



Supporting Vermonters to lead healthy and satisfying lives community by community



Legislative Update for February 15, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

The House and Senate will be working out their differences in the FY22 Budget Adjustment Act in the coming days. Vermont Care Partners and member agencies want the Legislature to come to agreement on one-time funds to stabilize our workforce that will be both sufficient and flexible enough to effectively address workforce challenges in the short-term. On the long-term front we have been actively advocating for a 10% Medicaid rate increase to reduce our workforce crisis and improve access and quality of care to Vermonters' whose need for our services have never been greater.

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 and Legislative Action

Senate Appropriations Hears Department of Mental Health (DMH) Budget Proposal for FY23

Commissioner Emily Hawes, Deputy Commissioner Alison Krompf, and Finance Director Shannon Thompson presented the Department of Mental Health (DMH) budget proposal for the FY23 budget. Commissioner Hawes gave an overview of the system of care and noted that how the components work together is important.

Alison Krompf gave background information on Lifeline; how it started with a capacity grant to NCSS and then NKHS and is transitioning from a 1-800 phone number to a 988 line. The funding in the budget continues funding for the 988 Lifeline. The Deputy Commissioner spoke about how our suicide rates have been rising, especially in 2021. Zero Suicide is a public health approach to prevent suicide. The Center for Health and Learning has been training designated agencies (DAs) and facilitates planning for treatment of people with suicidality. The Department wants to expand to do outreach to elders. They are seeking new funding for a suicide prevention coordinator.

The proposed 3% rate increase would require \$4,121,421 in total funds and \$1,762,320 in general funds (GF). This includes increases for all DAs, SSAs, peer and other providers who are funded by DMH. Committee Chair Senator Kitchel noted that state government is negotiating a potential 10% increase for state employees' health benefits and salaries. She also acknowledged that designated and specialized service agencies (DA/SSAs) are facing increasing operational costs. Senator Kitchel sees a disjuncture between these proposals. She expressed further concern with the Governor wanting to give tax deductions at the cost of stabilizing the community-based service delivery system given that it's a zero-sum game. She said, "It seems like it will further weaken a fragile system that is not doing the job it should be doing." Senator Sears echoed the statement and added that at a time when these agencies are having difficulties finding and retaining staff, it will impact their abilities to respond to suicides, overdose, and crises. Pointing out high inflation, he said. "it's unrealistic - if we can get this closer to 10%, I'm all for it." Senator Kitchel said there has been broad dissatisfaction with the DAs by families and hospitals and the demand has never been greater. She also questioned the \$8 million of new initiative for addictions at the expense of core services. Senator Starr expressed concern about state government covering its costs and then assigning DAs the resource left. Senator Kitchel said when the Speaker and Senate President Pro Tempore went to the communities, mental health was identified as a critical concern of Vermonters.

The rollout of the 4 new mobile response and stabilization programs was discussed. Alison Kompf said allocation of the funds will be determined based on interest, community need and readiness. The Department is also interested in leveraging federal funds for expanding other models like PUCK and the Living room model.

Krompf shared the good results in access to face-to-face contact within 5 calendar days and the percentage of clients screened for trauma history. The Committee was also shown a chart of service volume which showed an increase in crisis services. She showed the results of CANS assessments which showed improvements in student mental health from the beginning to end of the school year. She noted that there are reductions in family discord and risk factors of students served, as well.

Green Mountain Care Board Shares Perspective on Health Care Sustainability

On February 10th Commissioner Jessica Holmes, Special Advisor Alena Berube, Executive Director Susan Barrett and Commission Chair Kevin Mullen of the Green Mountain Care Board shared their report on the sustainability of Hospitals to the House Health Care and Senate Health and Welfare Committees.

Commissioner Holmes introduced the presentation by laying out their founding construct. She explained that if we really want to improve Vermonters' health and make health care more affordable, we need to completely change the way we pay for health care and update the delivery system to maximize access and quality and minimizes costs. The Committees were told that this significant payment and delivery reform will take resources and time, plus we will need to overcome resistance to change.

