“The mission of VCDR is to advance the human and civil rights of people with disabilities to ensure full and equal participation in all aspects of community life and the political process.”

The Vermont Coalition for Disability Rights 2014 Legislative Platform focuses on legislative policy and state budget issues affecting Vermonters with disabilities and their families.

Rights and the essential services needed by Vermonters with disabilities and their families must be preserved. Disability affects individuals and families from every Vermont community and from all social, cultural and economic backgrounds. It is a human experience that can come to any of us at any time; and it is a fact of life for many children, working age adults and elders in Vermont.

These Vermonters and their families look to government for the protection of rights and services that make equality, self-determination, independence, community participation and work possible. This is the expectation that drives VCDR’s advocacy and public education activities and that directed our work in the 2014 legislative session.

The interests and concerns of Vermonters with disabilities must influence health care reform, economic and community development, and the preservation and renewal of Vermont’s health, education and human services strategies.

VCDR will continue to advocate for the Medicaid benefits and long term care services that individuals with disabilities of all ages depend on to maintain health and independence. We will continue to advocate for successful peer directed services and other mental health, children and family services, transportation and economic development initiatives, legal resources, educational services, and other state and community programs that promote self-determination, community participation, health and employment.

Ed Paquin, President - VCDR
VCDR ACTIVITIES

The Vermont Coalition of Disability Rights Members, Organizations
Partner Organizations and Citizens testified over 46 times at 7 Public
Hearings and in Legislative Committees on VCDR Disability Issues during
the 2014 Legislative Session. The committees included: House
Appropriations, Senate Appropriations, Senate Health and Welfare, House
Human Services, House Health Care, House and Senate Judiciary, House
Government Operations, House General Housing and Military, and House
Education and others.

VCDR Member Organizations and other partner organizations testifying on
Disability Issues included: Vermont Coalition for Disability Rights (VCDR),
Green Mountain Self Advocates (GMSA), Brain Injury Association of
Vermont, Vermont Family Network VTFN, Vermont Center for Independent
Living (VCIL), Vermont Statewide Independent Living Council (VSILC),
Disability Rights Vermont (DRVT), the Vermont Federation of Families
(VTFFCMH), Vermont Association of the Blind and Visually Impaired
(VABVI), Vermont Psychiatric Survivors, the Vermont Council of Special
Education Administrators, the VT Developmental and Disabilities Council,
and Vermont Legal Aid’s Disability Law Project.

VCDR worked closely with the VT Developmental and Disabilities Council,
Vermont Legal Aid’s Disability Law Project, and the Vermont Low Income
Advocacy Council, the Vermont Council of Developmental and Mental
Health, The Vermont Affordable Housing Coalition, and a number of other
individuals, parents and advocates, testifying and speaking out on VCDR
platform and other disability Issues.

VCDR Members and others regularly attended VCDR Public Policy
Committee meetings, the State Standing Advisory Committee, Medicaid and
Health Care Exchange Advisory Committees, and DAIL Advisory Work
Group. Also VCDR Members participated in Planning and Strategy meetings
for Legislation especially related to the passage of H.728, now Act 140 –
Developmental Services System of Care Plan Changes and S.27 Respectful
Language, now Act 96 - Respectful Language Updates in the Vermont
Statutes, as well as testifying and participating in the discussions related to
Involuntary Medication, now Act 192, and Taser policy, now Act 180, among
others.
DISABILITY AWARENESS DAY 2014

Disability Awareness Day theme this year was "Empower People with Disabilities- It's Only Right(s)". A record attendance of 298 people engaged all legislators, with introductions and resolutions on the floor of the House, testimony in House Human Services Committee and Senate Health and Welfare Committee, a press conference, a reception and an evening program attended by many legislators, featuring Chester Finn as keynote speaker, a panel of advocates, and music by a brass sextet from the Me2/Orchestra.

Chester A. Finn of Albany New York is a Special Assistant in the New York State Office for People with Developmental Disabilities, a position he has held since 1997. He was first appointed to the National Council on Disability by President Obama in 2010. In 2008, Mr. Finn, who is blind and has a developmental disability, co-founded the Community Empowerment Programs Incorporated, which provides community services and educational programming for people with disabilities.

VERMONT COALITION FOR DISABILITY RIGHTS FOCUSES ON EMPLOYMENT AND EMPOWERMENT – VTDigger, February 27th

During the week of Disability Awareness Day, our Keynote presenter, Chester Finn, was interviewed and cited in 5 national articles relating to employment and disability.

