



Supporting Vermonters to lead healthy and satisfying lives community by community



LEGISLATIVE UPDATE FOR JANUARY 31, 2023

Over the last week Committees in both chambers continued to receive overviews from state agencies and departments and House Committees developed recommendations for the 2023 budget adjustment act which will be voted on by the House of Representatives this week.

Mental Health Advocacy Day – Mental Health Starts with YOUth

On January 30th well over 200 Vermonters participated in Mental Health Advocacy Day – Mental Health Starts with Youth. The virtual event was organized by NAMI-VT, VAMHAR and Vermont Care Partners and had 57 co-sponsors, including all VCP designated and specialized service agencies.

State leaders spoke about their commitment to Vermonters with mental health challenges. Senator Kitchel expressed her dismay with the Governor’s proposal for level funding of DA/SSAs. Senator Lyons spoke about her commitment to support students and Rep Lanpher expressed her commitment to the new Youth Council. Human Services Secretary Jenney Samuelson discussed the changing landscape and said that this is a year to take stock and make investments in the Blueprint Hubs and Spokes, expand the 988 crisis lines, expand mobile crisis supports and youth inpatient, residential care, and psychiatric urgent care. Her remarks were reinforced by Mental Health Commissioner Hawes, whose goal is to enable access to support when and where people want them.

The keynote speaker Alexina Federman, Miss Vermont 2022, spoke openly about her experiences with mental health challenges while growing up and her work to reduce stigma and improve access to supports for young people.

Three individuals were recognized with Mental Health Youth Advocate Awards, Cheryl Huntley of Counseling Services of Addison County, Lance Metayer of Northwest Counseling and Support Services and Leslie Ferrer of Spectrum Youth Services. Each of them has made tremendous contributions to the well-being of children and youth and were nominated by those who work with them and wanted others to recognize their outstanding work. Congratulations to you all!

The afternoon involved people sharing their experiences with mental health challenges; many of them were able to find a path to recovery with the help of peers and/or agency programs.

For many of them it was a difficult path. One speaker shared that the system of care failed her son, who recently died from a fentanyl overdose. All participants were encouraged to support each other to advocate for greater understanding and support for mental health services.

If you missed the event, no worries, here is a [link](#) to the video to watch at your leisure.

THIS WEEK'S TESTIMONY

Department of Health Overviews for House and Senate Committees

The Vermont Department of Health provided overviews to House Health Care and Senate Health and Welfare this week.

In House Health Care, in addition to a general overview, Deputy Commissioner Dougherty shared updates on VDH's suicide prevention work, including its CDC Grant Facing Suicide VT; a suicide data linkage project using a social autopsy model; peer support programs for suicide prevention for first responders; and a construction worker pilot for suicide and opioid use disorder. VDH is in the first year of a SAMHSA grant to reduce youth suicide by supporting infrastructure in youth-serving organizations in regions with the highest risk for youth: Chittenden, Rutland, Windham, and Bennington counties.

In Senate Health and Welfare, VDH Commissioner Mark Levine, shared that the State Health Improvement Plan focuses on the priorities of child development, chronic disease, mental health, oral health, and substance use disorder, but noted that none of those can be separated from social determinants of health. Demographics in focus are race, ethnicity, and culture, LGBTQ+ identity, people with disabilities, socioeconomic status, and rurality. He noted that Vermont emergency departments are full of people with mental health and substance use disorder issues, and chronic disease issues, some of which are resulted from the long-term impacts of the COVID-19 pandemic.

Commissioner Levine emphasized the importance of early childhood prevention work and promoted investment in evidence-based Nurse Practitioner-led home visiting programs and working on the dyad of the mother or the family. He said it's important to identify the issues at the mother- and family-level, such as depression, substance use disorder, and breastfeeding problems. Citing the expansion of the Blueprint for Health in the Governor's Budget, he said it includes the Dulce model in primary care, which is a good fit for the 95% of newborns who are in a pediatric office. Sustained evidence-based home visiting for all Medicaid families is a goal.

