



VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives, community by community



LEGISLATIVE UPDATE FOR JANUARY 17, 2023

Second Week of the Biennium Focuses on Introductions and Overviews

Over the last week Committees received introductory testimony from the Agencies and Departments of state government.

THIS WEEK'S TESTIMONY

Secretary Samuelson Provides Overview at House Health Care and House Human Services

Secretary Samuelson provided an [overview on the Agency of Human Services \[AHS\]](#) to a joint meeting of House Health Care and House Human Services, and for Senate Health and Welfare.

She described the mission and vision of AHS and stated that “we work through contracts with agencies -- direct services through a series of non-profit organizations on the ground.” AHS values are transparency, integrity, and collaboration, innovation, and teamwork. AHS has a budget of over \$4.7 billion, and over 3700 employees across six departments. She summarized the work of each department:

- Vermont Dept of Health: public health entity responsible for core prevention work in partnership with schools, businesses, and communities
- The Department of Mental Health has 300 employees and provides access for effective prevention and treatment so people can live, work, learn, and play in their communities with a continuum of crisis, intensive, secure residential care. DMH is a custodial department, overseeing the work of the designated agencies; runs and administers the Vermont Psychiatric Care Hospital and a therapeutic residence. Most of what DMH does is administered through community partners.
- The Department for Aging and Independent Living has 320 staff. DAIL has a focus on working to ensure that people have an opportunity to grow with dignity and respect. DAIL provides Adult Protective Services, Choices for Care, Adult Day, support and care for people with intellectual and developmental disabilities and those who are blind, and HireAbility. DAIL partners closely with DAs and SSAs and long-term care facilities.
- Department for Children and Families has 1000 employees and focuses on the health and well-being of families, economic services and the Child Development Division, as well as housing support, and childcare licensing.
- Dept for Vermont Health Access [DVHA] has 374 employees with the mission of providing access to high quality and cost-effective health care. It is sometimes referred to as “Medicaid.” DVHA oversees enrollment in Medicaid and runs Vermont Health Connect.
- Department of Corrections. Samuelson noted that it is rare for states to have this department under AHS and it shows a commitment to social service needs.

- Office of Health Care Reform provides vision, direction, and policy to transform the way we care for people, and in support of that, transforming the way we pay for that care. This office is focused on stabilizing the healthcare system following the pandemic and ensuring long-term sustainability of the healthcare system: including integrated mental health and substance use disorder treatment, long-term care/skilled care and home health; primary care, and hospitals, which are part of the economic viability of our communities.

She noted that two key roles of AHS are Medicaid administrator and assessing what is necessary for population health -- not just for Medicaid but for all Vermonters.

In House Human Services, Rep Garafano asked about the rationale for moving the Director of Trauma Prevention and Resilience Development from the Secretary's office to DMH. Samuelson said that the Director still works across the entirety of the agency. That position lends itself well to being housed with other clinicians who are striving to support trauma and resiliency. For the folks who have been in the position, they get more clinical and peer support within the DMH.

In House Health Care, Rep Peterson asked how much of the \$4.7 billion is General Fund. The answer was \$1 billion. The Secretary was asked if the 3700 employees include DA staff. She confirmed that it doesn't: "Much of the work that we do is through those community agencies: designated agencies, hospitals, long-term care, community residences. Many other organizations do the clinical work and [so AHS has a] larger footprint of the number of folks who are doing the work across the State."

Samuelson identified three key priority areas:

1. Integration of mental health and SUD in healthcare
2. Making sure the social service system work for the Vermonters with the highest acuity; integrated eligibility and applications, working to make sure our payment systems align across programs
3. Working to stabilize health and human services post-pandemic: evaluating what services are needed at the State, local, and regional level.

She identified key pressures as acuity around people with ID/DS; need for facilities (women's jails, forensic facilities, and facilities for youth); and housing. Chair Wood shared that she is hearing from constituents who are at their wit's end. Staff are dedicated public servants and there are significant stressors on correctional staff and folks at DCF. She is concerned about state partners.

At Sen Health and Welfare, in speaking about priorities, Samuelson noted that a priority is updating the System of Care Plan and continuing to provide innovations in service delivery for individuals with ID/DS. There is a higher level of acuity and need coming into our system. "We need to assess and reevaluate what we are providing," she said, "as well as our crisis system of care."

