



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

Legislative Update January 24, 2018

Upcoming Advocacy Events

Join in Mental Health Advocacy Day on Wednesday, January 31, 2018

Make Your Voice Heard!

"Caring for Vermonters ~ Investing in Mental Health"

The event is hosted and organized by NAMI-VT, The Vermont Association for Mental Health and Addiction Recovery (VAMHAR) and Vermont Care Partners. All of our members are co-sponsors along with many other organizations for a total of 40 co-sponsors. 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. This will be an important day to raise the political profile of developmental, mental health and substance use disorder services. Please contact Julie if you know of an individual who would like to testify in a legislative committee or to those assembled in Room 11. A flyer and the agenda are attached.

We will be advocating for greater investment in our services so that we can provide accessible quality care with an experienced and skilled workforce. The agenda includes advocacy training, opportunities to interact with legislators, providing testimony and listening to personal stories of lived experience. The day starts at 8:00 AM in the State House Cafeteria where you can meet with your legislators. Please make appointments in advance either for the morning coffee hour or lunch.

At 9:00 AM there will be advocacy training conducted by Peter Mallary and Ed Paquin.

At 10:00 AM State Leaders will address the attendees including Governor Phil Scott, Secretary of Human Services Al Gobeille, Mental Health Commissioner Melissa Bailey and Legislators. Awards will be given to Legislators who were critical to the passage of Act 82 and to Team Two training leaders.

House Appropriations Statewide Budget Hearings

Monday, February 12th 6:00pm - 7:00pm: The House Appropriations Committee will hold hearings on the Governor's proposed budget on February 12th. The hearings will be held across the state from 6-7pm in different locations to be determined. More information to follow – when it's available.

Legislative Action

Governor Scott Presents his Proposal for the Fiscal Year 2019 (FY19) Budget

On Tuesday, January 23rd Governor Phil Scott presented his proposal for the FY19 budget. There is limited detail available on the AHS portion of the Governor's proposed budget at this point, with the full AHS budget not available until January 29th. Here is what we know far.

The request for DMH is basically for level funding with two increases in the regular budget request and two increases in the capital bill:

- \$400,000 for the street outreach and to expand mobile crisis services in Chittenden, Rutland, Brattleboro (Windham) and Washington Counties (this is already being questioned by Legislators in the Budget Adjustment request)
- Partial year funding for operating a new forensic unit to be sited at the Northwest Correctional Facility \$1.5 million
- Funding in the Capitol bill for the forensic facility, \$2.9 million, and a new Secure Residential Facility, \$2 million

The request for DAIL developmental disability services funding includes:

- DS new Caseload fully funded
- Added funding to cover the new sick leave legislation
- Reductions of existing developmental disability waivers by \$4 million (2%)

AHS will have small across-the-board cuts in its 200 grants (DA/SSA not included). There are also requests for new funding for home visits for newborns (longer duration if opioid abuse is present) and additional funds for DCF protective services for families coping with opiate abuse.

Senate Health and Welfare Addresses Childhood Trauma in S.261

Vermont NEA President Allen testified that students are coming to school with many adverse childhood experiences. When students lose control, staff at schools can experience injuries. They have sponsored workshops through NFI on dealing with trauma and are providing Youth Mental Health First Aid. Positive Behavioral Intervention and Support (PBIS) is not enough to support and teach children experiencing trauma. Teachers are not therapists. Many schools are striving to be trauma-informed schools through training staff. She would like to see access to mental health treatment in the schools. Over the course of the last 30 years the incidence of trauma has exploded.

Dillon Burns, Mental Health Services Director for VCP said it is important to address trauma for both students and their families. Addressing trauma and toxic stress, as well as building resiliency, is crucial to addressing some of the gaps and needs of our mental health and physical health system. She said we strongly support the establishment of a trauma coordinator at AHS and the ongoing work of the trauma workgroup. DA/SSAs are leaders in providing evidence-based trauma treatment and often train our community partners. DA/SSAs provide home-based services, supporting attachment, addressing social determinants of health and building resilience. Several agencies provide bi-directional care with pediatric offices and FQHCs. Home visiting is done by DA/SSAs for early childhood; we should maximize this resource before beginning new programs. We appreciate the inclusion of ACOs and Blueprint in the bill and believe the AHS trauma coordinator should building consistency between trauma-informed medical and human services providers.

