

**Legislative Update for January 28, 2014**  
**Vermont Council of Developmental and Mental Health Services**

**Senate Judiciary Studies S.295**

The Senate Judiciary Committee has been working hard on S.295 that will promote pretrial services for people with substance abuse issues who are arrested for certain crimes. Last week they decided to allow Courts to do direct screening and assessment when practical, if not done before arraignment. Screening and assessment is voluntary. The Court may require: monitoring, assessment by substance abuse counselor; and compliance with treatment recommended by provider.

Kim Bushey, Program Director for the Department of Corrections spoke about risk assessment. Currently the Department uses a community supervision tool. The risk and needs assessment tool measures the risk of new crime or failure to appear in court. Kim sought clarification on the "needs screening" requested in the bill. Sears would like people with SFI to be identified in the screening. Kim suggested using other tools for screening mental health and substance abuse which could then be used to direct people to fuller mental health and substance abuse assessment.

There was discussion about whether the results of the screening and needs assessment are confidential or not. The information is used for bail decisions. Bobby Sands thought it might be important to specify that the screening and assessment information is not public. Later in the week the language was amended to ensure the confidentiality of information obtained during the risk assessment and needs screening.

According to the testimony from the National Council of State Legislatures the pre-trial detention is detrimental: jail sentences are increased and the person is more likely to be involved in future criminal behavior.

Mark Young from the Sparrow Program said they serve individuals with mental health or substance abuse needs who have non-violent charges. The ORAS tool is used. They report to the Court on general domains of needs and a plan on how to address those domains. Staff is at the court during arraignments. They quickly reach out to people who have charges. Sometimes clients self-refer. The Sparrow Project provides case management with a 1:26 staff to client ratio, verses 1:200 with probation and parole officers. There is a big investment up front. Mark said they are creative and responsive to acute needs, including the need for detoxification. Michael Kainen, Windsor County State's Attorney, suggested that the legislation not be too restrictive about which crimes should be included, it is better to do a risk and needs assessment to consider the individual's unique circumstances. They were both supportive of the legislation.

Senator White raised the issue and then Julie Tessler and Karen Gennette advocated for adding language to amend the bill to include mental health to the language on screening and assessments. The marked up bill now includes that language.

**Senate Appropriations Committee Hears Mental Health Budget Adjustment Act**

Mental Health Commissioner Paul Dupre presented the Department's budget adjustment request to the Senate Appropriations Committee. The increase for sheriff's supervision in emergency rooms totals \$950,000. Second Spring has a small increase to cover 22 beds to meet demand through the end of 2013

until the Westford facility was fully operational and as a bridge until Rutland's intensive residential program is on line.

Senator Kitchel asked about the performance of the \$20 million investment in community services. How are we measuring those investments?

Senator Snelling expressed her concern that we still do not see a clear system. In her opinion there is not a single standard of treatment at DAs and at the different types of facilities. "We need more emphasis on outpatient and group services," she said.

Success Beyond Six total funding is \$47.5 million, up by \$6.5 million from the original FY'14 budget.

### **Health Policy Ken Thorpe Presents to Legislators on Health Reform**

Ken Thorpe made the rounds through the legislature to discuss the health reform process. He wants to make sure we fully implement the Blueprint. At this time 80% of the state's population has access to community health teams. He also recommends expansion of prevention programs statewide, including the diabetes prevention program. He explained that 2/3rds of the growth in health spending is due to chronic illness. Prevention and care coordination are important to control it.

Payment reform through bundling of funds and accountable care organizations (ACOs) are promising and must be coordinated with the blueprint. ACOs are more effective if they really change the way they do business. Information technology is essential to make these coordination efforts work.

Implementing the affordable care act will increase enrollment in health insurance and making the health insurance exchange work properly will create an important foundation for single payer. Act 48 should be followed up with benefit design and financing design.

Senator Kitchel asked about mental health and substance abuse delivery systems. Ken said that the blueprint community health teams (CHTs) provide integrated care. You should look at the composition of the health teams, he added, the teams can carve away the silos. The more you can roll into the health teams the better. You can leverage existing resources to work with the teams. They are scalable and flexible. Then look at integrating CHTs and ACOs. Have ACOs use the teams as a resource.

Senator Kitchel spoke about the social determinants of health. We need to have a larger discussion about how these complementary systems are working. He agreed we need synergies and a coherent structure. Prevention and care coordination need to be worked into the benefit program.

### **House Human Services Hears Testimony on Medicaid Reimbursement for LADCs**

Representative Lynn Dickinson of St Albans filed the H.69 on behalf of a licensed alcohol and drug counselor (LADC) who works independently. Given the shortage of substance abuse counsellors, Representative Dickinson sees it as critical for expanding the work force to meet the growing demand for services.

Legislative Counsel Jen Carbee walked through the amended bill. It would simply allow all LADCs who have master's degrees to practice whether or not they are associated with a designated agency.