Prior to the Secretary's arrival, Senate Health and Welfare Committee members discussed their priorities. Sen Laroque-Gulick will be prioritizing specialized care for violent individuals, improving access to care for opioid use disorder, contingency management for meth users, expanding longer term residential treatment opportunities for mental health and drug addiction, removing barriers to overdose prevention sites, shield laws, reducing and streamlining prior authorization processes, and legalizing therapeutic use of psilocybin for PTSD, particularly for veterans.

Sen Hardy has been on the Opioid Settlement Advisory Committee. She and Sen Lyons are working on a protected healthcare bill with shield laws for abortion and gender affirming care; other priorities include working on healthcare reform and oversight. “Right now, we have a meltdown of the ACO,” she said, and the State needs to consider whether it should have an ACO. She also will prioritize mental health, peer supports, shoring up primary care, and fertility care.

Sen Williams is interested in issues with Advantage plans and voluntary and involuntary guardianship issues, and Sen Weeks is interested in the issue of pervasive obesity.

Department of Aging and Independent Living (DAIL) Overview to Senate Health & Welfare

Monica White, Commissioner of DAIL, led the overview, starting with the DAIL Mission “to make Vermont the best state in which to grow old or live with a disability: with dignity, respect and independence”.

DAIL has \$585M in the State budget with over \$490M in the 5 Medicaid Home and Community Based Services (HCBS) programs. The HCBS programs serve over 11,000 Vermonters.

Commissioner White reviewed the five divisions of DAIL, including the Developmental Disabilities Services Division (DDSD). The DDSD Director is Jennifer Garabedian. The DDSD priorities are:

- Conflict of Interest Free Case Management
- Home & Community Based Services Quality Measures
- Crisis Continuum of Care/Expansion of Clinical Supports (unprecedented levels)
- Workforce Challenges Across Providers/Provider Stability
- Housing Options/Residential Alternatives Initiative (Act 186)
- Standardized, Independently Administered Assessment Tool (SIS-A)
- Payment Reform
- Supported Decision Making
- Ombuds Support for Individuals with I/DD

Commissioner White noted that the need for crisis care has reached unprecedented levels in the Developmental Disability community, including mental health, substance use and homelessness issues. Committee Chair Virginia Lyons commented that she would like to hear about the progress and outcomes of Act 186.

The remaining DAIL divisions were also reviewed: Adult Services Divisions, Division of Licensing and Protection, HireAbility Vermont, Division for the Blind & Visually Impaired.

Senator’s questions will be sent to Commissioner White via email, and the committee chair invited her to return later in the session for further discussion.

Department of Disability Aging and Independent Living (DAIL) at House Human Services

DAIL Commissioner Monica White presented an overview of the five Divisions that comprise DAIL. See Senate Health & Welfare Committee notes for overview. Representative Taylor Smalls asked if the workforce shortage has impacted any areas more than others, and Commissioner White noted that while shortages are widespread, the most significant shortages are in Developmental Services.

Chair Theresa Wood told Commissioner White that she wants to hear stories of Vermonters, because committee members are hearing that constituents aren't getting services, are moving out of state, or waiting for residential services in Developmental Services and Adult Services with the level of crisis feeling unprecedented and taking a toll on Vermonters.

The HHS Committee will be working through statute on protective services, which is overseen by the DAIL Division of Licensing and Protection and would like to see if recommendations from the self-neglect task force will be reflected in the revisions. Chair Wood also requested an update on the DAIL plan for annual quality review visits to Designated and Specialized Services Agencies, which will be included in the Governor's Budget. Rep. Garafano asked if there was demographic and ongoing data on all clients in DAIL programs to track progress or trends. It was not clear if DAIL has ongoing data so Commissioner White will follow up.