Commissioner Holmes said the mental health care system does not come close to meeting the needs of Vermonters. She was also explicit that public payers are not keeping pace with inflation. She said commercial rates cannot make up for underfunding by the public sector. If this continues, more and more Vermonter will be uninsured or underinsured and their health will suffer. Furthermore, hospitals will close, some are already closing pediatric practices. She thinks primary care and mental health services will be shed first.

GMCB is asking for \$2 million for actuarial analysis and negotiations with the federal Government, plus

\$3 million for delivery system reform which will be data driven and use health system design experts working with community leaders and patients.

Commissioner Holmes said the path to sustainability involves global payments and delivery system transformation. Global payment will create predictable payments to enable hospitals to direct scarce resource to primary care and mental health, as well as social determinants of health. They will be incentivized to keep Vermonters healthy. She said this must be done in a parallel with patient-centered community and provider inclusive redesign of the health care system.

Pointing out that maintaining our current infrastructure is costly and that we have a workforce crisis, Commissioner Holmes said we need to explore opportunities for shared services through centers of excellence. She said some hospitals could specialize in specific services like mental health care, orthopedics, etc. She also spoke about a new model of hospital care at home.

DMH Testifies at Senate Institutions on Services to People Discharged from Inpatient

On February 8th DMH Commissioner Emily Hawes, AHS Policy Director Shayla Livingston, and DMH Director of Mental Health Samantha Sweet at DMH provided brief testimony on responses to the Request for Information [RFI] from designated and specialized services agencies for unlocked community residences for people discharging from inpatient care. This RFI process was tied to the funding for the expansion of the Middlesex Therapeutic Community Residence to 16 beds in last session's Capitol Bill. Livingston shared that they are reviewing the six responses received. Sam Sweet shared that two responses were focused the geriatric population; one on mobile response and the Living Room mode; and another was a therapeutic community residence. A group of advocates proposed a mental health inpatient treatment center in the Northeast Kingdom, focusing on suicide prevention.

Sen Ingalls brought up a meeting with DMH the previous day. He said, "Something was brought up that we are trying to get away from institutions. What is the direction of where we are going? I want to make sure we are not building and then abandoning institutions." He shared that a family had reached out to him to share that there were 80 to 90 kids in front of their child on a waitlist. "Public kudos to Kelsey [Stevsath, NKHS Executive Director] -- he took it very seriously." Sweet acknowledged the lack of resource in the Northeast Kingdom, noting that it is one of two catchment areas without group homes in the state.

Mental Health Advocacy Day at Senate Institutions

Zachary Hozid, Legal Director for Disability Rights Vermont, testified about the work of Disability Rights Vermont, which he described as "making sure the rights of people we are serving are being followed." Hozid emphasized the importance of a continuum of care, including community-based resources. In considering brick and mortar investments, he spoke of the challenge of allocating scarce resources. "Most people can access community-based services. Sometimes people need support for a few hours, days, or longer." Hozid said that people are "stuck" in Emergency Departments [EDs] because resources such as peer supports and respite just aren't there. "Children need more community-based services, urgent care resources, and mobile crisis. They don't need new inpatient builds. They need community services." He said kids with mental health and developmental services needs suffer. He expressed concern about out-of-state residential placements and advocated against the concept of 10 beds in Springfield to replace Woodside juvenile capacity.

Asked about how to balance investments, Hozid testified that the data shows that people staying connected to their communities have the best outcomes. We have an adequate number of beds, he

said, but not enough staff. Inpatient discharge takes more time because the State doesn't have the community-based staff.

Update on Institutions on Mental Disease [IMD] in Senate Institutions

Jenney Samuelson, Interim Secretary of Agency of Human Services [AHS], introduced herself as one of the founding Members of Blueprint for Health; and formerly Deputy at DVHA. She is working closely with DVHA on the 1115 Waiver, which allows Vermont to more flexibly spend dollars to provide services. Vermont is negotiating that waiver with the Center for Medicaid and Medicare Services. It allows Vermont to make investments above and beyond the typical fee-for-service Medicaid structure.

