VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 10, 2021

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 still being conducted remotely.

WHAT'S HAPPENING IN THE LEGISLATURE

On January 26th Governor Scott presented his budget proposal for fiscal year 2022 (FY21) which starts July 1, 2021. The Legislature will now review the budget by taking testimony from Agency Secretaries and Department Commissioners, as well as by hearing from constituents and advocates at public hearings and through individual communications. Information on the February 8th public hearing is at the end of this update. The House Human Services Committee, House Health Care Committee and Senate Health Care Committee will provide input to the House and Senate Appropriations Committees on the budget relevant to designated and specialized service agencies (DA/SSAs). This process starts in the House of Representatives, moves on to the Senate. Differences between the House and Senate on budget and policy legislation is worked out through conference committees.

Vermont Care Partners and network agencies must use this window of opportunity to advocate for resources to meet the increasing acuity and demand for services after the Governor's budget didn't address the rate increases needed to address our workforce challenges.

The Vermont Care Partners legislative agenda is quite comprehensive and focuses on our need for adequate resources to meet our mission and mandates. See this link:
https://vermontcarepartners.org/wp-content/uploads/2021/01/legislative-agenda-2021-working-draft-1.pdf

Mental Health Advocacy Day – A Virtual Success
NAMI-VT, VAMHAR and Vermont Care Partners, plus 47 co-sponsors hosted a virtual Mental Health Advocacy Day. There were over 250 people participating. Speakers included: Congressman Welch,

Human Services Secretary Mike Smith, Mental Health Commissioner Sarah Squirrell, Speaker of the House Jill Krowinski and Senate President Pro Tempore Becca Balint.

This year instead of giving awards, we had Chacku Mathai as our keynote speaker. He shared some of his personal experiences with racism, xenophobia, racialized trauma, including psychosis as a youth. Afterwards, he gave his perspective that truth and love are a critical part of advocacy. He suggested that to address racism we look for policies that create inequities first. He also expressed concern about the confabulation of mental illness leading to violence. In spite of his difficult journey, Chacku concluded his remarks by saying "we are rivers, not statues, continuing to grow and move" and that we are not droplets alone. The day concluded with stories from Vermonters who have experience with mental health conditions. The stories were as varied as their experiences. Some people spoke of the importance of peer support and others credited their designated agency for the services received. Here is the recording of the day: https://www.youtube.com/watch?v=6OyOBW8JWLc

BUDGET ISSUES

House Human Services Receives Overview of Agency of Human Services Budget Request
Secretary of Human Services Mike Smith is requesting a 4.3% budget increase for his Agency and its Departments. Much of it is to backfill one-time expenditures in FY21 of $42.5 million. This information is summarized in the legislative update of February 1, 2021 when he presented the same information to the House Appropriations Committee.

He highlighted base funding Initiatives:
- Invests $3M GF in new funds at DCF for Early Care and Learning – CCFAP Year 3
- Invests $2.4M GF at DCF for Emergency Housing Initiative
- Invests $495K GF at DCF for Raise the Age- Justice Involved Youth Housing
- Invests $600K GF at DMH Mobile Response & Stabilization Services

Specific funding for Justice Reinvestment Initiatives:
- $400K GF at DMH for Community Behavioral Health and Substance Use Disorder Services
- $300K GF at DOC for Transitional Housing
- $200K GF at DOC for Domestic Violence Intervention programs

Other newly requested funding impacting DA/SSAs includes $3 million for Department of Children and Families (DCF) early care and learning subsidies and $2.4 million for DCF emergency housing. Currently there are about 2,000 people placed in hotels and motels by DCF. The age for DCF to serve justice involved youth is being raised with $495,000 in new funding requested for justice involved youth. Mike Smith said we need more permanent housing; during the pandemic so much investment was made in strengthening housing stock. The Agency will focus on moving families from hotel/motels into permanent housing, but AHS will not be able to eliminate hotel/motel program. The Secretary would also like to make shelter system more effective and surround shelters with services.

Some federal Centers for Medicaid and Medicare Services (CMS) changes will impact the budget. Federal funding to Vermont for room and board payments is continuing to be phased out with FY22 being the final year. The good news is that the federal match for Medicaid funds has shifted in favor of Vermont.

Department of Disabilities Aging and Independent Living (DAIL) Budget Request
Commissioner Hutt provided testimony to several different committees including House Human Services and Appropriations of the Administration's request for the FY22 budget. For developmental services there is caseload increase and increases in pay for direct support professionals contracted through ARIS based on the AFSCME collective bargaining agreement.

Changes in Developmental Services (DS) Budget are:
DS caseload $6,230,426
Public Safety caseload increase $1,104,090
Collective Bargaining Agreement $744,016
Technical adjustment – $5,000 shift from DMH to DAIL to pay for a DRVT contract
Reduction in Workers Comp Policy ($154,890)

In House Human Services Committee Representative Wood asked about targeting resources toward helping long-term care facilities or community providers to deal with workforce issue. Commissioner Hutt reported that the Developmental Services Division is also working with UVM Center for Disability and Community Inclusion and talking about ways to enhance the profile of workers who work with people with disabilities. There was also discuss about the vocational rehabilitation division encouraging youth to work in entry level health care positions.

