

Sec. X. 18 V.S.A. chapter 95 is added to read:

CHAPTER 95. SUBSTANCE ABUSE ADVISORY COUNCIL

§ 4851. PURPOSE

It is the purpose of this chapter to establish a council responsible for evaluating Vermont's substance abuse system of care from a health and wellness perspective. The council created herein shall modernize the State's approach to substance abuse in terms of prevention, intervention, treatment, and recovery by focusing on community services, balancing scarce Medicaid resources, and integrating efforts with the Blueprint for Health.

§ 4852. SUBSTANCE ABUSE ADVISORY COUNCIL

(a) Creation. There is created a substance abuse advisory council to foster coordination and integration of substance abuse services across the substance abuse system of care.

(b) Membership. The Council shall be composed of the following 19 members:

(1) the Chair of the Senate Committee on Health and Welfare or designee;

(2) the Chair of the House Committee on Human Services or designee;

(3) the Secretary of Human Services or designee;

(4) the Secretary of Education or designee;

(5) the Deputy Commissioner of the Department of Health's Division of Alcohol and

Drug Abuse Programs;

(6) the Commissioner of Mental Health or designee;

(7) the Commissioner of Vermont Health Access or designee;

(8) the Director of the Blueprint or designee;

(9) a representative of an approved provider or preferred provider that shall also be a designated agency;

(10) a representative of an approved provider or preferred provider that provides residential treatment services;

(11) two licensed alcohol and drug abuse counselors serving different regions of the State, appointed by the Governor;

(12) a physician in private practice with expertise treating substance use disorders, appointed by the Governor;

(13) a representative of hospitals, appointed by the Vermont Association of Hospitals and Health Systems;

(14) a representative of the criminal justice community, appointed by the Governor;

(15) an educator involved in substance abuse prevention services, appointed by the Governor;

(16) a youth substance abuse prevention specialist, appointed by the Governor;

(17) a community prevention coalition member, appointed by the Governor; and

(18) a member of the peer community involved in recovery services, appointed by the Governor.

(c) Report. Annually on or before November 15, the Council shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action.

(d) Meetings.

(1) The Secretary of Human Services shall call the first meeting of the Council to occur on or before August 1, 2015.

(2) The Council shall select a chair and vice chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(e) Reimbursement.

(1) For attendance at meetings during adjournment of the General Assembly, legislative members of the Council shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406 for no more than four meetings annually.

(2) Members of the Council who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their attendance shall be entitled to per diem compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for no more than four meetings annually.

§ 4853. ADMINISTRATIVE SUPPORT

The Agency of Human Services shall provide the Council with such administrative support as is necessary for it to accomplish the purposes of this chapter.

§ 4854. POWERS AND DUTIES

The Council shall:

(1) assess substance abuse services and service delivery in the State, including the following:

(A) the effectiveness of existing substance abuse services in Vermont and opportunities for improved treatment; and

(B) strategies for enhancing the coordination and integration of substance abuse services across the system of care;

(2) provide recommendations to the Department of Health in its development of a substance abuse system of care, including regarding the integration of substance abuse services with health care reform initiatives, such as value-based payment methodologies;

(3) provide recommendations to the General Assembly and Agency of Human Services regarding the improvement of statutes and rules governing the substance abuse system of care; and

(4) provide recommendations to the General Assembly regarding State policy and programs for individuals experiencing public inebriation.