



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

Legislative Update April 17, 2018

Legislative Action

Senate Appropriations

Representatives of Vermont Care Partners met with the two Senators responsible for our sections of the budget, Committee Chair Jane Kitchel and Senator Richard Westman. Senator Kitchel was receptive to our advocacy on workforce investment for mental health services, particularly as it relates to reducing emergency department and inpatient hospital utilization. In general, the Senate has not expressed support for the restoration of the \$4.3 million reduction to developmental services (DS) or making the workforce investment for developmental services staff.

Senator Kitchel in her review of the House's and Administration's FY19 budget proposals noted that enhancements and new spending are taking away from existing services. Senator Ashe questioned the cut to developmental services while adding elsewhere. Senator Kitchel sees it as a zero-sum game, "if you want to fund initiatives then you have to sacrifice somewhere".

Senate Health and Welfare Committee Issues Budget Memo

The Senate Health and Welfare Committee issued a memo on the budget directed to the Senate Appropriations Committee. It does not mention DS, but does express support for the workforce investment, including Vermont Care Partners' request for flexibility to target the funds to staff in relation to the positions most difficult to fill.

The memo begins with an interesting disclaimer.

Like all politicians, we begin with a "disclaimer" about the significance of the term "preferences" in a budget context that guarantees some real needs will not be met. The economic argument that such limited resources are necessary makes the very idea of "preferences" meaningless because each "preference" undermines equally worthy options. Our suggestions (or preferences) should be understood as a Sophie's Choice.

Mental health:

- Use one-time money for one time expenditures, such as increased treatment capacity.
- Work force issues must be addressed; we don't have enough professionals to staff what facilities we have.
- Consider grants to teaching institutions to recruit and retain teaching staff for APRNs, RNs, and LPNs for 5 years. Nursing programs in VT have far more applicants than slots due to faculty constraints. Promote clinical rotations/internships in Vermont institutions. Students who come to Vermont tend to stay.
- Retain and improve AHEC grants for primary care and psychology.
- Designated agency salaries: Appropriate second installment; look at most difficult to fill positions. Documented decrease in turnover rate and use of crisis beds, but not enough.
- Restore funding for housing first initiatives such as expansion of the operation of the Warm Line service and implementation of Rutland County supportive housing, as well as restoring the Mental Health Rental Assistance program.

House Human Services Accepts Testimony on S261, the ACES Bill

Reeva Murphy, Deputy Director for Child Development Division at DCF expressed concern about the absence of funding for expansion of support services in primary care. She shared that the CDD has developed trainings for childcare providers.

Beth Tanzman, Director of the Blueprint for Health, supports the language associated with the Blueprint and recognizes the association between toxic stress and trauma, and health outcomes in adulthood.

Matt Levin, Executive Director of the Vermont Early Childhood Action Alliance, expressed that they do not see the problem as a lack of coordination, but rather a lack of funding. They are skeptical of a new position without enhanced funding for direct services because there aren't enough staff, and the pay is too low.

Amy Brady, Policy Associate at Voices for Vermont's Children, advocated for an Office of Child Advocate. She would like to see the Blueprint language revised to ensure use of current community providers. She noted WCMHS's Doula Program and advocated for Medicaid eligibility for this program.

Kathy Hentcy, director of Mental Health and Health Care Integration at the Department of Mental Health, advocated for a public health approach using RBA. She noted the work of the Building Flourishing Communities Initiative and talked about focusing on trauma-informed laws, policies, and programs at AHS.

Tricia Long, director of Resilience Beyond Incarceration and member of the Child and Family Trauma workgroup provided education about her program and advocated for coordination, training and public awareness. She encouraged the committee to add language to incorporate a multi-generational approach and ongoing coaching on trauma for providers. She also recommended adding trauma competency for all licensing categories.

Kristi Salvi presented on the Nurse-Family Partnership and spoke about the magic window of the first 1,000 days in a child's life. She shared the positive health outcomes of the families involved in the Nurse-Family Partnership in Vermont.

The Committee heard testimony from Christy Gallese from the Burlington School District on afterschool and summer learning programs, which she noted are effective prevention programs for trauma.

