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Legislative Update for February 8, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

Sign up for Public Hearings on the fiscal year 2023 (FY23) Budget February 8th and 9th

“The Vermont House and Senate Committees on Appropriations will hold two Public/Advocate Hearings on the Governor’s Recommended FY 2023 State Budget on Tuesday, February 8, 2022, at 6:00 p.m. – 8:00 p.m. and Wednesday, February 9, 2022, at 3:00 p.m. to 5:00 p.m. by (Zoom. All are welcome to testify. Anyone interested in testifying should sign-up in advance of the hearings through ONE of the online forms no later than 5:00 p.m. on February 7, 2022. Link to form to sign-up for February 8, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-8> Link to form to sign-up for February 9, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-9> Both hearings will be available to watch live on YouTube at the following link: <https://legislature.vermont.gov/committee/streaming/vermont-joint-fiscal> or on your local Vermont Access community cable channel. For more information about the format of these events, contact Chrissy Gilhuly at cgilhuly@leg.state.vt.us or Theresa Utton-Jerman at tutton@leg.state.vt.us or call 802-828-2295 or tollfree within Vermont at 1-800-322-5616 (responses to phone calls may be delayed). Written testimony is encouraged and can be submitted electronically to Chrissy or Theresa through e-mail or mailed to the House and Senate Committee on Appropriations, c/o Joint Fiscal Office, 1 Baldwin Street, Montpelier, VT 05633-5701”.

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 Appropriation Committee Finalize Budget Adjustment Act

The Senate Appropriations Committee chose to listen to the Administration and returned the language on one-time funding for workforce retention and stabilization to the original proposal to allocate the funds according to the original process proposed which meets the federal requirements for the

distribution of the funds. They are going to require staff receiving the funds to make a commitment to 12-months of employment. They did agree to the \$60 million funding level set by the House which is above the level proposed by the Administration. Additionally, they expanded the range of providers that may apply for the funds. The House language for the funds directs the Agency of Human Services to allocate funds based on the number of employees with the goal of \$3,000 per employee that could be reduced if the number of total employees doesn't allow for that level of funding. The House language enables each agency receiving the funds to have flexibility in how they are used.

Among the changes from the House-passed bill was a \$150,000 allocation to the Agency of Education for the vaccine incentive program for recognized and approved independent schools. These schools are not eligible to receive ESSER funds. The bill subsequently was approved by the full Senate. It now goes to a conference committee to reconcile the House and Senate versions.

After the Senate passes the bill early this week, it is likely that the House will not accept the Senate's version of it and then there will be a conference committee formed to work through the differences such as this one. Vermont Care Partners would like to preserve the flexibility to use the funds for hazard pay, overtime and shift differentials, rather than only for retention payments.

Agency of Human Services Provides Senate Appropriations Committee with FY23 Budget Overview

The Secretary of Human Services Jenney Samuelson highlighted several funding initiatives included in the Governor's budget proposal for FY23 including:

- \$7.0M general fund (GF) for a 3% rate increase to DAs/SSAs and ACCS/HCBS providers
- \$8.0M GF at VDH for the expansion of SUD services and prevention activities
- \$4.2M GF at DMH for Mobile Response expansion and Suicide prevention

Senator Kitchel noted that a 10% rate increase is being requested by designated agencies and that we have a system of care in crisis. She did not see how these investments solve the crisis. She said, "this is unrealistic." The Committee also expressed concern about the foster care system, justice reinvestments and the prisons.

In reply, Secretary Samuelson spoke about the investment made to DA/SSAs during the pandemic to maintain stability of the system of care. She also suggested that developing community certified community behavioral health clinics (CCBHCs) may address funding issues in the future.

Senate Appropriations Committee Reviews DAIL FY23 Budget Request

Commissioner Monica White, DAIL Finance Director Bill Kelly and Deputy Commissioner Megan Tierney-Ward along with AHS CFO Rich Donahey presented the FY23 budget request for the Department of Disabilities, Aging and Independent Living (DAIL). The Commissioner reviewed the increases in Guardianship and Adult Protective Services positions of two each. There is a small increase for the independent direct support professionals, as well as a 3% rate increase for choices for care and intellectual/developmental disabilities (I/DD). Senator Starr wondered if people can hire at the wages that are going up from \$12.05 to only \$12.80. He noted that at these wages the workers will need public benefits. Commissioner White said that pay level is the minimum requirement and there are ongoing negotiations with the union. In relation to the Choices for Care program, Senator Sears questioned if the 3% rate increase is sufficient. He said, "I don't know how they are going to survive. 3% is not realistic. Our budget does not reflect the problems that people are having with finding people to work". Senator Kitchel mentioned that state employee salary disparities with community providers is continuing to grow. Senator Westman, Sears and Kitchel all agreed about the workforce challenges.