AHS is focusing on three areas in the negotiations:

- What flexibilities we have and what's allowable
- The amount of funding in the base budget and trend over the next five years, and
- Exceptions for Institutes of Mental Disease

IMDs are adult inpatient facilities that are over 16 beds where the primary treatment is mental health. She noted that a hospital is not an IMD if the mental health bed capacity is over 16 beds but less than 50% of overall bed capacity. The Lund Home, Vermont Psychiatric Care Hospital and the Brattleboro Retreat are all IMDs. For a facility to be eligible for Medicaid, it would need to qualify under the IMD rules. A potential forensic facility is not eligible for Medicaid, so is not bound by the IMD requirements. Vermont can expect to see a tapering off of Medicaid funding for other IMDs.

Sen Ingalls commented that we have a need that we can't fill. "It also seems like we're talking about reducing beds, reducing beds. I don't get it! It seems to be that we can't do anything, and yet there is demand." Samuelson said that the goal in Vermont is to build capacity in the community system and residential system of care. Vermont wants people to get the least restrictive environment and integrated (physical and mental) care. She noted that the children's inpatient system is currently running at about 50% of capacity. DMH is looking to diversify mental health capacity for kids. Some hospitals will be putting in proposals in the near future to expand their capacity to do mental health treatment. She expects Vermont will see a shift from standalone facilities to integrated care in the very near term.

Ashley Berliner, Director of Medicaid Policy, said that the State is "fighting for sustainability in the short term as we can figure out what makes sense." On the 1115 Waiver, the State has an extension through June of this year and will have a new waiver in place by July 1. Sen Benning noted that since Irene shut down the state hospital, "we still haven't resolved the ultimate capacity needs." Samuelson responded that adult inpatient there are 198 beds total for adult inpatient beds, with 122 currently occupied, 55 beds closed, and 22 open. There is some capacity in the system, particularly for adults. When asked about regional distribution, she said she expects to see some diversification regionally [with new hospital proposals].

Health Care Flexibilities Overview in Senate Health and Welfare, February 9, 2021

House Health Care Rep Lori Houghton provided an introduction to Senate Health and Welfare on House Health Care's work on [H654](#), the flexibilities bill. The House believes it is important to set a "date certain" of March 31, 2023 for the continuation of most flexibilities for predictability and to enable further legislative action next session. She also noted that they inserted language referencing "state and federal health guidance" instead of just Vermont Department of Health guidance. House Health Care inserted language so that hospital extraordinary labor costs would be considered by the Green Mountain Care Board, and removed the waiving of informed consent, since practitioners have set up

systems since the onset of COVID to obtain it. They also added Section 6, which sets up a simple registration system for out-of-state providers to register with the Office of Professional Regulation in order to serve Vermonters. House Health Care is working on H655, which addresses the second phase (a tiered system of registration, telehealth licensure, and full licensure). Legislative Counsel Jennifer Carbee then walked through the expiring provisions and the current bill.

The Committee plans to take testimony from the health care coalition, a loose group of provider trade associations, which includes VCP, insurers, the Health Care Advocate, and pharmacists this week. Sen Lyons said she is hoping to get the bill to Governor Scott's desk and passed by March.

Trauma Prevention and Resilience Development in House Human Services

Agency of Human Services (AHS) Policy Director Shayla Livingston opened the testimony by sharing that this position is now located at DMH, acknowledging that those involved in the decision to shift the role from AHS to DMH did not realize that it's role at AHS was written into the 2018 law creating the position. Livingston said the Secretary does support keeping the position at DMH but wanted the Committee to be aware that it's of central importance to AHS. Cheryle Wilcox, Interagency Planning Director, who supervises the position said it was important that the position received adequate support.

