

Legislative Wrap Up for 2015

Vermont Council of Developmental and Mental Health Services

As noted by members of the media, legislators and advocates this was a particularly challenging legislative session. The gap between anticipated revenues and the budgetary needs was significant and grew during the course of the session. However, there were still important policy issues addressed, much learning and discussion about health reform and difficult budget decisions enacted. Here is a summary from the Vermont Council perspective.

Thanks to the many consumers, families, board members, staff and agency leaders who participated in advocating for developmental, mental health and substance use disorders services. - Julie

Funding

- Vermont Council fought for the 2.5% Medicaid rate increase for designated and specialized service agencies (DA/SSAs) as proposed by Governor Shumlin. Unfortunately, it barely survived revenue reductions for health care initiatives and landed at just .43% which is under \$1 million in total funds for DA/SSAs.
- Developmental services (DS) Caseload received \$8.8 million for FY'16 per the Administration's request based on a 3-year average calculated by the Joint Fiscal Office.
- Although we didn't succeed in the creation of a waitlist and triage system for developmental services, the appropriations bill calls for the Vermont Council to present to the Joint Fiscal Committee on the developmental disabilities caseload expenditures during the September and November meetings.*
- We successfully advocated for \$60,000 for CSIP at Washington County Mental Health Services to be put into the DMH budget.
- The final budget restores \$200,000 of the proposed reductions to Corrections and gives the DOC Commissioner discretion to fund the Sparrow Project, spectrum or other initiatives to reduce incarceration.
- We unsuccessfully opposed the \$381,000 reduction in non-categorical funding in the children's mental services.
- We successfully supported \$6.3 million for addictions treatment, including new funding for opiate treatment expansion to Bennington.
- We succeeded in adjusting budget language on autism services to reduce the likelihood of service reductions. Now the language only calls for a comparative analysis. The original language called for autism services funded by Medicaid to be reduced to the level of commercial insurance which would be inconsistent with the State Developmental Disabilities Act and the developmental services waiver program which provides comprehensive services to many people who are diagnosed as being on the autism spectrum. *
- We successfully advocated for cost effective services for older adults with psychiatric care needs to be included in the appropriations act which lays the foundation for innovative service opportunities proposed by designated agencies to move forward in the future.*
- FY 2015 state revenues are above the anticipated level, but Vermont's Medicaid expenses are running above anticipated costs by \$20 million in total funds (as of May 25). If the state ends the year with excess revenues the first \$5 million in general fund will be directed to LIHEAP (fuel assistance) and the next \$13 million in excess general funds will be directed to DVHA to cover the short fall.

- We successfully defended proposed additional reductions to address the \$18 million budget gap that arose midway through the session: DA consolidation of \$1,562,500 total funds and DS caseload reduction of \$2 million in total funds.

Policy

- Vermont Council proposed and received support for the health reform bill. S.139 to include Sec. 33:
 - o Directs GMCB to analyze the budget and Medicaid rates of one or more designated agencies using criteria similar to hospital budget review
 - o Directs GMCB to consider whether designated and specialized service agencies should be included in the all-payer model
 - o Report due by January 31, 2016 regarding Board's ongoing role in designated agency budget review and the designated and specialized service agencies' inclusion in the all-payer model
- A proposed analysis of designated agency executive and financial officer compensation, which we opposed, was dropped from the health bill.
- Language specifying that the Medicaid rate increase will be used for direct care workers which we opposed, but as advocated by UNAP (union), was eliminated after much discussion and rewording of language.
- We provided testimony on Applied Behavioral Analysis which was passed into law in H.282
- H.282 language on the psychological board was not amended to eliminate representation from the public mental health system, as proposed due to our advocacy.
- The Council and other advocates successfully advocated for the elimination of language in S.9 the child protective services bill for the elimination of section 3 which would have put our workers at risk of felony charges for failure to protect.
- We worked with Senator Lyons to create a study of the substance use disorder community treatment system in S.42. The bill did not pass but most of the language was included in the Appropriations Act to address these concerns.*
- H.20 which will enable independent licensed alcohol and drug counselors to accept Medicaid payments passed at the end of the session.
- We successfully deterred H.74 in House Human Services Committee which would have specified safety protocols for DA/SSAs.
- Section E.314.1 of the appropriations act calls for an analysis of both DMH and DVHA funding for mental health services. This information will give a valuable holistic perspective on funding.*
- Section E.314.2(a) of the appropriations act requires a unified mental health services implementation plan for the integration of public funding for direct mental health care services within DVHA while maintaining oversight functions and the data necessary to perform those functions at the department of jurisdiction. This proposal deserves greater scrutiny by the policy committees of the legislature, but was passed with support from the Administration.*
- Language was developed by Senator Snelling to start a master grant process with the goal of improving fiscal responsibility and programmatic oversight. Section 300.4 of the appropriations act requires the Agency of Human Services (AHS) to inventory grants, including whether there are performance measures. Then the Chief Performance Officers and Secretary of the Agency of Human Services shall draft a template to achieve common language and requirements of all grants including expected outcomes and concise performance measures. The language specifically requires that the new template be used for DA/SSAs.*
- The health care bill calls for the Blueprint to begin collaborating on family-centered approaches and adverse childhood experience screenings in prevention, early identification, and through trauma-informed treatment and suicide prevention initiatives.

- The child protective services bill requires the Secretary of Human Services to identify and utilize evidence-informed models of serving families that prioritize child safety and prevention of child abuse and neglect through early interventions with high risk families that develop family strengths and reduce the impact of adverse childhood experiences. The Secretary shall make recommendations in the FY2017 budget that reflect the utilization of these models.

*The specific language is on a separate document: **Appropriations Act Language Relevant to Designated and Specialized Service Agencies**

To take action or for more information, including the weekly committee schedules:

- Legislative home page: <http://www.leg.state.vt.us>
- Sergeant-at-Arms Office: (802) 828-2228 or (800) 322-5616
- State House fax (to reach any member): (802) 828-2424
- State House mailing address (to reach any member):
Your Legislator
State House
115 State Street, Drawer 33
Montpelier, VT 05633-5501
- Email, home address and phone: Legislators' email addresses and home contacts may be found on the Legislature home page at <http://www.leg.state.vt.us>
- Governor Peter Shumlin (802) 828-3333 or <http://governor.vermont.gov/>

The purpose of the legislative update is to inform individuals who are interested in developmental, mental health and substance abuse services about legislative advocacy, policy development and activities that occur in the State Legislature. The Vermont Council is a non-profit trade association whose membership consists of 16 designated developmental and mental health agencies.

Julie Tessler
Executive Director
Vermont Council of Developmental and Mental Health Services
137 Elm Street
Montpelier, VT 05602
Office: 802 223-1773
Cell: 802 279-0464