Senator Kitchel said we need to make decisions about our core services and what we need to fund in the long term. There is \$8.4 million in the DAIL request for the 3% rate increase for I/DD services.

For I/DD services the request for new caseload is \$7 million for an expected increase of 341 individuals. The public safety Act 248 caseload is expected to increase by 13 people with a requested appropriation of \$896,000. There is an increase for the contracted independent support workers, too. This change is annualizing the last negotiation. Further adjustments are being negotiated and will show up in the FY23 budget adjustment request. Senator Kitchel asked for an update on COIFCM and the capacity of DA/SSAs to take on that work. Commissioner White shared that CMS did not support the Choice model proposed by DAIL as of October. AHS and DVHA have submitted a proposed workplan to CMS to come into compliance in a 5-year period. There will be robust stakeholder engagement process. FMAP funds will be used to hire a contractor to work on COIFCM for multiple departments with DVHA leading the effort. Senator Westman will be working on the details of this budget.

Senate Appropriations Committee Reviews ADAP FY23 Budget Request

Department of Health Commissioner Levine, Deputy Commissioner Kelly Dougherty, and Anna Swenson Financial Services Director presented the Department of Health FY23 budget request. Deputy Commissioner Kelly Dougherty presented the \$8 million substance use disorder initiative. It includes \$3.5 million for prevention coalitions and infrastructure. The intent is to develop a statewide prevention coalition structure. There are three coalitions that have separate federal funding. The coalitions work to address risk factors to prevent substance use. Senator Kitchel was wondering about the metrics to measure the success of the coalitions. She said they are looking at this in relationship with the need to better fund services. The Deputy Commissioner said when the investment in prevention goes down that the outcomes have worsen. Senator Westman asked about funding for the recovery centers and was told that they received \$500,000 last year in one-time funds, but no new money in the FY23 budget. There is also \$3.7 million for substance use disorder residential treatment and recovery residences options, including 15 lower-level beds and additional recovery residences for pregnant and parenting people. There will be 8 new sobering beds for people who relapse while residing in substance-free recovery residences, plus 36 new beds in a supportive sober environment. Medication Assistance Treatment will be allowed in residential programs funded by the Department of Health. She said the sobering beds could be an expansion of the existing public inebriate beds. Finally, \$270,000 for SUD employment services is proposed, specifically 1 full time equivalent (FTE) vocational rehabilitation counselor at the Burlington Turning Point Center, 1 FTE at VABIR for job placement and a .5 FTE at employee assistance program to provide support. The goal is to serve 100 people a year. There is \$500,000 for Jenna's House in Johnson Vermont that will support recovery housing and employment assistance. They would house 30 – 50 people a year and employ 25 - 45 people in Johnson and up to 50 in surrounding towns. This is all general fund and VDH said the expectation that this funding will be ongoing for 3 years.

House Health Care Continues Testimony on Mental Health Budget

The House Health Care Committee had the Department of Mental Health return to the Committee to discuss their budget and address questions posed during previous testimony. Deputy Commissioner Alison Kompf began by discussing funding provided to the Brattleboro Retreat and shared that the State has referred travelers to the retreat to support their workforce shortfalls which have reduced their ability to provide inpatient services. This week the Retreat is increasing access to adolescents to 10 out of their 18 beds with the supports provided by the State. This is starting to reduce the backup of youth in emergency departments. Deputy Commissioner Kompf shared information on the RFP released by DMH to develop an adolescent inpatient unit with integrated medical care.

Chair Lippert asked for an update on the secure residential and if it has flexibility in serving people with varied needs in the two wings of the facility. Legal Counsel Karen Barber said that the Department of Building and Grounds will continue to the original layout. Each wing will be separate but have shared programming space. One wing can have the fire doors that open while the other wing can be kept more secure. Interior design work is in progress and stakeholders will provide feedback when the design is developed. Representative Donahue expressed concern that DMH stuck with the original design and did not respond to the language in the capital bill to accommodate the flexibility of people with different needs or to meet with stakeholders to discuss the legislative intent. Chair Lippert also expressed his disappointment that the legislation language was not implemented. but noted that the leadership of DMH has changed. Karen Barber replied that meetings with stakeholders did occur.