Jennifer Garabedian, Developmental Disabilities Services Division (DDSD) Director updated the Committee on Act 186 and other items. The State System of Care Plan was completed and became effective on January 1, 2023 (available on the DAIL website). A report was submitted about the current state of quality oversight of home and community-based services (HCBS). Chair Wood asked if DAIL is out of compliance with CMS requirements. Director Garabedian replied that DAIL is working with contractor to ensure the Division maintains compliance with CMS requirements. She described how the Department reviews the Agencies by looking at a sample of people receiving services which includes meeting with individuals and their families, as well as a record review. The new Residential Services Director, Julie Abrahamson was present, and will oversee Act 186 pilot planning projects, residential steering committee, and explore residential options. Director Garabedian also reviewed existing types of residential options and support levels and shared that DDSD is open to listening and understanding what stakeholders are interested in, while appreciating there are federal guidelines and state principles to be followed. DDSD has also convened a DS-specific workforce committee, as workforce shortages continue to impact services. With the Public Health Emergency, DAIL is currently paying modest stipends to family members to provide support to individuals with I/DD. They will also convene a work group on paying parents.

Commissioner White provided testimony on H.1 An act relating to legislative oversight of payment reform and conflict-free case management for developmental disability services. There is a companion bill S.2. Commissioner is supportive of the bill but asked for one change to change the timeframe to extend the time for input by one year. The HMA contract on COIFCM just started in November. DAIL is soliciting input on membership for an advisory committee. The goal is a draft implementation plan for January 2024 with the final plan completed by October 2024. Payment Reform goal for 2023 is to draft a payment model for review starting in 2024. Commissioner White spoke about adding context to the assessment process and implementing the updated SIS assessment tool.

Committee Chair Wood asked how DAIL will avoid increasing administrative burden for DA/SSAs as it embarks on payment reform. Commissioner White said they are acutely aware of the workforce challenges and do not want to increase administrative burden, but she said it's important to ensure accountability. The Committee Chair wants to make sure we are putting sufficient focus on people and families and not too much on administrative work at the state level.

House Human Services on Oversight of Payment Reform on Conflict Free Case Management

H.1 is an act relating to legislative oversight of payment reform and conflict-free case management for developmental disability services. Katie McLinn, Legislative Counsel, reported on the 2022 Conference Committee report language that was incorrect. H.1 will correct language in section six of the House and Senate versions by removing the requirement for general assembly approval of payment reform and conflict-free case management policies. Instead, the act will read that DAIL “shall present any proposed policy changes related to payment reform and conflict-free case management to the House Committee on Human Services and the Senate Committee on Health and Welfare and seek and consider input from the Committees”. The Committee voted on the amendment and approved it. Rep Wood will present the bill on the floor.

Department of Mental Health at Senate Health and Welfare and House Health Care

DMH Commissioner Emily Hawes and Deputy Commissioner Alison Krompf provided an introductory overview to both Senate Health and Welfare and House Health Care this week. Key points included:

- DMH is responsible through statute for the mental health system of care for Vermonters.
- Composed of 265 staff (including 200 Facility staff and 65 Central Office staff).
- Managing a budget of \$287M that supports mental health services to over 25,000 Vermonters.
- Overseeing our 10 Designated Agencies and 2 Specialized Service Agencies.
- Running the Vermont Psychiatric Care Hospital (25 beds) and Middlesex Therapeutic Care Residence (7 beds), which will be transitioning to River Valley Therapeutic Residence (16 beds) in early spring 2023.
- Managing several contracts and grants to peer organizations, forensic psychiatrists, psychiatric consultation with primary care, and Vermont Child Health Improvement Plan contract to conduct analyses of population-level data related to mental health.
- Partnering with hospitals, community providers, police departments, courts, and more.

Deputy Commissioner Krompf identified that Mobile Crisis Response, 988 suicide and crisis lines, and Peer Support services were DMH’s legislative priorities in 2023. In Senate Health and Welfare, she testified that it is a priority to stabilize designated agencies. Sen LaRocque-Gulick asked about challenges with staffing in inpatient facilities that are being developed through RFPs. Commissioner Hawes emphasized the importance of staffing at all levels of care so that lack of capacity in the community doesn’t increase pressures in the acute side of the system and mentioned AHS’s workforce efforts. In response to a question about kids waiting for mental health treatment in emergency departments, Deputy Commissioner Krompf shared that there are innovative urgent care initiatives happening, such as PUCK [Psychiatric Urgent Care for Kids].

In House Health Care, Rep Peterson also asked about this pressure and wondered about use of telehealth. Deputy Commissioner Krompf noted that micro residential programs for youth have been hit incredibly hard by staffing stressors, and that has had an impact on resource availability at higher levels of care.

