



Vermont Coalition for Disability Rights 2022

Legislative Platform

VCDR thanks you for your service to ALL Vermonters!

VCDR hopes that we can assist you throughout the session as you consider issues that affect the lives of your constituents with disabilities. Please contact us for input and education on disability issues. Learn about our member organizations and the many services they provide at our website: www.VCDR.org

If you have any questions, please reach out to VCDR Coordinator Karen Lafayette (802-373-3366 or kmlafayette@aol.com) or VCDR President Sarah Launderville (802-249-4939 or slaunderville@vcil.org).

VCDR thanks the Vermont Developmental Disabilities Council, VCDR members and friends for their contributions and support of our work. For more information about specific legislation and other VCDR advocacy activities, or to share your recommendations and concerns, contact us:

VCDR

11 East State St., Suite 2, Montpelier, VT 05602

vcdrvt@gmail.com

Open to Change, Open to All!

VCDR's Legislative Platform for 2022 reflects the impact of pandemic realities on the lives of Vermonters with disabilities and their families. Early responses to this public health crisis- in Vermont and across the nation- revealed inequities and fragilities in our health care policies, our educational practices, our funding for direct service providers and other essential workers, and our mental health and equity work in schools. Vermont policy makers grappled with hard choices and VCDR member organizations saw a growing recognition of the human costs of underfunding disability and poverty programs: We were not prepared.

VCDR celebrates the commitment, creativity and determination shown by so many Vermonters who have risen to the challenge, giving their skills, energy and sometimes their health to help bring food and supplies, medical care, education, and shelter to Vermonters with and without disabilities. We thank Vermonters with disabilities and their families and allies who have spoken up and whose stories and advocacy proposed solutions to barriers that so many Vermonters have faced during the last 2 years. We thank the policy makers and program planners who listened and acted.

The experiences of individuals and families here in Vermont and elsewhere show us how necessary, how vital, it is that we do not turn away from the lessons learned. We must take what we have learned and use this knowledge to make our information, social services, health care, and education systems more inclusive, designed to respond to new challenges, and able to center equity and caring in our state policy and local practices.

During a virtual Disability Awareness Day workshop last year five students with disabilities reminded us that one of the worst things we offer students with disabilities is low expectations. This pandemic has challenged us to find ways to respond to new challenges with high expectations and a commitment to make sure that our best hopes for the future are open to all. This is a challenge we must meet.

Deborah Lisi-Baker

BUDGET & POLICY

Technology Training to reduce Social Isolation- Renew \$100,000 Grant:

Vermont Association for the Blind and Visually Impaired were able to obtain a one-time \$100,000 grant from the State using some of the COVID funding from the Federal government for the past two years. The funding was used to provide this technology training to combat the feelings of isolation that had increased even more due to the Coronavirus.

VCDR is asking the State to increase the VABVI appropriation by \$100,000 for the permanent expansion of our services with the addition of this iOS technology training. We would continue to subsidize our other services, but we need your help to offer these new services. The accomplishments of VABVI's clients highlight the "can-do" attitude and joy of life that is present regardless of their vision levels.

Legal Assistance for Families with Education Needs:

VCDR requests resources for legal assistance to families of children with disabilities who are eligible for or on a Section 504 plan or an Individualized Education Program (IEP) at school. The assistance could look like a fully funded full-time special education attorney position at Disability Law Project or sustaining a bank of pro bono attorneys trained by DLP in special education law.

Children's Integrated Services (CIS):

VCDR supports fully funding Essential Early Intervention and Prevention Services. Children's Integrated Services (CIS) maximizes children's health, development, and learning by providing individualized support to families and specialized childcare programs. Due to inadequate funding over the last 11 years, Vermont is coming up short in meeting its obligation to its youngest learners, particularly those who are entitled to Early Intervention services mandated by Federal law. VCDR supports an increased investment in CIS, which would ensure continued progress on family safety and stability; healthy child development; and young children's access to quality early care and education.

