# Addison County Community Health Action Team (CHAT)

# 2025 Advocacy Day

9:00 am – 11:00 am

December 11, 2025

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK

Porter Medical Center

UNITED WAY Addison County

# Agenda

- **9:00- 9:05 am** Welcome
- **9:05-10:40 am** What is Happening Now, Proposed Solutions
  - Food Security/Social Services
  - Healthcare
  - Children & Families
  - Mental Health
  - Housing
  - Substance Use/Treatment/Recovery
- **10:40- 10:55** am Open Discussion, Q&A
- **10:55- 11:00** am Closing Remarks

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK

Porter Medical Center

UNITED WAY Addison County

# Building a Healthier Addison County Together

- Purpose
  - Share what we are seeing in our community with local legislators and suggest potential solutions

- Who's Here
  - Addison County legislators
  - Cross-sector partners who are working toward a healthier community

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK
Porter Medical Center

UNITED WAY Addison County

# Food Security & Social Services:
## Jeanne Montross, HOPE

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| Increased needs for food, housing and utility payments, challenges in helping people living out of doors, with the highest housing barriers. | More people in more needs, in so many ways, including psychologically. Opportunity – people are very aware of the growing cruelty at the federal level and are taking action to help. | More funding for staffing and supports at emergency shelters, targeting the needs of people with a variety of barriers to housing stability. |
| Trying to help them stay safe (even alive, during the current spell of very cold weather!) | | Creative housing options |
| | | An examination and common-sense revision of regulations regarding farming and value-added food production. Current regs are hobbling our local agricultural economy and ability to feed people. |

VERMONT Blueprint for Health

University of Vermont HEALTH NETWORK
Porter Medical Center

UNITED WAY Addison County

# Resource Coordination:
## Alison Lamagna, VT 211

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| #1 requested resource: Housing | VT 211 is uniquely positioned to connect Vermonters to the resources they need during these challenging times | Clarify with our State partners what VT 211's role is in housing, emergencies, disasters, etc. |
| Recent spike in calls seeking food resources and/or utility support | | Collaboration with UVM Health Network on development of closed loop referral system for medical providers |
| | | Rural Health Transformation |
| | | Embedding Benefits Navigators to help clients navigate changes in Medicaid & SNAP |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK
Porter Medical Center

UNITED WAY Addison County

# Healthcare: Linda Havey, PMC; Heidi Melbostad, MCH; Deb Wesley, ACHHH

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| **ACHHH**: Dramatic increase in # of uninsured patients | **ACHHH:** Facing 9% cut in Medicare reimbursements. 85% of ACHHH patients are on Medicare. | **ACHHH**: Failure of the government to increase Medicaid reimbursements to be equal to Medicare reimbursements puts Medicaid patients at risk of not being able to access care |
| **ACHHH:** 62% increase in # of patients across all business unites last FY | **MCH: Challenges -** Primary care is delivering 21st-century care under 20th-century payment models.<br>• Unfunded requirements are escalating... IT, cybersecurity, compliance, EMR upgrades, and workforce training.<br>• Strain on Workforce is acute... housing costs, wage competition, and burnout threaten retention. | • **MCH:** Community health centers (FQHCs) are the backbone of rural healthcare. We are caring for more medically and socially complex patients than ever, with less margin and greater operational burden. Yet we are also positioned to innovate, if policy and funding align with the reality of rural care.<br>• Modernize rural healthcare reimbursement: indexed Medicaid rates, stable 340B Discount Drug pricing policy, payment for integrated care and care coordination.<br>• Strengthen legislative understanding of FQHCs: high quality, cost-saving, all-payer access, disproportionate compliance burden. |
| **MCH:**<br>• Social and economic strains<br>• The administrative burden of health care is eclipsing clinical care.<br>• Funding instability (Medicaid rates, 340B Drug Discount Program uncertainty, and short-term grants) prevents long-term planning and keep Federally Qualified Health Centers (FQHCs) reactive instead of strategic. | • **MCH: Opportunities -** Integrated, team-based care and strong community partnerships in Addison County give us a platform for genuine innovation.<br>• We rely on UVM specialists daily, and there's a real opportunity to improve coordination and strengthen specialty access for rural patients. Gaps in communication and response time create avoidable administrative burden and stress for providers.<br>• This is not about joining a network, our independence is a strength. It's about improving how systems interface so patients experience smoother, more reliable care. | **MCH:**<br>• Invest in rural workforce pipelines: loan repayment, scholarships, dental and medical training pathways, apprenticeships.<br>• Support local flexibility and rural innovation.<br>• Fund a structured UVM–rural primary care partnership that addresses specialty access, data exchange, and teaching support. |