Another member of the Committee, Representative Brumsted, praised the College Steps and Think College programs and spoke of a constituent who used those services at Champlain College and is now working in the film industry in California.

In the Senate Appropriations Committee Senator Kitchel asked about conflict of interest-free case management, assessment and payment reform. Commissioner Hutt explained that COVID required a pause on Payment Reform work but it's starting back up. A couple of things need to be in place for payment reform to proceed including setting clean, clear, consistent rates to achieve equity across the system. There was a rate study that happened and a methodology that was being put in place which was paused. DAIL is moving toward an independent assessment conducted consistently statewide. The third foundational piece is clean encounter data about the services agencies are providing. COVID has slowed the timeline on all of that as agencies concentrate on the health and safety of the people they serve. The Commissioner expressed hope that legislators will hear less resistance about payment reform from providers, because she believes they are in a place that is more comfortable. She also noted that monthly billing even during the pandemic made things better for the providers.

Senator Kitchel acknowledged the request from VCP to meet due to the fact that neither the DAIL nor the DMH budget provide money for increased reimbursement to the agencies.

House Appropriations Committee Hears Mental Health Budget
Commissioner Squirrell noted that Vermont has ranked first in the nation for mental health access. She referenced her interest in continuing to pursue the 10-year plan to achieve the goals of the 2030 vision report. Increase in substance use disorders and mental health challenges Due to COVID was highlighted. The Commissioner expressed concern about the impact of stress on the mental health workforce. She credited DA school-based staff in continuing to provide services when schools went remote.

Commissioner Squirrell highlighted COVID Support Vermont, a grant funded program administered in partnership with Vermont Care Partners. She highlighted the SAMHSA grant for DMH and DVHA and

noted that the federal mental health block grant will increase. She shared that the new suicide prevention grant will help address Vermont's high suicide rate.

Representative Yacavone asked about investment from OneCare, she said there has been partnership on suicide prevention and that OneCare has invested in PUCK at UCS and a program at NKHS. It was reported that there were conversations before the pandemic about increasing partnership between OneCare and the community mental health system.

Representative Yacavone said he understands that for 3 years there has been no increase in rates for DA/SSAs and wondered if this is a problem, especially given growing acuity. The Commissioner replied that when COVID hit there was a drop off in services, but DMH continued to pay the full bundled rate. She said they will continue to look at flexibility and where to target resources given that there are both upward and downward trends.

Representative Feltus said there continues to be concerns about people with mental health issues being stuck in emergency rooms. The reply was that 12 new level one beds will be coming on line soon which should help. The Commissioner is also looking at strengthening diversion work, particularly stepdown capacity to help people move out of inpatient. Expanding the secure residential from 7 to 16 beds is an important piece of this effort.

COVID has led to inpatient beds to be closed. So DMH is working with inpatient leaders about opening more beds. Inpatient capacity is low adult - 0ut of total 187 beds. 118 beds are occupied and 47 closed. Committee Chair Representative Hooper said she hears a huge increase in community situations, particularly at hotels where homeless people are housed. Atter December the Housing Opportunity Program (HOP) which supports services in hotels ends. The Commissioner credited DAs with rising to the occasion and said AHS is looking at what resources could be utilized. She will look to see if SAMHSA funds might be used for these services.

Alison Krompf, Director of Quality and Accountability shared information on results-based accountability (RBA). We have a higher proportion of people receiving community based mental health services than other states, but a 30% higher suicide rate. The 12% increase in crisis services during COVID was highlighted and that 3,000 more people were served last year than the year before. Alison said the number of children served has been trending up for years which is a result of both growing demand and increase capacity to serve. The Department is observing increased acuity of children in residential programs. Alison spoke about the effort to develop payment models for school-based services.

Budget Highlights:

- DMH total budget is $280 million
- PNMIs will receive a 3% increase
- There is increased funding for Mediciad room and board phase down
- New Brattleboro Retreat level one beds are funded and there is funding for the Windham Center
- Mobile Crisis pilot in Rutland is funded at $600,000
- Funding for care coordination for people exiting incarceration $400,000

Committee Chair Mary Hooper asked why don't we expect all DAs to provide the level of mobile crisis funded as a pilot? The Commissioner said DAs want to do more but there is a gap between resources and need. There is also $400,000 to strengthen care coordination for people existing corrections and who need referral for mental health and substance use disorder services. The goal is to strengthen care coordination between DA and Probation and Parole. The Commissioner said they will focus on three

counties: Chittenden, Caledonia and Rutland. DMH will look at the opportunity to leverage Medicaid funds in the future.

