



Helping people and communities live healthy, safe and satisfying lives.

## Legislative Update February 23, 2016

### *Advocacy Events at the State House*

#### **Vermont Care Partners Press Conference at 11:00 AM on Thursday, February 25th Cedar Creek Room**

We will share the stories of some of the over 35,000 Vermonters who use developmental, substance use and mental health services, as well as from staff, board members and community partners. It's an opportunity to learn how insufficient Medicaid rates are impacting thousands of vulnerable Vermonters in spite of the inspirational work of 13,000 Vermonters who provide these community based services and the best practices of the designated and specialized agencies. VCP network agencies are at a critical juncture, and we need your support. We hope you can join us to hear our stories.

#### **Mental Health Advocacy Day on March 17th**

The full spectrum of our services will be addressed including developmental disabilities and substance use disorder services. We will be looking to have a big turnout at the state house to educate and advocate for our services.

#### **Disability Awareness Day March 23, 2016**

7:30 AM to 6:30 PM

Highlights include Remarks from Governor Shumlin at 10AM, a press conference at 1PM and a keynote speaker and refreshments in the Evening. Contact Vermont Coalition for Disability Rights for further information. For information on VCDR check out: <http://www.vcdr.org> For information on the event contact: Stefanie Monte at VCIL [smonte@vcil.org](mailto:smonte@vcil.org) or 1-800-639-1522

### *Testimony and Public Hearings*

#### **House Health Care Committee Learns about VCP Outcomes**

Cath Burns, the Director of Quality for Vermont Care Partners, testified on our work on outcomes and quality. This work is being done at the Designated and Specialized Service agencies to improve accountability, efficiency and effectiveness of services. Specifically we are:

- o Developing the foundation and processes for continuous quality improvement.
- o Increasing accountability through the use of performance measures that are meaningful and coordinated.
- o Positioning the Agencies to participate in value based payment and health reform.
- o Maximizing the use of limited resources to focus on the most efficacious and cost-efficient practices.

We are concerned about increasing demands for measurement that are uncoordinated, potentially not meaningful, and burdensome, Cath explained. Ultimately, we want to use data to improve our programming and subsequent client and population outcomes

The Committee heard about how our agencies must report to our multiple funders on multiple measures which often don't align to each other. Cath spoke about the successful work of Vermont Care Partners (VCP) with the Agency of Human Services (AHS) to reduce the number of outcome measures in the designated and specialized agencies' grants from 140 to 40.

Cath explained the VCP Centers of Excellence Frameworks for Quality Improvement

Element 1: Easy Access

Element 2: World Class Customer Service

Element 3: Comprehensive Care

Element 4: Excellent Outcomes

Element 5: Excellent Value

Element 6: Health Care Integration

We are also utilizing Results Based Accountability (per Act 186) to answer these questions and to determine how we contribute to the outcomes of AHS: How much did we do? How well did we do it? Is anyone better off?

The Committee was updated on our work on improving data quality to ensure that the data of DA/SSAs is high quality, reliable and consistent. VCP is using VHCIP (SIM) funds to develop a data repository which will enable us to collect, store, analyze, report and exchange information.

Representative Lippert wants to make sure that mental health and substance abuse as essential components of Health care are quality and outcomes measures. He wants to know how our outcomes work fits in and is part of the Green Mountain Care Board catalog performance measures. There were questions about how can we assure that our data formats work in the language of the whole health system. Representative Donahue is concerned that we are holding our system out as separate.

### **Senate Health and Welfare Considers Principles for All Payer Model**

Julie Tessler presented a proposal on potential principles for the All Payer Model waiver. She said that she had consulted with colleagues from the other community provider groups, but the document does not represent the views of the other groups and had not been reviewed by the membership of VCP. It was shared as a working document which could lay the foundation for further dialog. The consumer rights/protections were based on the proposal of the Vermont Health Advocate, Trinkia Kerr. Many of the points in the document represent work that is already in progress and can be found in the term sheet, the Vermont Care Organization business plan or as part of ongoing work between VCP and AHS. The document can be found at this link:

<http://legislature.vermont.gov/committee/document/2016/27/Date/2-17-2016>

During the testimony we discussed the different regional entities involved in collaborations and care coordination. Julie suggested that analyzing how to best plan and coordinate regional resources should be addressed.