The Bridge, Montpelier, VT EDITORIAL
http://www.montpelierbridge.com/2014/03/editorial-remembering-the-sheltered-workshop/

COMMUNICATIONS

VCOR communicated with the greater disability community, legislator’s state administrators and others through producing weekly calendars containing brief summary of legislative activity, committee schedules throughout the session, highlighting those issues of interest to the disability community, and weekly links and descriptions of legislation introduced during the session.
VCNR email “Alerts” included public hearing notifications, links to news articles, disabilities in the news, analysis of legislation, surveys, petitions, notifications of meetings and other events. **VCNR also published Updates and Reports** including the 2014 Legislative Platform, Budget Breakdowns, Analysis of specific Legislation and Legislative Session reports.

**PLATFORM ISSUES**

**VCNR Platform** BUDGET Issues: VCNR Platform Issues acted on in the FY2015 Budget included: Choices for Care Reinvestment, the MEDICAID reimbursements increase for Homecare and Union Provider increases, Developmental Disabilities Services funding, Mental Health and Substance Abuse Treatment funding, Special Education, Low Income Heating Assistance Program (LIHEAP), Legal Aid funding, Long Term Care Ombudsman funding, Health Care Advocate funding, Youth Services, Home Access funding, Supportive Housing Services and Rental Subsidies increases among others.

**VCNR Platform** POLICY Issues acted upon in legislation included: Developmental Disabilities - System of Care Plan, Choices for Care reinvestment, Involuntary Medication, Tasers, Seriously Functionally Impaired, Adult Protective Services, Dual Enrollment, Accountable Health Care Organizations, Criminal Justice, and Traumatic Brain Injury.

**LEGISLATION**

**VCNR Platform** issues (Budget & Policy) acted upon included:

**BUDGET BILL – Now LAW**


Budget Highlights: Human Services

- Maintains our commitment to reduce the cost shift by increasing the Medicaid reimbursement rate to providers by 1.6%, effective in January 2015;
Budget continued…

- Adds **substance abuse and mental health funding** of $1.2 million for Reach Up clients;
- **Updates child care eligibility** and adds funding for the Step Ahead Recognition System (STARS) for centers that provide high quality child care;
- **Increases housing supports** by doubling the Vermont Rental Subsidy program to $1 million, adding $300K for Emergency Solutions Grants for shelters, $200K for family supportive housing, $900K for temporary emergency housing, and increases funding for VHCB by 8.1% to further affordable housing;
- Includes funding for the opening of the **Vermont Psychiatric Care Hospital in Berlin**;
- Adds $760k to **expand rapid intervention to all counties**. Begins an electronic monitoring pilot in Windham;
- Supports $2.2 million **Direct Care Worker** negotiated contract;
- Recognizes important relationship of substance abuse in efforts to improve health outcomes and reduce costs, by allowing fund transfers 1) subsequent to performance measures establishment, and 2) concurrent with comprehensive physical, mental and substance abuse health system development including review of payment methods;
- Creates a new **Health Care Reform oversight committee** with the chairs of Appropriations, Finance, Ways and Means and Health Care, to monitor economic and financial aspects of health care reform;
- The budget includes $1.6 GF for autism services and $168,000 in total funding for 2 positions to manage the services;
- Funds the **Department of Disabilities, Aging and Independent Living** Total funds $8.7 million;
- The Budget includes $760,000 per the **pretrial services bill**, for pretrial monitors to screen and provide support to individuals either pre-charge or pre-arraignment for the Department of Corrections;
- The Legislature appropriated $175,000 in general funds, which will sustain 44% of the **federal Youth in Transition Grant** program.

**POLICY Legislation PASSED – Now LAW**

Respectful Language - Act 96 (S.27) An act relating to respectful language in the Vermont Statutes Annotated: **ACT096**
Respectful Language continued…

This act changes terminology used in the Vermont Statutes Annotated to refer more respectfully to persons with disabilities and other groups. For example, terms such as “mentally retarded” and “mental illness” were replaced by “intellectual disability” and “mental condition” or “psychiatric disability”, respectively. The act specifies that changes in terminology shall not be construed to alter the substance or effect of existing law or judicial precedent. Effective Date: July 1, 2014

Tasers Policy - Act 180 (H.225) - An act relating to a statewide policy on the use and training requirements for electronic control devices ACT180

This act mandates that the Law Enforcement Advisory Board (LEAB) will establish statewide policies concerning the use and calibration of electronic control devices, such as Tasers.

The act specifies a number of provisions that must be included in the LEAB policy, including the standard for when an electronic control device may be used. All law enforcement agencies and officers must adopt the policy by January 1, 2016, and all officers who carry electronic control devices must receive training. In addition, all officers, regardless of whether they carry an electronic control device or not, must receive more general training concerning mental health issues.

