



OFFICE OF THE LIEUTENANT GOVERNOR

Vermont State House
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To: Governor Phil Scott, Speaker Jill Krowinski and President Pro Temp Becca Balint
Cc: Senator Patrick Leahy, Senator Bernie Sanders and Congressman Peter Welch
From: Lt. Governor Molly Gray
Date: November 15, 2021
Subject: What I've Heard from Vermonters: A Recover Stronger Agenda for Vermont

Dear Governor Scott, Speaker Krowinski and President Pro Temp Balint:

As the legislative session came to a close in 2021 and Vermont surpassed the 1-year mark of the COVID-19 pandemic, I set out to better understand how the pandemic had directly impacted the lives and needs of Vermonters. To that end, in mid-June 2021, I launched a statewide Recover Stronger Tour with the aim of spending one day per week in a different county in the state meeting with individuals as well as business, non-profit and community leaders.

My goal was not only to understand how we could recover from this pandemic, but also to identify, with the right support and investment, how we could recover stronger.

Additionally, while I had heard stories of innovation, perseverance and resilience during the pandemic, I wanted to understand the experiences of Vermonters themselves and capture any lessons learned. As you know, our communities, nonprofits and businesses have often served as laboratories for creative solutions to some of our most pressing challenges.

Finally, I have always believed that our budget and priorities must align with our greatest needs and that the best way to identify needs is to conduct a needs assessment. With Vermont set to receive \$2.7 billion in American Rescue Plan Act funds, my Recover Stronger Tour aimed to give Vermonters a voice in our recovery.

I hope you will keep the challenges and solutions shared by Vermonters in this report in mind as you prepare for the 2022 legislative session.

EXECUTIVE SUMMARY: WHAT I'VE HEARD FROM VERMONTERS

Over the last five months, I brought together Vermonters from all 14 counties for community conversations on the future of Vermont. I visited more than 29 communities, meeting with hundreds of Vermonters from more than 60 different organizations, businesses and nonprofits serving our communities. While every Vermonter's COVID-19 experience was unique, there were several common areas of concern and needed investment that came up in nearly every

conversation: extreme workforce shortages, a housing crisis, a child care and caregiving system spread thin, unmet mental health and support service needs, as well as proliferating inequity in access to high-speed internet and cellular service.

Not only did Vermonters share their personal and professional experiences navigating these challenges, in many instances they also identified possible solutions. Below, I highlight the top 5 areas of action and investment based on the needs most highly raised by Vermonters:

- 1. WORKFORCE DEVELOPMENT:** Address urgent workforce shortages, particularly amongst providers of care, through support for recruitment and retention initiatives including on-the-job professional development, tuition reimbursement, and increased Medicaid reimbursement rates.
- 2. HOUSING:** Support Vermont cities and towns in conducting audits of specific housing needs and establish grant opportunities for communities to meet identified needs, including wastewater and sewer, housing development, restoration and weatherization initiatives.
- 3. CHILD CARE/PAID FAMILY AND MEDICAL LEAVE:** Provide an immediate “lifeline” to child care workers and providers to stabilize the workforce and keep centers open. In coordination with any national paid family and medical leave plan, take steps to provide access to paid family and medical leave for all Vermonters.
- 4. MENTAL HEALTH:** Designate a Task Force inclusive of Vermont’s mental health professionals to help identify the root-cause of the mental health crisis amongst young people, invest in sustainable long-term budgets for designated mental health agencies, and urgently address workforce and retention challenges.
- 5. HIGH-SPEED INTERNET/CELLULAR SERVICE:** Invest the \$100 million expected for Vermont in the federal Infrastructure and Jobs Act in immediate high-speed internet access and cellular service solutions for Vermonters.

Two points should be kept in mind: First, the challenges and recommendations shared in this report are deeply intersectional. Housing, child care and workforce challenges, for example, overlap in their root cause and solution. Second, the challenges identified are in direct relation to the COVID-19 pandemic. These challenges and recommendations do not exclude other challenges facing Vermont, the climate crisis for example, and the coordination necessary to address co-occurring crises.

