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## LEGISLATIVE UPDATE FOR FEBRUARY 7, 2023

Over the last week committees in both chambers continued to receive overviews from state agencies and departments and many committees took testimony to compliment Mental Health Advocacy Day, as well. The House of Representatives approved the FY23 Budget Adjustment Act.

### *TESTIMONY*

#### **S.36 Workplace Violence Against Healthcare Workers in the Senate Committees**

The Senate Judiciary and Health and Welfare Committees took vivid and harrowing testimony from a variety of healthcare workers during a joint hearing on February 1. The bill would allow law enforcement to make an arrest without a warrant for assault on a healthcare worker at a health care facility; threatening to assault a health care worker at a healthcare facility; and engaging in disorderly conduct interfering with medically necessary services. Legislative Counsel Erik Fitzpatrick noted that there still must be probable cause, whether or not law enforcement has a warrant.

Sen Sears, who sponsored the bill, said the goal is to mirror how law enforcement can respond to domestic violence. He noted the impact for patients, as well as healthcare professionals, when there are violent outbursts in healthcare facilities. Sen Lyons said that the mental health component of this will be addressed in Senate Health and Welfare. Sen Hardy said, “We need to be really careful about the assumption about people with mental health conditions are likely to be more violent – they are more likely to be the victim of violence...we don’t want them to be afraid of getting arrested” when seeking care. Sears noted that a contributing factor is people, including youth, being held in EDs for long periods of time.

Southwestern Vermont Medical Center [SVMC] CEO Thom Dee described the de-escalation and response resources and policies, and yet they still have never seen workplace violence as bad as it is now with 61% of staff reporting violence towards them. SVMC Director of Nursing Jill Maynard, visibly shaken, shared an experience that almost drove her out of nursing, where a man brought to the ED on a mental health warrant was violently threatening her and after his short inpatient stay, he found her in the community near her home. Another man on a mental health warrant was brought to the ED by six armed law enforcement officers. He “terrorized” the team for the next 12 hours, she said, using hate speech and sexually harassing staff, who were fearful of their lives. Multiple healthcare providers shared that threatening patients

taunted staff by saying that they knew staff couldn't do anything about their behavior. Danielle Boudro from Northwestern Medical Center gave additional examples of assaults and threats from patients with mental illness. Sen Lyons asked, "What kind of working relationship does NMC staff have with NCSS?" "It's very well developed – we have a good relationship," she said. "The capacity is not there."

Devon Green from the Vermont Association of Hospitals and Health Systems said 73% of nonfatal workplace violence is happening in healthcare. The violence impacts everyone—mental health is one aspect, but workplace violence is also perpetrated by visitors and family members. Green identified that limiting the publishing of personal addresses with licensure information would also help.

Sen Vyhovsky wants to "steer us away from the mental health system as the problem—it's a larger problem." The Medical Director at Northern Vermont Regional Hospital was asked if the Cadre Program at NKHS is still available. He said no. Dr. Ben Smith, Medical Director at Central Vermont Medical Center, shared images of a black eye of a Mental Health Technician who was punched three times. Assaults in the CVMC ED have tripled from 25 in 2016 to 67 in 2022.

Dr. Alison Davis from Rutland Regional Medical Center shared the story of a patient who was taunting and aggressive, and then broke the nose of a staff member. With this law, she said, he could have been removed prior to the more serious assault. She shared that Rutland Mental Health has tried to open a psychiatric urgent care facility. If they can divert patients, then they do so. But, she said, "I can't see the police bringing someone violent there." Davis was asked how many of the assaults are not related to mental health. Davis said a large portion are under the influence of alcohol or methamphetamine. A large portion are also frustrated that RRMC staff haven't been able to get them a cell phone, housing, or transportation. "We experience the most violence when we are trying to discharge someone," she said.

Senate Judiciary heard additional testimony on February 2 from the legal community. Chief Judge Thomas Zonay sees this as a policy decision of the legislature. Simple assault is already in the law, it's just not specified for health care workers.