Tracey Watterson from the Agency of Education spoke about program measures to improve outcomes for students in relation to the social determinants of health. All schools are directed to put in place a multi-tiered system of supports to address and provide support for the prevention and mitigation of the social determinants of health. PBIS is one framework which 53% of schools and 98% of SU/SD are implementing. Evidence based practices include Responsive Classroom and Restorative Practices. She would like to see the training in all schools for all staff. She recommended sticking with the existing trauma workgroup rather than start a new tri-branch workgroup.

Ann Dillenbeck, the Children's Integrated Services (CIS) Coordinator in Chittenden County, gave a brief description of CIS, a statewide prevention and early intervention programs that offers child development and family support services. It is delivered through a network of 12 regional contracts and a variety of agencies. CIS clients include pregnant and postpartum women, infants and children birth to age six and their families, and early care and education programs. She would like to see expansion of CIS home visiting partnerships specified in the bill.

House Health Care Receives Overview of Medicaid ACO Pilot

Michael Costa and Alicia Cooper of the Department of Vermont Health Access presented an update on the Medicaid ACO pilot to the House Health Care Committee. They explained that Vermont has made a policy choice to focus on paying for value, not volume. Here are the reasons they shared on why DVHA has pursued an ACO Contract:

- Empowers Provider Community: Gives health care providers the opportunity to take leadership for cost containment and quality rather than the government.
- Expands Pilot: The program is expanding in a logical and manageable way, adding 6 additional participating communities and ~13,000 attributed Medicaid members.
- Create Sustainable Costs: First step in potentially moderating Medicaid spending in the future by pushing risk down onto providers. Initial data is potentially promising.
- Tests Whether Alignment Matters: The ACO will begin aligned Medicare and commercial programs on 1/1/18. This is an essential step in determining whether ACO based reform has the potential to transform health care.
- Promote Value Based Payments: Continue to move away from Fee for Service payment model and towards payment arrangements based on quality, risk, and accountability.

The goal is to serve 42,000 Medicaid enrollees in FY18. The scale is expected to increase from the current status of less than 25% of Medicaid beneficiaries enrolled to 70% – 80% of Medicaid beneficiaries by 2022 to reach the All Payer Model scale target agreed to with CMS.

The full PowerPoint presentation can be found at this link:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/House%20Health%20Care/Accountable%20Care%20Organizations/W~Michael%20Costa~Vermont%20Medicaid%20Next%20Generation%20ACO%20Pilot%20Program~1-18-2018.pdf>

Vicki Loner the Chief Operating Officer spoke about their work in 2017 and their work for participation in the value based payment in 10 areas of the State, of which 6 communities are in the risk based programs with BC/BS, Medicare and Medicaid. The hospitals will receive a fixed prospective payment for people who are attributed to the Medicaid ACO. However, the hospitals still bill for fee-for-service to track what the payments would have been without the prospective payment system in place. Primary care providers are eligible for quality incentives funding. There is a care coordination payment to DAs, AAAs and HHAs for complex care coordination. OneCare is supporting Blueprint for Health through continuing their funding with assumed savings for community health teams, SASH and primary care providers.

Here is the link to her presentation:

[https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/House%20Health%20Care/Accountable%20Care%20Organizations/W~Victoria%20Loner~Vermont%20Medicaid%20Next%20Generation%20\(VMNG\)%20Update~1-18-2018.pdf](https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/House%20Health%20Care/Accountable%20Care%20Organizations/W~Victoria%20Loner~Vermont%20Medicaid%20Next%20Generation%20(VMNG)%20Update~1-18-2018.pdf)

Senate Health and Welfare Reviews Act 82 Reports

DMH is striving to build a holistic system of prevention, treatment, recovery, and support services to promote resilience for all Vermonters affected by mental illness, to prevent mental illness and build mental health. For this system to be effective, DMH is focused on the following vital strategies:

1. Integration across service sectors, including medical, substance abuse, justice and other human services
2. A “whole health in all policies” framework that recognizes social determinants of health
3. Strong leadership, active partnerships.
4. A strengths-based approach to empower individuals, families, and communities
5. Use of evidence based and promising practices
6. Results Based Accountability
7. Innovation and flexibility in funding and program development.

Melissa noted that data available on Emergency Department (ED) utilization is less than optimal. For instance there isn't any data for people who are voluntarily waiting for inpatient care EDs of hospitals. The chart of beds in the State was reviewed and it was pointed out that the Veterans Administration now has 10 beds which may be used for involuntary care.