Margaret Joyal, Division Director for Outpatient Services at Washington County Mental Health, testified about the LINCOS programs. She described the model that focuses on stabilization as the first stage. The LINCOS program uses a PTSD screen rather than an ACEs screen at intake, because an ACEs screen should be completed in the context of a relationship with an ongoing clinician. Margaret shared outcomes from a pilot with BC/BS which showed no MH/SUD inpatient admissions and no MH/SUD emergency room visits for the people served in the pilot, with an estimated savings of \$20-30,000. The pilot group also had a 75% drop in overall ED visits. She advocated for the role of a statewide Trauma Coordinator, giving the example of the need for this through her experience supporting Harwood Union in 2016. She supported the placement of this position in the Agency of Human Services. She noted that we have a patchwork of very rich programs but we haven't said that we want to be a trauma-informed state.

The Senate bill identified specific programs, while the house is taking a broader approach. Requesting that AHS present a plan to address the integration of evidence informed and family focused prevention,

intervention treatment and recovery services for individuals affected by adverse childhood experiences. The plan shall address the coordination of services through other agency and propose mechanisms for improving and engaging community providers in the systemic prevention of trauma; case detection and care of individuals affected by ACES and ensuring the grants to AHS community partners related to children and families as they strive toward accountability and community resilience.

Representative Wood expressed interest in assuring that this bill is going to make a difference in stemming the tide of what families are struggling with. Representative Haas wants to ensure that there is a continuum of support from prevention through treatment and resilience. There is an interest in building on the flourishing communities framework.

The plan is for the House Bill to include:

- Principles
- Coordinator
- AHS responsibilities
- Educational curriculum

House Corrections and Institutions Hears Proposal for Mental Health Inpatient Care

The House Health Care Committee joined the House Corrections and Institutions Committee to hear the proposal for mental health inpatient and secure residential care. Agency of Human Services (AHS) Secretary Gobeille spoke about the report and 10-year plan developed by the Administration on facilities for populations served by the Agency. That report concluded that total capacity of the facilities is either inadequate or not long term in nature. The adult inpatient mental health facilities will be impacted by the loss of IMD funding in 2021. The correctional facilities have significant deferred maintenance and the need to accommodate prisoners currently sent out of state. So the plan addressed both of these populations.

The House Committees worked with the Administration to evaluate the report. The House Health Care Committee responded by recommending more inpatient beds co-located in a medical hospital. Then UVM Medical Center came forth with an idea to build mental health inpatient beds on the Central Vermont Medical Center (CVMC) campus. The Vermont Psychiatric Care Hospital (VPCH) could be used for the secure residential facility. This plan will require 3- 4 years to implement. Secretary Gobeille offered several reasons to go forward with the proposal:

1. Clinical co-location of the mental health beds at a medical hospital
2. CVMC is a good geographic location
3. UVMC is a large network which can run the facility
4. IMD exclusion will be addressed by putting the mental health beds in a medical center. It could have up to 64 beds without going beyond the 50% mental health bed limit.

AHS is analyzing the St. Albans Correctional Facility, as well as the Brattleboro Retreat, to determine the viability of creating mental health beds on an interim basis. Representative Emmons asked about the costs for both capital and operating expenses of the two potential facilities. She pointed out that the federal funds can only be used at the BR, not the St. Albans correctional facility.

Additionally Rutland Regional Medical Center has proposed an 8-bed secure residential facility, but the Secretary said it would be a tough to make the case that we need 24 secure residential beds. Representative Emmons questioned that assumption.

Bob Pierattini, Chief of Psychiatry at UVM medical Center added clinical context to the proposal. The mental health crisis is about the fact that we don't have enough beds. Sometimes 1/3 of UVM Medical Center ED beds are filled with people being assessed for psychiatric crisis. Sometimes they go home or for outside services, but frequently they require inpatient care. On any given day they have up to eight people waiting for inpatient care. Sometimes they wait for weeks. He believes that service alternatives are in good supply.

UVM Medical Center has not arrived at a number of beds to build at CVMC. The whole complex would be operated in unison to create administrative and clinical efficiency. People do move between levels of care and having inpatient and secure residential on the same campus will be helpful. CVMC will have to undergo significant construction to develop the new unit.

