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Legislative Update for January 10, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

In advance of the start of the 2022 Legislative Session, legislators are gearing up by collecting information, setting priorities, and finalizing work done throughout the summer and fall. At this time it has been determined that the first two weeks of the session will be held remotely. The first week started with a flurry of activity including a public hearing on the fiscal year 2022 Budget Adjustment Act (FY22 BAA). Representatives of Vermont Care Partners gave testimony at three different committees on the FY22 BAA.

The Governor delivered his state of the state address on January 5th. He highlighted workforce challenges and initiatives. He also said the demand for mental health crisis services has never been higher. He plans to invest in mental health inpatient beds, mobile crisis services and suicide prevention. Governor Scott plans to direct the Agency of Education, Department of Mental Health, and schools to address social, emotional and education gaps with \$285 million in recovery funds.

Vermont Care Partners Legislative Agenda for 2022

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/2021/12/legislative-agenda-2022-working-draft-1-1.pdf>

This Week's Testimony

House Appropriations Committee Holds Public Hearing on FY22 Budget Adjustment Act

On January 6th Julie Tessler of Vermont Care Partners spoke about the increasing demand for services and rising acuity of the people we serve. She shared that DA/SSAs have a 20% vacancy rate, with some agencies experiencing 50-60% vacancies among direct service staff. She noted the 800 people waiting for services and 88 people waiting for shared living providers. The Committee was informed about the hard work of the staff and the long hours some are working, sometimes over 100 in a week. She asked for flexible funding for DA/SSA staff consistent with that being requested for the VT Psychiatric Care Hospital and Middlesex Therapeutic Care Residence. Bob Doran, a clinician from CSAC spoke about the

value of our services and the need to support the workforce with flexible funds for recruitment, retention, shift differentials and hazard pay.

In the Committee discussion after the hearing, Representative Yacovone suggested that they look at the VCP proposal in terms of stopping the hemorrhaging and then in FY23 work to stabilize the agencies. He pointed out that the wage differential between DA/SSA staff and state employees is significant. The Committee Chair agreed that using the same standard for retention benefits at DA/SSAs as state employees seems appropriate. While she also agrees with Representative Yacovone about giving flexibility to agencies, she does not want to see open-ended grants. Representative Toledo wants to ensure that there are meaningful outcome measures.

A second public hearing on the FY22 BAA is being held on January 11th.

House Appropriations Receives Overview of FY22 BAA from Finance Commissioner Greshin

Management and Finance Commissioner Greshin described the Budget Adjustment 2 proposal from the Scott administration which focuses on workforce. It includes a \$25 million general fund investment for the Agency of Human Services (AHS) which could later be backfilled with FEMA funds. It will be for

1. Opening and continuing long term care bed capacity
2. Increasing bed capacity at ICUs
3. Stabilization of providers

Commissioner Greshin said they are proposing to save ARPA for long term transformational projects rather than use it for these emergent needs. Hardy Merrill, Director of Budget and Management Operations said there is funding for AHS to offer retention incentives for employees of home and community-based services (HCBS) providers including direct support professionals (DSPs). It's a short-term strategy to stop the bleeding by preserving and maintaining the existing workforce including independent workers. Workers would be eligible for up to 15% of base pay or up to \$7,000 contingent on a commitment to 12-to-24-month service agreements. The goal is to include providers not previously covered in previous funding opportunities. Representative Yacovone questioned the magnitude of the proposed appropriation given the size of the workforce that it is aimed to address.

House Appropriations Hears Budget Adjustment Act Proposal from the Agency of Human Services

Jenney Samuelson, Interim Secretary, Agency of Human Services and Ena Backus, Director of Health Care Reform, Agency of Human Services shared the BAA 2 proposal for \$25 million to address emergent and exigent circumstances following the COVID-19 pandemic. These funds would be used to meet current COVID-related grant and contractual obligations, as well as to provide financial support to providers to prevent business closures and disruptions. An additional \$15M is being requested for healthcare workforce retention incentives to maintain existing health care workers in Vermont and ensure stability of the system

Representative Yacovone asked the Secretary if she sees this as a crisis. Secretary Samuelson said, "I wouldn't characterize it as a crisis." She noted that some providers because of staffing ratios are experiencing financial challenges. She added, the funding provided to them has been critical to keeping them solvent. Representative Yacovone said "it seems like a dire situation to me." He asked why if we spent \$188 million last year how is this smaller request enough. Secretary Samuelson explained that "we are never quite sure with COVID what is around the corner, but \$25 million seems like a good starting point." She went on to say that they will continue to monitor the situation on the ground and will work with Administration and the Legislature. Representative Yacovone was clear that he is concerned about the size of the relief package given the magnitude of the problem. The Secretary

explained that they are proposing GF instead of ARPA funds because it is flexible and enable expeditious response.