A RECOVER STRONGER AGENDA FOR VERMONT

WORKFORCE DEVELOPMENT

Before the pandemic, we knew that at some point our demographic crisis, specifically the impact of an aging population and shrinking workforce, would be felt by different employers, industries and sectors. This pandemic accelerated our workforce shortages, impacting nearly every community and employer. Since the start of the pandemic, we witnessed the workforce drop by roughly 28,000 employees in Vermont.

During my Recover Stronger Tour I met with dozens of employers from different sectors. While every sector has been hit hard, shortages have been most heavily felt in our human services sector where a shortage of primary care providers, nurses, childcare providers, social workers, as well as personal caregivers and attendants has directly impacted the ability of Vermonters to access necessary care and support services. In sum, the workforce shortages have impacted our ability to meet the basic needs of Vermonters.

During a community conversation with Vermonters in Weston, I heard from a 94-year-old Vermonter and veteran, named Mark. Like many older Vermonters, social distancing requirements during the pandemic led to deep isolation. He lived by himself. During our community conversation, he shared that if not for periodic visits and support from an area non-profit My Community Nurse Project led by Regina Downer, he would not have survived the pandemic. Mark's story is one of many from the mountain towns surrounding Weston where the Nurse Project conducts hundreds of home visits on a shoe-string budget with more growing demand than can be met by Regina's small team.

While in the Northeast Kingdom, I met with the NEK Council on Aging and I visited the Danville Senior Action Center. For more than 42 years, the Council has worked to support older Vermonters, Vermonters with disabilities and their families in the NEK with access to community resources including caregiving resources, meals, transportation, fuel assistance, and more. With just 24 staff and the help of 367 volunteers, the Council serves all 2,027 square miles of the NEK. Council staff and volunteers worked tirelessly during the pandemic (and continue to) to meet community needs, particularly regular meal distribution which increased dramatically in 2020.

Staff highlighted how despite the hard work of volunteers, the growing needs of older Vermonters in the NEK, where 15% of residents are reported to live in poverty, were beyond what the Council and community partners could provide. When discussing funding needs, one staff member directly remarked, "we don't have the people," acknowledging that even with greater funding, community needs would not be met without an expanded workforce. What is more, the Council spoke to the unsustainable reliance of the region (and state) on unpaid caregivers who go without paid family and medical leave, compensation or recognition for their work.

In Burlington, I heard similar workforce concerns while meeting with the leadership of Cathedral Square, a non-profit working to meet the housing and caregiving needs of older Vermonters in Franklin, Chittenden and Grand Isle Counties. Going into the pandemic, licensed nursing assistants (LNAs) and non-LNA's were making \$15.50/hour and \$14.50/hour, respectively, due to low Medicaid reimbursement rates for providers of care working in assisted living and residential care homes in Vermont. Even before the pandemic, Cathedral Square struggled to recruit and retain providers of care. The pandemic exacerbated caregiving needs, forcing an untenable and unaffordable reliance on traveling nurses; a trend in hospitals and elder care facilities across Vermont.

While I heard countless stories similar on our workforce, I also witnessed different first-hand efforts to address these shortages.

In Berlin, I met with leaders at the Central Vermont Medical Center (CVMC) where I learned about their successful partnership with Vermont Technical College and the Community College of Vermont to provide CVMC employees an opportunity to take classes and earn a licensed practical

nurses (LPN) degree. The LPN Pathway Program allows employees to continue to earn a salary and remain in the workforce while studying.

In Newport, I met with students and faculty at the North Country Career Center (NCCC), where students are working towards diplomas and certifications in many of the career fields where we see workforce shortages across Vermont, including health sciences. NCCC continues to prepare young Vermonters for careers in healthcare, including the initial training necessary to enter the workforce as an LNA.

NCCC and CVMC are not alone. I also visited Randolph Career and Technical Center as well as Vermont Technical College where I learned how the College as well as Career and Technical Education providers are working to address workforce shortages.

