

1 H.815

2 Introduced by Representatives Cina of Burlington, Cole of Hartford, Headrick  
3 of Burlington, Logan of Burlington, Priestley of Bradford, and  
4 Sammis of Castleton

5 Referred to Committee on

6 Date:

7 Subject: Human services; corrections; mental health and substance use  
8 disorder services; training; detained and incarcerated individuals;  
9 reentry; pilot

10 Statement of purpose of bill as introduced: This bill proposes to establish a  
11 pilot to implement health equity training for State employees, contractors, and  
12 grant recipients working in a correctional facility. It further proposes to  
13 establish a pilot for the provision of community-based mental health and  
14 substance use disorder treatment services for detained or incarcerated  
15 individuals and individuals reentering the community.

16 An act relating to health equity training in correctional facilities and to  
17 community-based mental health and substance use disorder services for  
18 detained or incarcerated individuals and individuals reentering the  
19 community

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. FINDINGS

3 The General Assembly finds that:

4 (1) justice-involved individuals “experience chronic health conditions,  
5 infectious diseases, substance use disorders, and mental illnesses at much  
6 higher rates than the general population”;

7 (2) incarcerated individuals experience negative health outcomes and  
8 health inequity;

9 (3) the social determinants of health and the social determinants of  
10 criminal behavior are broadly similar, and therefore “a broad public health  
11 approach focused on prevention and social justice for identifying and taking  
12 action on these share determinants” is critical;

13 (4) according to the 2022 Vermont Prison Climate Survey, 67 percent of  
14 individuals incarcerated in Vermont report experiencing better medical care in  
15 the community than in the correctional facility and 41 percent report declining  
16 health since entering prison, including mental health and substance use  
17 disorder challenges;

18 (5) access to health care is a significant social determinant of health,  
19 with clinical care accounting for 16 percent and healthy behaviors accounting  
20 for 34 percent of positive health care outcomes;

1           (6) 2021 Acts and Resolves No. 33 established the Health Equity  
2           Advisory Commission to “promote health equity and eradicate health  
3           disparities among Vermonters”;

4           (7) in its 2023 annual report, the Health Equity Advisory Commission  
5           suggested that the General Assembly consider a “[w]hole-of-government  
6           approach to addressing equity across [S]tate government to ensure  
7           transformation”;

8           (8) in its 2022 report on continuing education, the Health Equity  
9           Advisory Commission recommended “creating standardized, continuous, and  
10           ongoing training and education curricula for all State employee levels” and  
11           “ensuring that State contractors are also trained”;

12           (9) in the same report, the Health Equity Advisory Commission notes  
13           that “there are many opportunities to improve cultural competency, cultural  
14           humility, and anti-racism practices for all healthcare workers in the healthcare  
15           delivery process,” including training law enforcement officers “on how to  
16           address a physical or mental health crisis from a public health perspective  
17           instead of a criminalizing perspective”;

18           (10) the 2022 Vermont Prison Climate Survey documents the negative  
19           health experiences and outcomes among prison staff, suggesting that the  
20           practice of incarceration is detrimental to staff members;

1           (11) exposure to violence, trauma, and toxic stress influence physical  
2           and mental health outcomes, thus highlighting the importance of mitigation  
3           measures such as training; and

4           (12) as access to health care is a social determinant of health and  
5           criminal behavior, improving health and public safety requires viewing  
6           incarceration as a public health issue and more effectively drawing individuals  
7           who are incarcerated into the health care system.

8           Sec. 2. INTENT AND PURPOSE

9           (a) It is the intent of the General Assembly to improve health outcomes,  
10           promote health equity, and reduce health disparities for all Vermonters.

11           (b) The purpose of this act is to:

12           (1) improve health care outcomes for justice-involved individuals, State  
13           employees, and State contractors by implementing the training  
14           recommendations of the Health Equity Advisory Commission for the entire  
15           correctional workforce; and

16           (2) improve health care outcomes by increasing access to mental health  
17           and substance use disorder treatment for justice-involved individuals  
18           experiencing incarceration.