Todd Moore of OneCare Vermont reviewed the funding model which will lock in resources to meet population needs, inclusive of primary care and with comprehensive funding from all payers with a capitated model. Primary care physicians would get fixed per member per month payments and need to meet NCQA quality standards. They see these payments as a significant increase for primary care. The VCO could work with communities to determine how to best address mental health and substance abuse service needs.

Todd told the Committee that he is supportive of these principles and that they are consistent with OneCare's vision. They are "supportive of all of it and can play a role in most of it." Vermont Care Organization (VCO – the product of the 3 ACOs merging) could work with communities to determine how to best address mental health and substance abuse. He sees these principles "as light years ahead of other states."

He shared his idea for a community service organization (CSO), a statewide organization to develop community integration. He sees designated agencies as being able to integrate into either the ACO or a CSO. He also noted the possibility of Blueprint and VCO merging.

Todd said to pull off the next step for APM there are 3 big needs:

1. Primary care investment
2. Investment and stabilization in community agencies – DAs in particular
3. Infrastructure to pull off the work of ACO

VCO could only afford one of the three and will need supplemental revenue to address all three. There is not enough in current funding proposal and existing system of care. Over time there will be resources from curbing expenditures, but to develop an accessible delivery system these upfront investments are necessary.

After the testimony Senator Lyons recommended adding the following principle:

- A percentage of ACO reserve fund shall be set aside for 1) Improving solvency and  
2) Addressing financial risk of community based providers which are members of the ACO

### **House Appropriations Committee Holds Public Hearings on Fiscal Year 2017 Budget**

At the public hearing on February 18th, Christie Everett, Director of Emergency Services for the Clara Martin Center and chair of VCP Emergency Services Directors, described the challenges of staffing and serving communities due to underfunding of the DA system of Care. She spoke about the important interventions provided to Vermonters, the impact of staff leaving due to low pay and how that impacts the children and people we serve.

Megan McCormick of Champlain Community Services spoke about staff having two to three jobs to keep doing the work they love. Staff need loans for gas, food and car repairs. Full time staff earning \$15,000/yr are living below the federal poverty level. 100% of staff who leave, do so for better pay. The financial stress on staff has led to 40% + turnover rate at the agency. She said, "We are at a critical point financially and have nowhere left to scrimp and save."

Julie Tessler requested a 3% Medicaid rate increase equivalent to \$4.8 million in general fund. She spoke to the salary differentials, the turnover rates, and the hundreds of people who can't access needed services because the positions are vacant. She emphasized the increasing fragility of the DA/SSAs using data on dwindling financial reserves and making comparisons to the financial status of hospitals.

Many other representatives of the designated agencies spoke at regional meetings on Monday February 15<sup>th</sup>.

### **Senate Health and Welfare Returns to S.196**

To address her concerns about the sustainability of the designated agency system, access to services and quality of care given ongoing underfunding, Senator Lyons engaged Julie Tessler and Selina Hickman of AHS in a discussion about the proposed language in S.196. Julie recommended the language from previous testimony. Selina said AHS can provide performance measure information and funding levels. Conducting a sustainability analysis is possible, as it has not been done since 2004. The Medicaid Pathway work with VCP is taking a broader approach to Medicaid funding and includes principles of delivery and payment reform. By April or May, Selina hopes to have initial models developed. AHS is also working with VCP on provider readiness.

Senator Lyons emphasized the need to address sustainability along with an implementation plan by June. Selena said they can maximize the value of the appropriation, but it will not create sustainability. IFS is an example of providers being able to provide more services to more people. Julie and Selina will work together on language for the legislation.

### **House Human Services considers Workplace Safety Bill**

The Committee reviewed and discussed newly proposed language and expressed concern about the vagueness of some of it. They questioned the language, 'administered, licensed or certified' by the Agency of Human Services (AHS). Representative Haas said that it was their intent to include Designated Agencies in this bill, so she asked Katie to check to see if they met that definition. AHS may propose additional language that refers to 'designation'. Representative McFaun suggested adding language that the committee responsible for worker safety protocol, involve law enforcement in creating/implementing these protocol. Representative Haas explained that mandating that law enforcement be involved might be challenging, and suggested they consider language such as 'in consultation with law enforcement'.

A lively discussion ensued about 'appropriate staffing' and they wanted to clarify if the language meant 'appropriate numbers of staff', or 'appropriately trained staff'. Legislative Counsel commented that it could mean either/both. The Committee also wanted to know who will decide which staff are at-risk and need training. One of the representatives wanted to change the language to read 'all staff' will be trained annually.

### ***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):

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- 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.

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