Deputy Commissioner Krompf shared information on the RFI process for reducing inpatient utilization: WCMHS wants to serve aging adults; CSAC is interested in a developing a living room model and mobile crisis response; and the northeast kingdom has citizens who are interested in developing a crisis response program, as well as a proposal for peer-based care. DMH may develop an RFP that includes peer-based components for these options. The Department is looking at whether agencies have capacity to develop new services using criteria from the 10-year vision and they are looking at what communities want. DMH listed options that agencies could choose from: Cahoots, mobile response, PUCK and the living room model. Representative Donahue wondered why DMH isn't funding DA mobile crisis services so they can better meet the needs rather than issuing an RFP for new services. She also asked about the federal crisis planning grant. Krompf said she expects that the crisis teams will use these resources to expand on their crisis teams but DMH did not want to tie their hands if the community has different needs. The new federal planning grant will be used to evaluate what is going on and how the resources fit together. Representative Donahue was relieved that there would be a master plan to look statewide at crisis services.

Representative Donahue asked if this information will be worked into the University of Vermont Health Network planning for the expansion of inpatient beds. Alison said they are open to factoring in the development of more crisis resources into their planning. Representative Donahue asked about the potential cost to Medicaid of expanding the beds in the state. She is interested in the long-term budget trajectory and is concerned about the State being locked into future expenditures in the context of community verses inpatient Medicaid funding.

The Committee asked about the status of the \$4 million for housing and facility investments. Shannon Thompson said they are working through an application process and hope to get applications out soon. Chair Lippert expressed some frustration that the funds were appropriated to address urgent needs and have been slow to get out. The Committee was told the tuition assistance and loan repayment funds are flowing and a report will be available in March.

House Human Services Receives Overview of Vermont Development Disabilities Act

Legislative Counsel Katie McLinn provided the House Human Services Committee with an overview of the Vermont Developmental Disabilities Act (DD Act) which was enacted in 1995 and was only amended twice, in 2005 and 2013. The PowerPoint slide presentation is [here](#).

Counsel McLinn reviewed sections 8723-8733, specifically around the purpose of the DD Act, DAIL duties, principles of service and the System of Care plan. The System of Care plan must be updated and adopted by DAIL every 3 years. DAIL must also report annually to the Governor and General Assembly on "the implementation of the plan, extent to which principles of service are achieved, and whether

people with a developmental disability have any unmet service needs (including the number of people on waiting lists for services)”. Representative Wood noted that DAIL requested an extension on this report to February 15, 2022. Presently the adoption of the System of Care plan is 2 years overdue, going into the 3rd year. The last adoption was 5 years ago. In answer to a question from previous testimony, there is no language in the statute that addresses granting an extension or consequence for not doing so. Chairwoman Pugh notes that the DAIL sent an email requesting an extension, which was granted by Senator Ginny Lyons in July 2021.

Counsel McLinn reviewed the rule-making procedure. Any rule changes must go to the Advisory Board which is to be comprised of 15 members appointed by the Governor for 3-year terms, with membership of 5 recipients, 5 advocates, and 5 professionals with expertise in the area of developmental disabilities. Representative Wood received a memo from Commissioner White last week in response to Developmental Disabilities Council testimony explaining that the Advisory Board is known as the Developmental Services State Standing Committee, which meets monthly. Regarding the System of Care plan, the State Standing Committee advised the Commissioner to seek an extension of one year. Representative Wood explained that developmental services provided in Vermont need to be enumerated within System of Care plan, the DAIL budget and resources, and individuals’ plan of service. Counsel McLinn agreed and added that the DD Act provides guardrails for what can be requested. Chairwoman Pugh closed by saying the system is challenging because not everyone has the same skills, desires, needs, nor can they be delivered in the same kind of setting. Vermont has been looked at positively at a national and international level for how services are managed. Representative Wood agreed that Vermont was once “considered the best community-based system in the country, that is no longer the case”.

Parents Share Experience with Developmental Disabilities System with the House Human Services

Nancy and David Lacroix are the parents of an adult son with autism, communication barriers and behavioral needs, who lives in an apartment attached to their family home. They currently self-manage their son’s waiver with support from Transition II and Washington County Mental Health Services. Mr. and Mrs. Lacroix shared their experience in advocating for residential and behavioral supports over the last 16 months, which included multiple questions to DAIL and the Designate Agency (DA) about funding, calculating staff pay and denied requests and appeals. The Lacroix’s would prefer that their son stay in his home with 24-hour staff support but would be open to a group home setting nearby. They are prepared to pursue all avenues to support their son including legal action and would like to see the System of Care plan revised to include expanded residential options for individuals with higher level needs.