Regarding the work of the Opioid Settlement Advisory Committee, Levine said we need to be innovative, creative, and active in our approach to opioid use disorder. In mentioning the Mental Health Integration Council, he said the State needs mental health to be integrated at the primary care level. Additional areas of focus are suicide prevention, healthy aging, and reducing obesity and chronic disease. RISE VT is now defunct. He stated the importance of

screening, saying that SBINS—Screening, Brief Intervention, Navigation to Services—happens through the Dulce model. Underlying all these efforts is equity work.

Children’s Mental Health Focus in House Health Care

DMH Child, Adolescent, and Family Unit Chief Laurel Omland and DMH Children’s Medical Director Haley McGowan testified at House Health Care, providing a broad overview of the department’s child and youth mental health programming.

Omland cited workforce and acuity as factors that have influenced the trend in the reduced numbers served. They focused on the Vermont Child Psychiatry Access Program, which provides psychiatric consultation to pediatric primary care providers, which they see as an opportunity to prevent use of emergency departments. Rep Cina wondered if some families didn’t access primary care due to cost.

Omland also provided an overview of Success Beyond Six. She mentioned workforce challenges at the DAs and ESSR funds going directly to school districts. Rep Goldman noted they heard testimony last year about DA staff leaving to work for schools because pay was so low. What purpose do the DAs serve? Could it be streamlined to be more effective? Omland responded that schools and districts have choice and noted the benefits of access to clinical supervision and training at the DAs.

Omland shared information about the Mobile Response and Stabilization Services Pilot in Rutland. It currently is staffed at 3.5 FTEs out of 7—Omland cited lack of applications and housing shortages as contributing factors. Some families ask if the mobile response team can meet with them later in the day instead of immediately due to family schedules. Rep Houghton asked about the Mobile Crisis RFP. Omland responded that the federal funding had slightly different parameters. Grant funding for MRSS in Rutland ends in June, but they share the goal of expanding the concept of mobile response throughout the state.

Brattleboro Retreat Board Chair Tom Huebner and Executive Director Linda Rossi testified about progress with the Brattleboro Retreat. A year ago, the census was 45 beds. Morale was poor and there was backup in emergency departments. They credited AHS and DMH as key partners. Linda Rossi came in April. Now, the census is 85. The Retreat’s goal is to get to a census of 100 to be financially sustainable. They are confident that they can get all the way there, because the system needs them. DMH provided funds for traveling nurses. Currently, 50-60% of staff are travelers working 13-week shifts. Creating a swing unit was another positive change, so that they can shift beds to adult care when there is a summer or holiday lull with youth demand. Transportation to get people from emergency departments to the Retreat had also been an obstacle; the Retreat just signed a contract with Rescue, Inc. to transport patients there, and their hospital partners are thrilled.

Rossi noted that they had closed school and residential programming during COVID and are hoping to open a residential program on the Retreat grounds when they are stable. In

discussing the co-morbid mental health and medical needs, Huebner said that there was “one notorious case, and ultimately that kid did come to us.” They serve many kids who have those co-occurring medical needs and they have been in talks with Brattleboro Memorial Hospital on providing primary care at the Retreat. If the RFP is reissued, Rossi said, we’d like to submit a proposal.

The committee discussed the reliance on travelers with the Retreat leaders. All would love to move away from that approach if possible. Rossi noted that some of the travelers in fact live close by—she is aware that they left jobs at nearby hospitals to get paid at traveler rates. The Retreat implemented a 25% rate increase last year. Their wages are now competitive. Huebner noted there is also a need to better compensate nurse instructors.

Substance Use Prevention Oversight and Advisory Council in Senate Health and Welfare

David Englander, Senior Policy and Legal Advisory for the Vermont Department of Health, and Nicole Rau Mitiguy, Substance Use Prevention Manager, presented at Senate Health and Welfare. The Substance Use Prevention Oversight and Advisory Council consolidated four councils previously focused on tobacco, alcohol, drugs, and opioids, to look at issues broadly through the lens of prevention. They are still recruiting members actively in recovery in community settings and mental health. Their goals are to increase protective factors, decrease risk factors for use, and look at the system as a whole to ensure equitable and sustainable prevention programming.