This act contains a number of reporting requirements, including that all uses of an electronic control device must be reported to the Criminal Justice Training Council, and that the Council must, in turn, report that information to the General Assembly every year. Effective Date: June 10, 2014

Traumatic Brain Injury – Criminal Procedures – Act 158 (H.555) - An act relating to the commitment of a criminal defendant who is incompetent to stand trial because of a traumatic brain injury: ACT158

This act provides the court with the authority to commit to the Department of Disabilities, Aging, and Independent Living a criminal defendant who has been found to be incompetent to stand trial because of a traumatic brain injury. Current law provides for commitment only if a criminal defendant is found incompetent because of mental illness or intellectual disability. Multiple effective dates, beginning on May 28, 2014
Developmental Services – Rules - ACT 140 (H.728) – An act relating to developmental services’ system of care: ACT140

This act amends Vermont’s Developmental Disabilities Act by requiring that certain components of the system of care plan be adopted by rule versus by the Commissioner of Disabilities, Aging, and Independent Living. Those components include priorities for continuation of existing programs or development of new programs; criteria for receiving services or funding; types of services provided; and the process for evaluating and assessing the success of programs. The Commissioner is required to determine priorities within the system of care plan based upon criteria established in statute.

Once the priorities are determined, the Commissioner must consider funds available to the Department in allocating resources. The act also expands an existing reporting requirement by directing the Department to include in its annual report the extent to which principles of service are achieved within the system of care plan and whether people with developmental disabilities have any unmet service needs. Effective Date: July 1, 2014

Involuntary Medication - VCDR OPPOSED to a number of provisions Act 192 (S.287) - An act relating to involuntary treatment and medication: ACT192, Act Summary

This act amends existing provisions pertaining to the judicial processes for involuntary commitment and medication in the context of treating persons with serious mental illness. One significant change established by this act is the event that triggers the emergency examination. Under the act, the emergency examination must occur no later than 24 hours after initial certification rather than one working day after hospital admission. The effect of this change is that a proposed patient cannot be held indefinitely without the commencement of commitment proceedings. Rather, this change accelerates the filing of the application for involuntary treatment and appointment of counsel, both of which are contingent upon the emergency examination having occurred.

The act creates a new probable cause review that occurs within three days of the filing of an application for involuntary treatment. This new judicial process is a paper review based on the emergency examination and application for involuntary treatment and does not require a hearing. The application for involuntary treatment cannot be dismissed solely because the review does not occur within three days, if the Court finds good cause for the delay.
The act allows applications for involuntary treatment to be expedited in certain circumstances, meaning that the hearing occurs within 10 days of the order being granted. The Court must expedite applications for involuntary treatment for persons demonstrating a significant risk of causing the person or others serious bodily injury when clinical interventions have failed to address the risk of harm. The Court may expedite applications for involuntary treatment for persons who have received involuntary medication during the past two years, and based on the person’s response to treatment, there is good cause to believe that additional time will not result in the person establishing a therapeutic relationship with providers or regaining competence.

In general, a hearing on the application for involuntary treatment must occur prior to the filing of an application for involuntary medication. This act creates three circumstances in which the application for involuntary medication can be filed while the application for involuntary treatment is pending. First, if the person’s application for involuntary treatment was expedited due to the fact that he or she poses a risk of serious bodily injury, the person’s application for involuntary medication may be filed while his or her application for involuntary treatment is pending. Second, the person may waive the right to have a hearing on the application for involuntary treatment prior to the hearing on the application on involuntary medication. Third, if a person has not had a hearing on the application for involuntary treatment within 26 days of its filing, an application for involuntary medication may be filed if the treating psychiatrist certifies that there is good cause to believe that additional time will not result in the person regaining competence or establishing a therapeutic relationship with providers, and serious deterioration of the person’s mental condition is occurring.

When an application for involuntary medication is filed while the application for involuntary treatment is pending due to either the person presenting a risk of serious bodily injury or the hearing not occurring within 26 days, the two applications must be consolidated. However, when consolidation occurs, this act requires a decision on the application for involuntary treatment to be rendered before a decision on the application for involuntary treatment.