Department of Children and Families (DCF) Budget Testimony to House Appropriations Committee
Sean Brown, DCF Commissioner, presented the DCF budget to the House Appropriations Committee. Key points and discussion on the **economic services** side included: due to COVID there was a 15% increase in 3 Squares at the federal level; in a normal year, Economic Services served 100-200 in hotels and motels; and this year they are serving 1900 people and delivering prepared meals to all of the households weekly. DCF is contracting with state partners to provide case management. They are seeing more people in crisis in those hotels and finding that crisis response has been needed. The State is spending $5-6 million a month on motels and associated costs. Commissioner Brown believes this will be covered 100% by FEMA starting January 2020. Representative Jessup noted that there have been less than 10 COVID positive Vermonters who are homeless. Brown agreed that this is a tremendous success and a national model.

Regarding addressing housing needs, Commissioner Brown testified about the need to figure out a way to bring new housing units online. Once FEMA funding runs out, DCF would be spending in a month what it is used to spending in a year. Historically, the lack of housing vouchers has been an issue. With federal COVID funding that is not the issue; rather it's the housing stock. Discussing DCF's plan to move housing resources to communities, Representative Yacavone noted that it will take time to transition. Representative Hooper brought up that community partners are not sure they can do this anymore.

In relation to **family services** the Commissioner noted that the residential system of care is being stressed by COVID with 140 kids are currently in residential care. With this budget DCF will have a clinical services director in the Commissioner's office who will oversee all kids in the residential system of care, and provide clinical review required by the Families First Act. Brown cited the addition of WCMHS capacity [Turtle Rock]: "this has become an important part of our system of care." Brown expects this to continue for the foreseeable future.

Commissioner Brown described Families First as new federal legislation that will significantly realign how states can use Title IV-E dollars. Brown testified that "for many of our smaller residential providers, it won't make financial sense" to make the changes needed to be able to accept the IV-E funds. For a placement to receive IV-E funding past the fourteen days in a residential program, the youth will need a clinical assessment (to be completed by the new DCF Clinical Services Director) as well as judicial review. As a result, DCF anticipates losing $1.3 million next year. Prevention services that historically have not been eligible for Title IV-E funds, however, now will be but it's complicated. Brown stated, "My hope is we will shift kids away from residential placements out-of-state back to community-based placements." Representative Yacavone asked if there is an increase for PNMI in the budget. DCF Finance Director Sarah Truckle responded that "we anticipate there will be rate increases based on new costs of coming into compliance with Families First. We've started the conversation about the rate setting process with DVHA about that."

DCF has lost federal dollars for domestic violence (DV) positions; the budget reflects backfilling those positions with general fund. Representative Hooper noted that people in the justice system are seeing the need for more DV supports for people in the justice system, and asked "do we have enough resources on the upstream side?"

"Raise the age" for justice-involved youth took effect July 1. This year DCF will start serving 18 years old, and 19-year-olds next year. DCF will need to develop resources for young adults are coming in who

don't have support services, such as transitional housing with onsite supervision and services. DCF budgeted $495,000 and is looking for a Vermont-based program to do this.

Committee members raised a concern from a provider who was upset that their contract was cut for child abuse prevention trainings. Brown shared that this was because DCF identified that the contract was single sourced, and that there were cheaper options for some pieces of their work. Representative Yacavone asked if the department would consider designating that provider as a "preferred provider." Brown said he was not familiar with the concept and would look into that.

Representative Yacavone asked about the proposed restructure of the Child Development Division. Brown noted the plan that Children's Integrated Services would move to VDH starting July 2022. He described the proposal as "a framework -- there's a lot to discuss." It will be "business as usual for FY22." He noted that they are filling the deputy commissioner position soon.

The Commissioner noted that with the closure of Woodside, the new facility run by Becket should open at the end of this year. The Sununu Facility in New Hampshire, Seall, and Washington County have been taking kids in the interim.

There was a brief discussion about how DCF is ensuring the safety of families and of staff, and whether foster parents should receive increased payments due to the strain of COVID that given the downshift from $70 million per year to $7 million per year, it will take time to transition. Representative Hooper brought up that community partners are not sure they can do this anymore.

Vermont Care Partners Provides Overview of DA/SSAs to House Health Care Committee

The House Health Care Committee accepted extensive testimony from Julie Tessler and Dillon Burns about Vermont Care Partners and DA/SSAs. After reviewing the broad array of services and quality outcomes of the network we discussed the impact of COVID which has led 40% of the US population to experience mental health and/or substance use disorders. We described how the demand of crisis and outpatient services has gone up and the greater acuity of all of the populations we serve. The extensive efforts of DA/SSAs in creatively meeting the needs of those we serve, and our communities was highlighted, as well as the stress experienced by our workforce. This was explicitly not supposed to be budget testimony, but we reviewed the support necessary to meet the surge in demand for community-based mental health, developmental and substance use disorder services due to COVID.

