Vermont Care Partners

Helping people live healthy, safe and satisfying lives in their communities

Legislative Update April 10, 2018

Upcoming Advocacy Events

Please join Vermont Care Partners at the National Council for Behavioral Health's Annual Public Policy Institute and Hill Day, to be held April 25 in Washington, D.C. in conjunction with NatCon18 – National Council's annual conference. There is no additional cost to participate if you are attending NatCon18.

Hill Day is the largest behavioral health advocacy event of the year in the Nation's capital, where hundreds of stakeholders join together in our mission to serve people living with mental illness and addictions by urging Congress to support our work and protect vital funding sources like Medicaid. Last year, the National Council partnered with 20 other national organizations. Julie Tessler of Vermont Care Partners is the State Captain for Hill Day again this year. She will be keeping our delegation organized and will provide you with the appointment schedule.

At Hill Day, you will have the opportunity to:

- Learn about critical federal policy issues
- Gain special insights into the legislative process, with updates from political journalists and national health care experts
- Meet with our congressional delegation and/or their staff to speak up for our field's priorities
- Network with other advocates from around the country

Legislative Action

Joint Fiscal Office Gives Budget Overview to Senate Health and Welfare

Stephanie Barrett of the Joint Fiscal Office reviewed the FY19 budget proposal of the House of Representatives with the Senate Health and Welfare Committee. She pointed out that the All Payer Model reduces the Global Commitment waiver investment funds. These funds will also be affected by the phase out of room and board and the Institute for Medical Diseases (IMDs) payments. She highlighted using general fund (GF) figures:

- Forensic unit cut creating $1.5 million savings
- Mobile crisis outreach pilots funded at $400,000, plus $200,000 one-time funds
- Pathways Rutland Supportive Housing $276,000
- Pathways Warm line $168,027
- Request for Workforce Stage 2 was not in either Administration or House budgets
- DAIL $2 million reduction in DS was restored

The House Health Committee requests that were not funded in House budget include: $500,000 for housing vouchers, $500,000 for Hospital Diversion, $4 million for sheriffs in EDs and the Stage 2 workforce investment.

Representatives Toll, Hooper and Fagan Discuss House Budget to Senate Appropriations Committee
Senator Kitchel sees a need to get the forensic facility online which will require the $1.5 million in GF which was cut from the Administration's budget by the House. The executive branch now wants to work with UVM Medical Center (UVMMC) to create a secure residential unit at VPCH and to add an intensive care unit for mental health patients at Central Vermont Medical Center. Mary Hooper spoke about the house budget's plan to invest in housing resources to reduce the pressure on EDs and inpatient. She said there is evidence that the peer warm line is effective at diverting people from EDs and the expansion of the warm line will help with that. Senator Kitchel said the feedback they received from the hospitals indicates that adding forensic beds will provide the most immediate relief. Senator Kitchel and Senator Ashe believe that the individuals in psychiatric crisis with forensic issues are compromising the safety of the other mental health patients and should be a first priority.

Secretary Gobeille Discusses Budget Issues with Senate Appropriations Committee
Secretary Gobeille spoke about the mental health and opiate crises that overlap and intertwine. If you are in need of a mental health bed and stuck in the ED it is a major crisis. In response AHS proposed a temporary forensic facility in St Albans, as well as alternatives. They have also been working with the Brattleboro Retreat to expand capacity. AHS's first priority is to create more beds. AHS also needs to address the end of the IMD. The UVMMC proposal is a partial solution, but could take years to materialize. Secretary Gobeille said they were hoping to get the St A facility on line by the end of the FY19. It could take until the first quarter of FY20. However, if the Brattleboro Retreat rehabs an empty building it could be done in 6 months. St Albans would require an add-on and would be slower to build. AHS is also looking at buildings in Chittenden and Washington counties. Senator Westman believes that staff availability should be strongly considered. Secretary Gobeille said that Chittenden and Washington County and north of Chittenden County are where staffing will be most available.