In House Health Care, Rep Goldman asked about the 8% rate increase. “How’s that working?” Deputy Commissioner Krompf noted that she and Hawes had just met with DA Executive Directors the previous

day, who had told them that it had really helped, but applicants and resumes are still coming in fits and starts. Chair Houghton noted agencies would come in to discuss this with the committee directly.

DMH shared point-in-time data ([slide 13](#)) that showed 153/200 adult inpatient beds occupied; 16/30 youth beds occupied; 16/38 adult crisis beds occupied; and 8/18 youth crisis bed occupied.

Commissioner Hawes explained that beds could be closed for staffing and acuity, and that beds could be unfilled if clients chose not to go to a certain facility.

In responding to DMH priorities of mobile crisis response, 988 suicide and crisis lines, and peer support services, Rep Peterson flagged the staffing issues in Rutland's mobile crisis response program. Rep Houghton encouraged legislators to read the Seven Days' "Day-in-the-life" article on NKHS's 988 responder. In response to questions about demand for inpatient care for kids, Deputy Commissioner Krompf said that the State needs to have additional options since Brattleboro Retreat is currently the State's only facility. Additionally, it is important to have integration; mental health facilities should have health care available as well. Rep Houghton stated it was unfortunate that the only RFP respondent was also in southern Vermont.

Deputy Commissioner Krompf and the Committee discussed suicide screening. Rep Black wondered what DMH is doing to support families and communities who have been affected by suicide, not only immediately after the suicide but in the weeks and months and years after. Deputy Commissioner Krompf acknowledged that this is a gap—it is happening in pockets but not systemically and that it is being worked on through the CDC Suicide Prevention grant. Asked about mental health in schools, Commissioner Hawes notes that her department works closely with Agency of Education Secretary Dan French. Deputy Commissioner Krompf mentioned that CANS data shows that anxiety is a big issue. Chair Houghton encouraged her committee to check in with their schools.

The need for more housing for people with mental illness was identified, and Commissioner Hawes noted that AHS just hired a new housing director and DMH will be filling Brian Smith's position soon. Rep Goldman appreciated the attention on the mental health of older Vermonters. Rep Houghton named peer workforce and children's services as areas that the committee will return to with DMH leadership.

HEALTH CARE TESTIMONY

Health Care 101 for House and Senate Committees

Nolan Langweil of the Joint Fiscal Office provided Health Care 101 to the House Health Care and Senate Health and Welfare Committees. Here is the PowerPoint:

<https://legislature.vermont.gov/Documents/2024/WorkGroups/House%20Health%20Care/Orientation/W~Nolan%20Langweil~Vermont's%20Health%20Care%20System%20Overview~1-10-2023.pdf> An

interesting slide shows how VCP network agencies rely far more heavily on Medicaid financing than any other health provider.

A second presentation by Nolan Langweil and Ashley Berliner of the Department of Vermont Health Access (DVHA) to the House Health Care Committee went into more depth on Medicaid and the Global Commitment Waiver. The Committee learned that DVHA is expecting 29,000 people to lose Medicaid when the DVHA resumes redeterminations for Medicaid eligibility when the public health emergency is over and the enhanced Medicaid funding from the federal government is discontinued. DVHA will work with people to encourage them to access private coverage for health care.

Ashley Berliner gave the overview of the global commitment waiver which allow specific gives Vermont flexibility for Medicaid services and populations to achieve innovation within neutral spending limits. Without the waiver Vermont would be limited to services allowed in State Plan services.

<https://legislature.vermont.gov/Documents/2024/WorkGroups/House%20Health%20Care/Orientation/W~Nolan%20Langweil~Vermont%20Medicaid%20Overview~1-12-2023.pdf>

Senate Appropriations and House Health Care Receives Update on ARPA Funds

Wendy Trafton, the Deputy Director of Health Reform, and Tracy O'Connell the Finance Director for AHS presented updates on the use of the American Rescue Plan (ARPA) for home and community-based services to both the Senate Appropriations and the House Health Care Committees.