- Invest in mental health and substance use disorder services to address increases in acuity and demand for outpatient clinical care, case management, nursing, crisis intervention, residential and housing supports.
- Invest in the workforce to reduce nearly 500 staff vacancies and high staff turnover by achieving market rate compensation and building predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.
- Develop educational opportunities for workforce – trauma-informed care
- Increase funding for non-categorical case management for: elders, homeless, outreach activities, people involved in criminal justice system

One-time/short-term Investments to respond to surge in demand due to COVID

- fund motel/hotel outreach, non-categorical case management, and room and board expenses for individual prior to SSI eligibility
- Invest in training on trauma-informed care and wellness support for staff

- Investment in crisis stabilization programs with reduced census and increased costs due to COVID
- Address one-time COVID expenses not covered by federal resources – HVAC systems, equipment, facility improvements and testing

We also quickly reviewed aspects of the Vermont Care Partners legislative agenda related to mental health:

- Fully fund mental health workers to serve in all 10 State Police Barracks
- Continue flexibilities granted during the pandemic inclusive of telehealth and audio-only telehealth
- Strengthen investment in home and community-based services in All Payer Model
- Prioritize current or anticipated gaps in services for investments
- Educate on ADAP plans for payment reform and require transparency and Stakeholder involvement in payment reform process
- Expand funding for peer support programs both within DA/SSAs and at peer-run organizations
- Expand Access to affordable housing
- Address mental health needs of individuals in the criminal justice system

Finally, we reviewed the fiscal status of DA/SSAs and discussed the impact of level funding on our ability to recruit and retain staffing. We reminded the Committee about statutory language, which Committee Chair Lippert was involved in crafting. He expressed frustration that it is not being implemented. By statute, *"Vermont's mental health system shall be adequately funded and financially sustainable to the same degree as other health services."*

> 18 V.S.A. § 8914 Rates of payments to designated and specialized service agencies (Act 82, 2017)
> (a) The Secretary of Human Services shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing rates of payment for designated and specialized service agencies, the Secretary shall adjust rates to take into account factors that include:
> (1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and
> (2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.
> (b) When establishing rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State. (Added 2017, No. 82, § 11, eff. June 15, 2017

Senate Institutions Committee Accepts Mental Health Advocacy Day Testimony

The Senate Institutions Committee accepted testimony form organizers of Mental Health Advocacy Day. Laurie Emerson, Executive Director, NAMI-VT gave similar testimony to what she offered to the House Health Care Committee (see above). Julie Tessler gave an overview of DA/SSAs, the impact of COVID, and our response to meeting needs. Because this Committee approves capital expenditures, she shared the capital funding needs of the DA/SSAs. The Committee was receptive and recommended that these recommendations be shared with the House Committee on Corrections and Institutions.

New Facilities **$8.8 million**

- Housing for homeless, elders, adults with mental health and I/DD, crisis beds, office space

Renovations, Upgrades $7 million

- Address safety risks, insulation, ADA and HIPPA compliance, air filtration systems, elevators/ chair lifts

Repairs and Maintenance $1 million

- Replace roofs, windows, doors, flooring, carpeting, ramps, boilers, kitchens

Peter Mallary, the Vice President for Policy at VAMHAR, supported the testimony and reinforced the importance of support for mental health and substance use disorder services.

POLICY ISSUES

House Health Care and Senate Health and Welfare Listen to Testimony on Extending Flexibilities
Committee Chairs Representative Lippert and Senator Lyons said the key question is how long should flexibilities be extended. Currently the deadlines on the flexibilities is March 31st. The goal is to move the legislation quickly to ensure the extensions are in place before then. The question is which provisions to extend and for how long.

Lauren Hibbert, Office of Professional Regulation (OPR) recommended extending the flexibilities to one year beyond the current March 31, 2021 deadline rather than three months after the state of emergency ends because there is less certainty about that date and three months is not enough time of OPR to work with professionals if they decide to apply for licensure.

She said a lot of College student wanted to continue counseling with counselors from out of state. The flexibilities were very helpful to allow continuity of care and has been the most popular use of the legislation to-date. She is not comfortable with telehealth with out-of-state counselors in the long term, but for now she thinks its effective and important.

Jessa Barnard representing the coalition of health care providers agreed with extending the deadlines to the March 31, 2022 date and ensure this is enough time for any professional licensure requirements to be met. She noted that many providers are using HIPPA compliant telehealth equipment. She recommended having DFR lay out requirements and reimbursement rates for audio-only telehealth until value-based payments cover it.

Representative Anne Donahue asked about informed consent and whether people using services are informed if the technology is not HIPPA compliant. Jessa explained that health providers have worked together to develop consent.

Representative Lippert and Senator Lyons said the health association coalition efforts have been very effective and the collaborative work with legislators was profoundly important.

House Health Care Learns about Mental Health
Commissioner Sarah Squirrell gave extensive testimony on Vermont's mental health system. The need for increased mental health services, particularly residential care was highlighted. The Committee learned about the increasing number of more complex cases with high acuity due to COVID. Representative Peterson was horrified to see the number of kids in need of mental health services rising to 10,000 when the general population of children is going down.