Kheya Ganguly, Director of Trauma Prevention and Resilience Development, then described her work. She sees her role as touching all Vermonters. She helps create, support, and grow understanding about the active use of trauma responsive, healing centered, and equity-based programs that work on resilience. She has provided training and support for over 1900 individuals in the first six months. Referencing that she was previously the Assistant Director of Children Youth and Family Services at UCS, she has centered her work on health and mental health. Asked about her work with DCF, she responded that she has trained Economic Services managers on trauma-informed supervision, and has been working on Families First, and on Anti-Racism advanced level trainings. She also has trained at the Department of Corrections, the Agency of Natural Resources, the Department of Labor, Building Bright Futures, and the Vermont Cooperative for Practice Improvement.

Ganguly spoke of the misuse of ACES study. She saw it's misuse when she was at UCS, because people shouldn't have to share traumatic experiences at intake. Rep McFain asked what an equitable trauma informed organization would look like. Ganguly responded that all people, regardless of race or ethnicity are supported in their growth. She also reflected on the trauma of data collection and self-care. "Self-care is very white centric," noting that in a collective society self-care might look very different, like cooking and cleaning for others. Ganguly said her job is "the work of a thousand little blocks that you put together to build an edifice."

Mental Health First Aid and S194, S195, and S197 at Senate Health and Welfare Committee

Sunny Naughton, a private contractor working in the mental health field in the Northeast Kingdom and nationally, testified about Mental Health First Aid. She described that like CPR, Mental Health First Aid trains people to recognize the signs and symptoms of mental health challenges and it also focuses on prevention and intervention. She shared the efforts of Simone Rueschemeyer and Vermont Care Partners to implement Mental Health First Aid statewide through designated agencies, noting that in other states this work is done by an array of unrelated subcontractors. Naughton also spoke of the high demand for mental health services, sharing an anecdote of a doctor encouraging a parent to take their child to an Emergency Department to access care and in effect jump the waitlist.

Laurie Emerson, Executive Director of NAMI Vermont, and Sandy Yandow, Executive Director of the Vermont Federation of Families for Children's Mental Health, testified on [S195](#), the peer certification bill. Emerson noted NAMI strongly supports the use of peer supports for mental health. Family-to-family supports are important as part of peer certification, and the voices of NAMI and the Federation of Families should have more of a role in the proposed process than just stakeholder input. Emerson also shared NAMI's embrace of the framework that people in crisis need "a person to talk to, a person to respond (i.e. mobile outreach), and a place to go." NAMI supports the development of additional community peer centers. She shared that for her family, therapeutic schools were really helpful.

Sandy Yandow made comments based on thirty years working in the Vermont system. She expressed confidence in the new leadership at DMH and the Deputy Secretary at the Agency of Education. She noted that existence of the National Federation of Families and family representative structure in Vermont. She wants to ensure that the proposal does not ignore or circumvent the structures that already exists including the National Council Certification. She noted the development of interstate reciprocity for peer recovery coaches for substance use disorder and would like that for family peer work. Yandow shared some of the history of the development of Act 264 and the system of care in Vermont. Lyons commended Yandow's system of care thinking. She wants continuity of coordinated care and feels like we currently have an uncoordinated system.

The Committee then discussed their next steps. They decided to combine S194 (peer respite) and S195 (peer certification) for final markup on February 18. They will be inviting Lauren Hibbert from OPR to discuss peer certification, as well as DMH Commissioner Hawes and Deputy Commissioner Krompf. Sen Lyons said S197 on a coordinated mobile response will be adjusted to focus on youth.

House Health Care Take Testimony on the Mental Health Workforce

Office of Professional Regulation Staff Attorney Lauren Layman opened testimony by providing an [overview](#) of mental health related licensure types and processes. Twelve license types perform some type of psychotherapy.

Julie Tessler, representing Vermont Care Partners, thanked the Committee for the commitment to community mental health. She offered to provide an overview of the DA/SSA system to any committee member. Noting that the vast majority of services are Medicaid, she explained that unlike other healthcare providers, agencies can't cost shift. The majority of resources, 85%, go to compensation for agency staff. In the past the Legislature made a commitment to parity between mental health and other healthcare, but because agency staff don't receive the increases state employees or healthcare provider receive, "parity is dreamed deferred."