Recommendations include:

- Support and expand access to career and technical education in Vermont, particularly in health sciences and fields where workforce shortages are extreme.
- Support and expand access to localized on-the-job professional development for unlicensed direct care workers as well as credentialing and licensing programs for workers wishing to become licensed nursing assistants, licensed practical nurses and registered nurses.
- Provide tuition reimbursement and/or loan forgiveness to Vermonters who commit to working for at least one year as an unlicensed direct care worker, LNA, LPN, or RN in Vermont after entering the field. Incentivize workforce placement in geographic areas of extreme need.
- Recognize Vermont's unpaid caregivers and consider avenues to provide compensation while also redoubling efforts to ensure all Vermonters have access to paid family and medical leave.
- Adjust Medicaid reimbursement rates to support liveable wages for all providers of care.
- Provide access to affordable, quality child care for providers of care.

HOUSING

From Londonderry to Stowe, and everywhere in between, this pandemic put a strain on an already precarious housing market. I heard from countless businesses who stated that a lack of available housing was one of the greatest obstacles to recruiting new employees.

While we welcomed new Vermonters to several communities and home sales and values rose sharply during the pandemic, we saw rental properties come off the market and workforce housing disappear in communities across Vermont.

During a meeting with Mark Frier, owner of several Stowe and Waterbury restaurants, I learned that restaurant workforce shortages in the area were directly linked to rental properties leaving the housing market and restaurant workers leaving town.

In Morrisville, where the Lamoille Housing Partnership (LHP) continues to work with community partners to build affordable and accessible housing units in the community, the waiting list for housing still runs 486 applicants-deep.

In Burlington, Cathedral Square also told me that the waiting list for independent housing now included more than 1,300 eligible Vermont seniors.

In Barre, I heard directly from municipal leadership that older Vermonters in the community could not move from larger single-family housing into senior living because apartments were unavailable and waitlists remained long. In turn, families looking to move to Barre and the surrounding area struggle to find single-family housing.

I heard similar stories in Rutland where residents shared how employers in the area had contracted new employees coming from out-of-state only to lose them when no market rate rental or workforce housing could be found. Residents also shared how they witnessed older housing exit the market because it was neither weatherized, safe nor accessible. I also met with incredible organizations like Capstone Community Action whose Warm and Healthy Home program continues to work tirelessly to meet growing demand for weatherization and energy efficiency updates to homes in Washington County.

These examples add to the deep concerns shared by housing advocates, Vermont Legal Aid, transitional housing coordinators and community members about the lack of housing available for housing insecure Vermonters. Simply put, rental housing does not exist for those experiencing homelessness in Vermont.

Where housing development is concerned, I learned that a lack of appropriate wastewater and sewer infrastructure continues to hamper housing development along with supply chain and workforce shortages.

In Westford, I heard from community members who had completed the permit process for a town development project inclusive of affordable housing. The approved project required an update to the town's wastewater system prior to building. At the time, Westford did not have the necessary funds to complete the wastewater project, thus holding up an otherwise shovel-ready plan.

In Rutland, I also heard the story of a residential developer who was prepared to build 200 one or two-bedroom rental units in the area, but had to step back after learning that wastewater and sewer infrastructure was not in place to support the project, making it financially unfeasible.

Recommendations include:

- Support Vermont cities and towns in conducting an audit of their specific housing needs from rental and workforce housing to single-family homes and senior living.
- Establish grant opportunities to meet a diversity of housing needs based on town and city audits.
- Increase grants available to communities for wastewater and sewer projects that support housing development.
- Continue to support homeowners in renovating and weatherizing existing housing stock to promote energy efficiency, accessibility and safety.
- Conduct an emergency analysis of the housing available to Vermonters experiencing homelessness and adopt a plan and timeline for meeting the needs of these Vermonters, should the General Assistance temporary housing program (“motel voucher program”) not be further extended beyond March 31, 2021.

- In light of Vermont's unique housing crisis, request an additional extension of FEMA's reimbursement policy of the General Assistance temporary housing program beyond March 31, 2021.

CHILD CARE/PAID FAMILY AND MEDICAL LEAVE

Each week during my Recover Stronger Tour I held community conversations, where I met with Vermonters directly to learn how the pandemic had impacted their daily lives.