Tim Leders-Dumont, representing the Vermont Department of States Attorneys and Sheriffs said that additions to help specific policy decisions are helpful, as with domestic violence. Sen Vyhovsky asked how long it takes to obtain a warrant. Leders-Dumont said it can be very quick.

Sen Sears emphasized that people in crisis sometimes act in odd ways. Removing them from the situation is most important. He noted that in the testimony they heard that patients believe nothing will happen to them if they perpetrate violence. He doesn't want to focus on what happens next—the point is to get them out of the ED.

Matt Valerio, representing the Office of Defender General, testified that criminal law is supposed to be simple enough so that anyone can understand what is criminal. He believes that the violence and threats described in testimony are already covered by the law. The focus

should be on training for law enforcement on Rule 3 and following it. Sen Hashim wondered if people aren't getting arrested now because law enforcement doesn't want to interfere with access to care as a liability issue. Committee members noted that some of the violence may result from long waits for psychiatric care. Sen Vyhovsky said that "this is a symptom of a need to invest in our community mental health system."

Jack McCullough, Director of the Mental Health Law Project at Vermont Legal Aid, wondered what would happen if this law were applied to the clients he served. After they are arrested, they would be ordered to an inpatient facility for a forensic evaluation—i.e. sent back to an inpatient hospital. This bill may overestimate the ability of law enforcement to respond to something like this. Hospitals have access to Emergency Involuntary Procedures. He is not sure that this bill adds to the protection of health care workers. He wondered if health care facilities would include group homes, River Valley, and other locations in the mental health continuum. In general, he believes, it's not good to add law enforcement into a psychiatric crisis. Sen Sears noted it's less than 50% where mental health is the concern—other issues include people who are intoxicated, on methamphetamine, or angry about waiting time. Sen Vyhovsky said Vermont needs to have models like Cahoots—without law enforcement.

### **Health Commissioner Levine Presents Substance Use FY24 Budget Request to House Committees**

Commissioner Levine presented Department of Health budget request to the House Health Care and Human Services Committees. In the Division of Substance Use there is a \$2.4 million request to cover increased costs and utilization of Naloxone, a medication that can reverse overdoses caused by opioids. This recommendation is made ahead of the recommendations of the Opioid Settlement Advisory Council, whose recommendations will be made soon.

The Pediatric Mental Health Care Access (PMHCA) funded with \$45,500 will promote behavioral health integrations into pediatric primary care by supporting pediatric mental health care telehealth access.

The Department is requesting a \$1.6 million increase to stabilize existing residential substance use treatment programs. This is a 27% increase using global commitment funds. Additionally, there is a proposal for \$954,000 in general funds (GF) to expand capacity with sobering beds, lower-level residential beds, residential facilities, and recovery residences. Rep Whitman and Rep Wood expressed concern about whether there are a sufficient number of recovery residences. There is also a request for \$3 million for substance misuse prevention, which will be distributed through an RFP process.

## **House Health Care Committee Receives Overview of Agency of Human Services FY24 Budget Request**

Human Services Secretary Samuelson spoke about how the budget request for \$3.2 billion includes several integrated initiatives that run across departments. It represents a 10.8% GF and 6.9 % total funds increase over FY23 budget. The Secretary spoke about how the proposed investments will stabilize and sustain financial sustainability, address regulatory challenges, and support the flow of people through the systems of care. One-time initiatives include \$9.2 million general fund /\$20 million global commitment (GC) funds to support Blueprint for Health for co-occurring services, including screening and ongoing treatment in primary care for people with low acuity. The Secretary said that people with more intensive needs will be referred to Hubs and designated agencies. Please see the January 31<sup>st</sup> Legislative update for further detail.