Referring to mental health crisis bed programs, Representative Houghton asked if funding could be used to open beds when programs are running only 5 days instead of 7 days? Secretary Samuelson replied that she would look at proposal from agencies who want to apply for the \$25 million.

Committee Chair Hooper said she is perplexed that the mental health issues have not had the same support as the long-term care facilities so that people in mental distress have not been able to access services. Secretary Samuelson said there is support going to DA/SSAs, Vermont Psychiatric Care Hospital and Brattleboro Retreat and that DMH will continue to work with that network. Representative Hooper commented that the funds to DA/SSAs do not seem to be proportional to the need. Representative Wood asked how the funding estimates were derived and shared that she too is observing that the magnitude is not matching the need. She noted that the LTC facilities alone, need that amount of money being proposed. The Secretary said the estimates were derived by reviewing last year's requests. She emphasized that these are short term strategies.

Ena Backus reviewed the health care workforce strategic plan recommendations for training, recruitment, and retention. The package is for \$33 million of which \$18 million is from HCBS FMAP proposal with \$3 million for training and \$15 million for recruitment and retention. The BAA \$15 million may be used for training, recruitment, and retention for the health care workforce. It will use a needs based competitive application process weighted to ensure a focus on the most critical providers and highest needs based on vacancy rates. The funds may be used for recruitment and retention and innovative incentives to retain staff. There is also funding for onboarding and training new graduate health care professionals.

Workforce Recruitment and Retention Initiatives

\$33 million in workforce in the full package (BAA and BAA Supplemental Combined)

\$18 million from the HCBS FMAP – only to be used for HCBS qualifying providers

- \$3 million for training
- \$15 million for recruitment and retention

\$15 million from general fund for non-HCBS providers

\$25M to address emergent and exigent circumstances following the COVID-19 pandemic.

- Funds will be used to meet current COVID-related grant and contractual obligations, as well as to provide financial support to providers to prevent business closures and disruptions.

For the full presentation please see:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Appropriations/FY%202022%20Budget%20Adjustment/Governor's%20Recommended%20FY%202022%20Budget%20Adjustment/W~Ena%20Backus,%20Director%20of%20Health%20Care%20Reform,%20Agency%20of%20Human%20Services~FY22%20BAA%20Supplement~1-6-2022.pdf>

Joint Meeting of House Health Care and Commerce and Economic Development Committees

Ena Backus, Director of Health Reform for the AHS presented the Health Care Workforce Development Strategic Plan which recommends health care workforce development strategies in the following domains:

- Financial Incentives – including expansion of loan repayment to include mental health and substance use professionals, also revisiting tax incentives for health professionals and allied workers, funding to attract and retain staff, grants like the remote worker program

- Education and Training – including scholarship and service opportunities, promoting health care careers starting in middle schools
- Recruitment and Retention – inventory of state programs that assist with recruitment and retention, increase housing and childcare, capitalize on existing incentives for living in Vermont – fast tract for licensure, Use ARPA funds to strengthen HCBS, promote wellness and peer support, reduce administrative burden
- Regulation - including streamlining licensure for those with foreign credentials, especially Canadians, advertise fast-tract licensure, reduce barriers for telehealth, review of barriers for mental health and SUD professional’s licensure
- Practice – maximize Medicare reimbursement, expand telehealth and telepsychiatry
- Federal Policy – set limits on traveling staff agencies such as unfair tax advantages for workers

Anne Bilodeau, the Director of Human Resources for HCRS represented DA/SSAs on the advisory group. Ena reported that Vermont is one of three states in the nation with the lowest number of workers per available jobs. Vermont also stands out nationally in the shortage of home care workers, including direct support professionals.

DAIL Testimony to House Committee on Human Services on Developmental Disabilities Services

Commissioner White started the testimony with the announcement of a new Developmental Disability Services Division (DDSD) Director, Jennifer Garabedian, who will start at the end of the month.