Alison Krompf spoke about a full array of efforts to prevent suicide with the goal of decreasing suicide attempts and suicides by 10%. Suicide rates are steady over the last year compared to the 3-year average, but the suicide rate in Vermont has been too high. There was much discussion by committee members about suicide, particularly about causal factors: vets, LGBTQ, gun access, etc.

The committee was informed about the new 9-8-8 national suicide and crisis hotline system. The 1-800-273-TALK National Suicide hotline will be transitioning to a three-digit number 9-8-8 starting in July, 2022. The expectation is that these calls are answered in state. DMH is forming a 9-8-8 Planning Coalition comprised of key stakeholders. Children's initiatives with federal funding were also reviewed.

Joellen Tarello. Ph.D., Executive Director, Center for Health and Learning, Director, VT Suicide Prevention Center shared data on the COVID's impact on mental health. Depression rates have tripled. Quarantine leads to higher incidence of mental health conditions. But while there is reduced anxiety after three months, PTSD and depression continue for three years. Children are particularly impacted. Suicide rates in VT are consistent, but ideation is up. 36% of LGBTQ students have a suicide plan. School closures have led to more emergency calls from students. She shared a graph on suicide for youth served by DAs which shows positive results.

https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Health%20Care/Mental%20Health/W~JoEllen%20Tarallo~Vermont%20Suicide%20Prevention%20Center%20Issues%20Brief%20February%202021%20~2-4-2021.pdf

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VT Suicide Prevention Coalition priorities:

- Create a full-time position within Department of Mental Health;
- Increase outreach of suicide prevention resources;
- Increase means reduction strategies;
- Expand programs that provide mental health and suicide prevention along the continuum of care;
- Target at-risk populations with suicide prevention strategies based on existing health disparities;
- Expand Umatter® Prevention Program; and
- Expand Medicare reimbursement for clinicians who meet Medicaid requirements.

Dan Towle, a peer support staff and State Program Standing Committee member spoke about peer support and how people with experience in mental health support others to achieve wellness and recovery. Peer support has been described as "a system of giving and receiving help" based on key principles that include "shared responsibility, and mutual agreement of what is helpful." Peer support workers use their own personal, lived experience recovering from a mental illness to support others in their recovery. Peer support services include a wide range of activities, including advocacy, connecting individuals in recovery to resources, sharing experience, community and relationship building, group facilitation, skill building, mentoring, and goal setting. Peer support workers plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, while all the time working to eliminate stigma and discrimination. He shared data on improved treatment outcomes when people have peer support. It is an evidence-based model of care association with reduced inpatient hours, improved empowerment, and satisfaction.

Here are Dan Towle's recommendations:

- People with extensive experience in peer support should be involved at multiple levels of planning and implementation of peer support services within the AHS and DMH, the designated agencies and other major MH organizations.
- State statutes governing the practice of mental health professions should be amended to remove barriers that artificially restrict the scope of activities of peer support workers.
- VT should set aside an appropriate percentage of state funds that are specifically earmarked for peer support programs.
- Family and adolescent peer support services should be developed to complement adult peer services.
- We should assure that trained peer advocates are included among the groups of people permitted to provide crisis support in emergency preparedness and response plans.
- To help foster the growth of Peer Support Staff, state statues should seek to minimize the reporting burden while maintaining accountability in order to facilitate service provision and entry of peers into the services environment.
- Continue to support the PWDI in developing the Peer Specialist Certification. Certification and advanced certification play a critical role in promoting professionalism and in obtaining reimbursement for services, but opportunities for peers without certification to provide support should also be available.
- Suggest the PWDI be funded to support research on the efficacy of peer support programs and different structural and training considerations that promote greater efficacy.

Laurie Emerson, Executive Director, National Alliance on Mental Illness (NAMI) of Vermont comments focused developing alternatives to mental health crisis to calling 911 or using emergency rooms. She is supportive of 988 national hotline. She would like more crisis stabilization and diversion services to be developed as Vermont builds crisis response systems that includes mobile mental health crisis clinicians and she believes it is critical
that we also include people living in longterm recovery from mental illness to be part of the design, plan ning, and workforce. Some people respond better to the peer approach. Every community and individual have unique challenges and needs, and each response needs to be tailored to fit that local en vironment and person.
NAMI-VT requests that the state and your committee continue to establish alternatives to mental health crisis intervention and crisis stabilization which will help diversion from the criminal justice system.

Karim Chapman, Executive Director, Vermont Psychiatric Survivors (VPS) shared that he had a dramatic time as a young man and a peer supported him. He shared the mission of VPS. They speak on behalf and provide support for all psychiatric survivors. It was pointed out that peer support expansion is a component of the DMH 10-year vision but there are no new resources proposed in the budget to achieve it. VPS would like to offer greater oversight and voice in the mental health system. They think DMH should have a greater role in oversight of people inpatient voluntary patients and is concerned about seclusion and restraint is increasing. He added that community mental health needs are ignore in favor of institutions. People are stuck inpatient due to lack of housing. It is not right for a person to go from an institution to homelessness. Karim Chapman believes that the hospital budgets for psychiatric care should not come from DMH because it should not take away from community resources.