Tessler said agencies are concerned about quality of care, including the basic health and safety of clients, which is "not something I ever wanted to say to this Committee." Agency staff feel that the people they serve have been devalued, and they themselves feel devalued. She noted 342 children are waiting up to six months and 437 adult are waiting for up to 9 Months to access needed services

VCP's ask is for a 10% Medicaid rate increase. A 3% increase would be only 42 cents per hour for lower paid staff, which would not be enough. VC would still need additional catch up funding in future years and then annual cost of living adjustments similar to state employees. Rep Lippert said while the State is not going to achieve parity this year, "we need to establish the goal of financial parity for salaries, and we need to start on a planning process.

Anne Bilodeau Interim CEO and Chief Human Services Officer at HCRS, said HCRS has 500 staff, 100 of whom provide clinical services. She shared quotes from exit interviews, where staff expressed that they believe the State doesn't care. Clinicians can make \$20,000 more in private practice. Starting clinicians at HCRS make \$48,000. People are leaving due to pay and the amount of paperwork. HCRS is seeing increased acuity in the last two years. At the same time, there are 350 questions asked of clients and families at intake, which requires funding for additional administrative staff. She noted that intellectual and development disability (I/DD) staff often need a second job. Vacancies and high turnover have a ripple effect, as does this year's record number of home provider turnover. HCRS currently has over 20 clients in need of new homes.

Jena Trombly, Director of Human Resources and Compliance, at the Clara Martin Center, testified about having sounded the alarm six years ago about the risks of not adequately funding the system. Clara Martin used to have 11 open positions, and now it has 40. As a result, they can't accept referrals to their therapeutic school and are asking residential staff to pick up extra shifts. A clinical supervisor position for Medication Assisted Treatment has been open for a year.

Ben Rees who has a bachelor's degree in social work and is employed as a Community Integration Specialist at NFI, started at NFI after working at a gas station which required a pay cut of \$2/hour. He loves the work but described it as "passion versus pay." Turnover is high, which has a clinical impact. One client had five case managers in two years. He mentioned a colleague who left for higher pay at Trader Joe's.

Amethyst Barthsfield and her colleague Alex are residential counselors at NFI. Their program used to be open 24/7, but now is only open five days. They are 2 of 3 residential counselors right now. As a result, they are on call more, and it's more guilt provoking if they need to call out. Other impacts include no break time, which impedes their ability to provide quality care. Their team is changing all the time, noting that 5-6 staff have left over the last year. They sometimes work 16-hour days. Rep Lippert asked "What can we do to reduce administrative burden without losing accountability?" Tessler noted that DMH Commissioner Emily Hawes said she would work with us on this concern.

Rep Cordes stated that it is hard to find words: "I've been deeply impacted by what you've said today. We have been able to help, but not been able to help enough. 3% would not necessarily go to the folks providing the care. I'm beyond frustrated."

Chuck Myers, NFI Vermont Executive Director, applauded Lippert's idea of a multi-year planning process. Rep Lippert, in speaking of school-based mental health staff, said "we designed this system...they then hired our staff...it was self-defeating to a degree." Myers noted that if you look at vacancies and turnover data, 50% of agency staff either isn't there or are learning their jobs.

Annamarie Cioffardi from Northern Vermont University provided an overview of their graduate programs in counseling. Robert Althoff, Interim Chair of the Psychiatry Department at UVM, commented that the workforce is churning, and providers are not incentivized to take care of children in any way. He noted that psychiatrists are expensive, and he is appreciative of all the work that is being done that doesn't require a psychiatrist.

House Corrections and Institutions Considers Justice Reinvestment Appropriation

Deputy Commissioner of Corrections Matt D'Agostino led the discussion about \$6 million in transitional housing grants managed by the Department of Corrections. Funding for transitional housing has been gradually increasing, particularly due to justice reinvestment investments savings generated from

reducing out-of-state beds. They have been shifting from congregate housing to individual apartments with complimentary programming for mental health, addictions, and domestic violence.