## **House Health Care Committee Receives Department of Mental Health FY24 Budget Request**

Mental Health Commissioner Hawes explained that the FY24 Budget supports the DMH's goals set forth in the 2030 vision, including integration. Increases in the budget include employee salary and fringe, state infrastructure cost increases, the psychiatry contract for Vermont Psychiatric Care Hospital (VCPH), the new larger secure residential facility, traveling nurse increases, four positions to manage mobile crisis response, 988 activities, private non-medical institution (PNMI) rate increases, micro-residential increases, Clara Martin Center housing, mobile crisis response expansion, peer support credentialing, and Northeast Kingdom Human Services alternative to emergency department program. Funds will be transferred to the Department of Vermont Health Access (DVHA) for Brattleboro Retreat and NFI hospital diversion. She mentioned the Psychiatric Care Technicians at VPCH were upgraded for higher compensation.

The Department plans to expand Mobile Crisis Response by \$2.9 million. The Commissioner said that currently, DMH has funding for 5 regions and issued an RFP in the fall of 2022 requesting proposals to cover all 10 regions. They are currently reviewing proposals with the intent of issuing agreements in the coming months with implementation in the fall of 2023. Details provided included the requirements for 85% federal funding:

1. "Requires 24/7 mobile response
2. Community based (care in emergency departments is disqualified for funding)
3. Two-person response team (one can be telehealth)
4. Peer Support integrated into response team
5. Responds to mental health and substance use crises".

## **House Debate on Budget Adjustment Act**

On Friday, the House passed the FY24 Budget Adjustment Act which included funds for startup of a psychiatric inpatient unit at Southwestern Vermont Medical Center. Rep Donahue asked to amend the bill by proposing a study of need, saying that clearly there is a need for more youth mental health resources, but questioned the data for the proposal to develop a new inpatient program for youth. She wondered if some youth in psychiatric distress need outpatient services

instead. She mentioned the WCMHS 16 micro bed placements for children with mental health needs. All but 4 beds are closed due to the lack of staffing. She also noted that Brattleboro Retreat has youth waiting for a stepdown beds, blocking access to inpatient to care by youth in inpatient. Donahue said there are youth who do need access to inpatient psychiatric care integrated into a medical hospital, but that we don't know how many beds are needed. Rep Donahue also noted that the Governor's proposed FY24 budget has a zero increase for cost of living for designated agencies, pointing out that "meanwhile we are investing in a higher cost mental health care."

The Health Care and Appropriations Committees did not support the amendment and the full House voted it down because they see a clear need for the beds and don't want to delay the startup of the specialized psychiatric inpatient unit.

### **House Health Care Committee Hears Testimony from Wilda White Founder of Mad Freedom**

Wilda White presented an overview of Mad Freedom whose motto is "none of us is free until all of us are free". The mission is to secure political power and influence to end discrimination and oppression of people based on perceived mental state. She expressed concern about leaders who critique and criticize people based on mental illness. Data was shared that illustrates the ongoing stigma and discrimination faced by people with mental health conditions including these data points:

- "58% of Americans don't want people with mental illness in their workplace
- 50% of Employers are reluctant to hire people."

Wilda White expressed concern about how people with mental illness are scapegoated for gun violence when there is no link between killing people and mental illness. She pointed out that people with mental illness die 20-25 years earlier and are disproportionately incarcerated and killed by police. She went on to point out the injustices in the mental health system and how it is a second class system with limited recovery beds and too much coercion. She said people with mental illness grow up in shame and spoke about her work to change that through social media, the annual Mad Pride Celebration and the C-word campaign to raise public awareness about language.

She shared some of her successful legislative work including the Use of Force legislation, noting that since it was enacted no one in mental distressed has been killed by law enforcement. In the 15 years prior, 10 people in mental distress died during law enforcement interactions. This year she wants to do more to reduce coercion in the mental health system.