The DDSD budget projection is trending to a \$2M overage. There are no additional funds or adjustments requested. There are current 3,158 individuals approved for services. Chairwoman Pugh asked clarifying questions about eligibility, noting that “this population is of particular concern to this committee”.

Representative Wood asked if the \$2M is an annualized cost and if DDSD will need to hold off on any services to bring the budget to balance. Commissioner White answered that there is no plan to do that at this point. Finance Director Kelly noted that equity is comparable to the previous year, and the department has historically been able to balance the budget.

AHS Presents DDSD American Rescue Plan Act (ARPA) Funds to House Human Services Committee

Commissioner White shared that AHS has direct authority over ARPA funds and Bard Hill and Angela Smith-Dieng represent DAIL at AHS ARPA discussions. Representative Wood referred to the July 2021 statewide virtual town hall meeting where a number of people requested an expansion of housing options for people with intellectual and developmental disabilities (I/DD) and asked if it is an AHS or DAIL responsibility to provide a response as those family members have reported they have not heard back and felt their input went into a “black hole.” Commissioner White replied that it is a combined responsibility and housing options is a DAIL priority.

Tracy O’Connell Finance Director and Wendy Trafton Deputy Director of Finance Reform reviewed the [HCBS Spending Plan Overview](#) (FMAP)

Mary Moulton Testifies on Workforce Crisis to House Committee on Human Services

Mary Moulton began her testimony by introducing herself as Executive Director of Washington County Mental Health Services and as representing the state designated and specialized service agency (DA/SSA) system that serves people with I/DD. She didn’t mince words; she said the situation is dire. The DS system is undervalued system. She advocated for retention dollars to compensate underpaid staff. Some providers have lost up to 50% of work force. The impacts on the people we serve include isolation, loss of community contacts, loss of communication supports, loss of housing, depression,

anxiety, loneliness, increased health/hospitalization. Now, Omicron is sending already stressed systems into a tailspin.

Mary shared data about the of the crises:

- Wages are lower than at fast food/retail rates
- 20-60% staff vacancy rates leading remaining staff to experience burnout and exhaustion
- Statewide loss of 19% service hours, meaning people with I/DD are not getting the services they need
- Crisis and respite beds closing, group homes closing
- 88 people with I/DD waiting for a home
- People are stuck in crisis beds and Emergency Departments for months while waiting for homes
- Providers contracting with nursing staffing agencies (TLC) at astronomical rates
- A few agencies have implemented unfunded wage raises and seeing results, but now operating in a deficit

Mary reported that the system is hanging by a thread. It needs flexible retention and shift differential dollars. All members of workforce are important and targeted funding creates increased cost for agencies. For example, at WCMHS a recent targeted \$300,000 retention bonus from AHS resulted in additional \$700,000 in expenses to include staff who were not targeted to avoid damaging morale. It was pointed out that the I/DD System is often left out of budget considerations and needs parity, including investments in shared living providers.

After hearing testimony from the home health agencies, long term care facilities, adult day health programs and the DA/SSAs Representative Wood concluded that there is insufficient funding in the budget adjustment proposals to address the workforce crisis from the Administration. There appeared to be agreement by the Committee members.

Department of Mental Health (DMH) on Budget Adjustment at House Health Care

On January 6, House Health Care heard testimony from Commissioner Hawes, Deputy Commissioner Krompf, and Finance Director Shannon Thompson on the [DMH portion of the the Budget Adjustment Act](#). Citing an agreement with the Vermont State Employees Association, the BAA includes \$1.4 million in incentive payments at Middlesex Therapeutic Community Residence and Vermont Psychiatric Care Hospital: a \$500 incentive for current staff; \$500 if those staff are still there in June, as well as a shift differential that supports 24/7 staff to put them in line with staff at CVMC. Nurses will receive \$500 now and \$2,000 in June, plus a shift differential. DMH wants to support permanent staff given the toll of travelers' compensation. Hawes noted that VPCH has been at 16 beds since pre-pandemic, and DMH is hoping to increase to 21 beds soon.

Donahue noted huge gaps in the community system as well. Hawes said that the AHS was able to get \$2 million of CRF funds out in mid-December targeted to crisis and 24/7 facilities. Deputy Commissioner Krompf said that DMH intentionally calculated it to be about \$1800 per staff. The first pass was to stop the bleeding" targeted to crisis clinicians, 24/7 residential, and crisis bed staff. AHS collected data for all staff, so they can use that for Phase Two.