Barbara Cimaglio, Deputy Commissioner for Alcohol and Drug Abuse Programs, thinks this is a timely discussion. She explained that the Vermont Department of Health (VDH) approves programs, which are designated as preferred providers. Then they are enabled to bill Medicaid. The exclusion of LADCs from billing was not intentional, she said. It is perceived that there is exclusion of a willing work force. There will be financial impacts if more people can bill Medicaid. ADAP is working with DVHA on a pilot to find ways to have independent LADCs bill for Medicaid.

Preliminary analysis by ADAP shows that many substance abuse counselors are already billing mental health codes. The bill would give better data on treatment. The cost could be as high as \$3 million. A pilot is likely to give better information. Licensing happens under the health department after a person is certified by the board which ensures there is a master's degree and experience.

Deputy Commissioner Cimaglio speaking in favor of the bill said the current process for ADAP to authorize LADCs for reimbursement is cumbersome. The Department has not recruited independent providers and we would have to create new administrative processes. The preferred providers must all meet specific regulations and go through a review process to ensure that clinical and programmatic standards are met to receive ADAP grants and Medicaid reimbursement. Commercial insurers also depend on this review process. All of the Hubs are authorized and approved programs by federal and state processes. The Committee questioned why the state doesn't do this without legislative direction.

Medicaid Commissioner Mark Larson agrees with the goal and intent of the legislation and highlighted some key points. This is an opportunity to expand the workforce. The impact on the budget is the primary concern. A pilot is being implemented in 3 counties with a per-member-per-month billing process. The payment covers case management and billing functions. They intend to have people enrolled in the pilot at the end of the fiscal year. The 3 counties are: Addison, Rutland and Windham.

William Keithcart, of Day One and President of VT Addictions Professional Association strongly supports the bill because it allows for parity with other professionals. The ones he knows get together in groups to give each other supervision. The recertification process requires documentation of supervision.

Annie Ramniceanu the associate executive director at Spectrum Services and Chair of Vermont Certification Board of Addiction Professionals gave a detailed description of the certification standards for LADCs. You can practice without the LADC, only if you work in a preferred provider. LADC may not bill Medicaid independently, unless fully licensed. We now have 500 drug and alcohol counselors. Most have a MA and a license. The license is administered by the VDH. OPR investigates complaints.

Julie Tessler spoke for the Council expressing our interest that only LADCs with master's level education be allowed to practice independently. She also shared feedback from program managers that it should be easier for master's level mental health professionals to be cross credentialed for substance abuse counseling.

On Friday Jackie Corbally of ADAP shared the following analysis.

*Why Expand the Medicaid State Plan to Include These Providers? Regulatory Requirements*

- *The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that mental health and substance abuse services be at parity with medical/surgical services*
- *The Affordable Care Act (ACA) requires the application of MHPAEA to Medicaid programs*

*Substance Abuse Issues are Common:*

- 10% of Vermonters age 12+ can be diagnosed with alcohol or drug dependence or abuse.
- Medicaid beneficiaries are currently waiting for substance abuse treatment.

#### *State Initiatives Will Increase Need for Treatment Capacity*

- SBIRT - \$10M over five years to train medical professionals to identify and provide brief intervention and, when required, treatment referrals for substance abuse and dependence
- IET (Initiation and Engagement in Treatment) – pilot to improve linkage between physicians and private practitioner LADCs
- VDH Maternal Child Health – encourage pediatricians to screen for substance abuse

#### *Workforce*

- Equivalence in licensure – currently private practitioner mental health service providers Licensed Independent Clinical Social Workers (LICSW) and Licensed Clinical Mental Health Counselors (LCMHC) – can bill for Medicaid services while LADCs cannot despite similar educational and professional requirements for licensure.
- It is difficult to entice individuals to pursue LADC licensure if they cannot receive payment for their service.

#### *Methodology for Cost Estimate*

- Surveyed all 413 LADCs in the state; 35% (148) responded
- Of those responding, 58% (86) are in private practice.
- 73 dually licensed (LICSW, LCMHC) private practitioners currently bill Medicaid an average of \$15,284 per practitioner
- If 58% (240) of all LADCs (413) are in private practice and 73 are already billing, it means that 167 new practitioners could bill for Medicaid services at an average of \$15,248 each. Potential new cost to the state is \$2,552,428

#### *Recommendations*

- Update the Medicaid State Plan to allow private practitioner LADCs to bill Medicaid
- Include the cost to include private practitioner LADCs, estimated at \$2.6 million dollars using the mental health rate structure, in the Medicaid budget

H.69 was not voted out and is not on the agenda for this week. Committee Chair Ann Pugh is not convinced that legislation is necessary.

Barbara Cimaglio introduced the Partnership for Success Grant from SAMHSA for \$3.5 million for 3 years to reduce alcohol binge drinking and drug abuse by teens. The grants will go to 6 geographic areas to build community partnerships. She also briefed the committee on the SBIRT (screening, brief intervention and referral to treatment) a 5 year grant for \$10 million. The funds will be granted to partners to build capacity to intervene earlier for people with alcohol and drug problems. The focus is to improve screening by the medical community and to improve access to brief intervention.