This federal act included a 10% bump in the match of federal funds to state Medicaid funds for home and community-based services for a total of \$157 million dollars. They shared that there was an emphasis on using the funds for one-time, transformation investments rather than to increase spending on an ongoing basis because the funds need to be spent by 2025. Some of the funds were used for the premium pay program. The 3% rate increase of \$17 million for HCBS providers, including VCP agencies, in the FY21 budget will be covered with these funds through FY24 but will need to be backfilled in FY25. CMS did not approve the use of the \$6 million for capital improvements, of which \$4 million went to DA/SSAs.

The services covered include:

- Home Health Care
- Personal Care Services
- Case Management
- School Based Services
- Rehabilitative Services
- Private Duty Nursing

The populations covered include:

- Brain Injury Program
- Developmental Disability Services
- Choices for Care Highest/High (excludes skilled nursing facilities)
- Choices for Care Moderate Needs (for participants who are Medicaid eligible only)
- Community Rehabilitation and Treatment (CRT) (for participants who are Medicaid eligible only)
- Children's Mental Health

Here is their full presentation:

<https://legislature.vermont.gov/Documents/2024/WorkGroups/Senate%20Appropriations/Presentations/W~Wendy%20Trafton,%20AHS~Update%20on%20Health%20Care%20Reform%20Presentation~1-10-2023.pdf>

House Health Care Learns about the History of Health Reform in Vermont

The House Health Care Committee receives overview of history health reform from Amerin Aborjaily, Legislative council, which went back all the way to the 1990s. Here is the PowerPoint:

<https://legislature.vermont.gov/Documents/2024/WorkGroups/House%20Health%20Care/Orientation/W~Amerin%20Aborjaily~History%20of%20Health%20Care%20Reform%20Presentation~1-11-2023.pdf>

House Health Care Service Overview of Health Reform and Global Commitment Waiver

Ashley Berliner of DVHA explained that Vermont is the only state in nation in which all Medicaid is covered under the 1115 Waiver. The Waiver requires budget neutrality in exchange for flexibility in populations and services covered. She qualified that savings generated under Global Commitment may be reinvested but still requires Vermont to pay the state match. Budget neutrality refers to the anticipated expenditures if the waiver didn't exist. It was pointed out that Vermont is one of just a few states that doesn't use managed care to administer the Medicaid program. Vermont started a renewed waiver this July that will be in effect for 5.5 years through calendar 2027.

Vermont's waiver enables Medicaid funding "for populations and services that are not authorized under the State Plan"

- Marketplace subsidy (up to 300% FPL)
- Community Rehabilitation and Treatment (MH coverage above Medicaid limits)
- VPharm
- Choice for Care Moderate Needs
- Global Commitment Investments
- IMD payments • Cost-Effective alternatives
- Children's palliative care service
- SUD coverage above Medicaid limits (138%-225% FPL)
- Permanent Supportive House Services" (DVHA will put out an RFP to develop this program for HCBS populations)

Vermont has flexibility to manage services using a unique delivery model – Public Managed Care Waiver:

- Payments outside of State Plan
- State-wideness/Uniformity
- Reasonable Promptness (CFC only)
- Amount, Duration, and Scope (limits service array for some populations)
- Freedom of Choice of Providers (allows restriction)
- Upper Payment Limit (above Medicare amounts)

At a later date the Committee will learn about changes in the waiver that became effective this summer. "The stated goals in the current agreement are to:

- Advance the state towards a population-wide comprehensive coverage

- Implement innovative care models across the continuum that produce value
- Engage Vermonters in transforming their health
- Strengthen care coordination and population health management capabilities to encompass the full spectrum of health-related services and supports
- Accelerate payment reform.”

Under the Global Commitment, DVHA operates in a managed care-like model with savings that are reinvested into health care. In FY2022, Vermont invested \$106.7 million into 67 initiatives. A list of investments can be found at: <https://legislature.vermont.gov/assets/Legislative-Reports/GlobalCommitment-Fund-Investment-Report-SFY22-10.12.22.pdf>

House Health Care Committee Learns about the Green Mountain Care Board

On Friday Owen Foster, the Chair of the Green Mountain Care Board (GMCB), and Robin Lunge a Commissioner on the Board gave an overview to the House Health Care Committee.

The GMCB “mission (is to) drive system-wide improvements in access, affordability, and quality of health care to improve the health of Vermonters

- Advance innovation in health care payment and delivery
- Serve as a transparent source of information and analysis on health system performance
- Regulate major areas of Vermont’s health care system.”