### **House Human Services Receives an Update on Vermont's Medicaid 1115 Waiver**

Vermont's 1115 Medicaid waiver is unique nationally in that it covers all Medicaid benefits and services. It enables Vermont to serve an expanded population with expanded benefits and services. It enables federal match for services like CRT, moderate need Choices for Care and residential substance use services. The new waiver has more strings attached to the flexible

investment funds and requires greater evaluation of cost, quality, and access. Vermont is also unique in that DVHA serves as a managed care organization. Improvements in the new waiver include excluding provider rate increases in the budget neutrality cap. The waiver also includes \$14.9 million for a broader array of providers to update technology, including home and community-based service (HCBS) providers such as mental health and substance use providers. Here are highlights (excerpted from the PowerPoint) of some of the innovations in the new waiver:

- *Expanded Access to SUD Treatment for Vermonters Above Medicaid Income Limit.* Vermont will be the first state in the nation to expand access to critical SUD treatment services for individuals whose income is above Medicaid limits. Starting in 2024, individuals with incomes above 133% FPL up to 225% FPL (\$1,506-\$2,548 per month for a single adult) will be eligible for the SUD Community Intervention and Treatment program, which will offer a comprehensive set of SUD benefits, including service coordination, recovery supports, psychoeducation, peer supports, residential treatment, withdrawal management, counseling, and skilled therapy services. [starts 1/2025]
- *Permanent Supportive Housing Program.* To support Medicaid enrollees in securing and maintaining housing appropriate for their needs, Vermont obtained approval to implement a Supportive Housing Assistance Pilot that will offer a range of pre-tenancy supports, tenancy sustaining services, and community transition services. [starts 1/2025]
- *CRT – No income limit.* Previous waiver capped CRT program to 185% FPL, with investments providing coverage for individuals over income. [started 7/2022]
- *New Peer Support Benefit for SUD and CRT.* Peer specialists use lived experience to help individuals and their families understand and develop the skills to address mental illness, SUD, and other health conditions. Core functions include providing recovery, health, and wellness supports; supporting individuals in accessing community-based resources and navigating state and local systems; providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce; and promoting empowerment and a sense of hope through self-advocacy. [starts upon plan design]
- *Reimbursement of Personal Care and Life Skills Aide for Parents and Caretakers (BI, Children's, DS).* [starts upon rulemaking]
- *Choices for Care New Life Skills Aide Benefit.* Addition of "life skills aide" service to the CFC service array for High/Highest groups. To provide training in specific Activities of Daily Living identified in the treatment plan designed to promote independent living and community re-integration. [starts upon rulemaking]
- *CFC: Moderate Needs Change to Clinical Criteria.* Revise the CFC Moderate Needs Group clinical eligibility criteria to ensure that services are targeted to at-risk Vermonters with the most acute needs. Change will help to better manage long waitlists. [starts after MOE ends]

Ashley Berliner spoke about the effort to negotiate whether the HCBS rules around conflict-of-interest free case management, the settings rule and quality rules are required under Vermont's 1115 waiver. In the end CMS determined that these rules do apply.

For more information, please see this link to the [PowerPoint](#).

### **House Human Services Committee (HHS) Overview of Conflict-Free Case Management (COI)**

Dylan Frazer, Deputy Director of Medicaid Policy, Agency of Human Services, presented an overview of the Conflict-Free Case Management plan, which will affect the departments that the HHS oversees. Mr. Frazer reviewed the background and gave examples of possible conflicts that the new structure will address. Vermont has been out of compliance since 2014, although it does not have immediate impacts on federal funding. However, if requirements are not met by the end of the corrective action timeline, CMS will take notice.

It is not clear at this time if there will be any changes to the designation statute. Chair Wood and committee members expressed bemusement that person-centered planning would be separated from the people who would provide support and implementation. Chair Wood noted that as the system is built and dependent on Medicaid funding, states must relinquish some control and comply with federal regulations, but the State should be prepared for an increase in appeals.

All states that deliver HCBS must meet the requirements and most states are in compliance. Stakeholder engagement is a major factor in planning, and as case management duties vary across the five HCBS programs, there will be a lot of detail to tease out. One tool used by HMA is 'journey-mapping' with focus groups to understand experiences with the three processes and best practices moving forward. HMA has started the stakeholder engagement efforts with a COI Advisory group, creation of an accessible website and a monthly newsletter. There will be a range of mechanisms for community members to give feedback, from in-person to virtual.