DMH put \$150,000 for new residential facilities start-up costs into the BAA for one-time costs. The goal is completion of the new state residential facility at the end of December 2022. Troy Parah has been hired to lead MTCR and Lee Dorf, the new Operations Director, will be taking the lead.

There is also \$225,000 for Jarrett House for funding for travel partners. Jarrett House is operating 5 days per week. There is one client there right now. They have not been able to recruit travel partners since August, but they want to keep the money there in case they can find this resource. In response to how the weekend closures work, Representative Cina noted that sometimes it can make sense for someone to move back and forth between a crisis bed and a home. When questioned whether more and more decisions are based on staffing rather than clinical judgment Deputy Commissioner Krompf responded that clinical staff are still making decisions based on clinical needs, but it's causing a lot of strain. Representative Cina said their options are more limited. The committee discussed how Jarrett House can prevent the need for inpatient and emergency department use.

Committee Chair Lippert expressed concern about how we have had significant workforce issues for years and now we have holes across the system. He said we must work collaboratively to plug those holes while we seek for long term solutions.

Deputy Commissioner Krompf shared that \$440,000 in the BAA is for the suicide prevention lifeline. Federal grants ran out in fall of 2021, and this will continue those grants until the end of June. House Health Care will come back to suicide prevention as a committee. The National Suicide Prevention Lifeline is required federally.

Representative Houghton asked if workforce stabilization is flowing forward to school-based clinicians. She emphasized that she is hearing from school-based clinicians that they are at the frontlines, "just as the DAs are," so she hopes that we make sure stabilization funds are available for them. Representative Cordes reiterated that this is a grave concern. She has heard from students, parents, superintendents, and schools asking for more resources for school-based mental health programs. Her school superintendent is asking specifically for more support for the DAs. Lippert noted that it is all an integrated system, with the need for schools to support DAs and DAs to support the schools.

Vermont Care Partners Asks House Health Care Committee for \$22.5 million investment in Workforce

Following the testimony of DMH, Julie Tessler presented information on the impact of COVID on the demand for mental health services, the workforce crisis at DA/SSAs, and its impact on services. The Committee invited her back the next day at which point she was joined by Chuck Myers, Executive Director of Northeast Family Institute (NFI) and Rachel Lee Cummings, Executive Director of Counseling Services of Addison County (CSAC).

The Committee was informed that systemwide DA/SSAs have a 20% staff vacancy rate, with some agencies experiencing 50 – 60% vacancies in direct service positions. Due to the vacancies and service demands staff are working extended hours, sometimes over 100 hours in a week. They are exhausted and burnout but have been heroic in their efforts. Unfortunately, many are leaving for higher pay and less stressful work.

The impact on services is that 800 children, youth and adults are waiting for services, sometime for up to 6 – 9 months. Furthermore, 19% of I/DD services are not being delivered. Crisis beds and residential programs have been very hard hit, with beds closed due to both COVID and staffing shortfalls, and with some crisis programs running with more limited hours. Julie spoke to the importance of reaching and supporting people with mental health conditions as early as possible to avoid escalation of problems and use of higher acuity services such as emergency departments and inpatient care.

The Request from VCP is for \$22.5 million to support our workforce during this crisis with flexibility for each DA/SSA to make the best investment for its own staff to include retention and recruitment bonuses, enhanced and hazard pay, overtime pay and shift differentials. This funding level would enable

DA/SSAs to provide the same level of retention and financial support as the Administration is requesting for the staff of Vermont Psychiatric Care Hospital (VCPH) and the Middlesex Therapeutic Care Residence (MTCR).

Chuck Myers of NFI described a growing intensity of need among the youth that his agency serves. It now takes longer to assist youth in stabilizing their mental health conditions. He said the intense level of suicidal ideation and intent is much greater than ever before, plus there are more conflicts with family members and eating disorders. His organization has a 20% vacancy rate requiring many staff to work overtime. The staff are stressed by serving the intense needs that our kids and families are presenting. The Burlington crisis bed program is not running at full capacity and the southern Vermont program is only open Monday through Fridays because they cannot attract staff to work on the weekends. It's not a good situation, but they have not been able to improve it.