Here is their presentation

<https://legislature.vermont.gov/Documents/2024/WorkGroups/House%20Health%20Care/Orientation/W~Owen%20Foster~Green%20Mountain%20Care%20Board%20Overview~1-13-2023.pdf>

UPCOMING EVENTS

Annual Homelessness Awareness Day – Thursday, January 19, 2023

Join service and shelter providers, and housing advocates from across the state and homeless and formerly homeless Vermonters to reflect on all we must do in the coming year to end homelessness in Vermont!

This year’s Homelessness Awareness Day takes place at the statehouse in Montpelier, virtually, and at many locations around the state on Thursday January 19th. The [Vermont Coalition to End Homelessness](#), [Vermont Affordable Housing Coalition](#), [Vermont Interfaith Action](#), and [Chittenden County Homeless Alliance](#) are sponsoring the activities related to Homelessness Awareness Day.

Virtual Legislative Advocacy Training – Monday, January 23rd from 12 - 1 PM Free and Open to All

Please join in this free one-hour Vermont Care Partners webinar to learn how the legislature works, and how you can become a strong and effective advocate. We will discuss how to reach out, communicate and build positive relationships with your legislative representatives and senators. Tips will be given to

enable you to feel comfortable sharing your personal stories, discussing policy issues, and advocating for investment in mental health, developmental disabilities, and substance use services. There will be closed captioning.

Please register with this link: https://us02web.zoom.us/webinar/register/WN_KSCxxLdQSpupvqiTp-OK6Q

Join us at Mental Health Advocacy Day – Mental Health Starts with YOUth Monday, January 30, 2023, 10 - 2 PM

We'll meet virtually to call on Vermont leaders and legislators to let them know "Mental Health Starts with YOUth." Let's be the generation that replaces mental health stigma with mental health support.

The morning is filled with welcome addresses from state leaders, a keynote plenary session, and special awards. This year's keynote speaker is Alexina Federhen, Miss Vermont 2022. The afternoon features opportunities for people to share their stories of hope and recovery. There are also opportunities to provide testimony at key legislative committees.

Who should attend?

Mental health advocates, peers, family members, professionals, providers, community members, and mental health stakeholders.

Register to Attend

Click the button below to register for Mental Health Advocacy Day. Once you have registered, you will receive an email with the Zoom link to use for the event.

[Register Now](#)

Get Involved

Share Your Story

Attendees have the opportunity to share their lived experience story, a poem, or other insights at the event. Each participant will have 2–3 minutes to speak. You may pre-record your story or share it live on January 30. If you plan to pre-record your story, please read the guidelines before doing so.

[Guidelines](#)

[Share Your Story](#)

Provide Testimony

Following Mental Health Advocacy Day, we invite participants to share testimony with House or Senate Committees between January 31 and February 3.

We will reach out to Committee Chairs to request the opportunity to share testimony. There is no guarantee that we can testify to certain committees. This is at the discretion of the Committee Chairs. If you need help in creating testimony, we suggest [NAMI Smarts Legislative Advocacy training](#).

[Register to Testify](#)

Vermont Care Partners Advocacy Fact Sheet

Here is a link to our Advocacy Fact Sheet: [Vermont Care Partners Advocacy Fact Sheet](#)

The critical points are the rising demand, the impact of the ongoing workforce crisis and need for improved funding.

Agenda

10:00–10:10 a.m. Welcome and Introduction

10:10–11 a.m. Remarks by State Leaders

11:00–11:45 a.m. Keynote Address: Alexina Federhen, Miss Vermont 2022

11:45–12:00 p.m. Youth Mental Health Advocacy Award

12:00–12:30 p.m. Lunch Break

12:30–2:00 p.m. Sharing Our Stories (live and pre-recorded)

Jan. 31–Feb. 3: Testimony at Key Legislative Committees

Hosted by:



**The Vermont Association for
Mental Health & Addiction Recovery**



Legislative Committees

Here are the key Committees in relation to our network services with the Agencies in each legislator's region noted. We encourage everyone to reach out to your local legislators to introduce yourself and share the issues most important to you. <https://vermontcarepartners.org/legislative-view/>

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.