Annette Denio, a Bennington Pop Grant Recipient and of Sunshine Social works in the CRT program at UCS. She has experienced a parasitic brain infection and peer supports have helped her as much as other programs. She facilitates the peer programs and sees how effective they are, but these programs need better funding, supplies, and teaching.

Gregg Burda, a Bennington Pop Grant Recipient, spoke about how having similar experiences is so helpful. The groups that he and Annette provide have been very helpful. They have not received pay since last spring when they were on a stipend from a grant.

The committee said it would look at funding peer support work, including VPS, better. Representative Goldman asked if DAs could be a source of funding. Karim said he worked with the RMH on the crisis team. He believes that everyone plays a role: the peer and the clinician. What's needed is to work together to determine what should be done. He said he has a great relationship with the DAs – collaborations are happening.

Audio-Only Care in House Health Care

Last week, House Health Care took testimony on audio-only care from an array of stakeholders. Lindi Li, a Children's Clinician at the Community Health Centers of Burlington who works with Black, Indigenous and People of Color and immigrant and refugee families emphasized the barriers for families she serves, in particular public transportation. She noted that the choice for many families is either audio-only, or no care at all. She noted that some of her patients prefer alternating weekly between in-person and audio-only. Mayumi Cornell of Burlington, representing a patient perspective testified that she can do audio or video, but she's concerned about older patients who can't read the screen, or patients who live in places without good internet.

Brenda Churchill, representing the LGBTQIA Alliance of Vermont, spoke of the value of not leaving her home. Representative Cina noted that this may help some clients in rural area access therapists who specialize in supporting LGBTQ clients. Mike Fisher of the Office of the Healthcare Advocate testified that his office generally supports the recommendations from the Department of Financial Regulation Report, but is concerned about patient care, patient choice, and informed consent around co-pays and deductibles: "Transparency of cost is key. For Vermonters with Blue Cross, their premium has gone up 50% in five years, and deductibles have gone up 80%. We have Vermonters who are scared to go to the doctor because they already have medical debt. He said we have to find a way to put a downward pressure on cost."

Following committee discussion on Thursday, Representative Houghton worked with legislative counsel to develop a first draft of a bill, here. The bill would allow for reimbursement for audio-only if the patient chose this modality, if the provider documented that it was clinically appropriate, and if the patient received informed consent, including on cost. Audio-only care would not be allowable for a second certification determining whether a person is in need of treatment or a physician's exam determining if a person is in need of inpatient hospitalization. The bill would require the Department of Financial Regulation to convene stakeholders to identify consistent coding for the purpose of collecting data around audio-only use, and to present this data back to the legislature by January 15, 2023.

Representative Cordes requested that the data collection include specific data on services provided to people who may otherwise be vulnerable to health disparities in their care. The committee also discussed whether a separate consent was needed for audio-only that would be different from a required telehealth consent form, and at what intervals this consent would need to be obtained. The committee will look at a revised draft next week.

Senate Health and Welfare on Continuing COVID-19 Flexibilities

On Friday, Senate Health and Welfare also previewed some testimony on audio-only healthcare, hearing from BCBS of Vermont and MVP representatives about their concerns about quality of patient care, and

their recommendations that after the pandemic the reimbursement for audio-only care should be lower than in-person care. Sara Teachout of BCBS also recommended three consumer protections: notifying patients of the cost audio-only; notifying them they have the option to in-person care; and protecting their ability to access their preferred modality in roughly the same timeframe.

Helen Labun, Policy Director for Bi-State Primary Care Association, testified that the patients who access audio-only may be the ones with the biggest barriers to access to care. When asked about the cost for patients, she noted that audio-only care could save patients costs associated with transportation, childcare, and time away from work. Providers are requesting "to give us time to develop a good payment system" for alternative modalities to in-person care. Senator Ann Cummings noted that she understood that mental health care may be equivalent via audio-only but other services would be inferior care. The committee will return to this topic after House Health Care has completed their work.

Senate Health and Welfare then heard testimony from David Herlihy, Executive Director of the Board of Medical Practice, testified on the flexibilities in Act 140, requesting that eligibility for out-of-state medical professionals to practice in Vermont should end 30 days after the end of the State of Emergency. He is concerned about bad outcomes for Vermonters if people who aren't licensed here continue to practice in the state, citing opioid prescription as an area of concern. The committee discussed the concept of requiring out-of-state medical providers to notify the Board of Medical Practice or the Office of Professional Regulation if they are practicing in Vermont.