Rachel Cummings of CSAC focused her remarks on the workforce challenges. She said the staff culture of CSAC is very positive; the staff love their work and want to stay. Unfortunately, they are often not able to earn enough money to live a decent life, with many depending on government benefits. Even a masters level clinician received a food box when she went for a medical appointment at UVMC because her income is so low. Rachel has had staff tell her they want to stay but must accept jobs offering \$20,000 per year more to support their families. Her crisis team which provides 24/7 coverage has only 4 staff left, two of whom are single mothers. They have had to close their crisis bed to maintain their residential staffing. School-based staff are being drawn away to employers that offer higher pay, making it difficult to fully meet the mental health needs of students. CSAC is working hard to support the staff through supervision and NFI is consulting with them to assist staff in addressing vicarious trauma. Chuck added that NFI is committed to being a healing organization and consults with school about toxic and chronic stress.

The Committee asked about the increasing intensity of need for mental health services and had a good discussion with the VCP representatives about the social determinants of health and emerging societal trends that are causing increases in depression, anxiety, suicidality, substance misuse and trauma. They clearly expressed interest in supporting the community-based mental health system in parity with the VCPH and MTCR. Committee Chair Lippert summarized their discussion by stating that Vermonters are suffering at levels never experienced before and they need and deserve quality mental health care. He believes that mental health is an essential part of the health care system. It is clear that the Committee is determined to prevent further deterioration of the mental health care system both in the short and long term. The members indicated strong support for VCPs FY22 BAA request.

All House policy committees will provide input into the FY22 BAA on January 11th to the House Appropriations Committee.

DAIL Testifies to House Committee on Human Services on Budget Adjustment for Choices for Care

Commissioner White reviewed the five areas of the Choices for Care (CFC) reinvestment plan, noting an increase in the moderate needs homemaker rate from \$22.36 to \$30.84 (\$1.7M) to match the CFC personal care rate and start-up costs for a new adult protective services (APS) investigative system to support protective services for Vermonters including those receiving HCBS. Finance Director Kelly explained that employers using ARIS and Transition II services have flexibility to set the wage in their individual budget, which is where the increase will land. DAIL will monitor increases for impact.

Chairwoman Pugh asked what the process was and who was at the table for choosing these 5 priority areas. Commissioner White answered that with statute requirements were used as the top priority, worked within those parameters to decide what was most impactful. Present at the decision-making

table were Commissioner White, Finance Director Kelly, Deputy Commissioner Tierney-Ward, Angela Smith Dieng of Adult Services Division. As there was no director of Developmental Disabilities Services at the time, group members consulted with DDS Division personnel. Representative Pugh noted that she did not hear consumers, families, or providers included.

House Health Care and Senate Health and Welfare Joint Hearing Act 6 Flexibilities and Telehealth

A. Extending Act 6 Flexibilities

Senator Lyons opened the hearing by stating the importance of wanting to stabilize the healthcare system at this critical time. Legislative Counsel Jennifer Carbee provided the committee with [an overview](#) of Act 6, the flexibilities bill they passed last session. Flexibilities that are particularly relevant for designated agencies include:

- Directs Agency of Human Services (AHS) to consider modifying existing rules or adopting emergency rules to protect access to health care services, long-term services and supports, and other human services and to consider importance of financial viability of providers that rely on public funding
- Allows AHS Secretary to waive/permit variances from AHS's health care and human service provider rules as necessary to prioritize and maximize direct patient care...and allow for continuation of operations with reduced workforce and flexible staffing arrangements
- Allows out-of-state professionals to provide care in Vermont without a license via telehealth or in a licensed facility and allows retired professionals to provide care either without a license (less than three years into retirement) or with a temporary license (three to 10 years)

Representative Cordes suggested that references to guidance by the Vermont Department of Health [VDH] should also reference CDC guidance. Senator Hardy wondered if the variances from the AHS Secretary could include flexibility on assessment requirements, citing communication from her local designated agency. Other legislators also expressed interest in whether or how waivers have been used.

Lauren Hibbert, Director of the Office of Professional Regulation, expressed gratitude to the committees for the legislation in 2020 and 2021 that provided these flexibilities. She said Vermont is considered an exemplar by other states. She [testified](#) that OPR supports extensions of numerous provisions until March 31, 2023. OPR has heard from Vermonters that continuity is essential. She cited examples of college students for whom these flexibilities have allowed maintenance of therapeutic relationships and access to a more diverse field of providers.