Justice Reinvestment funding of \$400,00 went to DMH in the FY22 budget to meet the needs of people transitioning out of incarceration. DMH Finance Director Shannon Thompson and Cheryle Wilcox Interagency Planning Director said they are developing a MOU with DOC and ADAP about how to do this collaboratively. Rep Emmons said it sounds like this is not the right time to invest more money, Dale Crook, Field Services Director and DOC agreed and wants to see how an initial pilot program will work out. Cheryle Wilcox explained that the pilot will be using an assertive community treatment (ACT) team approach specialized for forensic populations. In the end DOC Commissioner Nicholas Deml agreed to develop a proposal for the committee for how to spend the next \$770,000 available for the Justice Reinvestment initiative.

Public Hearing on the FY23 Budget

Megan Carswell and Health Wilson of NCSS each spoke about CIS early intervention program and asked for an increase of \$1.8 million and a onetime investment for a data reporting platform. She said children are falling through the cracks. Susan Aronoff of the Developmental Disability Council advocated in support for of a 10% rate increase for DA/SSAs. She also advocated for funding for secure safe service supported housing for people with I/DD. Julie Tessler provided testimony on behalf of Vermont Care Partners requesting a 10% Medicaid Rate increase for DA/SSAs. See link here: [VCP Factsheet - 10% need.docx](#)

House Health Care Listens to Workforce Issues

Jessa Barnard of the Vermont Medical Society spoke about the shortage of primary care physicians. Many physicians are retiring with few are coming in to take their place. She appreciates the scholarship program at UVM medical school for students who are willing to work in rural Vermont communities. She spoke in favor of expanding loan forgiveness programs. She also spoke about the child psychiatry access program which enables primary care physicians (PCPs) to access consultation.

Mary Kate Mohlman of BI-State Primary Care spoke about the shortage of PCPs and all the teams for health care practices including administrative staff. She also spoke about retirements and lack of new PCPs coming in, as well as the pandemic work adding to burnout. Solutions include increasing funding to increase salaries. Rep Goldman asked about how mental health is integrated into FQHCs. Mary Kate described how mental health clinicians are embedded in the Centers enabling warm hand-offs. She noted high vacancies for mental health staffing.

Devon Green of the Vermont Association of Hospital and Health Systems (VAHHS) spoke about the 2600 open positions. Turnover is as high as 32% and so they are using travelers particularly for RNs and LPNs. She requested support for creating a data hub on the health care workforce at the Department of Labor. She would like to see pipeline programs to educate health staff with a path to employment to health care providers, as well as support for health care professionals, including international workers, with access to housing and other resources. She recommended increasing loan repayment and scholarships. Reducing administrative burden would also help. Devon Green concluded by recommending increasing Medicaid rates would increase sustainability and affordability of commercial health insurance.

Laura Pelosi from the Vermont Health Care Association representing long term care facilities said there has been tremendous pressure on subacute and nursing care facilities due to the pandemic. They have had to hire many nurses to meet staffing needs. She said retention bonuses would be helpful. These

facilities need nurses at all levels. Loan repayment and scholarship programs are needed, as well as having a coordinator to help nurses coming into Vermont, but she noted that bringing in international workers nurses is costly. She reiterated the request for a data hub on health care workforce.

Jill Olson of the Visiting Nurse Association said that they are funded through a combination of Medicare and Medicaid funded. Hospitals are discharging people as soon as possible putting great stress on VNAs. She shared vacancy rates for different types of staff: personal care attendants 33%, nurses 25%, and LNAs 50%. She also supported creation of a data hub and increasing loan repayment and scholarships. She asked for a 10% Medicaid rate increase for long term care services and for skilled services they would like their Medicaid rates to be brought up to the Medicare payment rates.