Other provisions of note added by this act include the submission of a report by the Commissioner of Mental Health to the Court, Secretary of Human Services, and patient’s attorney every time a hearing on an application for involuntary treatment has not occurred within 60 days of its filing and the requirement that clear and convincing evidence that the treatment is appropriate be found prior to a Court order for a long-acting injection.
In addition, this act removes the automatic stay on orders for involuntary medication until an appeal is taken. **Multiple effective dates, beginning on July 1, 2014**

### Criminal Justice – Act 195 (S.295) - An act relating to pretrial services, risk assessments, and criminal justice programs: [ACT195](#)

#### Act Summary

This act implements a new approach to pretrial services by adopting risk assessment tools, training criminal justice officials on the tools, and offering pretrial risk assessments, and if appropriate, needs screenings, to eligible categories of persons cited or arrested for crimes for the purpose of providing information to the Court and the prosecutor prior to arraignment.

On or before September 1, 2014, the Department of Corrections is required to select risk and needs assessment and screening tools for use in the various decision points in the criminal justice system, including pretrial, community supervision screening, community supervision, prison screening, prison intake, and reentry. The Department, the Judiciary, the Defender General, and the Executive Director of the Department of State’s Attorneys and Sheriffs shall conduct training on the risk assessment tools on or before December 15, 2014.

Beginning on January 1, 2015 and rolling out through October 15, 2014 according to a statewide plan established by the Administrative Judge and Court Administrator, in consultation with the Secretary of Human Services and the Commissioner of Corrections, pretrial risk assessments, and if appropriate, needs screenings, shall be offered to eligible categories of persons cited or arrested for crimes. The Administrative Judge and Court Administrator shall present the plan to the Joint Legislative Corrections Oversight Committee on or before October 15, 2014.

In consideration of the assessment and screening, the Court may order the person to comply with conditions, including meeting with a pretrial monitor on a schedule set by the Court, participating in a clinical assessment by a substance abuse or mental health treatment provider, and complying with any level of treatment or recovery support recommended by the provider. The Department, in consultation with law enforcement agencies and the courts, will contract for or otherwise provide pretrial services, including performance of risk assessments, needs screenings, and pretrial monitoring. The Department, in consultation with the Judiciary and the Crime Research Group, must develop and implement a system to evaluate goals and
Criminal Justice continued…

performance of the pretrial services and report to the General Assembly annually on or before December 15.

The Vermont Supreme Court in accordance with judicial rulemaking is required to promulgate and the Department of Corrections is required to adopt rules related to the custody, control, and preservation of information consistent with the confidentiality requirements of the new pretrial assessments and screenings.

The Department of State’s Attorneys and Sheriffs, in consultation with the Judiciary and the Attorney General, is required to develop broad guidelines for pre-charge programs. On or before October 1, 2014, and annually thereafter, the Executive Director of the Department of State’s Attorneys and Sheriffs must report to the General Assembly detailing the alternative justice programs that exist in each county together with the protocols for each program, the annual number of persons served by the program, and a plan for how a sequential intercept model can be employed in the county. The act creates a new crime of transporting one gram or more of heroin into Vermont with the intent to sell or dispense the heroin. The offense is punishable by up to 10 years imprisonment or a fine of up to $100,000.00, or both. The act also makes changes to the burglary statute regarding definitions and penalties.

The Department of Public Safety, in consultation with the Department of Health, is directed to examine 18 V.S.A. § 4234 (depressant, stimulant, narcotic drug) for the purpose of establishing clear dosage amounts for narcotics as they relate to unlawful possession, dispensing, and sale and to report its recommendations to the Senate and House Committees on Judiciary on or before December 15, 2014.

The act requires the Department of Vermont Health Access to use its authority to sanction Medicaid-participating prescribers, whether practicing in or outside the State of Vermont, operating in bad faith or not in compliance with State or federal requirements.

The Department of Corrections, in consultation with the Medication Assisted Treatment for Inmates Work Group created by 2013 Acts and Resolves No. 67, Sec. 11, will develop and implement a one-year demonstration project to pilot the continued use of medication-assisted treatment within Department facilities for detainees and sentenced inmates.
On or before July 30, 2014, the Department must enter into memoranda of understanding with the Department of Health and with hub treatment providers regarding ongoing medication-assisted treatment for persons in the custody of the Department. The memoranda shall ensure that incarcerated persons who were not receiving medication-assisted treatment prior to incarceration do not receive priority for treatment over persons not in the custody of the Department of Corrections who are on a waiting list for medication-assisted treatment. The Departments shall evaluate the demonstration project and provision of medication-assisted treatment to persons who are incarcerated in Vermont and report their findings, including a proposed schedule of expansion, to the Joint Legislative Corrections Oversight Committee during the 2014 interim and to the House Committees on Corrections and Institutions, on Human Services, and on Judiciary and the Senate Committees on Health and Welfare and on Judiciary on or before January 1, 2015.