Jill Olsen (Visiting Nurses Association) and Jessa Barnard (Vermont Medical Society) [testified](#) on behalf of a coalition of healthcare providers which includes Vermont Care Partners. Olsen emphasized the extreme stress being experienced by the healthcare sector right now, stating that in terms of workforce, this is the most stressed the system has been. It is essential that policy makers recognize this, and that any small policy action that has the potential to remove even one piece of unnecessary documentation is needed so that all resources can be focused on direct care.

B. Interstate Telehealth Workgroup Recommendations

Lauren Hibbert, Director of the Office of Professional Regulation (OPR), shared an [overview](#) of the [recommendations of the working group](#), highlighting short term and long term recommendations. VCP is an active participant in the working group and supports the recommendations. She emphasized that for telehealth practice the same standards and ethics as in-person practice apply. The working group recommends:

- In the short term (4/1/22-6/30/23): temporary registration for telehealth license.

- In the long term, a tiered system for interstate telehealth:
 - A low or no fee “**registration**” that lasts no longer than 120 days, with no more than 10 patients. Providers can only apply once every three years.
 - A **telehealth license** for practice that includes no more than 20 patients with a lower fee than a full license, that is renewable every two years.
 - A **full license** (or compact). She noted that the working group strongly recommends compacts.

Representative Cordes asked about how OPR would be aware of disciplinary action in other states. Hibbert shared that in the license renewal process, OPR often does learn about disciplinary action in other state. For nursing, OPR receives a memo immediately. It’s the professions with less robust regulatory boards that can be more of a concern. Hibbert noted that OPR would like to be able to issue provisional licenses to people who have applied for licensure, when there are delays caused by verification of licensure from another state (it can take weeks or months); delays caused by fingerprint supported background checks; or applicants who are members of the military or their spouse.

Senator Lyons wondered if ARPA funds could be used for initial implementation costs of the workgroup recommendations. Devon Green from the Vermont Association of Hospitals and Health Systems [VAHHS] testified that VAHHS supports the recommendations, emphasizing the importance of a registration process until 2023. Hospitals are extremely stressed, she noted, sharing that this week they are bringing in a “tele-critical care” organization that is part of the Army’s telehealth program. Senator Lyons and Representative Lippert noted that both committees would be returning to these topics in upcoming hearings.

Senate Judiciary and Senate Institutions Joint Hearing on DCF Plan for Placement of Youth

Senator Sears, Chair of Senate Judiciary, opened the joint hearing. The Committees would like to hear about DCF’s plans for placing youth who are otherwise hard to place. Senator Benning noted that with the closing of Woodside, there was the plan for a Becket facility in Newbury, but it’s been entangled with permitting delays. The Committees are wondering about Plan B.

DCF Commissioner Brown and Deputy Commissioner Radke provided an [overview](#). There are 1,055 children in custody. Most of the kids in residential care are in conditional custody. Of 283 justice-involved youth, only 4% are in DCF custody (others live at home, or in kinship or foster care). Brown shared current efforts to meet the needs of these youth, which included contracting with Becket for recruitment of stabilization foster homes with wraparound services; funding healthcare travelers to address the staffing crisis in SEALL and Windsor County program (over 1000 hours); emergency relief funds to residential programs; coordination with DMH, especially around kids who need placement at the Retreat and are waiting in emergency departments; contracting with Families First for a two-bed program to serve I/DD youth; working with rate setting to improve rates; and has retained a security consultant firm to support high end youth.

Senator Sears is concerned about the kids in needs of mental health treatment; and the need for the small group of “dangerous youth.” Senator White questioned why the state is paying for thousands of hours of travel time. “Why don’t we just offer more money to hire local people and have permanent positions?” Senator White also wondered about an interim solution of four beds and whether that should be made permanent. Brown noted more and more resistance in communities to building community-based programs. He said that might be an area that the legislature might want to look at.

Commissioner Brown noted that standing up a secure facility will not resolve the problems of kids waiting in emergency departments for mental health treatment. He and Deputy Commissioner Radke

cited this as a national problem. The Commissioner noted the pressure on crisis responders and first responders to meeting needs in the general assistance hotel/motel programs, as well as increase in staffing shortages. He discussed DCF's staffing challenges, for example when CHINS youth are asked to leave foster placements and residential programs, staff have stepped up. DCF has apartments where youth are being staffed by DCF staff with law enforcement and sheriffs. They are bringing in retired staff on a temporary basis. They are also in talks with an out-of-state for-profit provider to see if they can help with staffing. He noted that DA/SSAs are really struggling with staffing and that the State would like to get crisis bed programs back to fully open. Deputy Commissioner Radke noted that Family Service Division's workforce development group is considering pay incentives for staffing COVID positive youth; crisis response teams; senior family social worker designation for retention. Commissioner Brown shared [data](#) on current placement of kids in DCF custody in residential programs: 71 kids are in in-state programs; and 121 kids in out-of-state programs.