Sen Williams pressed them on people dying of opioid use disorder—what can he report to families about this work? Sen Laroque-Gulick agreed and stated that the State needs beds. Sen Hardy said that instead of hearing about action to address opioid use from the Department of Health, the committee needs to hear from providers with the boots on the ground: “there are a lot of people doing a lot of great work, but they are not getting the support they need,” she said. Sen Lyons noted the RFP for mobile crisis “for linking people with resources and peer supports.” She said the committee needs to understand what is going on, and where the gaps are. We want to get as far upstream as we can get.

Commissioner of Finance and Management Offers Overview of Proposed FY24 Budget

The House Appropriations Committee received an overview of the state budget proposed by the Scott Administration for fiscal year 2024 (FY24). The total proposed budget is for \$8.37 billion; last year’s budget was \$8.35 billion. The proposed federal funds are lower, and the state general funds are higher. Total state funds proposed are \$5.24 billion.

He highlighted the \$41.2 million of state and federal funds to create a two-year pilot to help primary care practices better address substance abuse and mental health in a way that supports kids and families across the state. The budget includes \$10 million to replenish a Provider Stabilization Fund at AHS and \$36.8 million for caseload, utilization, and other pressures at AHS. DMH increases include mobile crisis \$798,000; Peer Supports & Credentialing

\$187,500, \$2.3 million of state and federal funds for the first mental health crisis center in the Northeast Kingdom, and there is \$5.5 million for other policy initiatives and rate increases at DMH, DAIL, and DCF. As a result of the federal government phasing out of the increased federal match for Medicaid during the public health emergency, state government will need to budget \$15 million for Medicaid match.

AHS Provides Update on Workforce Investment Programs at Senate Health and Welfare

Wendy Trafton, the Deputy Director for Health Reform, reviewed the federal SFR funds to support workforce investments including the \$1.5 million for tuition assistance and loan repayment which will fall under the U.S. Treasury rule related to behavioral health and require some modifications to the current grant program. Senator Lyons expressed concern about the lag time between the appropriations and the funds getting out to the communities. Senator Gulick asked if AHS is looking for housing supports for employees such as the employees at the Howard Center. Wendy said they are looking for this type of flexibility for nurses.

House Human Services Budget Adjustment Memo to House Appropriations Committee

After much deliberation, the House Human Services Committee developed a set of recommendations for the House Appropriations Committee related to the FY23 budget adjustment. Here are excerpts from their memo:

Children's Integrated Services

The Committee appreciates the intention to fund the increased Children's Integrated Services caseload with carryforward funds within the Department's Child Development Division. The Committee would like to ensure that the \$650.00 per member per month rate be paid for the entire caseload.

DAIL (Department of Disabilities, Aging and Independent Living) Developmental Services (DS)

- The Committee supports both the ongoing appropriation of \$716,518.00 for the stability of Upper Valley Services' crisis bed system, as well as the one-time \$400,000.00 appropriation for the operational costs associated with the Upper Valley Services' crisis bed start-up.
- The Committee supports the additional appropriation of \$1,425,000.00 to address additional pressure in the public safety caseload for services to individuals committed to the custody of the Commissioner of Disabilities, Aging, and Independent Living. This will be an ongoing pressure into fiscal year 2024. This will serve five additional people.

Department of Health

The SUD Specialist program is currently funded by SAMHSA's "Emergency Grants to Address Mental and Substance Use Disorders During COVID-19," and is scheduled to end on May 31, 2023. Since the beginning of the program in September 2020, SUD specialists have provided hundreds of consultations to Vermonters. The Committee recommends \$12,810.00 to fund the final month of fiscal year 2023 and allow for the possibility to consider extending funding in the fiscal year 2024 budget without an interruption in services.