In South Hero, a mother named Molly shared how she had to leave her job because the cost of child care for her three children was more than she could afford during the pandemic when her children were home. Unfortunately, Molly's story is not unique. According to Let's Grow Kids, two parents with two young children who are middle income spend more than 40% of their income on child care. Furthermore, on average Vermont families spend over \$20,000 a year on child care.

Hundreds of Vermont women and caregivers were forced to leave the workforce during the pandemic, contributing to trends nationally. Nationally, 80% of those who left the workforce since the start of the pandemic were women.

While in St. Albans, I met with directors and staff at the Parent Child Center at Northwestern Counseling & Support Services (NCSS), serving Franklin and Grand Isle Counties. The Center is one of 15 across Vermont working to support families with prevention and support tools including early childhood services, parent education and support as well as home visits.

Uniquely, the Center is within NCSS, a designated mental health agency. The Center does not provide direct early education or child care services, instead working with providers across both counties. Since the start of the pandemic, Center staff continue to work tirelessly to support families, particularly families with children at home, in accessing child care. Center leadership shared that in the 900 square miles served by the Center, there were only 44 total openings for children; 17 of which were slots for infants and toddlers. Consequently, in some cases parents were driving up to 45-minutes each way to access child care for their kids.

What I learned was that our child care workers also get the short end of the stick. While meeting with leadership at the Family Center of Washington County, I heard first-hand of the challenges in keeping a child care center open, of recruiting and retaining early childhood educators, and of the rising number of centers closing across Vermont.

Center leadership discussed how low wages, student loans debt and competition with other jobs with competitive salaries (including jobs at Dunkin Donuts and McDonalds) continued to drive down employee recruitment and retention.

Moreover, since the start of the pandemic many child care providers, many of whom continue to navigate their own caregiving responsibilities, remain stuck having to choose between caring for loved ones at home, paying the bills and meeting the child care needs of their community.

Simply put, the pandemic cleared the pre-existing path to Vermont's current child care crisis, further exposing the urgent need for both emergency and long-term solutions.

Recommendations include:

- Provide an immediate “lifeline” using American Rescue Plan Act funds to stabilize the child care workforce, keeping provider’s doors open through grants that may be used to meet pandemic-related costs and increase wages and/or bonuses for staff.
- Expand early childhood educator recruitment by implementing a targeted recruitment program through the Department of Labor in coordination with the VT Association for the Education of Young Children (VTAEYC).
- Expand student loan forgiveness programs for early childhood educators and access to benefits including health insurance co-pay/premium support through health savings account contributions.
- Guarantee base funding for child care programs through the Child Care Financial Assistance Program (CCFAP) based on enrollment, increase CCFAP payments for child care and expand eligibility.
- In coordination with any national paid family and medical leave plan, take immediate measures to provide access to paid family and medical leave to Vermonters, particularly early childhood educators and unpaid caregivers. (*see also workforce recommendations above*).
- Continue to support child care centers in taking steps to keep unvaccinated children ages 0-5 safe from COVID-19 through expanded access to test-to-stay programs and other measures to prevent community spread.

MENTAL HEALTH

Throughout my tour, I heard from mental healthcare providers, emergency room doctors and school nurses about the rapid rise in the number of Vermonters, especially young people in need of urgent mental health services. The demands on providers brought on by the pandemic have reached unimaginable and unsustainable levels.

During meetings with leadership and staff at Health Care & Rehabilitation Services (HCRS) in Springfield and the Howard Center in Burlington, I heard first-hand accounts of resources stretched thin, staff shortages, and proliferating need.

At Rutland Regional Medical Center and the Central Vermont Medical Center, I met directly with emergency room doctors and staff who reported that their emergency rooms were at capacity.

What is more, a lack of available mental health services as well as beds for mental health patients in treatment facilities across Vermont, led to emergency rooms serving as both primary care and long-term care for patients. I heard stories of emergency room stays lasting weeks with doctors and nurses unable to make referrals because of a saturated mental healthcare system.

