

**Senate Committee on Health & Welfare FY23 Budget Recommendations**

The Senate Committee on Health and Welfare (SHW) appreciates the opportunity to share its recommendations regarding the fiscal year 2023 budget with the Senate Committee on Appropriations. SHW understands the significant difficulties associated with making financial decisions in the midst of the ongoing pandemic.

The Committee sees natural linkages within some of our budget recommendations and requests that the Senate Committee on Appropriations think creatively about how to fund these initiatives. For example, could housing funding be used to fund the housing pilots for individuals with developmental disabilities as proposed in H.720 or to fund peer-operated respite centers as proposed by SHW’s committee report for S.195? Similarly, are there any opportunities to leverage funding received through the opioid settlement in H.711 for opioid overdose prevention pilot programs in H.728?

As the Senate Committees on Appropriations and on Finance work together on finalizing State revenues and spending, it is important to SHW that Reach Up families be held harmless in order to realize the full benefit of any child care tax credits they may receive. SHW also recommends considering the use of Tobacco Settlement Funds for tobacco prevention activities.

<b>Bills Passed by SHW</b>			
<b>Bill</b>	<b>Agency/ Dept.</b>	<b>Amount</b>	<b>Notes</b>
S.91: Parent Child Center Network	DCF	SHW committee report appropriated \$5.2m	SAC removed the appropriation; the \$5.2m in the SHW committee report would have appropriated \$3.7m in one-time funds and added \$1.5m to base funding.
S.195: Mental Health Peer Support Specialist Certification (and Expansion of Peer Respite Centers)	DMH	SHW committee report appropriated \$525k in FY23 for development and operation of peer support specialist program	While SAC removed portions of bill creating peer-operated respite centers, SHW continues to recommend appropriation of \$2m in FY23 for new peer-operated respite centers, whether operating singly or in collaboration with a peer-run or peer-led community center, and/or expanding existing peer-operated organizations, such as Pathways, to add respite services. \$50-75k may also be needed for cost of contracting.

<b>Bills Passed by SHW</b>			
<b>Bill</b>	<b>Agency/ Dept.</b>	<b>Amount</b>	<b>Notes</b>
S.285: Health Care Reform Initiatives, Data Collection, and Access to HCBS	GMCB, AHS	As passed by Senate, appropriates \$5m, of which \$4.45m is to GMCB for payment and delivery system reform and federal waiver(s) and \$550k is to AHS for federal waiver(s)	SAC amendment appropriates \$1m to GMCB directly and holds remaining \$3.45m until fall for HROC approval of plan and timeline.

<b>Priority Bills Referred to SHW</b>			
<b>Bill</b>	<b>Agency/ Dept.</b>	<b>Amount</b>	<b>Notes</b>
H.265: Office of the Child, Youth, and Family Advocate	Office of the Child, Youth, and Family Advocate	\$120k in FY23	Amount appropriated in bill for FY23 only anticipates Office operating for half of fiscal year (beginning on January 1, 2023). Annualized cost of Office is \$240k. House passed bill in 2021, so there is no appropriation in current budget.
H.464: Reach Up	DCF	House version appropriates \$500k for IT improvements necessary to carry out bill, but SHW is still considering the bill	In addition, there is \$130k impact for postponing anticipated savings related to eliminating the medical review team until January 1, 2024.
H.655: Telehealth Licensure and Registration System	OPR	\$360k to set up telehealth licensure/registration system	Bill is currently in Senate Finance
H.720: Developmental Disabilities System	DAIL	House version appropriates: <ul style="list-style-type: none"> <li>• \$102k to create a limited-service position; and</li> <li>• \$500k to develop pilot planning grants</li> </ul>	Monies appropriated in this bill are from HCBS FMAP funds. SAC may want to look at whether housing funds can be used for the housing pilots and housing development costs.
H.728: Opioid Overdose Response	VDH	House version appropriates \$880k in one-time funds for 3 pilot programs; SHW is still considering the bill.	SAC may want to look at whether opioid settlement funds in the Opioid Abatement Special Fund to be established in H.711 can be used for costs in this bill.

Funding Priorities Included in House Budget				
Topic	Current Advocate Proposal	House Budget Section	Notes	SHW Position/ Difference from House budget
HCBS provider rates	\$22.9m (GF) (10% increase)	B.301	Governor recommended \$7.1m GF, which would be a 3% increase; House appropriated an additional 4% (\$9.4m GF) on top of the 3%, for a 7% total increase (\$15.2m GF)	Support 10% increase, which would be an additional 3% (\$7.1m) more than in House budget
Medicaid Postpartum Coverage	\$951k (base)	B.307	BAA required AHS to request Medicaid State Plan amendment to expand postpartum coverage	Support as in House budget
Substance Misuse Prevention Coalition	\$3.5m (base)	B.313	The Governor recommends \$3.5m; House budget funded \$612,500.	<b>Undecided; relationship to H.728?</b>
9-8-8 crisis line	\$1.35m	B.314	\$440k is in House/Governor's recommendation; SHW supports \$900k	Support \$900k (\$460k more than in House budget) <i>See SHW language proposal in Sec. A below</i>
Zero Suicide Program Expansion	\$1.2m	B.314	\$260k in in House budget; SHW supports \$700k	Support \$700k (\$440k more than in House budget) <i>See SHW language proposal in Sec. B below</i>
Statewide Director for Suicide Prevention	\$125k	B.314	\$115k is in House budget; SHW supports \$120k	<b>Support \$120k (which is \$5k more than in House budget)</b> <i>See SHW language proposals in Sec. C and D below</i>
Elder Care Clinician Program and Vet to Vet Visitor Program	\$100k	B.314	\$100k is in House budget	Support as in House budget; <i>see SHW language proposal in Sec. E below</i>
CCFAP Increase	\$4.9m (base)	B.318	House budget supported Governor's recommendation	Support as in House budget