Other

The Committee recommends an additional \$952,500.00 for the Howard Center's Park Street Program for adolescent male youth with sexually harmful behaviors. The Park Street Program has operated in Rutland for 20 years, and the current landlord is planning to sell the property where the facilities are located. The

purchase option for the Howard Center's lease must be acted upon by April 30, 2023. The funds within this proposal include \$584,500.00 for the purchase price as well as \$368,000.00 for deferred maintenance and capital needs. This purchase option would lead the Howard Center to save \$150,000.00 annually in rent payments.

House Human Services Committee Receives Overview of AHS Budget

Jenney Samuelson said they look at budget priorities from an agency-wide perspective to align with their strategic plan and goals. One-time funds will be used for pilots which will be evaluated. They also needed to focus on an off-ramp for federal funds. The budget is \$3.2 billion with an increase of 10.8% in general funds from FY23. AHS has 73 net new positions, and more than half will be in VDH.

Funds Medicaid Caseload & Utilization pressures (\$10.5M is one-time funding)

- Funds Base Initiatives, including: Medicaid dental rate increase; Inflation component for PNMI rates; expansion of Mobile Response with 4 positions; Initial rate increases for LTC Home Health services pending finalization of rate study; 3 positions at DAIL's Office of the Public Guardian;
- Funds One-time Initiatives, including Blueprint/Hub & Spoke expansion (2-year Pilot); Reach Ahead (2-year Pilot); COVID Contingency Fund backfill.

When asked about rate increases for providers Secretary Samuelson said rates could not be increased because state funding would not be able to sustain them over time. She said that DMH identified key services to invest in: \$2.3 million for mobile response to bring it statewide. Additionally, there is \$9.2M GF (\$20.9M GC/Medicaid Admin) in one-time GF for Blueprint/Hub & Spoke - 2-year Pilot. The Secretary reported that the Blueprint for Health is in the majority (75 – 80%) of primary care physician offices and the new mental health resource is open to all practices.

Committee Chair Wood asked about positions for DAIL to expand their quality improvement team, noting that we are out of compliance with our agreements with CMS. No new quality improvement positions were funded. Richard Donahey said they have addressed some rate increase pressures in home health agencies and nursing homes because the reduction in access to these services is untenable.

The AHS fiscal overview can be found at this [link](#).

Chair Wood spoke to the challenge of no rate increases for the community-based services when we have 8% inflation. She said we need to understand what it takes to sustain services and the potential impact of service cuts. She noted that many small programs have not had increases for years. When she specifically asked about rate adjustments for DA/SSAs, Donahey replied that they were addressed in previous budget cycles and that we “apply finite resources in as strategic way as we can.” The Secretary explained that the budget reflects ongoing work on understanding our core services and equitable distribution of the services. She noted that “where we understand the costs, we are more able to address the costs.” The Chair said, it's my understanding is that there have been cost studies with a contractor and that the system has

worked with the state in being transparent on costs. The Secretary replied that the work is ongoing to achieve transparency. She added that many other providers did not receive the 8% budget increase they (DA/SSAs) got last year.

In summary, Secretary Samuelson said she made difficult decisions with finite resources and that this budget represents an unprecedented 10.8% increase for AHS.

Senate Health and Welfare Receives Overview from the Green Mountain Care Board (GMCB)

On Friday the Chair of the GMCB, Owen Foster, provided an overview to the Senate Health and Welfare Committee. He explained the mission of GMCB: Drive system-wide improvements in access, affordability, and quality of health care to improve the health of Vermonters. To do this they carry out these functions:

- Regulate major areas of Vermont’s health care system: hospitals, insurers, ACO, Certificate of need for health care capital investments
- Serve as a transparent source of information and analysis on health system performance
 - Data and Analytics (VHCURES, VUHDDS and APM Analytics)
 - Data Governance Council
 - Interactive datasets and analysis
 - Health Resource Allocation Plan (HRAP)
 - Annual expenditure analysis
 - Annual Cost Shift Report
 - Reports for legislature
 - Health Service Wait Times Report
 - Public Reports and Analyses
- Advanced innovation in health care payment and delivery
 - Hospital Sustainability (Act 167)
 - Vermont All-Payer Model Implementation and Reporting
 - General, Primary Care, and Prescription Drug Advisory Groups.