# Children & Families:

## Trisha Black, ACAC

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| Increase in # of cases overall | **Opportunity**: ACAC has the ability to offer prevention education | Title IX |
| Increase in # of Youth with Problematic Sexual Behaviors (YPSB) | **Challenge**: Limited resources, limited access to mental health clinicians, SANE care, and victim restitution | Incorporate Child Advocacy Centers (CACs) into Vermont's Statutes |
| Increase need to address suicide and self-harm among youth | | Child Torture Law |
| Lack of community awareness/education | | Equitable SANE Care Access |
| | | Required/mandated training |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK Porter Medical Center

UNITED WAY Addison County

# Mental Health:
## Rachel Lee, CSAC

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| Growing demand + limited capacity due to workforce shortages | **Challenges**: Staffing shortages across nearly every program, inconsistent crisis response, navigation challenges, fragmented coordination with partners, lack of bilingual capacity, data limitations | Support CCBHC to leverage the Federal match |
| Wait times: psychiatry, AMH, Youth & Families, and multiple specialized programs with multi-year waits | **Opportunities**: Single-door intake model, expanded peer workforces, co-located or mobile services, formalized MOUs with hospitals & other partners, integrated Epic access with PMC | Invest in the crisis continuum including Mental Health Urgent Care centers |
| Unmet need across mental health, substance use, and co-occurring disorders | | Developmental Services, Schools & Mental Health, Language Access & Cultural Responsiveness, Integrated Data |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK
Porter Medical Center

UNITED WAY Addison County

# Emergency & Family Shelter:

## Susan Whitmore, JGHS and Heidi Lacey, CHC

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| Almost 50% increase in last 12 months in the number of children (0-17) and elders (60+) staying in shelter | **Challenges**: Huge increase in number of people living outside post end of motel program - Need is outstripping the funding | Additional low barrier shelter space is needed post motel program |
| 100% increase in last 12 months in the number of households on the waitlist | **Opportunity**: Develop an MOU with CSAC | Need for elder care for unhoused elders approaching end of life; and respite care for unhoused people discharged from hospital |
| Number of people served in shelter has doubled annually (matches COVID numbers) | | Housing Opportunity Program (HOP) funding should remain in the hands of OEO – not another nonprofit agency (as suggested in H.91) – presents a conflict of interest that will cause harm |

VERMONT Blueprint for Health

The University of Vermont HEALTH NETWORK Porter Medical Center

UNITED WAY Addison County

# Affordable Housing:

## Elise Shanbacker, AHW

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| Higher level of need for housing retention and wrap-around services for people living in affordable housing | **Challenge**: Cost of construction is inhibiting ability to bring forward new housing (funding/financing has not kept pace) | Funding for Healthy Homes program |
| 50% increase in tenants participating in resident services program (demand exceeds capacity) | **Opportunities**: Manufactured housing can successfully deliver on cost; Partnership with VFOR for recovery housing | Increased funding (full statutory share plus more resources) for VHCB |
| | | Encourage legislators to pay attention to the impact of programs,<br>specifically in Addison County - VHIP vs VHCB |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK
Porter Medical Center