The act directs the Commissioner of Health to adopt rules relating to medication-assisted therapy for opioid dependence for physicians treating fewer than 30 patients, which shall include a requirement that such physicians ensure that their patients are screened or assessed to determine their need for counseling and that patients who are determined to need counseling or other support services are referred for appropriate counseling from a licensed clinical professional or for other services as needed.

The act directs the Board of Pharmacy to adopt protocols for licensed pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride. Multiple effective dates, beginning on June 17, 2014

Emergency Housing - Act 133 (H.699) - An act relating to temporary housing: [ACT133](#)

This act requires eligible participants of temporary housing to furnish no more than 30 percent of their income toward the cost of temporary housing. Effective Date: May 20, 2014

Reach-Up – Act 198 (H.790) - An act relating to Reach Up, Reach Ahead, and the Enhanced Child Care Services Subsidy Program: [ACT198](#)

This act increases the earned income disregard in the Reach Up program from the first $200.00 per month of earnings plus 25 percent of the remaining
unsubsidized earnings to the first $250.00 per month of earnings plus 25 percent of the remaining unsubsidized earnings. The act also requires that Reach Up case managers meet with participating families following any statutory or regulatory changes affecting earned income disregard, asset limits, or other eligibility and benefit criteria to inform families of the changes and to advise them of opportunities to maximize earned income without a corresponding loss of benefits.

The act decreases the Reach Ahead food assistance benefit from $100.00 per month during the first six months of the program to $50.00 per month. It also extends the program from one to two years. During the second year of participation in the Reach Ahead program, families are eligible to receive a food assistance benefit of $5.00 per month and to participate in the enhanced child care subsidy program. The enhanced child care subsidy program is funded with savings resulting from caseload reductions in the Reach Up program and may be suspended or modified in the event there are insufficient savings available. Multiple effective dates, beginning on July 1, 2014

Lifeline Program – Eligibility to DCF – Act 105 (H.576) - An act relating to applications for the Lifeline program: **ACT105**

This act allows applications for the Lifeline program to be submitted directly to the Department for Children and Families for eligibility determination instead of to the Department of Taxes. **Effective Date: July 1, 2014**

Serious Functional Impairment – Act 123 (H.690) - An act relating to the definition of serious functional impairment: **ACT123**

This act specifies that it is the intent of the General Assembly for the correctional designation “serious functional impairment” to apply only to individuals residing in a correctional facility and not to individuals reentering the community after incarceration. **Effective Date: May 9, 2014**

Minimum Wage – Act 179 (H.552) An act relating to raising the Vermont minimum wage: **ACT176**

This act increases the Vermont minimum wage to a rate of $9.15 on January 1, 2015. On January 1, 2016, the minimum wage rate will be adjusted to $9.60. On January 1, 2017, the minimum wage rate will be adjusted to $10.00. On January 1, 2018, the minimum wage rate will be adjusted to $10.50. On January 1, 2019, the minimum wage rate will be adjusted according to the standard cost of living adjustment.
Did Not Pass:

VSILC – Cash Advances for Travel - H.607 - An act relating to authorizing cash advances for members of boards and 11 commissions when traveling as part of their official duties. As Introduced: http://www.leg.state.vt.us/docs/2014/bills/Intro/H-607.pdf

Legislation was not required as the policy in the proposed legislation was accomplished by administrative actions in Finance Department. VCDR & VSILC Supported


This bill proposed to change the requirement to provide vertical access to upper floors from 1,000 square feet to 3,000 square feet. VCDR & VSILC opposed this legislation and was successful in getting it tabled for 2014. The issue is likely to come up again.

Paid Sick Days – S.255 - H.208 – An act related to absence from work for health and safety Summary on S.255; paid absence from work for health care and safety: Original Version

This bill proposes to ensure that all employees shall accrue a minimum number of paid hours annually so they can take paid time from work to take care of their own health and safety needs and those of their families.

In addition to participating in the legislation that passed or was implemented without legislation passing, and legislation that failed, VCDR members and others participated and/or testified on Disability issues related to Adult Protective Services, Dual Enrollment, and Accountable Health Care Organizations.

Link to VCDR 2014 Legislative Platform: http://www.vcdr.org/platform.html
Link to Accountable Health Care Organizations: http://www.vcdr.org/ACO.pdf

Selected Disabilities in the News


Senate advances bill to scrutinize program changes
May 6, 2014
http://www.wcax.com/story/25440702/senate-advances-bill-to-scrutinize-program-changes

Senate Health and Welfare close to a vote on involuntary medication
FEB. 20 2014, 7:44 PM
http://vtdigger.org/2014/02/20/senate-health-welfare-close-vote-involuntary-medication/

Submitted by Karen Lafayette kmlafayette@aol.com