY

(a)(1) The sum of \$525,000.00 is appropriated from the General Fund to the Department of Mental Health in fiscal year 2021 for collaboration with the Department of Public Safety and other stakeholders, including individuals with lived experience of a mental health condition or psychiatric disability and those whose identities cause them to experience additional marginalization, in expanding regional models that strengthen partnerships between law enforcement, mental health, and social services through clinical staff positions that address crisis response to mental health emergencies. The purpose of the program is to enhance the ability statewide to provide safe, appropriate crisis responses that reduce involvement of law enforcement when those supports are not necessary for public safety, and that ensure strong coordination when those supports are necessary, and to improve access to services and supports for individuals with mental health needs in the community.

(2) To the extent possible, in hiring individuals to carry out the purposes of this section, the designated and specialized service agencies providing the services shall give priority to qualified individuals with lived experience of mental illness.

(b) On or before November 15, 2020, the Departments of Mental Health and of Public Safety shall provide a status report to the Health Reform Oversight Committee and the Joint Legislative Justice Oversight Committee on the plans for implementing the program set forth in subsection

(a) of this section, including:

- (1) the memoranda of understanding with designated and specialized service agencies;
- (2) the partners and stakeholders involved in planning the program;
- (3) the geographic locations identified for new clinical staff resource coverage; and
- (4) the physical location for planned staffing.

(c)(1) The Department of Mental Health shall coordinate further development of a cohesive, statewide approach to mental health emergencies and emergency calls, under the leadership of impacted communities and in collaboration with the Department of Public Safety, designated and specialized service agencies, and the Department of Mental Health's standing committees for adult and children's mental health. The approach shall be consistent with the Department's 10-Year Vision.

(2) On or before March 15, 2021, the Department shall report its progress in developing a cohesive, statewide approach to mental health emergencies to the House Committee on Health Care and to the Senate Committee on Health and Welfare.

Based on the advocacy of Wilda White Senators Balint, Lyons and Ingram moved to amend budget by striking Sec. E.314.2 (above) in its entirety and inserting a new Sec. E.314.2 to read as follows:

Sec. E.314.2 MENTAL HEALTH CRISIS SERVICES; DATA COLLECTION

(a) The Director of Racial Equity, in collaboration with the Mental Health Crisis Response Commission and the Departments of Mental Health and Public Safety, shall explore strategies for collecting data related to persons accessing emergency services related to a mental health crisis. The Director shall solicit recommendations from persons with lived experience of a mental health condition or psychiatric disability and members of other impacted communities, including those communities experiencing inequities or marginalization, such as racial discrimination, that expose them to additional risks from unnecessary law enforcement or mental health system interventions.

(b)(1) The Director, in collaboration with the Mental Health Crisis Response Commission and the Departments of Mental Health and of Public Safety and in consultation with persons with lived experience and members of other impacted communities, shall examine how to collect the following types of data in a manner that comports with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d-5 and 1320d-6, and ensures best clinical practice:

(A) the number of 911 calls received by category that are related to an individual's medical condition, mental or emotional condition, developmental or intellectual disability, or substance use, or any combination thereof;

(B) the race of the individuals that are the subject of a 911 call;

(C) the number and race of individuals referred to the Department of Mental Health or arrested for a misdemeanor or felony, or both, or where no subsequent action was taken;

(D) the number of referrals received by the Department of Mental Health from State law enforcement agencies;

(E) the race of individuals referred to the Department of Mental Health by State law enforcement agencies;

(F) the number of individuals referred to the Department of Mental Health by State law enforcement agencies who are already a client of a designated or specialized service agency; and

(G) the disposition of a referral to the Department of Mental Health, by race, including whether the individual was referred for mental health or substance misuse services, regardless of whether action was taken by the Department or the individual was referred to another State agency.

(2) The Director shall also examine and make recommendations regarding how to store data securely and make aggregated data available to the public.

(c) On or before September 1, 2021, the Director shall report the recommendations developed pursuant to this section to the House Committee on Health Care and to the Senate Committee on Health and Welfare, including the extent to which the information collected may inform the data available through the dashboard established pursuant to Sec. B.1121(d)(4)(A) of this act

The differences in language will be worked through in the Committee of Conference on the budget.

Senate Adjusts Woodside Proposal in the Budget

Woodside will close October 1. The temporary plan is for the Lamoille County Sheriff and a New Hampshire facility to serve the function on an interim basis. Senator Sears is not satisfied that there is a feasible plan in place. He is not sure that a private provider is up to the task of serving these youth with a no-reject system of care. He is also concerned about the state employees as currently 11 out of 30 filled positions are on leave. The Senator doesn't want the facility permanently closed prior to agreeing to adequate plan. Here is the language adopted by the Senate in the budget bill:

Sec. E.316 LONG-TERM PLAN FOR JUSTICE-INVOLVED YOUTHS

(a) On or before November 15, 2020 the Agency of Human Services shall submit to the Joint Legislative Child Protection Oversight Committee, the Joint Legislative Justice Oversight Committee, the Senate Committee on Judiciary, and the House Committee on Human Services a long-term plan for Vermont youths who have historically been served by Woodside Juvenile Rehabilitation Center that; notwithstanding 2020 Acts and Resolves No. 120, Sec. A.29, is anticipated to cease operations in October 2020. The plan shall:

(1) adequately fund alternative programs and placements for youths served by Woodside, including those programs and placements that currently accept justice-involved youths who present a risk of injury to themselves, to others, or to property; and

(2) provide placements for all youths under 18 years of age who are in the custody of the Department of Corrections, and who have historically been placed at Woodside Juvenile Rehabilitation Center instead of a Department of Corrections facility pursuant to the memorandum of understanding between the two departments.