Barbara Lee is the parent of a 33-year-old daughter with Intellectual and Developmental Disabilities. Mrs. Lee is involved with a grassroots initiative for parents of adult I/DD children with high support needs and who they believe require 24/7, one-on-one staff support. The parents’ group is asking for a review of DAIL responsibilities to individuals and families around service provision. Mrs. Lee shared that the group is conducting a nationwide search for alternative housing models beyond the Vermont shared living model, including the L’Arche communities, a faith-based international residential non-profit. They have explored intentional communities in Middlebury (Yellow House) and Hardwick (Heartbeat), neither of which are equipped or funded to provide 24-hour support. Representative Wood asked if the group has received any support from DAIL to which Mrs. Lee replied they have consulted with community partners included Designated Agencies and Champlain Housing Trust but have not had a response from DAIL. Representative Wood mused “we’d hope that DAIL would be doing what you’re doing.”

House Human Services Receives Overview of the Designated Agency (DA) I/DD Services

The House Human Services Committee received an overview of the DA/SSA I/DD service system from Burlington to Bennington from Dawn Danner and Beth Sightler.

Dawn Danner, Director of Developmental Services at United Counseling Service in Bennington started with a general overview of the community-based developmental services delivered by DA/SSAs. Services include person-centered planning around residential, case management, medical oversight, community support, respite, behavioral and communication support, and employment support. Most residential placements are in shared living homes, while a successful option for many, it is not for all. She said the agencies recognize a need to expand non-congregate housing choices.

The DA/SSAs must follow all state and federal (Medicaid) regulations, the Vermont Developmental Disabilities Act, local and state System of Care, and extensive quality measures. Individuals receiving services must meet state eligibility requirements including a system of care priority (health and safety, risk of institutionalization, employment, public safety). Individual funding decisions follow a process from needs assessment to the DA/SSA to a local review to a state equity review to final approval from the Director of Vermont Developmental Disabilities Services Division. Dawn recognized the monumental responsibilities and performance of service coordinators during the pandemic: they have conducted safe home visits, handled multiple crises, maintained contact with people and families, covered direct services, and assisted people to maintain physical and mental health on top of substantial administrative duties.

Representative Wood asked about the agency role in System of Care planning, which involves DAs/SSAs to draft local systems of care plans with broad stakeholder input for identification and development of local goals.

Beth Sightler, Executive Director at Champlain Community Services in Colchester shared that the developmental services system of care is in crisis, with staff turnover at 45% and vacancy rate from 24% to 35%. At CCS, the frontline vacancy reached 60%. Staff who remain are exhausted and feel hopeless, and people in services are experiencing an uptick in mental health issues, loss of skills, anxiety, and isolation. The most important priority at this moment is the workforce. From a recent survey of Developmental Service Professionals (DSP), more than 50% reported that they can't live on their salary, and just under 50% plan to leave the profession due to low wages. At a current pay average of \$14-\$16/hr., the proposed 3% increase in the governor's budget will result in only a \$.42 increase. For agencies like CCS who have raised their wages, \$20/hour is a baseline necessary to get applicants in the door. Agencies that have raised their wages to lesser amounts have not seen an increase in hiring. Because of staffing shortages group homes, respite and crisis beds have closed, including the Francis Foundation which served some of the most challenging people in the state, who are now served by local DAs. The system does not have funding to support a staffing model for people with high needs. There is nowhere to turn for back-up in a crisis except for the hospital emergency department. The Vermont Care Partners network of agencies is requesting a 10% increase which will put them closer to the \$20/hour mark, including compression and shared living provider stipends. We are asking that DA/SSA rate increases be aligned with state employee, healthcare and education staff increases. Chairwoman Pugh noted that the Committee is aware the system is in crisis and asked "what can we do differently, or stop doing in response to the needs of individuals with disabilities? What is missing from the system, if you were starting a new or different activity or program? Executive Director Sightler said while a rate increase is the highest priority, other helpful resources include housing vouchers, creative housing options, return to the philosophy of community integration that has stalled, and elevation of the DS system to equal status with other parts of the system. Representative Rosenquist asked if given

adequate funding, are there enough sufficiently trained applicants to meet the need? Yes, replied Beth, we have seen that with the strong uptick in resumes after advertising a pay increase.

House Health Care Take Testimony of Mental Health Advocacy Day

Laurie Emerson, Executive Director NAMI-VT, spoke about mental health advocacy day which had over 300 people in attendance. She shared information on 988 which will be implemented in July 2022 and the need for mobile crisis teams and crisis stabilization options, such as PUCK and adult models for crisis stabilization centers, including peer-operated centers. She also called for more stepdown options after stabilization. She acknowledged the need to address the workforce crisis.

Daniel Franklin of VAMHAR, also known as Recovery Vermont, an organization that certifies recovery coaches and advocates for recovery and mental health supports spoke to the value of peer support for recovery. He said, peers are the answer to our workforce crisis. He asked the Committee to uplift the peer-professionals to the extent possible. He called for “Holistic, long term systematic and systemic fixes that will heal our people and communities.”