Finally, the committee worked to finalize a draft of S42 which would establish the Emergency Service Provider Wellness Commission. The Commission, comprised of a wide array of emergency responder stakeholders, will meet at least quarterly to respond to address the unique physical and mental health needs of Emergency Responders, particularly around their risk of exposure to traumatic experiences as result of their work. The commission will also address the unique needs of responders who are women or Black, Indigenous, and People of Color and those who work in rural communities. Designated and specialized services agencies will have a seat on the commission. The committee plans to vote on this bill early in the week of February 8.

Joint Hearing of Senate Judiciary and House Human Services: Roundtable Discussion on "Aggressive Behavior of Juveniles/Danger to Staff"

Senator Sears invited representatives from the Agency of Human Services Division leadership, law enforcement and State's Attorneys, residential providers, and the Vermont State Employees Association to discuss how the system is meeting the needs of kids who exhibit aggressive behavior, particularly those in need of a higher level of care. How are these behaviors responded to? Are there issues with transportation and kids being detained in inappropriate settings?

DCF Commissioner Sean Brown noted the stress on the system due to COVID has hampered the ability to move kids in and out of placements. DMH Commissioner Sarah Squirrell spoke about the mental health system as a continuum where "the earlier we intervene, the better." She noted that poverty, trauma and parental substance use have led to more kids in residential care. Speaking of her own experience working in a WCMHS residential program, she noted that staff see it as their job to de-escalate youth as they experience a fight or flight response. Sarah Squirrell offered the implementation of mobile response as one solution, because it "would allow us to intervene in people's homes" and is focused on children and youth in foster care.

Representative Pugh brought up First Call in Chittenden County, asking "is mobile response a different model?" She also shared family services workers were called out to provide coverage 280 times last

year. Commissioner Squirrell noted that 10 years ago, there was more was capacity in our Emergency Services system; now families are saying they can't get in-home response anymore because demand is so high. DMH data is showing a tremendous increase in kids under 9 seeking crisis services.

Sheriff Mark Anderson and Sheriff Roger Marcoux spoke of the demand for transportation for juveniles moving between placements and some of the workforce and communication challenges. They are working on it.

Diane Wheeler, Franklin County Deputy State's Attorney, responded to a question about "what happens when they engage in behaviors where they commit delinquency?" Citing alternative schools as a location for some of these events, she noted that factors they consider include protecting the community, and whether mental health or substance use is a factor. She praised the embedded mental health worker with the State Police in ST Alban's, and expressed concerned about kids waiting for days in Emergency Departments for a placement at the Brattleboro Retreat. Wheeler advocated for more secure settings, and a secure setting that will take females.

Jim Henry from SEALL testified that worker's compensation costs are going up significantly and they've had multiple staff out due to injuries from aggressive youth, although no kids have gotten injuries. Laura Baker from Becket's Vermont School for Girls stated that they haven't had a significant assault in 17 months. "When you treat students with complex PTSD you always have to allow for that adaptation," and that they use a restorative justice model. She said the use of restraints is down this month, and substantively down over the year. Usually, a small handful of kids are responsible for all of the restraints.

Steve Howard, from the Vermont State Employees Association testified that his members see the need for a secure facility. Family Services Workers report that it can be challenging to get a screening for youth in their care; screeners will disagree and argue with the Family Services Worker about whether the issue is behavioral or mental health related. They also feel that foster parents have a low threshold for what they are willing to accept, which is what leads to call outs. They are concerned about children warehoused in ERs waiting for beds in the system and see a need for more skills/resources for foster parents, especially in the northwest region of the state. [NCSS's] High-fidelity wrap program used to be valuable for these kids but is no longer available.

Marshall Pahl, chief Juvenile Defender noted his past experience dealing with very aggressive kids as a behavioral interventionist. He emphasized that the same challenges in Vermont's system due to COVID are happening all over the country. He believes the key is for the system to be really responsive and to have more appropriate placement options, but not necessarily more secure/restrictive placements, noting that when kids leave Woodside, their aggressive behaviors often decrease. Pahl noted that historically Woodside used to have 25-30 kids, many of whom were kids in foster placements who were "brought in for stuff that wouldn't get the normative response if they lived at their home. If they lived in a foster home, it became a justice issue." He sees a need for well-trained therapeutic foster homes and wrap services. When kids are being transitioned back and forth between locations is when behaviors happen the most.

Commissioner Brown responded to Howard by saying that DCF is "hearing concerns about the loss of the high fidelity wraps and they are looking into that." Senator Sears plans to reconvene this stakeholder group in a couple of weeks.

Senate Health and Welfare Take Testimony in Honor of Mental Health Advocacy Day

John Gorton, Member, Franklin County ACES Working Group and Statewide Child and Family Trauma Working Group spoke about his experiences with his daughter-in-law who has had multiple episodes of mental health crises. He complimented the NCSS mental health crisis worker embedded at the Saint Albans State Police Barracks.