Deputy Commissioner Dougherty on Substance Use During Pandemic in House Human Services

Kelly Dougherty, Deputy Commissioner of the Vermont Dept of Health [VDH], opened by naming the two epidemics: the COVID pandemic, and the overdose epidemic. VDH has stepped up efforts on overdose. So far during COVID, 100% of treatment providers remained open and available except for some outbreak and staffing related closures in residential. She noted some relaxation of MAT rules and that recovery centers pivoted to online services but the downside of these flexibilities is that personal connection is so important to recovery.

Overdoses have increased to a record number in 2020, and 2021 is not looking better. This is a national problem. 100% of deaths include fentanyl and they are seeing lots of potent substances. Dougherty said there is not one evidence-based initiative that we are not doing in Vermont, including increasing NARCAN distribution; distributing harm reduction packs from 74 sites, including general assistance motels, social services agencies; first responder resource cards; expanding [syringe service programs](#) to mobile capacity; expanding overdose messaging campaign directed to at risk populations; providing grants to specific communities: Rutland, Windham, Windsor counties for local outreach and education; accessing SAMSHA COVID emergency grant funding to expand telehealth services; and working with mental health to enable VT Helplink to provide mental health to healthcare workers.

Representative McFaun asked: "How do we ensure that we are not supporting a drug culture? Are all the people in the motels addicts?" Dougherty responded that using drugs is not a choice. Harm reduction programs are a point of connection. She gave Howard Center's Safe Recovery program as an example. "It's a safe place so when [people] are ready to access MAT, they can."

Representative Brumsted noted the importance of responding to the mental health needs of first responders and neighbors of people who are witnessing overdoses at motels. She volunteers at the hotels and is not sure if people are trained on using the harm reduction packs.

Deputy Commissioner Dougherty testified that in Vermont we don't have waiting lists for MAT, although transportation and other challenges can be barrier. Vermont is switching from the concept of "RAM" to "rapid access" with the goal of three days or less from when a person first presents with a need to when they start treatment. Representative Pugh noted that at some of the hubs, some have caseloads of 75-100 people. What kind of oversight is there in terms of staffing? The Deputy Commissioner said she would look into caseload requirements.

Dougherty shared that at Vermont Helplink there have been 60,000 visits to the website, 2000 calls, and 4000 referrals. She said the biggest challenge is workforce, particularly in the outpatient and residential treatment providers. In residential programs, traveling nurses are helping to fill the gap. Outpatient

providers are struggling to staff, and it's impacting access to treatment. In response to a question from Representative Whitman about whether employment can help with recovery, Dougherty noted a pilot with Voc Rehab that "wasn't hugely successful but it could have been because of the pandemic." Having a sense of purpose and connection with others can be important. ADAP is talking internally about connecting Voc Rehab with the Recovery Centers.

Joint Hearing on the Pupil Weighting Taskforce Recommendations to Senate Education and Finance
Representative Kornheiser and Senator Hardy provided [an overview of the Pupil Weighting Taskforce recommendations](#) for their peers. The charge of the taskforce was to "ensure all public school students have equitable access to educational opportunities." It was a bipartisan effort with unanimous approval of the final report. The taskforce offered two options, a pupil weighting option with weights for poverty, middle school to high school, small schools, and sparse population; or cost equity payments, which would add a dollar amount per student who falls into each category. Additionally, the taskforce recommends a five-year phase in with an equity advisory committee to track progress of implementation.

Vermont has one of the most equitable spending systems in the country. Currently, we now have a combination of pupil weights and categorical aid (example: special education funding). The taskforce reviewed pros and cons of each approach (weighting versus cost equity payments). Regarding English language learners (ELL), they noted that the distinction between a district with a large number of ELL students versus a district with a few students. Here, the taskforce recommends categorical aid versus weights, because schools are required to provide these services, but weights don't guarantee enough funds to cover the cost. Their approach was to recommend a placeholder amount of \$25,000 for every district, plus \$5,000 per student. This would ensure that ELL as a statewide resource and discourages district level decisions based on district-specific values and approaches.