Karim Chapman, Executive Director of Vermont Psychiatric Survivors, said they are here to support people where they need it. He said it’s time to work together. Peer support is powerful. It’s time to get it right because there are people who are suffering. He is seeking support for two peer-related bills, S.194 which calls for peer-operated respite centers and S.195 which develops certification for peers as mental health professionals.

Margaret Joyal, Director of Outpatient Services of WCMHS, described their outpatient services which have developed a wellness collaborative with group and individualized services, a trauma treatment program, a reentry program with a residential program, as well as psychotherapy in homes, hotels, encampments and where people need us. She explained that we do this work because it’s what our community needs. There are 35 staff with different expertise at the WCMHS outpatient program. They assist people in accessing housing and food because too many people don’t have sufficient access to it. She would like to see further progress in developing housing options. She said the caseloads are too high at 40 – 50 per staff person, and outpatient services always run at a deficit because 10% of the population are uninsured and 10% are underinsured. Now with COVID raising demand and growing workforce challenges, the waitlist has skyrocketed to as high as 140 adults since last summer, with an additional 30 children waiting for services. Unfortunately, there is only a fixed amount of funding available.

Robert Althoff, MD, a child and adolescent psychologist from The UVM Medical Center (UVMHC), said that patients and families are feeling the burden of the COVID crisis. Its overwhelming outpatient service and leading to people lining up at the emergency department (ED) waiting for inpatient beds. They have added additional psychiatrists to the UVMHC emergency department. They have piloted some programs to admit youth instead of having them wait in the ED. They are using all the beds available throughout the pandemic by hiring traveling nurses, psychiatrists and mental health specialists. Step-down, step-up and peer supports will be part of the planning going forward. UVMHC is committed to working with DA/SSAs, patients and families.

Matt Habedank, NCSS Director of Children’s Services spoke about the ongoing impact of the pandemic and workforce crisis on our children. There has been a dramatic increase in anxiety and depression, at the same time there has been reduced school engagement, academic achievement, sense of community and empathy. He explained that we don’t have appropriate resources to meet the needs, particularly due to vacancy rates averaging 20%. In his region there are 5 schools waiting for staff to be hired, which

is impacting 125 children who are not receiving needed mental health services. Educators are feeling overwhelmed without needed support. The Autism program has dropped from 32 to 16 students, with 8 students waiting for services. When schools try to handle care themselves the results for the children are problematic. His staff with master's degrees are earning less than \$40,000 which is not acceptable, especially for staff who are passionate about the work. These services are needed to stabilize students; robust services are vital to make up for the ground they lost.

Gretchen Alias, a mother of a school-aged daughter and the Executive Director of Good Beginnings Central Vermont, testified that peri-natal mood or anxiety disorders can affect up to 1 in 5 Moms and 1 in 10 Dads. Symptoms can take many forms. The pandemic has made it hard to access mental health services, but Good Beginnings provides social support which can reduce the need for mental health services. They support increased support for the mental health system, as well as other community supports. She would like more attention brought to health inequities, too.

Sandi Yandow, Interim Executive Director of Vermont Federation of Families for Children's Mental Health, said that specialized structures and training are necessary for peer services. She said families with children with mental health conditions and disabilities have highest risk of child welfare involvement. There is a critical need for families to have peer support. There had been a plan to have a parent representative help families navigate services in every region, currently only 4 – 5 people are in this role.

Mental Health Advocacy Day Testimony at House Corrections and Institutions

Kirke McVay, President of Vermont Mental Health Counselor's Association, focused on the issue of mental health for people in corrections. He testified that inmates would like more counseling. He shared that he was cut off from working with clients who want to continue to see him due to lack of reimbursement. McVay has tried to pursue this with multiple Corrections Commissioners. The Committee noted that inmate services are paid for by the State, rather than Medicaid or Medicare. Members of the Committee wondered if this could be addressed by a subcontractor relationship with Vitalcore, DOC's medical subcontractor. Chair Alice Emmons noted that the therapeutic relationship is one of trust. McVay praised Pathways Vermont for the great job they've done with some of the people who have come out of corrections.

Danielle Cayton, Program Director of Substance Use and Criminal Justice Programs at Clara Martin Center, testified about the crucial role of telemedicine during the pandemic. "We couldn't have supported people without that flexibility." Cayton also reflected on fatal overdoses in 2021. Benefits of telehealth included: reduced COVID transition; increased access to care; convenience to clients who have work demands; reduced barriers around childcare issues; and increased access to Buprenorphine throughout the pandemic. Telemedicine cannot and should not replace in-person services. Client preference is important, and providers need to support people who need physical harm reduction materials, access to confidential space, and who don't have broadband. In response to a question about criminal justice services, Cayton noted there used to be funding for assessments in correctional settings before discharge. Connecting after discharge is "already too late."