1       Sec. 3. TRAINING; HEALTH EQUITY; CORRECTIONAL WORKFORCE;  
2                   PILOT

3           (a) In fiscal year 2025, \$50,000.00 is appropriated from the General Fund  
4           to the Office of Racial Equity to operate a three-year pilot in all State  
5           correctional facilities for the purpose of providing all State staff, contractors,  
6           and grant recipients working in a correctional facility with baseline health  
7           equity training. The pilot shall be operated jointly with the Health Equity  
8           Advisory Commission and in collaboration with the Agency of Human  
9           Services. The Chittenden Regional Correctional Facility shall be the first  
10          correctional facility served by the pilot.

11          (b) On or before October 1, 2025, the Office of Racial Equity and the  
12          Health Equity Advisory Commission shall jointly submit a written report to the  
13          House Committees on Corrections and Institutions and on Health Care and to  
14          the Senate Committees on Judiciary and on Health and Welfare regarding the  
15          pilot's progress to date and any recommended next steps for expansion of the  
16          pilot across the Agency of Human Services.

17       Sec. 4. SERVICES FOR DETAINED AND INCARCERATED  
18                   INDIVIDUALS AND INDIVIDUALS REENTERING THE  
19                   COMMUNITY; PILOT

20          (a) In fiscal year 2025, \$1,000,000.00 is appropriated from the General  
21          Fund to the Agency of Human Services for the purpose of establishing a fund

1 for the provision of community-based mental health and substance use disorder  
2 services to detained or incarcerated individuals and individuals reentering the  
3 community.

4 (1) Within correctional settings, the fund shall be used to:

5 (A) reimburse community-based mental health and substance use  
6 disorder treatment providers who serve detainees and incarcerated individuals  
7 through telehealth or in-person visits at a correctional facility; and

8 (B) employ or contract with a case manager from a designated  
9 agency who works both on-site and remotely across the continuum of care to  
10 schedule mental health and substance use disorder treatment for detainees and  
11 incarcerated individuals, ensure privacy during telehealth or in-person  
12 appointments, ensure a warm hand off to a case manager in the community  
13 when the detainee or incarcerated individual reenters the community, and assist  
14 individuals reentering the community in applying for Medicaid or procuring  
15 alternative health coverage.

16 (2) Within the community, the fund shall be used for up to six months  
17 after an individual's detainment or incarceration concludes to:

18 (A) reimburse community-based mental health and substance use  
19 disorder treatment providers who serve individuals reentering the community  
20 after detainment or incarceration through telehealth or at in-person visits prior

1 to the individual's Medicaid or other health coverage taking effect or in the  
2 event that the individual does not have health care coverage; and

3 (B) employ or contract with a community-based case manager to  
4 provide assistance scheduling treatment for individuals reentering the  
5 community after detainment or incarceration, coordinating transportation or  
6 information technology connections for treatment, and providing continued  
7 assistance to individuals reentering the community after detainment or  
8 incarceration in applying for Medicaid or procuring alternative health  
9 coverage.

10 (b)(1) Community-based mental health and substance use providers serving  
11 detained or incarcerated individuals or individuals reentering the community  
12 after incarceration in accordance with this section shall submit reimbursement  
13 forms to the case manager in the correctional facility or in the community, as  
14 appropriate, using standard Medicaid billing codes. The case manager shall  
15 remit the reimbursement form to the correct payer.

16 (2) The Agency of Human Services may manage the fund established by  
17 this section or contract with the State's Medicaid contractor to manage the  
18 fund.

19 (3) Monies appropriated pursuant to this section shall not be used to  
20 provide services or care through the entity with which the Agency contracts for  
21 health care services in Vermont's correctional settings.

1           (4) Contracted providers shall be trained in conjunction with  
2           correctional staff in existing policies, procedures, and the health equity training  
3           pilot required pursuant to Sec. 3 of this act. Contracted providers shall be  
4           reimbursed at a standard per diem rate for participation in trainings.

5           Sec. 5. EFFECTIVE DATE

6           This act shall take effect on July 1, 2024.