New Housing Models with new funding for Home and Community Based Services:

VCDR believes that individuals and families must have a diverse range of stable housing options for recipients of Home and Community-Based Services. We will work to educate legislators and policy makers about the need for Vermont to develop equitable housing plans that offer a menu of housing choices for adults with developmental or intellectual disabilities to enjoy the same stability, freedom and peace of mind afforded to other Vermonters, in alignment with HCBS requirements.

VCDR calls for immediate action by the legislature to set aside funding and direct the Agency of Human Services to work with State housing organizations and stakeholders, including families and self-advocates, to develop and fund at least three new service-supported housing models. These model projects must collectively address the full range of support needs presented by Vermonters with disabilities who are eligible for Home and Community-Based Services.

Access to Specialized Child Care for Children with Disabilities, Special Health and Mental Health Needs:

As an unprecedented amount of state and federal funds are dedicated to the development of a high-quality, affordable childcare system, VCDR is concerned that children with disabilities, special health and mental health needs will be left behind if the state does not take steps to develop and implement strategies to ensure equity in Vermont's early learning programs. Our members hear from families throughout the state whose children are expelled or suspended from childcare programs, and, in many cases, families are entirely unable to access care. VCDR supports the formation of a Task Force for Equitable Childcare.

Support for Children's Mental Health Needs:

It is widely recognized that the pandemic has taken a toll on children's mental health and well-being. News of long waits in emergency departments throughout the state raised alarm bells among legislators and the administration and put a spotlight on the myriad of challenges in our mental health system. The most significant response by the Legislature in 2021 was to form the Mental Health Integration Council that has just begun the work. The backdrop to this effort is the state's action plan, Vision 2030, which includes actionable steps to address the needs of families who have children with mental health issues. VCDR supports opportunities that have been identified by families as important programs and services for expansion, building on what we know works.

Increase Denture Coverage:

Dentures make adequate nutrition possible and are important for the overall health of individuals who have a disability. VCDR believes that private insurance and Medicaid should be required to provide reasonable levels of coverage for dentures.

Financial Support for Family Caregivers:

VCDR supports dedicating resources to pay family caregivers and continuing with the payment practices implemented during COVID for Shared Living Providers and Unpaid Family Caregivers.

Hearing Aid Insurance Mandate:

Medically appropriate hearing health care is essential for language development, communication, good health, and personal safety. Untreated hearing loss contributes to an increase in dementia, falls, and associated healthcare costs and decreases rates of employment and independent living. A hearing aid mandate will require private health insurance coverage for hearing aids, repairs, and related services. Insurance coverage for hearing aids should be at least equivalent to the coverage provided in the Vermont Medicaid program. Vermont is currently the only New England state without a such a mandate, and most states require coverage nationally. VCDR supports passing legislation to mandate.

VCDR supports the following legislation:

H. 266 An act relating to an incremental approach to health insurance coverage for hearing aids <https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0266/H-0266%20As%20Introduced.pdf>

This bill proposes to require Medicaid, the State Employees Health Plan, and large group health insurance plans to provide coverage for hearing aids beginning in plan year 2022. It would also direct the Agency of Human Services to apply for federal approval to modify the essential health benefit package for Vermont's individual and small group health insurance plans to include coverage for hearing aids beginning in plan year 2023."

Renew Participant Directed Attendant Services Program (PDAC) and end the waiting list:

This vitally important program is funded by Vermont's general fund revenues. Funding has been frozen for several years and the program needs to accept new applications. The program can mean the difference between Vermonters having to impoverish themselves to be eligible for other attendant services programs or retaining employment and thus maintaining their independence. VCDR supports renewing the PDAC program and ending the waiting list.

Pilot Program – Specialized Supports and Services:

VCDR supports establishing a Vermont pilot Support Service Provider (SSP) program for Persons who are DeafBlind. SSPs assist with accomplishing everyday tasks, including reading the mail, relaying visual descriptions of the environment, providing transportation to and from locations including grocery stores, medical appointments, and many other personal errands, as well as allowing participation in community events.