The taskforce also recommends using universal income declaration form instead of other income eligibility process. Free and reduced lunch eligibility can be more accurate than SNAP eligibility, for example, but has stigma and is used less. It recommends removing small school grants, and instead adding a weight for students who attend a small school. Overall, the taskforce recommends that the funding formulas result in no more than a 5% change, and that the state move to a fully income-based education tax. The taskforce recommended continuing to pay attention to special education census funding, and to consider pre-K weight, tuitions, facilities, pre-college, and student mental health and trauma as additional areas to consider [PWTF Recommendations Overview \(vermont.gov\)](#)

Senate Health and Welfare Reviews Bills from First Half of the Biennium

Senator Benning presented S.69 an act relating to suicide prevention. The bill calls for an appropriation of \$125,000 for DMH to increase to increase Lifeline call centers. \$400,000 to DMH to expand zero suicide program at the Vermont Suicide Prevention Center, and to coordinate suicide prevention efforts. There is also \$50,000 for the eldercare or vet-to-vet program. The vet-to-vet program uses veterans as peers to support each other. The funding levels and effective dates will need to be adjusted.

Representatives Noyes and Wood present H.153 an act relating to Medicaid reimbursement rates for home- and community-based service providers which passed the House of Representatives. Senator Lyons said that this bill could be expanded. Representative Noyes said it would create predictability and addresses the cost of delivering services to make sure we make adequate investments. The bill sets a process where in the Secretary of AHS must report on the true costs of home and community-based services. Representative Wood said she is fearful for the system of care right now. The array of providers covered in the bill includes DA/SSAs and substance use disorder providers.

Legislative Counsel Jen Carbee reviewed the bill with the Committee. The Bill requires the Secretary to determine payment rates that are reasonable and adequate to achieve required outcomes for the populations they serve. The rates need to include new government mandates and cost adjustment factors due to inflation and labor market dynamics. Regional difference may be considered. Rates must be determined annually and reported to committees as part of the budget presentation. The Secretary must develop rules for setting rates.

There is also a fiscal note developed by the Joint Fiscal Office. It estimates that for every 1% rate increase for these providers it would cost the state approximately \$2 million in general fund. The cost to do the rates studies would be \$150,000 in general fund.

Plan to Participate in these Advocacy Events

Mental Health Advocacy Day – January 31, 2022

Join us for Mental Health Advocacy Day on January 31st from 10:00 a.m.-2:00 p.m. by Zoom. Vermonters including peers, staff, families and advocates will be advocating for an improved mental health and developmental disability services focusing on “Now is the Time for Hope & Recovery”. The agenda includes activities that will be of interest to all including a welcome address from state leaders a keynote presentation by Senate President Becca Baling, recognition of outstanding advocates, and community members sharing their mental health stories and experiences. For more information: Email Laurie Emerson - lemerson@namivt.org or call 800-639-6480 x101 or Julie Tessler at julie@vermontcarepartners.org, or phone 802 279-0464

Registration to Share Your Story: <https://zfrmz.com/O1HXF2d3NVHgkJu6o15z>

Registration to Provide Testimony to Legislative Committees:
<https://zfrmz.com/RRhKjXOU4oU8k9L2EcjI>

More Resources: <http://namivt.org/advocacy/advocacy-day/>

Homeless Awareness Day January 20, 2022

Advocates, service providers, and dedicated Vermonters from across the state will convene virtually on January 20th for the annual Homelessness Awareness Day and Memorial Vigil. You can give testimony, share your story, or tune in via livestream on YouTube or Facebook to tell your lawmakers how we can alleviate and end homelessness in Vermont!

If you or anyone in your networks would be interested in sharing experience, please reach out to Molly Shimko at mdavisshimko@capstonevt.org or Martin Hahn at mhahn@helpingtohousevt.org.

- Homelessness Awareness Day 2022 will take place on Zoom and will be live streamed on Facebook and YouTube. Folks watching the livestream can participate in the conversation by leaving comments and questions on either platform.
- Events will be scheduled between 9 am and 2 pm on January 20th. An agenda with a confirmed schedule will be sent out closer to the event date.
- Only those giving testimony or helping organize the event will be invited to join the Zoom call. If you would like to participate in any way, please reach out to [Molly](#) or [Martin](#).

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.