Foster highlighted the value of the public comment and input; he really wants to hear all voices. Foster spoke about the fiscal challenges of hospitals but noted the importance of other health care providers, including mental health providers to the health of hospitals and the health care system overall. He expressed concern about the growth in hospital budgets, health care insurance costs and the impact on affordability of health care. Although Vermont has high numbers of people who have health insurance, many are still underinsured.

Senator Lyons asked about how the Board considers fiscal challenges of related health care services like mental health. Foster said they can learn about these issues through public hearings but that doesn’t change their budget review of hospitals. When asked by Senator Hardy about expanding their review of related health providers, he said he could see the value of greater public awareness of their fiscal challenges, but it would be a burden for these entities to submit the information. He acknowledged that the GMCB is siloed in what they see.

Commissioner White Presents FY24 DAIL Budget to House Human Services Committee

Commissioner Monica White, Department of Disabilities, Aging & Independent Living (DAIL) reviewed the Governor's Proposed FY 2024 Budget at the House and Human Services Committee (HHW). Outcomes metrics information is located in the [last pages of the testimony summary](#).

DAIL is required to submit regular reports to legislators about Quality Management practices in Home and Community-Based Services (HCBS) programs for adults with developmental disabilities. The Vermont Agency of Human Services (AHS) is currently engaged in discussions with the federal Centers for Medicare and Medicaid Services (CMS) regarding changes to quality oversight and performance management activities, as well as a timeline to implement these changes. Vermont should expect greater clarity and direction from CMS in the coming months, which will likely lead to a request for additional quality management positions in DAIL. Chair Wood asked if DAIL has sufficient staff to oversee services now, including annual visits to Designated and Specialized Services Agencies. Commissioner White responded that there are currently not enough DAIL personnel for annual agency visits. Chair Wood stated it is troubling that there isn't a request for additional Quality Oversight staff in the budget, and it is insufficient to wait for CMS to respond. Chair Wood went on to say that while it is understood prioritization is a difficult process, HCBS programs don't seem to stack up in the priorities.

DDSD future directions include DS-specific workforce development, and Office of Public Guardian (OPG) staff increases to address increased caseload, payment reform, residential Options, and ombuds program. Chair Wood, noted payment reform goals didn't mention any actual costs, which is a problem. Chair Wood said the system is crumbling and the HHS committee role is to determine how much the state can pay and will need cost information to make decisions. She also stated that the payment reform process doesn't feel transparent. Commissioner Wood would like to invite Jessica Bernard, DAIL Deputy Director of Payment Reform to speak further to the payment reform and Dylan Frazer, DVHA Deputy Director of Medicaid Policy to speak to conflict-free case management.

Commissioner White reviewed the Summary of Changes from the SFY2023 Base Budget to SFY2023 Proposed Budget. There are three increases: first is \$4.2M for internal department increases; second is \$318,126 for three new Public Guardian positions; and \$350,000 for the psychiatric consultation contract with Dartmouth Hitchcock for DDSD. Changes within Adult Services Division and Brain Injury (TBI) programs include Collective Bargaining Agreement for independent Direct Support Professionals. Under the DDSD budget, there is an additional \$8.2M for 353 individuals entering the system with additional monies to the Act 248 caseload.