UVMMC is proposing to integrate level 1 need with the general hospital inpatient. Then VCPH could be a secure Residential facility. The Secretary explained that 16 beds is the limit set by CMS for Medicaid reimbursement unless the facility is attached to a hospital. It was pointed out that inpatient mental health in larger hospitals is consistent with parity.

The reasons Secretary Gobeille likes the UVMMC idea:
1. Clinically it's the right answer
2. Medicaid funding is available for hospital care
3. CVMC centrally location – receives patients from 6 court systems – and has psychiatric inpatient
4. UVMMC has size and capacity to run a larger inpatient unit

On the topic of the Tobacco Secretary Gobeille would like to move fast on deciding how the money will be spent and shared his ideas:
1. There is a SUD waiver with federal government in progress – some of the money could be applied to it
2. Expand MAT in correctional facilities
3. Implement the 23 recommendations of the Opioid Coordination Council

Senator Kitchel asked about the 70% of the people with SUD who have co-occurring mental health disorders. She wants to invest in a competent trained workforce by growing our own staff, particularly PhD level nurses by having UVMMC reopen their program. She would rather see long term substantial

investments than letting the funds trickle out. She did agree with the idea of better mental health and SUD treatment in correctional facilities. She also spoke about DA/SSAs struggle finding trained staff, because they can't compete with hospitals.

Finally, the Secretary spoke about grants and program management improvements planned. AHS has 700 grants worth $200 million for which they plan to create common rules and common approaches. First, they want to align billing with spending. This may create savings when there are delays in project start-up or under-utilization of capacity grants. They will also develop tighter grant performance standards. The goal is to manage grants the right way and ensure program performance. AHS is interested in payments based on services rendered on a monthly basis, rather than upfront payments. The anticipated $2 million savings is based on these types of practice changes.

House Human Services Continues to Hear Testimony on S261, the ACES bill

Paul Dragon, Director of Policy and Planning at AHS, made the following points.

- AHS supports language on public health and the upstream approach.
- AHS opposes expansion of pediatric home visiting without more funds and a more coordinated approach.
- AHS supports Director of Trauma-Informed Systems and locating the position within DMH
- AHS is concerned about duplication of Blue Ribbon Commission work, although supports trauma-informed trainings for childcare providers.
- Talked about the valued work of the Child and Family Trauma Workgroup as a broadly representative body

Scott Johnson, director of the Lamoille Family Center, represented the Parent-Child Center Network. He encourage the legislature to "buy it, don't build it," expressing support for the language in the bill that encouraged the Blueprint and OneCare to coordinate with existing services. He talked about the benefits of the Dulce program, which has a clinician embedded in the pediatric office. He fielded questions about the relationship of the Parent-Child Centers with the designated agencies, clarifying that several are standalone, and some are embedded in other organizations such as one DA, one school, one in Lund, and two embedded in the Community Action agency.

Rebecca Day, clinical Supervisor, from Rutland Mental Health talked about the preventative work that the JOBS program does with young people in helping them become functioning adults and preventing ACES in the next generation, telling a powerful success story. She spoke about her work training community partners in trauma and resilience, and noted that many providers have heard of the concept but don't know exactly how to implement trauma-informed practice. She noted this was true of for parents, as well. She saw a need for increased training and greater coordination of trauma training.

Elizabeth Mitchell, Director of Early Childhood Programs at Howard Center, provided the committee with information about the profound positive impact of consultation in childcare centers. She talked about the dramatic changes in acuity and need in the community, based on her many years of experience. She gave specific examples of what trauma-informed consultation looks like.

Lauren Norford, Early Childhood and Family Mental Health Director at Rutland Mental Health, followed up by responding to questions posed to committee members. She talked about the recent explosion in need and the existing collaborative network of early childhood providers in communities, noting the different roles of prevention and treatment. She focused on the importance of evidenced-based practices and relationships, and noted that both of these can only be sustained through funding increases. When asked to provider her thoughts on the position of trauma coordinator, she laid out a

vision of how this could be done well, and emphasized the many structures and resources already focused on addressing ACES, and the importance of avoiding duplication of efforts.