Independent Advocate for Developmental Services:

VCDR believes Vermont must provide an independent advocate for individuals served by the Developmental Services System, similar to the Long-Term Care Ombudsman Service that is available to people served by the Choices for Care program. Vermont's Disability Law Project provides this service today but is not adequately funded. A fully funded DS advocate would: receive, track, and address individual complaints; educate recipients of service about their rights; and advocate for administrative and legislative changes that uphold the right of individuals in the DS system to make informed decisions about where and how they live.

Support for Peer Initiatives:

The state should continue to expand support for peer initiatives and organizations “of, by and for” people with disabilities. VCDR supports advocacy within the budget process for adequate funding of organizations and projects like: Vermont Center for Independent Living, Vermont Psychiatric Survivors, Green Mountain Self-Advocates, Another Way Community Center, Alyssum, Soteria House, Pathways Vermont, Deaf Peer Services, Vermont Family Network, Vermont Federation of Families for Children's Mental Health, and other developing peer-run services. This is particularly important as the state budget “tightens” with the pressure the pandemic and of developing expensive residential and inpatient services.

VCDR Supports the following legislation – S.194 and S195:

S.194 An act relating to peer-operated respite centers

<https://legislature.vermont.gov/Documents/2022/Docs/BILLS/S-0194/S-0194%20As%20Introduced.pdf>

This bill would create seven, peer-run respites and two, pilot, peer-run respites with affiliated community centers

The purpose of this bill is to provide funding to peer-run organizations in Vermont to operate peer respite centers to provide peer respite services to individuals with mental illness who experience acute distress, anxiety or emotional pain who might otherwise visit an emergency department or be admitted to an inpatient psychiatric hospital; and to pilot two, combined peer respites and community centers to determine if the combination improves outcomes for individuals experiencing mental health challenges. As written, the funds would come from the general fund. However, if the companion bill (H.195) passes, Medicaid funding could be available to fund the peer respites as well.

S. 195 An act relating to the certification of mental health peer support specialists

<https://legislature.vermont.gov/Documents/2022/Docs/BILLS/S-0195/S-0195%20As%20Introduced.pdf>

This bill would create a Medicaid compliant, statewide mental health peer support certification program. This bill proposes to require the State Agency of Human Services (AHS) to establish, no later than January 1, 2023, a statewide mental health peer support specialist certification program, as a part of the state's comprehensive mental health system and Medicaid program; require an applicant for the certification as a peer support specialist to meet specified requirements, including successful completion of the curriculum and training requirements; require an applicant for the certification as a peer support specialist to meet specified requirements, including successful completion of the curriculum and training requirements and appropriate funds to develop and administer the certification program, and appropriate funds to serve as the state's share of funding to claim federal financial participation under the Medicaid program and other.

Peer Navigation for Families with Complex Needs:

Vermont should reinstate this program in which people with the lived experience of complex needs in their own families assist other families to find their way through the complex system of social, economic and health programs. The State should explore the use of federal American Rescue Plan Act Recovery (ARPA) funds to help us reestablish the services; results and costs avoided would argue for ongoing funding in the AHS budget.

Formerly federally funded for six years (Family Support 360 Project), peer navigation has a documented record of success in supporting more informed choices and positive outcomes for families with children and/or parents with disabilities. VCDR supports reinstating and funding this program.

Sustaining the Home and Community-Based Services Workforce:

VCDR Believes the legislature must immediately raise the wages for all licensed and non-licensed healthcare workers who provide direct support, home health, and other related services to people with disabilities. To address historically high vacancy and turnover rates, Vermont must invest in direct support professionals and other frontline staff. Medicaid rates must be increased to support compensation levels at no less than \$20 per hour. This rate reflects a paid wage consistent with the important and challenging work performed by these staff members. Further, the legislature must ensure these wage increases are sustained over time by adjusting annually for inflation and other cost increases. Rate increases must be built directly into the State budget, rather than relying upon one-time funds. Only by ensuring a consistently competitive market rate, can Vermont rebuild and maintain a viable workforce for people with disabilities.