### **Interstate Counseling Compact in House Health Care on January 31**

House Health Care heard testimony on H62, a bill which would allow Vermont to join the Interstate Counseling Compact. Like a nurse's compact, Vermont would allow Licensed Clinical Mental Health Counselors (or equivalent titles in other states) to obtain a home state license, and then (for a fee) apply for the compact in states they would like to practice, without having to acquire a state-specific license in those states. A summary of the bill is [here](#). The Office of Professional Regulation [OPR] testified in support of the Counseling Compact and noted that this is the direction that states are going nationally for portability of licensure and to increase access to care. Lauren Layman from OPR is working right now with other states on a similar Social Work Compact.

Committee members wondered about Vermont clinicians being subject to laws in other states—laws regarding disclosures of abortions, prohibiting gender-affirming care, and

conversation therapy, for example. OPR noted that although H.62 cannot be amended, there are ways to address this through Vermont amendments to the compact. Rep Berbeco asked witness Gray Otis from the National Mental Health Counselors' Association if this compact is leading more clinicians to work for large corporate counseling outfits. That's a risk, Otis said, but he hasn't seen that yet. OPR also noted that they will be streamlining mental health licensure and will produce a final report at the end of 2024.

### **DMH responds to Brattleboro Retreat Testimony in House Health Care**

DMH Commissioner Emily Hawes raised points of clarification at House Health Care following testimony from Brattleboro Retreat leadership the prior week. She pushed back on the idea that the Retreat could fully address medical needs, giving eating disorder care as an example. She provided data that showed that the Retreat does refuse referrals, although noted improvement and that they had "made great strides" since new CEO Linda Rossi arrived. Rep Cina asked about cost per day of each level of care bed. Hawes noted that standalone facilities have higher costs. When Rep Cina asked if we have enough beds, Hawes said that that was hard to answer because "we haven't been able to catch our community resources up...we haven't had a community health system that has kept on par with hospitals." Cina responded that he appreciated the analysis. "You can't predict higher level of care needs if you haven't adequately resourced the community system."

Hawes was asked why kids wait in emergency departments (EDs) if there are beds at the Retreat. She cited patient choice, crisis bed referrals, waiting on lab results, and scenarios where two youth know each other and can't be placed on the same unit. Rep McFaun was struck by the overall number of current beds closed.

### **Disability Rights Vermont in Senate Judiciary**

Ludovica Brown, a staff attorney at Disability Rights Vermont, testified to Senate Judiciary about the needs of people with mental health disabilities. She shared concerns about the statutory rights for victims around notifications and that people often do not receive adequate notice when there are supposed to be in remote hearings. She said, people with disabilities, especially those with mental health disabilities, do not trust the system.

Brown commented on S.36, which would allow warrantless arrests for people who assault or threaten to assault healthcare workers. She believes it would have a disparate impact on people with disabilities. Careful consideration of language is important. Acknowledging the brutal assaults described in the testimony the previous day, she said an arrest without warrant for misdemeanor (such as for disorderly conduct) will have unintended consequences. Current practices within criminal justice and the proposed language for S.36 will create a less safe Vermont. People with mental health conditions should not be discouraged from seeking care.

## ***Mental Health Advocacy Day Testimony***

### **House Passes Resolution on Mental Health**

On February 3<sup>rd</sup>, [this resolution](#) was on the House Calendar and read by the House Health Care Committee before taking testimony in honor of Mental Health Advocacy Day. A second resolution will be read honoring youth Mental Health at a later date.