House Human Services Reviews Bill on Education; trauma-informed systems; resilience building
H.580 an Act on Education; trauma-informed systems and resilience building was presented by Representative Kate Web who said Act 264 needs revitalization. AOE and AHS should jointly submit a report making recommendations to correct misalignment of DA/SSA services and supervisory unions to reduce duplication and complexity of services. She specified that some supervisory unions must work with multiple DA/SSAs. Representative Webb recommends that AOE and AHS report to the House Committees on Education and Human Services and the Senate Health and Welfare Committee. The House Human Services Committee could add some of the language to S.261 the ACES bill to achieve this.

House Health Care Receives Overview of ACES Bill
Mike Mrowicki of the House Human Services Committee spoke to the House Health Care Committee about S. 261 the trauma and toxic shock bill, as well as the history of ACES research connecting childhood trauma to issues in later life. The prevalence of trauma seems to growing. The challenge is disseminating information to the public and taking a public health approach to trauma. He spoke about the research of Bruce Perry. Representative Lippert made the connection to mental health, addiction and physical health issues. Key components of the bill include: recognizing and coordinating services through a trauma coordinator in state government; the role of Parent Child Centers; and Children's Integrated Services. Representative Cina asked for recognition of school social workers and their bio-psychosocial approach in homes. The House Human Service Committee wants to highlight primary prevention, like the Dulce program in Lamoille County. The House Health Care Committee requested that information on the Blueprint, DAs and APM language be included in the bill.

House Health Care Committee Broadens S.203 to Include Mental Health Parity
Julie Tessler of the Vermont Care Partners discussed the current limits in funding of our public mental health system which prevents fully achieving the triple aim of improved health outcomes, improve health care quality and cost containment. She expressed appreciation for the goal of improving investments in DA/SSA workforce and achieving parity, but questioned if the resources are available to achieve the Bill's stated goals. Deputy Commissioner Mourning Fox speaking for DMH agreed with Julie's comments about the fiscal challenges in meeting the intent. Representative Lippert responded that the legislature must continue to state their intention for adequate funding to achieve parity.

Commissioner Bailey reported that UVMMC was asked by the Green Mountain Care Board (GMCB) to invest $20.7 million in unbudgeted collected patient fees into a mental health inpatient capacity. UVMMC responded with a proposal to the Secretary of AHS and the Legislature. The UVM network (UVMMC and CVMC) is proposing to expand inpatient capacity by building a new wing at CVMC for inpatient mental health treatment to include forensic and level 1 (the number of beds is not specified). The VPCH could become a secure residential facility. UVMMC would provide the inpatient care. There are not a lot of details beyond that. Bill said that solution is still 3 - 4 years off and leaves the short term challenge of not enough inpatient resources. Representative Donahue believes that it addresses parity through co-location in a medical hospital, including ED. The co-location of psychiatric inpatient in a hospital facility could better address co-occurring medical needs. There still needs to be greater efforts to integrate mental health into primary care. Representative Donahue is assuming that there won't be any less than 25 beds. GMCB will vote next week on whether to allow UVMMC network to reserve the excess funds for this project.

Representative Lippert acknowledged that the need for inpatient does not negate the need to invest in community resources. Commissioner Bailey said adequate inpatient capacity might allow us to use community resources better.

In the end, the House Health Care Committee amended (with some technical recommendations by VCP and others) and approved S.203 by keeping the ONH section and adding many more asks, including that DMH to work with stakeholders to come up with a more holistic health care system. The Bill specifies that parity means integrated services as part of a holistic health care system. Here are the sections most relevant to DA/SSAs from Draft No. 4.1. "An act relating to systemic improvements of the mental health system"

Sec. 6. REPORT; RATES OF PAYMENTS TO DESIGNATED AND SPECIALIZED SERVICE AGENCIES On or before January 15, 2019, the Secretary of Human Services shall submit a written report to the House Committees on Appropriations and on Health Care and to the Senate Committees on Appropriations and on Health and Welfare pertaining to the implementation of 18 V.S.A. § 8914 (rates of payments to designated and specialized services agencies). Specifically, the report shall address the cost adjustment factor used to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics. If new payment methodologies are developed, the report shall address how the payments cover reasonable costs of goods and services of designated and specialized service agencies, including labor market dynamics.