Participation in Health Care Determinations:

The COVID-19 pandemic has highlighted bias and disparities people with disabilities face in accessing health care. People with disabilities and their families must be allowed to participate in deliberations regarding access to health care during this pandemic and in ongoing policy discussions relating to Medicaid health and disability services, including payment reform and planning for Vermont's Medicaid Waiver renewal and the ACO Model Agreement renewal.

Protect Medicaid:

Vermont must protect its Medicaid program and ensure that there are adequate funds to address the health and long-term support needs of Vermonters with disabilities. The Legislature should invest Medicaid dollars to meet the needs of Vermonters with disabilities and other Vermonters for whom a viable and adequately funded Medicaid program is essential.

Renewal of All Payer Accountable Care:

The Legislature must lay the groundwork this session for potential renewal of the All-Payer Accountable Care (ACO) Model Agreement in 2022 by requiring an independent evaluation of the All-Payer Model in terms of cost, quality of care and its impact on the health of Vermonters. The Legislature should not give additional Medicaid investment dollars to support hospital-based delivery system reform until an equal amount of Medicaid investment funds are given to support the delivery system reform needs of home and community-based care providers.

Vermont Family and Medical Leave Insurance Program:

VCDR supports the development of a program that will assist families by providing paid leave at the time of emergencies and major life events. The Legislature passed this legislation in 2021, but the Governor vetoed the legislation, and the Legislature was unable to override the veto. Just as workers comp insurance meets the needs of employers and workers injured on the job, a new system could help stabilize the workforce and assist families. VCDR would support a small tax to support this if other, existing supports are not negatively impacted.

CIVIL RIGHTS

Safeguarding Civil Rights:

VCDR will monitor and oppose legislative proposals that may diminish the civil rights of people with disabilities and mental health issues. Vermont has created the country's least institutional system of care, but issues of access, accommodations and involuntary treatment are still important in an era of budget constraints and misplaced fear of people who seem "other."

Eugenics Apology and Reconciliation:

Now that the State has apologized for the harm done by Vermont's Eugenics law to persons with disabilities, indigenous Vermonters, Vermonters of color, and others; VCDR supports the creation of one or more truth and reconciliation commissions to examine and begin the process of dismantling institutional, structural, and systemic discrimination in Vermont, both past and present including all those affected by Vermont's Eugenics law and to raise awareness about the ways in which ableism, racism and prejudice against these Vermonters continues today.

VCDR believes that the first task force established to further the apology for Vermont's eugenic practices must honor the legislative intent "to examine and begin the process of dismantling institutional, structural, and systemic discrimination in Vermont" by including *all* the groups harmed by eugenics who were named in the apology, including people with disabilities. This groundbreaking task force must be inclusive, in recognition of the harm that was experienced in the past and that still shadows public policies and practices today. Since state-sanctioned eugenics policies targeted the poor and persons with mental and physical disabilities, and individuals, families, and communities whose heritage was documented as French Canadian, French-Indian, or of other mixed ethnic or racial composition and persons whose extended families' successor generations now identify as Abenaki or as members of other indigenous bands or tribes, all these groups must be part of the foundational work to recognize and make reparation for the history and legacy of eugenic beliefs and practices.

Protection for People in Community Placements: Vermont can be proud of its community-based services, but are there enough protections from abuse or neglect built into the system? We have seen the vulnerability of people with mental health issues and developmental disabilities who often live in small, isolated settings. We believe that the Departments of Mental Health (DMH) and Disabilities, Aging, and Independent Living (DAIL) should be required to share Critical Incident Reports with Vermont's Mental Health Care Ombudsman and the protection and advocacy system (P&A) - Disability Rights Vermont (DRVT), to ensure independent oversight and quality assurance that is currently lacking. Federal law gives the P&A access to settings where people with disabilities receive services including non-institutional home settings.

Alternatives for people in crisis:

Other jurisdictions have created alternative models for assisting individuals in crisis. VCDR believes that setting up facilities, largely staffed with peers, whose primary function would be to de-escalate and address an individual's human needs would reduce the pressure on Vermont hospitals and reinforce the community basis of our mental health system.