House Human Services Hears Testimony from Parent's Group on Housing

Connie Woodberry of East Dummerston, parent to a 43 year old man with I/DD, reviewed her experience with the DS system over the years. Generally, the support of DAIL has been good, and she is very pleased with services from area providers, Upper Valley Services, Healthcare and Rehabilitation Services, and Families First. Mrs. Woodberry is a co-founder of Black Mountain Assisted Family Living (BMAFL) in Brattleboro, VT where her son and others reside in varying residential models. She voiced concern about the changes in state priorities, and overall health and stability of the I/DD system, which is at a "breaking point". She has seen individuals and families ignored, rate increases that don't cover inflation, and agencies forced to operate without sufficient funding. Mrs. Woodberry listed three requests: raise agency staff rates to allow for pay rate of \$20 per hour, create a permanent position at DAIL to oversee residential services, and prioritize training in trauma-informed care to address the years of trauma caused to people receiving services by budget cuts, upheavals, and staff and housing changes. In response to a question from Chairwoman Pugh, she stated that she feels the relationship has deteriorated and there is a marked lack of support from DAIL.

Andrea Murray of Yellow House in Middlebury reviewed the history of Yellow House and asked to be considered for a DAIL residential pilot project for "children not well-suited to the Shared Living Provider (SLP) model". She stated the System of Care creates an atmosphere of crisis—a person must face an imminent risk to health and safety to meet the designated funding priorities. Elise Hayden of Yellow House presented the Yellow House workforce development design which includes full- and part-time staff, and subcontractors, all of whom are paid higher than what the current Medicaid rate allows. Representative Wood noted the SLP model has been preferred because of cost efficiency, and does not require licensing, nursing staff, insurance, etc.

House Human Services reviews DAIL Living System of Care (SOCP)

Department of Disabilities Aging and Independent Living (DAIL) Commissioner Monica White outlined the DAIL staff vacancies over the past year, which are now all filled. Clare McFadden, retired Director of the Developmental Disabilities Services Division, reviewed the renewal process and current status of the System of Care Plan. After two extensions, the SOCP is expected to be completed by autumn of this year. Instead of the usual procedure of local systems of care developed by agencies, DAIL will solicit feedback directly from stakeholders and refer to feedback collected since the 2018 retreat. Representative McFaun asked if there was enough staff in the DDSD to assist the committee with draft legislation around housing options this year, and to request additional funding for services. Commissioner White apologized for lack of communication to families, committee, and stakeholders over the last year and committed to better and more proactive communication going forward. The stakeholder engagement process will be mapped out by April 15, 2022.

Medicaid does not allow a waitlist for services, and historically Vermont has been able to provide services for all. However, that is no longer the case due to the staffing shortage caused by underfunding. Medicaid is the only funding source available except for private pay. The state tries to honor individual's life choices within the parameters of the SOCP and available funding. Many people with developmental disabilities are capable of being their own guardian. Parents who are also legal guardians should represent the best interests of the person in service and have the right to make final decisions. Current residential models provided by the state are:

- Shared Living: the most cost effective for people who require 24-hour care
- Staffed Living: for significant medical or behavioral issues
- Group Living: for specific needs-less popular now
- Supervised Living: a person lives in own home with periodic staff assistance
- Home Supports: a person lives in family home with periodic staff assistance

Act 173 Testimony to the House Committee on Education

Dr. Shannon Newell, school psychologist and member of Vermont Association for School Psychologists (VASP) reviewed school psychologists' roles and responsibilities. Data shows that they spend 60% of their time on compliance related tasks and a minimum of time on consultation, academic interventions, and mental and behavioral health services. The recommended school psychologist to student ratio is 1:500, while in Vermont schools it is 1:1040.

Dr. Newell's suggestions to overcome barriers to implementing the practice model include: achieving the recommended ratio; ensuring job descriptions and performance evaluations align with the practice model; and for current stakeholders (e.g. Agency of Education, legislative committees) to utilize the knowledge of school psychologists when developing policies, procedures, and regulations. One recommendation for how to access additional funding is to make Vermont schools Medicaid eligible and reduce dependency on community providers. While in agreement that rule changes are crucial, a delay was requested so that schools have time to prepare so that roll-out occurs with minimum of harm or disruption to students.

