

## SENATE HEALTH AND WELFARE

Rural Health Transformation Program, January 14, 2026

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Thank you for the opportunity to testify on the Rural Health Transformation Program. I want to begin by acknowledging the magnitude of the work required to submit this application. This was a substantial undertaking, and I want to congratulate the staff at AHS on the outcome of that effort. As part of a broader provider coalition, we offered numerous recommendations to AHS and we appreciate seeing that some of those were reflected in the application.

It is essential that mental health, substance use, and developmental disability providers and the people who rely on them are intricately engaged in and meaningfully supported by this transformation program. This is true broadly and is especially critical if we intend to move costly care out of hospitals and into local community-based agencies which will necessitate an investment in not only primary care but mental health, substance use, and developmental disabilities.

The landscape in which we function is constantly changing. It is important to note that just last night we received an email from SAMHSA canceling our long-standing grant for teen, youth, and adult mental health first aid because it “no longer effectuates the agencies priorities”. VCP, in partnership with community organizations, has been a leader in the provision of MHFA since 2015. It is an essential suicide prevention training that alongside other trainings is instrumental in supporting youth and adults in our schools and beyond. Numerous other programs have been rescinded as well across the state.

Despite that, I believe we have the potential for a unique opportunity here to really change and shape the lives of Vermonters who rely on our broad health delivery system. As a network we are aligned with the state’s transformation goals and are focused on increased access, strengthening our workforce, enhanced data collection and analysis, and backroom efficiencies that streamline access and lower costs centering the people we serve as we work on transformation.

In Chittenden County, which is often described as “non-rural”, we have one Designated Agency and two Specialized Service Agencies, all of which serve people not only in Chittenden County but beyond. These organizations are core components

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of Vermont's delivery system providing essential mental health, substance use, and developmental disability services.

As Vermont prepares to achieve its transformation goals, we strongly encourage the state to fully leverage both the flexibility and the intent of the federal language which is clear: FQHCs and Community Mental Health Centers are explicitly defined as "rural health facilities" for the purposes of both state allotment and provider eligibility. All qualifying health care organizations in Vermont should have equitable access to RHTP funds, consistent with the flexibility afforded under federal guidance.

We are cautiously optimistic and look forward to engaging in real transformation statewide as we continue to uplift individuals and families living with mental health conditions, substance use challenges and developmental disabilities.