Deanna Ryerson, Crisis Director, Howard Center spoke about how HC Crisis services had to adapt and change when COVID hit by increasing telehealth, developing hygienic procedures, helping people get housing and food. She noted that some of these people didn't have phones. She credited her staff who stepped up to meet the needs and spoke about the impact of loneliness and separation from loved ones. When community natural supports falter, there are more suicides, anxiety, and overdoses. Outreach teams relocated homeless individuals into hotels and ramped up cross training to support residential programs. Crisis programs stayed open throughout the pandemic.

Margaret Ross, Crisis Clinician, Howard Center spoke about what it's like to be a crisis clinician. COVID added stress to a stressful job. They learned how to assess risk virtually and used PPE when serving people in person. After a quiet time, more calls started coming from people experiencing many different types of loss, grief, stress, and pain. The team listens, connects people to resources and with loved ones to foster a sense of hope.

Justice Reinvestment II Report Presented to Multiple Committees

Council of State Government Justice Center Sarah Friedman and David D'Amora presented the working group report to the House and Senate Judiciary and the House Corrections and Institutions Committees. David said DOC has the largest number of mental health and substance use disorder clients in the state. The failure rate in VT is not about criminogenic, but mental health and substance use disorder needs. This is not the same population that corrections had 20 years ago. He believes that information about these conditions is not shared effectively between DOC and providers. It was questioned whether there are enough resources in the DA system to meet the needs. David said the $400,000 will help get processes in place to start collaboration between DAs and Corrections.

One of the mandates of the group was to Determine screening, assessment, case planning, and care coordination gaps for people with complex mental health and substance use issues in the criminal justice system and recommend system improvements. There were 3 areas of study related the mental health and substance use:

1. Determine screening, assessment, case planning, and care coordination gaps for people with complex mental health and substance use issues in the criminal justice system and recommend system improvements.
2. Identify ways to increase DOC and community provider risk assessment information sharing to help inform plea agreement, sentencing, and revocation decisions.
3. Identify new or existing tools to identify risk factors that can be targeted with treatment and services.

In January, the working group adopted four recommendations related to mental health and substance use disorder for inclusion in their report to the legislature.

OPTION 1 – Administrative - Recommend that AHS convene representatives from each relevant department in the agency to develop and implement changes to policy and procedure that address barriers to information sharing and care coordination for supporting people in the criminal justice system with mental health and substance use needs. This AHS group could collaboratively modify agency policy and procedure to:

- Adjust provider contracts to supply structure to information sharing practices;

- Standardize AHS mental health and substance use needs information sharing between DOC and community providers, including the sharing of assessment results;
- Adopt a collaborative coordinated case planning model; and
- Identify opportunities for mental health/substance use and criminal justice cross-training

OPTION 2 – Administrative - Recommend that DOC use a validated mental health screening tool for people sentenced directly to misdemeanor probation.

OPTION 3 – Legislative - Recommend that the legislature require DOC to develop a brief report that will be provided to judges before sentencing to inform condition setting for all felony probation cases. This report should include risk and need assessment results, mental health and substance use disorder screening results, and criminal history.

OPTION 4 – Strategic - Recommend that DOC explore hiring licensed clinicians to be placed in local supervision offices to administer mental health and substance use screenings and assessments, as well as liaise with community-based treatment providers.

As a result of the Study Governor Scott has proposed $400,000 to target gaps in mental health and substance use community services for people on supervision and expansion of community-based services for the non-serious mental illness (SMI) population and people with substance use or co-occurring disorders.

Committee on General, Housing and Military Affairs take Mental Health Advocacy Day Testimony

Mary Moulton, Executive Director, WCMHS said COVID is causing significant stress. Housing is the foundation of health. She would like to see more Medicaid funding come to housing. Homeless shelters, transitional and supportive housing are critical for mental health. Mary said hotels are helping people with basic needs, but some people are not safe in these environments. Collectively community providers are working to support people in these environments. Vulnerable people need intensive supports in these environments to meet substance use disorder and mental health needs. WCMHS developed leases with landlords to support people to achieve permanent housing in single room occupancy residences with peer support. WCMHS signs the lease. Mary noted that three years of bundled payments without rate increases has limited the ability to meet needs. She doesn't want to see that happen with the RFP for housing the homeless. Mary said they need capital investments and supports.

Marla Simpson, said it would take $2.5 million to take the Pathways for Housing, housing first model, to every county in the state. She shared her story of homelessness. She was able to live in the Clara Martin Center Safe Haven residence and worked there as a peer. Working on the Pathways Vermont support line she supported people all over the country. She spoke about her advocacy and the value of her home.

Information on Your Senators and Representatives

Follow this link to determine your legislators and access their contact information. Legislators are listed both by DA/SSA and by the Committee they serve on. Please note there are new legislators on committees that have purview over policy and funding for the Vermont Care Partners network.
2021 Legislative Committees by DA-SSA.xlsx

Action Circles Calendar

Action Circles maintains a calendar of Legislative breakfasts and events. This information can be found at: https://www.action-circles.com/legislator-events/

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.