<b>Funding Priorities Included in House Budget</b>				
<b>Topic</b>	<b>Current Advocate Proposal</b>	<b>House Budget Section</b>	<b>Notes</b>	<b>SHW Position/ Difference from House budget</b>
Health Care Advocate	\$270k (base)  \$120k (base)	B.1100 (one-time) B.300 (base)	House appropriated \$270k to HCA on a <u>one-time</u> basis, but HCA seeks a \$270k increase to its <u>base</u> . HCA also wants to add \$120k to base to hire additional attorney, which House funded.	Support adding both increases to <u>base</u> funding
Tobacco Control Program	\$612,500 (base)	B.1100	House budget includes \$612,500 in one-time funds	Support as in House budget (one-time funds)
Vermont Food Bank	\$6m	G.600	\$1.5m in House budget; Vermont Food Bank received \$7m in FY22 BAA	SHW does not support this request

<b>Other Priority Funding Requests (not in House budget)</b>			
<b>Requesting entity</b>	<b>Proposal</b>	<b>Notes</b>	<b>SHW position</b>
Free and Referral Clinics	\$102,800 increase (base)	Clinics seek a 10% increase to their base grant through VDH	Support a 5% increase (\$51,400)
AHEC Primary Care Loan Repayment	\$793k (base)	Program is currently funded at \$667,111 and AHEC seeks for it to be funded at 2009 level of \$1.46m.	Support
Pre-Apprenticeship Program	\$100k (either one-time or base)	Funds requested for child care pre-apprenticeship program; if VTAEYC can carryforward funds only \$60k is needed.	Support as one-time funds
Vermont Donor Milk Center	\$50k (one-time)		Support
Resource Center for Justice-Involved Vermonters	\$150k (one-time)	Pilot to establish resource center for justice-involved individuals across Vermont who have substance use disorders	Support – should consider as part of recovery center services for people leaving DOC custody

Other Priority Funding Requests (not in House budget)			
Requesting entity	Proposal	Notes	SHW position
Children’s Integrated Services (CIS) community data system expansion	\$1,591,590 (ARPA/one-time funds)	Original request of \$1.59m in ARPA/one-time funds over 3 years would expand to all 12 regions; follow-up proposal was for \$312,900k in ARPA/one-time funds over 2 years to expand to Springfield, Bennington, Brattleboro, and NEK CIS regions	Support \$312,900 for the expansion to 4 regions
Diaper Bank	\$180k		Support; funds should be appropriated to Vermont Food Bank for distribution to Diaper Bank

In conjunction with the suicide prevention appropriations described above, SHW recommends the inclusion of the following language:

Sec. A. APPROPRIATION; VERMONT’S NATIONAL SUICIDE PREVENTION LIFELINE

In fiscal year 2023, the General Assembly shall appropriate \$900,000.00 from the General Fund to the Department of Mental Health for the purpose of funding an anticipated increase in the use of the State’s suicide prevention lifeline call centers.

Sec. B. ZERO SUICIDE PROGRAM EXPANSION

(a) In fiscal year 2023, the General Assembly shall appropriate \$700,000.00 from the General Fund to the Department of Mental Health for the purpose of expanding the Vermont Suicide Prevention Center’s Zero Suicide program and other comprehensive suicide

prevention initiatives to engage a statewide coalition with broad public and private sector representation and build coalition partner capacity to assist in suicide prevention planning, implementation, and evaluation that includes:

(1) expanding the Zero Suicide program through workforce development and technical assistance to 10 designated agencies, two specialized service agencies, and preferred providers, including expansion to primary care practices;

(2) building school-based pathways to care through the Umatter for Schools program;

(3) offering access to ongoing gatekeeper training throughout all communities with a focus on cultural competencies;

(4) supporting public education and information to reduce stigma associated with help-seeking and to improve awareness and access to suicide prevention support and services; and

(5) supporting, coordinating, or offering, or any combination thereof, comprehensive suicide prevention and postvention training throughout the State.

(b) As used in this section, “postvention” means activities that reduce risk and promote healing after a death by suicide.

Sec. C. 18 V.S.A. § 7209 is added to read:

§ 7209. DIRECTOR OF SUICIDE PREVENTION

(a) There is established a permanent, full-time Director of Suicide Prevention position within the Department of Mental Health to coordinate statewide suicide prevention efforts across State government and in collaboration with community partners, mental health and health care providers, crisis providers, and other organizations regularly interfacing with individuals at risk of death by suicide.

(b) The Director shall:

(1) work with the stakeholders, such as the Vermont Suicide Prevention Coalition, to oversee the development and implementation of a comprehensive State plan for suicide prevention; and

(2) promote positive youth development, for lifelong mental health through school health and health education in coordination with the Agency of Education.

(c) Annually, on or before January 1, the Director shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare on the development and implementation of the comprehensive State plan for suicide prevention required pursuant to subsection (b) of this section.

#### Sec. D. APPROPRIATION; DIRECTOR OF SUICIDE PREVENTION

In fiscal year 2023, the General Assembly shall appropriate \$120,000.00 from the General Fund to the Department of Mental Health for the purpose of establishing a full-time Director of Suicide Prevention position pursuant to Sec. C of this act.

#### Sec. E. SUPPORTS FOR OLDER VERMONTERS AND VETERANS

In fiscal year 2023, the General Assembly shall appropriate \$100,000.00 from the General Fund to the Department of Disabilities, Aging, and Independent Living for the purpose of expanding the Elder Care Clinician Program or the Vet to Vet Visitor Program, or both.