Meaghan Holmsten, Director of Children and Youth Residential Programs at WCMHS, also testified. WCMHS operates 20 beds in 6 locations. Many youth are involved in the justice system. About two years ago, DCF came to WCMHS about a two-bed program for kids who would otherwise have been at Woodside, but for high-end mental health acuity. They developed the Turtle Rock program. Kids in that program have done well. "We look at them as who they are, and not their crimes," Holmsten said. She noted that at age 17, some youth come in with 35 different charges. Holmsten noted that WCMHS also

has an assessment program that was built to serve kids who would otherwise be in Emergency Departments [EDs], but it's temporarily shut down due to staffing shortages. WCMHS would like to be able to serve as many as kids as possible within the system.

Holmsten noted that Turtle Rock is a “no eject and no reject program.” There is a 72-hour emergency clause in the contract that they haven't needed to invoke. She reported very minimal behavioral concerns when kids are at Turtle Rock. Holmsten noted that “we can't do an adult model and put kids in it.” The Committee was very interested to hear Holmsten's thoughts on how to resource the needs of justice-involved youth in crisis. They asked how many beds would make sense as a maximum. Holmsten would recommend a smaller setting and smaller staff ratio, such as three beds per region. She suggested not more than four or five. She also cited the placement crisis in the DCF system. “We've had a lot of kids coming from the DS world because there is nothing for them.” Holmsten emphasized kids are getting sent out of state because the in-state resources are closing due to lack of staffing.

Mental Health Advocacy Day and Mental Health Bills in Senate Health and Welfare

Senate Health and Welfare took testimony from an array of providers on three bills that address peer respite programs, peer certification, and a mobile response crisis workgroup. Kristin Chandler, Team Two Program Coordinator, testified that she's seen a wide array of programs in different places and what is consistent from both police and mental health clinicians is that they need more resources. She also extolled peer respite. She believes that a statewide workgroup should take into consideration that the viability of certain initiatives is going to depend on the region. The workgroup has to have manageable numbers and “people who are actually doing crisis [Emergency Services providers] need to be there.” She alerted the Committee to challenges with the new Use of Force policy. Mental health workers and EMTs are trying to figure out if they are to respond if law enforcement chooses not to respond. Team Two scenario-based training has helped build relationships of over 650 police officers and 450 mental health clinicians.

Deputy Commissioner Alison Krompf and Laurel Omland, Director of Child and Adolescent Family Unit, testified about some of DMH's current efforts and initiatives as it relates to these three bills. They put \$30,000 in the Budget Adjustment Act to fund the peer certification process. Omland shared that with ARPA there was an opportunity for a new Medicaid state plan option to cover community-based mobile crisis services. Center for Medicare and Medicaid Services [CMS] is offering an enhanced 85% Medicaid match through 2024. DVHA applied for a state planning grant to prepare for expansion. The State received \$950,000 and contracted with Health Management Associations for this work. The remainder of funds will go for trainings. ADAP, DAIL, DCF, and the Department of Public Safety all are involved. Chair Lyons said, “my concern is that DMH plays the leadership role.”

Dr. Haley McGowan, a Child Psychiatrist at UVM's Emergency Department, testified about the challenges of long ED stays for children and youth. Eleven youth were waiting that morning with an average length of stay of 11.2 days. She noted, “It's heartbreaking...we spend time with First Call cobbling together insufficient plans.” Youth are trapped in a countertherapeutic environment. She noted that the UVM region has high volume, but also lots of resources. Vermont is lacking in a continuum of care with partial hospitalization, intensive outpatient programs and more brief crisis stabilization programs, such as PUCK. “Many people who we see don't need psychiatry,” she said. “They need residential counselors, respite, crisis counselors, mobile outreach” and yet it is grueling work and she is “shocked at how much community providers are compensated.” Acknowledging school-based services, she said that families “have to open a million little doors” to get to the right set of services.

Karen Kurrle, Intensive Care Services Director at WCMHS and Chair of the VCP Emergency Services Group, testified about long waits in Central Vermont Medical Center. Currently there is a 14-year-old who has been waiting 18 days and a 16-year-old who has waited 14 days. Kurrle stressed that good communication between responding providers is of vital importance. Noting that one of her screeners is considering working at the hospital for \$15,000 more, she said “we could stabilize if we could pay more.” She spoke of the immense success of the mental health crisis response clinician position shared between Barre and Montpelier and extolled the value of Team Two to promote respectful collaboration. Kurrle also spoke of the immense staffing crises in crisis bed programs, noting that the WCMHS Crisis Bed, they had had to decrease the census. Pay is \$17.34 per hour. “If we could pay more, we could open more beds,” she said.