The definition of a “no-refusal system” was clarified. The Commissioner does not have the authority to compel a hospital, including VPCH, to admit a patient. This is because federal law prohibits non-medical professionals from making determinations around hospital admissions and discharges. All hospitals and facilities in the “no-refusal system” have at times refused admissions due to their assessment that they cannot serve the person safely or maintain the safety of other patients.

Senator McCormack asked about who determines which inmates in correctional facilities have mental health conditions and how they will receive treatment. The reply is that Centurion, the contracted mental health provider, provides the mental health treatment. It was clarified that people can have both mental health conditions and criminal behaviors.

DMH recommends a change to state statute to allow parents and guardians to consent to inpatient treatment for children under age of 12. Under current law, young children are required to provide consent to voluntary inpatient psychiatric treatment.

Based on the increases in the number of children both 0-3 and 6-11 coming into DCF custody, there are more children in crisis in Vermont. DMH and the Family Services Division of the Department for Children and Families have worked together to implement three new initiatives:

- Parent-child interaction therapy
- Child-Parent Psychotherapy (CPP)
- Building Flourishing Communities

The Gaps in Service that were highlighted were:

- Resource Availability and Regional Accessibility
- Utilization Trends – Use of Crisis Bed Resources
- Supportive Housing
- Peer Supports
- Mental Health Treatment Court
- Staffing Resources
- Mental Health Profession Data

DMH is focusing on improving and refining Vermont's expanded array of peer services, community outreach, support groups, local peer-run initiatives, education, advocacy, transition support between hospital and community treatment settings, hospital diversion and step-down, crisis respite, and pre-crisis telephone-based support, referral and emotional support.

Supported housing is part of the DMH coordinated response to reduce cost and increase opportunity for persons prone to emergent care when homeless, and for those caught in a sub-acute care status unable to exit a needed inpatient bed, due to lack of affordable housing in the community.

The Commissioner said that we need to increase our workforce, but just increasing salaries of DA/SSAs, alone, is not enough.

DMH worked with stakeholders to explore different options related to crisis beds or crisis response. Stakeholders recommended that more options to access support and treatment be made available for people in psychiatric distress, outside of the hospital setting, including:

- Psychiatric Urgent Care Walk In clinics
- Psychiatric Emergency rooms
- Dedicated "Emergency Evaluations Beds" within existing psychiatric inpatient units
- A "23 hour bed" that would provide an alternate site from a hospital for involuntary assessments.

DMH is currently developing payment reforms with the designated agencies and is brainstorming how emergency services may be addressed.

Here is the link to the DMH presentation:

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Act%2082%20Reports/W~Melissa%20Bailey~Act%2082%20Reports%20Testimony~1-19-2018.pdf>

Senate Health and Welfare Discusses Budget Adjustment with Senator Kitchel, Chair of Appropriations

Commissioner Melissa Bailey presented information on the Street Worker Outreach program as proposed in the FY'18 budget adjustment bill put forth by the Administration. She said it is a much beloved program in Burlington. The budget adjustment proposal is to create a new program for the six towns surrounding Burlington who will share the costs for four positions. DMH is also exploring doing similar work in Rutland, Brattleboro (Windham) and Washington Counties. She said that all of these regions are very interested. The \$200,000 request is for the four positions to start in January in Chittenden County and three positions in each of the other three regions starting later this fiscal year.

The senators wanted to know if the Burlington Street Outreach program has led to reduction of ED use or arrests and incarcerations. The reply was that the focus is on getting people the services and supports they need, so some people are referred to EDs, others receive help with housing, jobs, etc. It is about a different way to engage people in crisis. Melissa Bailey sees it as an extension of existing crisis and emergency teams as requested in Act 82.

The House of Representatives only funded the four positions for Chittenden County. Both Committee Chairs expressed concern about making commitments to a new program without seeing the FY19 budget proposal as a whole and questioned if all of the towns have made the necessary financial commitment. The Senate Health and Welfare Committee will give feedback to the Senate Appropriations Committee on the proposal on the 24th.

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

- Legislative home page: <https://legislature.vermont.gov/>
- 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 <https://legislature.vermont.gov/>
- Governor Phil Scott (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 which works in partnership with Vermont Care Network to form Vermont Care Partners. Together our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our membership consists of 16 designated developmental and mental health agencies.