UNITED WAY Addison County

## Substance Use Disorder: Danielle Wallace, TPAC; Kelly O'Keefe, MCH; Tracy Thomasson, SAVIDA

| What We're Seeing Right Now | Challenges & Opportunities | Key Priorities/Legislative Needs |
|---|---|---|
| **TPAC**:<br>• Sustained increase in # of individuals seeking peer-based recovery support<br>• People coming to TPAC with complex, crisis-driven needs, requiring frequent and consistent contact with staff.<br>• Many people navigating co-occurring mental health challenges, trauma, housing insecurity, and acute economic stress | **TPAC - Challenges**:<br>• Addison County has no recovery residence or needle exchange. Lack of housing and transportation limit stability & access to care.<br>• **TPAC - Opportunities:** Strengthen collaboration, expand mobile recovery services, improve overdose prevention by promoting availability of Narcan | **TPAC:**<br>• Stable, multi-year funding for recovery centers<br>• Invest in workforce (training, credentialing, and competitive wages)<br>• **TPAC:** Expand harm reduction and overdose prevention services and transportation |
| **MCH:** Increase in polysubstance use, particularly cocaine and alcohol, even among patients currently receiving treatment for opioid use disorder. This shift is destabilizing recovery, increasing involvement with DCF and corrections, and widening gaps in treatment engagement and safety. | **MCH:**<br>• Delays between Emergency Department discharge and inpatient rehab admission leave patients highly vulnerable and often result in return to use or crisis before treatment begins.<br>• The rapid increase in stimulant use has created a significant demand for cocaine and stimulant use disorder treatment, but the most effective intervention, Contingency Management, remains difficult to scale without sustainable funding.<br>• With sustained support, we can offer evidence-based interventions that keep patients engaged, safe, and connected to care. | **MCH:**<br>• Sustainable funding for inpatient rehabilitation and sober living, ensuring patients can transition into treatment without dangerous wait periods.<br>• Ongoing, sustainable resources for Contingency Management treatment for stimulant use disorders.<br>• Strengthened rural SUD infrastructure, so community health centers can respond effectively to rising polysubstance use and support families and recovery long-term. |
| **SAVIDA**:<br>• High demand for addiction treatment, especially in rural areas<br>• Insufficient detox and inpatient facilities; Medicaid stays too short<br>• Medication Assisted Treatment (MAT) central to recovery stabilization<br>• Patients increasingly require integrated services: counseling, housing, employment support | **SAVIDA:**<br>•**Challenges:** Workforce shortages in counseling and nursing<br>•Persistent stigma and transportation barriers<br>•Limited Medicaid inpatient stays disrupt recovery continuity<br>•**Opportunity:** Growing bipartisan interest in expanding treatment access | **SAVIDA:**<br>• Strengthen workforce recruitment and retention<br>• Expand Medicaid coverage for longer inpatient stays<br>• Fund housing and transportation supports to improve recovery outcomes |

# Open Discussion and Q&A

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK

Porter Medical Center

UNITED WAY Addison County

# Speaker Points of Contact

| Topic | Name | Email |
|---|---|---|
| Food Security & Social Services | Jeanne Montross | jmontross@hope-vt.org |
| | Alison Lamagna | alison@unitedwaysvt.org |
| Healthcare | Linda Havey | lhavey@portermedical.org |
| | Heidi Melbostad | hmelbostad@mchvt.org |
| | Maureen Conrad | mconrad@achhh.org |
| Children & Families | Trisha Black | AddisonSIU@outlook.com |
| Mental Health | Rachel Lee | rcummings@csac-vt.org |
| Housing | Susan Whitmore | susan@johngrahamshelter.org |
| | Heidi Lacey | heidi@chcvt.org |
| | Elise Shanbacker | elise@addisonhousingworks.org |
| Substance Use/Treatment/Recovery | Danielle Wallace | danielle@tpvt.org |
| | Kelly O'Keefe | kokeefe@mchvt.org |
| | Tracy Thomasson | t.thomasson@savidahealth.com |
| CHAT Planning Team | Helena Van Voorst | helena@unitedwayaddisoncounty.org |
| | Celia Heath | celia@unitedwayaddisoncounty.org |
| | Emmy Wollenburg | Emmy.Wollenburg@UVMHealth.org |
| | Amanda Froeschle | Amanda.Froeschle@UVMHealth.org |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK Porter Medical Center

UNITED WAY Addison County

# Legislator Points of Contact

| District | Name | Email |
|---|---|---|
| ADDISON | Ruth Hardy | rhardy@leg.state.vt.us |
| | Steven Heffernan | sheffernan@leg.state.vt.us |
| ADD-1 (Middlebury) | Robin Scheu | RScheu@leg.state.vt.us |
| | Amy Sheldon | asheldon@leg.state.vt.us |
| ADD-2 (Cornwall, Goshen, Hancock, Leicester, Ripton, Salisbury) | Peter Conlon | pconlon@leg.state.vt.us |
| ADD-3 (Addison, Ferrisburgh, New Haven, Panton, Vergennes, Waltham) | Matt Birong | mbirong@leg.state.vt.us |
| | Rob North | rnorth@leg.state.vt.us |
| ADD-4 (Bristol, Lincoln, Monkton, Starksboro) | Karen Lueders | klueders@leg.state.vt.us |
| | Herb Olson | holson@leg.state.vt.us |
| ADD-5 (Bridport, Middlebury, New Haven, Weybridge) | Jubilee McGill | jmcgill@leg.state.vt.us |
| ADD-RUT (Hubbardton, Orwell, Shoreham, Sudbury, Whiting) | Jim Casey | jcasey@leg.state.vt.us |

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK Porter Medical Center

UNITED WAY Addison County

# Meeting Evaluation- Survey will be emailed

- What worked today?
- What could we do better for next year's Advocacy Day meeting?

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK

Porter Medical Center

UNITED WAY Addison County

# Thank you!

VERMONT Blueprint for Health

THE University of Vermont HEALTH NETWORK

Porter Medical Center

UNITED WAY Addison County