I also heard stories of resilience that gave me hope. Across Vermont, nonprofits, designated mental health agencies and their staff, and healthcare providers continue to work tirelessly to meet community needs.

During visits to Spectrum Youth and Family Services in Burlington and St. Albans, I learned how Executive Director Mark Redmond and staff continue to provide access to services

including housing, food, clothing and mental health and support services for area youth, free of charge.

At the Central Vermont Medical Center, I was inspired to learn how the HRSA Rural Communities Opioid Response Program led by Dr. Mark Depman and Eva Zaret connects Vermonters arriving in the emergency room in crisis with wrap-around support services in Washington County.

Recommendations include:

- Designate a Task Force inclusive of Vermont’s mental health professionals to help identify the root-causes of the mental health crisis amongst young people and possible immediate solutions.
- Set a longer-term, sustainable budget for Vermont’s designated mental health agencies allowing them to avoid year-to-year funding struggles and to invest in systems and a workforce that meets community needs.
- Support workforce retention by including cost of living adjustments for staff in state funding.
- Support recruitment efforts by expanding student loan forgiveness programs for those who choose a career in mental health care and invest in Vermont-based workforce development programs.
- Adjust Medicaid reimbursement rates to adequately compensate designated mental health agencies and care providers for the care they provide.
- Using the Response Program at CVMC as a model, support investments in integrated access to community-based support services in emergency rooms across Vermont.

HIGH-SPEED INTERNET & CELLULAR SERVICE

In nearly every community across the state, from Grand Isle to Bennington, Vermonters discussed the immediate and persistent need for high-speed internet and cellular service brought on by the pandemic, particularly in the areas of access to telehealth and other support services.

Due to a lack of high-speed internet and cellular service, Vermonters in Peru, Londonderry and Weston shared stories of isolation during the pandemic and the persistent inability to access support services moved online or emergency services, including 911, in areas without cellular service.

At the Rutland Regional Medical Center (RRMC), I met with Medical Center leadership and practitioners who shared how they worked to deploy healthcare during the pandemic via telehealth (both audio and video). Doing so required meeting each patient where they were at in terms of the patient’s ability to access high-speed internet or cellular service, the equipment or hardware available in the patient’s home (landline, cell phone and/or computer) and the patient’s comfort with various technological platforms. It also required considerations for the patient and RRMC of whether the appointment would be covered by insurance or Medicaid.

To date, not all telehealth is fully covered for patients or reimbursed for providers. For Vermonters in unserved or underserved areas without high-speed internet access or cellular service, in-person appointments remain the only option for healthcare access. A leader at RRMC

said it best when he explained that while telehealth is not right for every patient, for every patient it must be a right.

The concern and urgency around telehealth access was further brought to light by practitioners and care providers at Health Care & Rehabilitation Services (HCRS) in Springfield. Like many support service providers, this pandemic required them to meet the mental health and support services needs of families and children virtually. When I asked HCRS what the greatest barrier to care for clients was during the pandemic, Information Systems Director Warren Sargent responded unequivocally, “broadband”.

I heard similar stories from the member organizations of NEK Prosper, an accountable health community of partners and organizations meeting to meet population health needs in Caledonia County and the southern part of Essex County. One member shared how the pandemic limited the ability of older Vermonters to attend workout classes or other community events. Despite efforts to move programming online, many older Vermonters in the NEK could not participate because of a lack of high-speed internet or cellular service.

My conversations with Vermonters made it abundantly clear: high-speed internet access and cellular service should no longer be considered a luxury, but instead a public good no different than water, roads, or electricity. We must redouble our efforts to provide immediate access to unserved and underserved Vermont residents.

Recommendations include:

- Invest the \$100 million expected for Vermont in the federal Infrastructure and Jobs Act in immediate high-speed internet access and cellular service solutions for Vermonters.
- Invest in programs to increase online literacy for Vermonters, particularly in accessing telehealth and other support services.
- Invest in initiatives that provide the necessary hardware (computers, phones, etc.) to Vermonters currently unable to afford or access necessary services available online.
- Adjust Medicaid reimbursement rates so that video and audio telehealth appointments are fully covered and are reimbursable.