Senate Health and Welfare Committee Hears Testimony from DAIL on H. 1

Commissioner Monica White of DAIL testified to the committee on H.1, a Bill relating to Developmental Services (DS). The bill was intended to correct language in Act 186 that was

passed last year. The correction removes the requirement of “legislative approval” for work on Conflict of Interest-free Case Management and DS Payment Reform and changes it to “legislative input”. Commissioner White added that the original due date of February 1, 2023 for a status report to the Senate Health and Welfare (SHW) and House Human Services Committees (HHS) was extended to 2024. Senator Hardy was very concerned that the agreement and expectation from last year was to have the report to committees in 2023 and was not a part of the original intent of H.1 to correct language in Section 6. Commissioner White shared that more time is needed due to federal requirements from CMS. It was suggested that Dylan Frazer of DVHA, who is leading the COI initiative, testify to milestones and compliance status. Chair Lyons agreed and stated it would be helpful to have written testimony submitted to justify the reasons for both changes so as not to delay the bill.

Katie McGlinn, Office of Legislative Counsel, reviewed the bill language revisions. Section 2 repeals the version that was mistakenly passed last year with incorrect language in Section 6. In response to a question from Senator Gulick, Chair Lyons shared that one of the original drivers for Act 186 were deep concerns from the community about service allocation decisions for people with I/DD and recommended that new senators review the witness testimony from last year. Chair Lyons formally requested written submission of a timeline and current status of COI and payment reform work from DAIL. The Committee will move forward with the bill upon receipt. The bill is otherwise complete and ready for a vote.

Senate Appropriations Committee hears FY23 BAA Testimony from DAIL

Commissioner Monica White of DAIL reviewed the 2023 Budget Adjustment Request summary for DAIL. There is a \$27.3M total increase of which \$24.7M is Global Commitment (GC) and \$2.6M General Fund (GF). Most increases are net neutral. Those that aren't include funding for a Skilled Nursing Facility high acuity contract to serve 75-100 elderly and disabled people and \$1.4M for Developmental Services Public Safety caseload pressures, which includes but is not limited to Act 248 programming. There are five new individuals with high acuity needs who are entering the system this year. Lastly, there is \$400K for the Developmental Services Upper Valley Services Crisis Bed—a System of Care stability start-up from general fund for one-time costs to bring two additional crisis beds online.

UPCOMING EVENTS

Disability Rights Listening Session: February 3, 2023

What: Those with disabilities, mental health conditions, the Deaf community and allies are invited to join and share thoughts on community support needs to ensure equal access and opportunities for all Vermonters.

When: Friday, February 3, 2023, 2:30-4:30 PM

Where: Register to participate via Zoom using this [link](#).

Hosted by: Disability Rights Vermont, the Vermont Coalition for Disability Rights, and the Center on Disability & Community Inclusion.

If you need help registering or want to participate in another way, please contact: Nick at nick@vcil.org or (802) 224-1824.

Recovery Day: February 15, 2023

What: Recovery Vermont invites you to join us for **Recovery Day**, an annual advocacy celebration to honor the power of substance use disorder recovery.

When: This year's Recovery Day will be held on **Wednesday, February 15, 2023, 9:00 AM.**

Where: Register via Zoom using this [link](#).

More details: 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! Come be loud and proud – your presence is your voice – and demonstrate the fact that **RECOVERY IS POSSIBLE!** We will hear from state legislators, Vermont's Recovery Centers, statewide recovery and recovery-adjacent resources such as recovery housing, employment, corrections, and so many more. Awards will be presented to champions and leaders in the recovery movement.

In 2023, more than ever, the recovery community must join together to support those struggling and in need. Although we cannot physically gather at the State House in person this year, we will come together online to celebrate the work of this amazing community! We are so inspired by the work the recovery community continues to do, day in and day out. Your stories, your strength, and your dedication to helping others – to lift others up – is truly inspirational.

LEGISLATIVE RESOURCES

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.

NAMI-VT Fact Sheet on Mental Health

Here is the [NAMI-VT fact sheet on mental health](#).

Vermont Care Partners Legislative Advocacy Webinar

In case you missed it, here's a link to the [recording](#) of our Legislative Advocacy Webinar to help guide you through the process of working with legislators. In just 40 minutes you can learn the basics for effective advocacy.

Key Committees in relation to Network Agencies

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: [Legislative Committees by DA and SSA Region](#).

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.