(b) On or before December 15, 2020, the Agency of Human Services shall, in consultation with the Joint Fiscal Office, compare the costs, including available federal matching funds, associated with contracting with Becket Family Services of New Hampshire (Becket) or another provider of youth treatment and services to operate a youth treatment facility in Vermont with the costs associated with the State operating a youth treatment facility. The cost comparison shall include an evaluation of any construction and renovation costs necessary for a facility operated by Becket or another provider or the State. In the comparative cost analysis, the "no reject/no eject" service capacity need shall be included for both the contract service arrangement and the State-operated facility. The Agency shall also evaluate the capacity and expertise of Becket or another provider to successfully operate a program appropriate for the youths currently served by Woodside and Vermont youths currently placed out of State.

(c) On or before December 15, 2020, the Agency of Human Services shall report to the Joint Legislative Justice Oversight Committee regarding:

(1) the status of the fiscal year 2021 appropriation for Woodside including the costs expended to date for the partial year operation of Woodside;

(2) the placements and costs projected for the remainder of the fiscal year to house and provide services to youths who would have been served at the Woodside facility;

(3) the status of fiscal year 2021 funding for justice-involved youth placements; and

(4) the results of the cost comparison and evaluations undertaken pursuant to subsection (b) of this section.

CRF for Designated and Specialized Service Agencies

The Senate and House budget bills include up to \$3,000,000.00 for COVID-19-related expenses incurred by designated and specialized service agencies through December 30, 2020". The Senate budget bill has this money included in the \$250 million provider stabilization fund, while the House Budget bill has this on top of \$275 for the provider stabilization fund. This is another topic for the conference committee on the budget to work through.

House Appropriations Hears Commissioner Greshin's Opinion on Senate Budget Bill

Finance and Management Commissioner Adam Greshin told the House Appropriations Committee that by keeping the funding for the mental health worker program in DPS "You are getting full buy in and holding them responsible for execution is important". It's a joint venture. "Putting the funds in DPS puts them in the driver's seat requires them to embrace it"

The Administration believes that its important to close the Woodside site and would like to see the budget language that governs the site should be appealed.

Senate Health and Welfare and House Health Care Joint Meeting on CRF

The Department of Health reviewed how the CRF funds for Health Disparities has been expended to date. The House Health Care Committee is requesting additional grant awards in the FY20 Budget Restatement to include individuals with disabilities and psychiatric health conditions. The Senate language is as follows:

(4) \$750,000.00 to the Department of Health for health equity and addressing COVID-19-related health disparities. The Department shall conduct outreach to Vermonters at high risk of adverse outcomes from the COVID-19 pandemic based upon factors such as race, ethnicity, Native American heritage or tribal affiliation, nationality or immigrant status, sexual orientation, gender identity, disability, age, geographic location, or English language proficiency. The Department shall customize the outreach to the higher risk Vermonters THURSDAY, SEPTEMBER 17, 2020 1387 after consulting with community organizations with demonstrated experience working successfully with the particular population group. The outreach shall address the each population group's unique challenges, if any, in accession COVID-19 testing and in safely meeting essential needs, including food, shelter, health care, and emotional support, during the public health emergency in order to protect themselves and others from COVID-19 and to prevent suicides and other negative effects of social isolation. The Department may contract for the outreach required by this subsection.

Ena Backus Director of Health Reform and Sarah Clark CFO from the Agency of Human Services gave update on the \$275 million Health Care Stabilization Grants. There were 351 applicants from a broad array of providers. The payments expected in round 1 are expected to add up to \$100 million.

Senate Health and Welfare and Senate Appropriations Reviews OneCare Funding for Primary Care

The Committee drafted language to amend certification language to prevent OneCare from lowering payments to primary care in 2021 through the Green Mountain Care Board which has authority over ACO rate setting. They then called in Vicki Loner, the CEO of OneCare, to testify on the changes in the primary care payments. She said primary care is essential to the All Payer Model, so they have been increasing investment in primary care and have used shared savings to support the Blueprint and SASH. The new payment program is being applied to all primary care providers: FQHCs, independent and hospital-based practices. These payments are on top of fee-for-services reimbursements. If the ACO is successful in meeting outcomes primary care providers can earn more than they were paid previously.

Vicki said they need to take steps to broaden accountability beyond the hospitals. She acknowledged that moving toward capitated payment is a difficult transition. In response to criticism from Senator Ashe, Vicki Loner pointed out that if they want rates paid by insurers to go up, that's not OneCare's responsibility.

Susan Barrett, Executive Director and Alena Beribe Director of Health Systems Policy GACB testified that the Board is committed to increasing access to primary care and supports the ACO model. They were hopeful that Health First and OneCare could resolve their differences, which did occur later several days later. In the end, no legislative action was taken.

Senate Finance Committee Addresses Broadband

Helen Labun, Bi-State Primary Director of VT Public Policy representing the health care associations, testified that telehealth must overcome digital divide to be effective. Broadband requires infrastructure, access to equipment, affordability, and comfort with using the tools by users and providers. VPQHC is working on equipment and use of the tools. Helen said that any expansion of broadband is helpful to access for telehealth as all people might need it. We can work on improved access to broadband for health providers. Public Service Department will map clusters of needs. 46% of low-income households have access to computer to get online, but more people have access to smart phones. The flexibility in what devices can be used is critical so it's important to have flexibility, including audio-only options. We need broadband to access essential services for Vermonters, such as health care and education. At this point in-person options are available for healthcare, so it's hard to estimate the unmet need for telehealth.

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
- Legislators' email addresses 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.