People with Disabilities in Prison: VCDR advocates for change in the way people with disabilities are treated in Vermont's prisons:

- People ordered by courts to a hospital for psychiatric evaluation should in fact be admitted to psychiatric units where they can receive appropriate care, not to prison.
- Segregation is not treatment. Despite the temporary need for quarantine in some situations, Vermont should reduce or eliminate the holding of people with psychiatric disabilities or serious functional impairments in settings so restrictive that they exacerbate individuals' mental health conditions.
- Individuals who have served their minimum sentences without incident are generally released from our prisons. Prisoners with disabilities should be supported to attain safe, supported, community placements so that timely release is an equal option.

Restrictive Behavioral Interventions in Schools:

VCDR requests that the legislature holds the Agency of Education accountable for monitoring and reporting on the implementation and effectiveness of Rule 4500, passed in 2010 regulating the use of restraint and seclusion in Vermont schools. The monitoring and review of data can help to identify where there may be problem areas/school districts where additional resources/training may be directed.

Use of Force in Hospitals and Emergency Departments:

When force is used on an involuntary patient to prevent an injury on a psychiatric unit, the Department of Mental Health (DMH) collects and shares it with the “Emergency Involuntary Procedures (EIP) Review Committee” and the Mental Health Care Ombudsman (MHCO.) VCDR advocates that the Legislature also require hospitals to report the use of seclusion and restraint on all patients to the DMH, including those in emergency departments where many people in crisis are held for considerable lengths of time. Use of force against involuntary patients and de-identified data should be reported to the MHCO and the de-identified data to the EIP Review Committee.

Police Use of Force:

The new statewide “Use of Force” policy requires that all police departments have been trained in and change the many ways that they are responding to persons in crisis situations. The landscape is changing with crisis intervention. Many stakeholders worked on the new “Use of Force” policy with the Dept. of Public Safety to help rewrite it. VCDR applauds the recent Vermont policy designed to reduce the use of force by police and to offer alternatives. We strongly support continued dialogue and training partnership activities with disability organizations in local and statewide efforts to create effective and responsive alternatives to use of force by state and local police.

EQUITY

Equity for People with Disabilities:

It is of critical importance that equity considerations for people with disabilities be monitored throughout this legislative session. This includes impacts of both standalone disability related legislation and budget decisions, as well as considering both the intended and unintended consequences proposed legislation will have on Vermonters with disabilities.

Access to Justice for Crime Victims:

It is well known that people with disabilities are at a much higher risk to be victims of crime than people without disabilities. Most of the time individuals with disabilities are victimized because of how their disability makes them vulnerable, and often they are victims of crime perpetrated by people they know. Presently, there are a handful of rights afforded victims with the stated intention of reducing any additional trauma or harm to the

victims. However, the interpretation and enforcement of these rights varies widely if they are acknowledged at all. Considering the historic marginalization of people with disabilities, VCDR will support any bill that provides for either clearer directions to the Courts when interpreting the rights that exist, or that gives an enforcement mechanism when rights are violated, or that improve upon the current rights for victims.

Inclusive Responses to COVID-19 and Public Emergencies:

The COVID-19 pandemic has exposed and exacerbated longstanding equity issues for people with disabilities and other groups, including BIPOC and LGBTQI individuals and their families. As we plan for the future through initiatives such as COVID Recovery Projects, planning for climate change, and the Vermont Proposition Proposals for the Future of Vermont, state and local leaders must plan for equity for Vermonters with disabilities and other Vermonters who face bias and barriers to access to essential resources. We can and should build on what the pandemic has revealed about critical equity and safety issues for people with disabilities. Emergency plans for statewide and local services must address disability-specific rights and the health and safety needs of people with diverse disabilities and their families and caregivers, including those from diverse ethnic and cultural communities.

(Examples: online learning options, virtual access to benefits and essential resources, safety accommodations for individuals with disabilities and significant health issues, rights protections during emergencies)