Sec. 7. 2017 Acts and Resolves No. 82, Sec. 3(c) is amended to read:
(c) On or before January 15, 2019, the Secretary shall submit a comprehensive evaluation of the overarching structure for the delivery of mental health services within a sustainable, holistic health care system in Vermont to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services, including. The Secretary shall ensure that the evaluation process provides for input from persons who identify as psychiatric survivors, consumers, or peers; family members of such persons; providers of mental health services; and providers of services within the broader health care system. The evaluation process shall include direct stakeholder involvement in the development of a written statement that articulates a common, long-term, statewide vision of how integrated, recovery and resiliency-oriented services shall emerge as part of a comprehensive and holistic health care system. The evaluation shall include:
* * *
(5) how mental health care is being fully integrated into health care payment reform; and
(6) any recommendations for structural changes to the mental health system that would assist in achieving the vision of an integrated, holistic health care system;
(7) how Vermont's mental health system currently addresses, or should be revised better to address, the goals articulated in 18 V.S.A. § 7629 of achieving "high-quality, patient-centered health care, which the Institute of Medicine defines as 'providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions'" and of achieving a mental health system that does not require coercion;
(8) recommendations for encouraging regulators and policymakers to account for mental health care spending growth as part of overall cost growth within the health care system rather than singled out and capped by the State's budget; and
(9) recommendations for ensuring parity between providers with similar job descriptions regardless of whether they are public employees or are employed by a State-financed agency.

Senate Health and Welfare Takes Time to fully Understand OneCare ACO
Vicki Loner, Vice President for Operations, OneCare VT returned to the Senate Health and Welfare Committee and addressed some of the basic questions that came up the week before. Vicki defined an Accountable Care Organization (ACO) as a voluntary network of providers who are:

- Committed to working towards: better individual patient experience of care; improved health of defined populations; and more rational consumption of expensive resources

- Willing to Lead proactively rather than passively accept change
- Listen, learn and adopt recommended best practices: assume financial risk for achieving or not achieving goals and deploy/adopt information systems and linkages

ACOs as a Vehicle for Reform
- Broad network of providers
- Voluntarily bound together through contract agreements
- Committed to better understand their community status & needs
- Willing to try and incorporate new ideas into daily practice
- Collaborating with insurers (Medicare, Medicaid, Blues …)
- Striving to achieve slower cost growth (While improving clinical quality and patient satisfaction)
- Willing to be paid differently
- Willing to accept more financial risks

She spoke about how the community collaboratives work together to address the needs of their regions. OneCare has 112,000 attributed lives and $580 million in accountable spend. Providers in the Medicaid program include:
- 10 Hospitals
- 95 Primary Care Practices
- 172 Specialty Care Practices
- 2 FQHCs • 21 Skilled Nursing Facilities
- 8 Home Health Agencies
- 6 Designated Agencies for Mental Health and Substance Use
- Area Agencies on Aging

Delivery System Reform (DSR) funds are part of the global commitment waiver which allows for investments for the All Payer Model. There are $206 million in potential funds (if matched by VT) over five years. DSR funds may be used for ACO infrastructure improvement such as community-based health care.

Population Health Reform Program Annual Investments

Value-Based Incentive Fund	$4,116,546
Primary Care Population Health Payments	$4,041,185
Complex Care Coordination Program	$6,186,837
PCP Comprehensive Payment Reform Pilot	$1,800,000
Community Program Investments	$1,583,143
CHT Funding Risk Communities	$1,400,887
CHT Funding Non-Risk Communities	$ 844,966
SASH Funding Risk Communities	$2,572,500
SASH Funding Non-Risk Communities	$1,131,900
Primary Care Payments Risk Communities	$ 875,328
Primary Care Payments Non-Risk Communities	$ 954,936
Total	$25,508,227

DVHA has these funds in the DVHA contract. Senator Ayer wanted to know the relative value of the investments. Vicki said if there are cuts in the DSR the OneCare Board would need to go back to hospitals and partners to determine what changes to make.

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
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- 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.