Katie Ballard, Parent Advocate and parent of 2 children in special education services relayed concern with requests to delay only certain aspects of the rule change that largely include supports for special education students. Ms. Ballard urged the committee to proceed with the entire rules change, but if they consider a partial delay that to only delay sections that affect special education programs would be construed as discriminatory. It is understandable that delays are necessary due to COVID, and the challenges schools are facing, but she did hear concern about the burden or risk of harm to children from previous witnesses. Vermont is due to come into compliance with IDEA to ensure identification and access to services and for schools to have the resources to prevent harm that the adverse effect model can cause by misdiagnosed learning disabilities

House Human Services Learns about Opioid Settlement

Monica Hutt, Chief Prevention Officer, Office of the Governor and Josh Diamond, Assistant Attorney General provided background on various settlement funds coming to Vermont for addiction services. An advisory committee with state and municipal representatives, including members with lived experience will be established to advise on expenditures. The funds may be used for:

- (1) treatment of opioid use disorder;
- (2) support for individuals in treatment and recovery;
- (3) connecting individuals who need help to the help needed;
- (4) addressing the needs of criminal justice-involved persons;

- (5) addressing the needs of pregnant or parenting individuals and their families, including babies with neonatal abstinence syndrome;
- (6) preventing overprescribing and ensuring appropriate prescribing and dispensing of opioids;
- (7) preventing the misuse of opioids;
- (8) preventing overdose deaths and other harms;
- (9) educating law enforcement and other first responders regarding appropriate practices and precaution when dealing with fentanyl or other drugs and providing wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events;
- (10) supporting efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic;
- (11) researching opioid abatement;
- (12) implementing other evidence-based or evidence-informed programs or strategies that support prevention, harm reduction, treatment, or recovery of opioid use disorder and any co-occurring substance use or mental health disorder;

Committee Chair Pugh said she plans to finalize bill after town meeting, but before cross over week.

Plan to Participate in these Advocacy Events

Save the Date! Vermont Disability Awareness Day

“Open to Change, Open to All” VCDR 2022 Platform Presentation

Wednesday, February 16 5:30-7:00 pm – Zoom

Join VCDR members and others from the disability community as we present our legislative priorities and share our stories about important issues. “COVID has challenged us to find ways to respond to new challenges with high expectations and a commitment to make sure that our best hopes for the future are Open to All.” Deborah Lisi-Baker

Registration Link: <https://tinyurl.com/VCDRPresentation> This event will have ASL interpretation and live captioning Contact: Nick Morlan Nick@vcil.org or Call 802-224-1820

Vermont Disability Awareness Day will be observed in a three-part series. Save these dates and watch for announcements coming soon:

- Feb. 16 at 5:30 p.m. Legislators and people with disabilities are invited to talk about the Vermont Coalition for Disability Rights platform and its broader issues.
- March 15th at 10:00 a.m. Home and housing is a high-priority topic at this moment in Vermont history. Format and details TBA
- April 13th – Time and keynote speaker TBA

Recovery Day 2022

Wednesday, February 16th, 9am - 1pm

Register here: <https://recoveryvermont.org/recovery-day-2022/>

Recovery Vermont invites you to join us for **Recovery Day**, an annual advocacy celebration to honor the power of addiction recovery. Recovery Day will be held on **Wednesday, February 16th from 9am to 1pm on Zoom**. Recovery Day is for everyone – from recovery supporters to people who are curious about their own recovery. Join us for a day of networking, testimony, personal stories, and recovery resources

from around the state. **We will hear from Vermont's political leaders:** Governor Philip B Scott, Lt. Governor Molly Gray, Senate Pro Tem Becca Balint, VT Speaker of the House Jill Krowinski, Attorney General TJ Donovan, US Senator Patrick Leahy, US Senator Bernie Sanders, and US Representative Peter Welch. We will also hear from Vermont's Recovery Centers, and statewide recovery resources such as recovery housing, employment, corrections, and more. Awards will be presented to champions and leaders in the recovery movement. In 2022, more than ever, the community must join together to support those struggling and in need. Although we cannot physically gather together at the Statehouse in person this year, we will come together online to celebrate the work of this amazing community!

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.