The Committee heard from Zachary Hughes, Assistant Team Leader of Maple House, Tina Manning, Director of Maple House, and Penny Martin, Director of Recovery and Peer Services for WCMHS on the subject of peer services. WCMHS has employed peer staff for 30 years. 20% of staff in the Community Support Program are peers. These staff have provided 26,000 services in the last three fiscal years. Peer staff are trained in Intentional Peer Support, Welly, and are part of the grievance process. Martin noted that WCMHS would be a great asset in creating a peer certification program in Vermont. Hughes described Maple House, a peer-run crisis bed operated within a designated agency. Maple House has been in operation since 2013 and has served 260 unique individuals. It has diverted the need for higher levels of care, has over 70% occupancy, and is managed by peers. Maple House just moved to be adjacent to Sunrise House and is now taking higher acuity guests.

Dan Towle, Psychiatric Survivor and NAMI volunteer, testified about the need to reform Vermont’s crisis response system. He said that certain jurisdictions are considering taking the next step: adding peers as the third leg of the stool in crisis work. He also shared some of his personal story and talked about the value of Another Way as a lifeline when he first came to Montpelier.

Christie Everett, Director of Operations at Clara Martin Center, testified on behalf of the community mental health system for Mental Health Advocacy Day. She noted that there are thousands of open positions across the network. At Clara Martin Center, there are 43 full-time openings out of 143 positions. This is caused by “strictly an inability to offer non-competitive wages.” Noting the 3% rate increase in the Governor’s budget, she said the system needs a 10% rate increase. Everett also provided information about the CCBHC model, which she described as equivalent to an FQHC, with higher Medicaid rates for Emergency Services. Clara Martin Center did 3,733 services that the grant allowed them to fund above and beyond what they were otherwise able to fund, including transportation and nursing.

Mental Health Advocacy Day Testimony in House Education

The House Education Committee heard testimony on issues related to student mental health. Alex Lehning, Executive Director of the Vermont Cooperative for Practice Improvement and Innovation, testified that increased mental health supports are needed on campus due to the impacts of the pandemic on college age students. His recommendations include: access to unlimited interstate mental health visits via telehealth (expansion of Act 6 services); resources and funding for peer mental health support at Vermont’s colleges and universities; workforce development incentives and scholarships for behavioral health providers; promotion of mental health equity and access to culturally-affirming care; increased accessibility/disability services integration; support for access to supervision for pre-licensure mental health professionals (as laid out in H661).

Courtney Slobodnjak, the President of the Vermont Mental Health Counselors' Association, shared concern about special education funding reform and the potential impact for students who receive services from school-based clinicians. She said many school-based clinicians in her region have a second job. Some of the school-based clinicians in her region used to be employed by designated agencies but now all are employed by schools. She sees benefits and downsides. She affirmed that there is a shortage of access to psychiatry for students, and that many students have to go through their primary care provider. Kristy Hommel from NAMI shared information about NAMI's Ending the Silence Program.

DMH and Department of Buildings and General Services [BGS] Update on Secure Residential

Karen Barber, General Counsel for DMH, Shannon Thompson, Finance Director, and Jennifer Fitch from BGS, provided an update to Senate Institutions on the construction related to the new secure residential facility being built in Essex at the former Woodside facility. Barber described that this facility targets a small number of people who, due to clinical presentation and safety risk, are not ready to live in the community after they discharge from the hospital. She noted that this facility replaces the temporary facility located in Middlesex that is "not an ideal clinical space." Residents are involuntarily in the custody of the DMH Commissioner on an order of non-hospitalization (ONH), whereby the court has found no lesser restrictive environment is appropriate. Barber noted that the average length of stay is about 10 months, and the goal is to transition, stabilize and return to living in the community.

DMH will need to go back to the Green Mountain Care Board, who regulates healthcare facilities and initially approved the certificate of need, because there has been a significant increase in the building costs. Fitch noted that this project was initially budgeted at \$16.1 million and is now at \$19.1 million, an 18% increase. The project is on schedule. They expect construction to be completed in December and occupancy to begin the first quarter of 2023. Significant industry-wide increases in construction costs are driven by three factors: increases in costs of materials, workforce shortages, and supply chain irregularities. Project Engineer Tabrena Karish shared photos from the construction site. There were no questions.