### **[Link](#) to Video Recording of Mental Health Advocacy Day**

### **Housing Focus in House General, Housing and Military Affairs Committee**

Peer Support Advocate Dan Towle from Parker Advisors shared recommendations developed by Will Eberle from the Vermont Association of Mental Health and Addiction Recovery, including more funding for low income subsidized housing, streamlining the regulatory process, and expanding accessory dwelling units, as well providing financial support for developing and subsidies for renting to people with housing insecurity. Recommendations also included creating a single residency occupancy [SRO] voucher program, and allowing people with housing insecurity to rent out rooms in other people's homes. Dan Towle also recommended expansion of peer support and recovery coaches for substance use, as well as developing an equitable framework for affordable housing. Typically, the money goes to the largest developers in the largest counties; he suggested turning the system to focus on needs. Rep Bartley thanked Towle for his testimony, mentioning a friend who passed who had been homeless and sleeping at the airport. She also has friends who work doing peer support. Rep Burrows asked how peer support works with people who are homeless. Towle responded that peer support workers can do what social workers do: navigation and support in emergency rooms and hospitals, and transport. It's a win-win.

Dora Levinson, Research and Data Director at Building Bright Futures [BBF], spoke briefly to share BBF's findings and recommendations. She shared data on increased in anxiety, depression and behavioral conduct issues in children under 8 compared to other states and tied it to family homelessness. She noted an increase in Vermont kids experiencing homelessness: 398 kids under 9 enrolled in school are homeless, up from 226 in 2018. BBF's recommendations include investing in housing programs; supporting families in trauma responsive shelters; and ensuring that kids can attend school in their home districts. Rep Chestnut-Tangerman cited the spike in symptoms, asking if it is better diagnosis and reporting? Levinson said that Vermont likely does report in a more robust way than the rest of the country. COVID is a factor and there is a longer-term trend, noting parental substance use, as well.

### **Miss Vermont and NEA in Senate Education on February 2**

Alexina Federhen, Miss Vermont, shared her personal story with the Senate Education Committee. She described herself as a teen who experienced anxiety, depression, and other mental health symptoms without initially meeting a crisis level of care, until she became

suicidal in college. Using a waterfall analogy, she said focusing on kids in crisis (at the waterfall) means the kids who are upstream don't always get the help and resources they need. She would like to see more resources in school and more preventative mental health awareness in health class.

Don Tenney, President of the Vermont NEA, noted the increased stressors in schools related to the mental health needs of students in his [testimony](#). Chair Brian Champion wondered “what do we do? Increase mental health professionals?” Tenney championed the “community schools” model that has been started in five schools, with wraparound services there. He also shared that smaller school districts don’t have the resources to write the grants that larger districts have, which is unfair when some of the resources available right now are grant dependent.

### **Team Two and NAMI in Senate Health and Welfare**

Kristin Chandler, Team Two Coordinator, provided the committee with an overview of Team Two. She explained that the one-day training for law enforcement, mental health, and other first responders is scenario-based, voluntary, and offered regionally due to the specificity of resources available in each region. She is part of the group in Central Vermont who is piloting a 40-hour Crisis Intervention Training, which she described as the national “gold standard,” but noted barriers due to the amount of training time required. Team Two is starting to think about a refresher training, given that 17 states require follow up, and she says that law enforcement is welcoming this concept. Sen Laroque-Gulick believes that the refresher training could be very helpful. She noted that the narrative in Burlington on mental health crisis response “needs work.”

Margie Lemay, a NAMI-VT member, volunteer, and employee, shared that she had lost her 31-year-old son two weeks ago to addiction. “Every social system designed to help him failed him,” due to underfunding, understaffing, and because they were not able to function well and coordinate. This included that she had to give up parental rights when he was a teenager for him to access residential care. She implored the Committee that she did not want condolences but wanted them to hear her about ensuring that systems can communicate and coordinate, with well-paid staff to provide whole-person care.