Next Steps:

1. Approval by GMCB
2. General agreement to move forward
3. Dr. Brumstead will convene a planning process

Kevin Mullen, Chair of the Green Mountain Care Board gave perspective on how the plan was first initiated. The UVM Health Network hospitals had excess net patient revenues and the Green Mountain Care Board was considering whether the funds should be returned to rate payers through reductions in rates. Board member Jessica Holmes suggested a plan to invest resources to address the mental health crisis at hospitals. The Green Mountain Care Board has considered the initial proposal brought forth by UVM Health Network and approved it on April 11th. UVMC would spend money this year and next on planning the unit.

Senate Education Committee Reworks the Special Education Bill

The Senate Education Committee will be revising the Special Education Funding Bill, H.287 to more explicitly promote practice change and clarify requirement to support services for IEPs. They plan to eliminate the pilot programs and have simplified the process so everyone can focus on practice change. They want to meet the needs of students on IEP and all students who struggle by using multi-tiered systems of support and positive behavioral supports. The census formula will stay the same as the House version, but they plan to eliminate the cost containment language added by the House Appropriations Committee. It is not clear if the census formula will save money, especially given that the State must meet maintenance of effort requirements. There is a planned analysis of whether some supervisory districts need more census funding (weighting study). That analysis will go back to the legislature before a census formula is implemented.

Here is language from the draft bill about practice.

(a) Within each school district's comprehensive system of educational services, each public school shall develop and maintain a tiered system of academic and behavioral supports for the purpose of providing all students with the opportunity to succeed or to be challenged in the general education environment. For each school it maintains, a school district board shall assign responsibility for developing and maintaining the tiered system of supports either to the superintendent pursuant to a contract entered into under section 267 of this title or to the school principal. The school shall provide all students a full and fair opportunity to access the system of supports and achieve educational success. The tiered system of supports shall, at a minimum, include an educational support team, instructional and behavioral interventions, and accommodations that are available as needed for any student who requires support beyond what can be provided in the general education classroom, and may include intensive, individualized interventions for any student requiring a higher level of support.

(b) The tiered system of supports shall:

- (1) be aligned as appropriate with the general education curriculum;
- (2) be designed to enhance the ability of the general education system to meet the needs of all students;
- (3) be designed to provide necessary supports promptly, regardless of an individual student's eligibility for categorical programs;
- (4) seek to identify and respond to students in need of support for at-risk behaviors and to students in need of specialized, individualized behavior supports; and
- (5) provide all students with a continuum of evidence-based and research-based behavior positive behavioral practices that teach and encourage prosocial skills and behaviors schoolwide promote social and emotional learning, including trauma-sensitive programming, that are both school-wide and focused on specific students or groups of students;
- (6) promote collaboration with families, community supports, and the system of health and human services; and
- (7) provide professional development, as needed, to support all staff in full implementation of the multi-tiered system of support.

The Agency of Education shall adopt policies and procedures to ensure that a school district's evaluation of a child suspected of having a disability is not denied because of implementation of the tiered system of academic and behavioral supports. To support the provision of special education services to students on an individualized education program under the Individuals with Disabilities Education Act, 20 U.S.C. chapter 33. Supervisory unions shall use this funding and other available sources of funding to provide special education services to students in accordance with their individualized education programs as mandated under federal law. A supervisory union may use census grant funds to support the delivery of the supervisory union's comprehensive system of educational services under sections 2901 and 2902 of this title, but shall not use census grant funds in a manner that abrogates its responsibility to provide special education services to students in accordance with their individualized education programs as mandated under federal law.

Minimum Wage

The House of Representatives has been considering minimum wage legislation. The House Human Services wants to ensure that the potential impact on publicly funded human services is included in the discussion. Bard Hill of the Department of Disabilities, Aging and Independent Living shared data on numbers of persons employed in human service positions as tallied by the Department of Labor (DOL). Julie Tessler shared data from ARIS that indicates that the DOL might undercount the number of staff working in these low-paid positions. She also shared both the positive and negative outcomes of the \$14/hour minimum wage boost received by designated and specialized service agencies, noting the positive impact on staff recruitment and retention of our lowest paid staff. She cautioned that market factors for higher paid staff, wage compression and other factors are critical for ensuring accessible quality care. It was pointed out that payment rates must be raised to achieve the minimum wage goals, because agencies do not have the resources to raise wages otherwise. To achieve a minimum wage of \$15 per hour the DA/SSAs would need an investment of \$8.37 million dollars. This figure does not include contracted workers and those employed directly by people served and their families.

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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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.