Senate Health and Welfare Committee Learns about Choices for Care and the Blueprint for Health

Senate Health and Welfare began deliberations on their committee bill S.285 whose intent is to extend the Blueprint for Health and the Choices for Care moderate needs program. Angela Smith-Dieng, the Director of the Adult Services at DAIL, shared some challenges and opportunities related to Choices for Care program. She testified that the Choices for Care "Moderate Needs Group" program is an option for individuals who do not meet nursing home level of care but may benefit from one or more services to assist them to remain independent in their home. The moderate needs option is not an "entitlement" like Choices for Care High/Highest needs. The moderate needs program served 1,220 people total in State Fiscal Year 2021 with \$3.6 million. There is a waitlist for services and DAIL is looking to start triaging applicants based on need instead of accepting applicant based on chronological order. Given the workforce challenges, she is not optimistic about expanding services, but she is interested in increasing the flexibility of the services, for instance, allowing payments for family caregivers.

John Saroyan, the new Director for the Blueprint for Health and Ena Backus, the State Health Reform Director presented on the Blueprint. She sees opportunities to leverage the infrastructure to improve integration of medical care with mental health and substance use disorder (SUD) services. Ena said it is a patient centered program supported by community health teams with all payers supporting it with per member per month payments for primary care physicians for meeting NCQA standards for health homes. The program expanded to support the hub and spoke model. Ena acknowledged that there is room for improvement. There is also a women's health initiative for optimizing reproductive health.

These programs don't have all payer participation. Josh Slen recommended doing a state analysis of care coordination entities and further data collection to prove the value of the Blueprint to private insurers. Senator Hardy does not see immediate actions that would make the Blueprint more responsive to critical needs like the opioid epidemic. Senator Lyons wants to expand the Blueprint to address preventative mental health.

House Human Services Receives Overview of Alcohol and Drug Abuse Programs FY23 Budget Request

Mark Levine, Commissioner of AHS and Kelly Dougherty, Deputy Commissioner for Alcohol and Drug Abuse Programs (ADAP) gave an overview of the FY23 budget request. The Administration is requesting an additional \$11.04 million above the \$54.39 million approved in FY22. Deputy Commissioner Dougherty highlighted increased funding for regional prevention partnerships to expand prevention services and to evaluate need and develop strategies for mitigation of substance misuse. Chittenden, Windham, and Addison Counties secure their own funding and are not a part of this. They are also requesting \$3.7 million to fund 36 additional new beds for the treatment of SUD including step-down beds from residential treatment services, as well as creating more options for varying levels of treatment, typically less acute. Beds would also include treatment for families/parents with young children. Also, this funding would be used for an additional eight beds, state-wide, for short term stabilization. Specifically, if an individual at a recovery residence (sober house) were to relapse, these beds would provide treatment services to help stabilize the individual and get them back on track and back into the residence. The Department is requesting \$270,000 to assist with employment services for individual suffering with SUD. These funds would be split between the Turning Point of Chittenden County, VABIR and an employment assistance provider and would serve 100 people. Finally, ADAP wants \$500k each year for three years to supplement the efforts by Jenna's House in Johnson for additional beds for 30 – 50 individuals per year and employment services to support up to 50 people per year.

House Education Committee Considers Act 173 Census Block Grant Funding

The House Committee on Education heard testimony on Act 173 Census Block Grant which would enhance the effectiveness, availability, and equity of services provided to all students who require additional support in Vermont's schools. Brad James, Director of Agency of Education provided gross estimates of how much of the block grant would be available versus what schools will spend, with a caution that numbers are based on service plans from FY20, and true costs will be accounted this year. The estimates do not apply to the entire special education system, only the mainstream block grant and the special education expenditure, which will be affected by the census block grant. With these estimates, some schools would lose significant amounts of funding.

Mary Lundean, past president of the Vermont Council of Special Education Administrators (VCSEA) and Director of Special Services for the Mount Mansfield school district, and Jessica Spencer, President Elect of VCSEA urged the Committee to consider a delay to the 2360 Special Education rule changes not associated with Act 173, due to confusion about their relationship with Act 173. School and Special Education administrators from Brattleboro, Milton, Oxbow, St. Johnsbury, and Caledonia, Essex, Windham and Grand Isle Counties, testified in support of a delay for a range of reasons including potential significant funding loss, staffing shortages, increase in demand, and system recovery from the pandemic. Susan Aranoff of Vermont Developmental Disabilities Council testified in support of implementation of Act 173, and the students who would be affected by a delay.

Rep. Wood Presents Bill to Exempt Students from Standardized Assessments in Public Schools

Representative Theresa Wood presented bill H.547 an act relating to exempting students from standardized assessments in public schools to the House Committee on Education. The bill gives families the right to decide whether their children must take standardized testing. There is no cost if the committee decides to take up the bill. Research has shown that standardized testing is detrimental to BIPOC communities, lower income groups, and English language learners. The position of the Agency of Education is yet undetermined, but it is anticipated that they won't support the bill. The Committee discussed possible impacts on funding given the use of test data for evaluation of school performance.

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. 16th 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.