### **Mental Health Advocacy in House Health Care**

Irene Simons, a School-Based Mental Health Counselor at NKHS, works with a caseload of 20-30 clients—with a waitlist of 5-10 students. The Canaan school counselor position was vacant for five years. She would like to see the committee incentivize the rural workforce by student loan forgiveness and streamlining licensing. Business development is also important. A local factory closure led to 200 people losing their jobs overnight. Lowering property taxes would help. The World Health Organization recommends employment and enrichment opportunities. She also shared about a recent tragic death by suicide and the lack of mental health supports for the family.

Leslie Ferrar, Chief Clinical Officer at Spectrum Youth and Family Services testified. Spectrum serves 1,300 adolescents and transition-aged youth between ages 12-30 in Chittenden and Franklin Counties. Spectrum specializes in co-occurring care, and they are seeing increased severity and intensity. They've increased their counselors from 4 to 12 this year to address their waitlists (noting that community providers had such long waitlists they shut them down). Spectrum is seeing youth struggling with anxiety, depression, hopelessness, and suicidality. They would like to be able to negotiate their rates. For every hour of counseling they provide, they lose money and fundraise to make up the difference. Spectrum lost two counselors this year to the hospital, which is paying over \$20,000 more in salary.

Scott Acus, Executive Director of Collaborative Solutions Corporation [CSC], focused his testimony on comparing Intensive Recovery Residential (IRR) beds to hospital beds. CSC started in 2007 as a place for people to go to leave the Vermont State Hospital. He demonstrated the clinical, social, and environmental strengths of IRRs, and the fact that they are one-third to half of the cost of a hospital bed. He invited the committee to delve deeply into these questions: do we have enough beds? Are the beds that we do have being used appropriately?

Kristin Chandler, Team Two Coordinator, provided an overview of Team Two similar to her Senate Health and Welfare testimony. Rep Cina asked what she sees as the benefits of the training for the providers and for Vermonters. Chandler said responders learn about how each person does their job and their limitations. Vermonters are getting a more cohesive response because they can strategize enroute to the scene. She noted that despite the new Use of Force policy, there is a whole culture shift, where it is accepted that people are going to talk to each other from those different disciplines, and Vermonters are getting a better response.

### **Mental Health Advocacy to House Human Services Committee**

Matthew LeFluer, All Brains Belong and Kathleen Kilbourne, Executive Director, Center for Health and Learning presented as part of mental health advocacy day for people with intellectual and developmental disabilities and autism. Matthew LeFluer identifies as a person of color with autism, ADHD and dyslexia and shared his story. He started by pointing out that people with intellectual disabilities can be affected by mental health issues. Chair Wood asked about impacts of the pandemic, and Mr. LeFluer shared that he observed increased struggles within his family and IDD community when COVID first hit Vermont, including stress, loneliness, and hopelessness. He also noted that there is a gap in mental health services in Vermont and is looking for ways to build it up. Rep Whitman asked what Vermont is doing well or not well and Mr. LeFluer stated that Vermont does well bringing awareness about the problems in the mental health system, as it is one part of the health-care pie. Data helps the awareness. What is not working is lack of resources, tools, and technology, especially in rural areas that have limited or no resources to provide individuals with tools needed to help them.

Kathleen Kilbourne, speaking as a parent of a disabled child, shared personal stories about her son's and her experiences with school, and hospital challenges. When asked what the most pressing need is, Ms. Kilbourne shared that resource allocation is the most urgent need.

Specifically, resource allocation for accessible and trauma-informed crisis or transitional housing, increase services through designated agencies, and consistent staffing (who currently burn out quickly and leave). Also important is to elevate the value of peer and family support.

### ***UPCOMING EVENTS***

#### **Recovery Day: Wednesday, 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.

#### **Public Hearing on Housing Thursday, February 16, 2023 at 4:00 P.M.**

This public hearing will be held in room 267, 109 State Street (the Pavilion Building) – by the House Committee on General and Housing and the Senate Committee on Economic Development, Housing, and General Affairs. Committee Assistants: House Committee on General and Housing, Ron Wild; Senate Committee on Economic Development, Housing, and General Affairs, Scott Moore.

### ***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.