Winn Turner one of the SBIRT grant managers and Mark Depman of Central Vermont Hospital testified. The grant is meant to identify portals for identifying people with substance abuse problems and to bring treatment to the arena where people are. Referrals are made to the preferred providers and to the Hub and Spokes. It is meant to tighten linkages. Referrals are made when the initial screening is done. They

will utilize VITL. Mark Depman said the emergency room triage nurse does a brief screen on alcohol and drug use.

Laurie Utrz of VDH and Greg Pinkham of the Washington County Youth Service Bureau spoke about the Partnership for Success Grant. The six district offices of the department of health will be reaching out to local partners.

### **Senate Government Operations Hears Introduction to Outcomes Legislation**

S.293 would continue the work of the Legislature to develop and refine population level outcomes. Senator Snelling sees this as an evolving process to determine where the state should invest resources. What our investments are doing and if there are better ways to achieve desired outcomes.

Senator Snelling explained that the executive branch will develop the program measures, which should come from the people engaged in the programs. Each program will have 3 measures. It's about collaboration and sharing knowledge using shared language and frameworks. Part of the challenge is choosing the right data.

The Government Accountability Committee is also looking at a general progress indicator as an indicator of the state's well-being as an alternative to gross domestic product.

James Hasslin of the Vermont Workers Center spoke about the new language in the state budget to advance human dignity and well-being. He believes it is a small step in making the budget more responsive to the needs of Vermonters. He would also like to see a needs assessment process to better meet the needs of Vermonters. Senator Pollina asked if the needs assessment should be done before outcomes are set. James agreed that it should.

Nicole LeBlanc of the Green Mountain Self-Advocates spoke about the people's budget. The goal is to manage to people's needs, not the money. She recommends that new accountability measures should go beyond the results based accountability. Policy goals and guidelines should be founded on human rights principles.

### **Joint Session Senate Judiciary and Senate Health and Welfare Committee**

Health Commissioner Harry Chen and Deputy Commissioner Barbara Cimaglio came to speak about increasing access to opioid treatment per Act 75.

The goal is to create a comprehensive prevention, treatment and recovery approach to opioids. ADAP contracts with 21 preferred providers and 11 recovery centers. Medication assisted treatment began in 2002. In 2012, 150 physicians were prescribing buprenorphine. In 2013 the Hub and Spokes began: they create a health home and expand the capacity for methadone and buprenorphine treatment. The 5 Hubs provide medications and the spokes are teams which provide additional expertise in the form of case management and therapy. Our capacity is expanding rapidly. Barbara said that ADAP is working with the Hubs to determine what level of capacity will be needed over time, once the current waiting lists are worked through.

Senator Sears wants to know about the communities that don't have Hubs, like Bennington. Could they access Hub services? The answer was a qualified yes, if funding were to become available.

Commissioner Chen noted that medication is not the only way to treat opioid addiction. There were questions about the accuracy of the wait lists.

Medicaid pays for the enhanced services. Commercial insurance does not at this time, but may be interested in the future.

### **House Human Services Committee Hears about the Decline in Successful Employment Outcomes**

The House Human Services Committee took testimony on the decline of successful employment outcomes within community rehabilitation and treatment (CRT) programs, and suggestions to reverse the trend. The perspective of the Council agencies was represented by Marlene Williamson, Employment Coordinator at HowardCenter. Marlene described factors specific to Vermont that bear on employment data trends, including the mission to provide services to people with a high level of need in community settings instead of hospital settings. She offered various recommendations for increasing employment in the CRT population including:

- increased use of peers on Supported Employment teams
- greater access to training for case managers and peers in Motivational Interviewing and Individual Placement and Support evidence based practice
- allowing clients to keep social support services and benefits during the first year of employment
- assist in paying past traffic fines and reinstating driver's license so that people can get to work
- expunging criminal records after seven years of no offenses, to improve chances of employment
- reducing turnover of Supported Employment staff by offering pay equity with case managers

Additional testimony was provided by the Vermont Center for Independent Living, Vermont Department of Labor, and the Department of Mental Health.

**MH Advocacy Day is planned for February 13<sup>th</sup>. Information will be mailed out when it is available.**

**Disability Awareness Day is planned for February 19<sup>th</sup>. Please see the flyer sent with this mailing**

### ***This Week's Schedule***

#### **House Committee on Health Care**

Tuesday, January 28, 2014

11:00 AM Health Care Reform Financing Plan  
Discussion: Who pays for health care now?

Nolan Langweil, Senior Fiscal Analyst, Joint Fiscal Office  
Sara Teachout, Senior Fiscal Analyst, Joint Fiscal Office

2:15 PM Vermont Health Care Claims Uniform Reporting and Evaluation System (VHCURES)  
Presentation of Report

Dian Kahn, Director, Analysis & Data Management, Green Mountain Care Board

Wednesday, January 29, 2014

9:00 AM TBD  
10:00 AM Accountable Care Organizations

Joint meeting with Senate Health & Welfare. Meeting with OneCare Vermont, the Accountable Care Coalition of the Green Mountains, and Community Health Accountable Care (CHAC).  
Room 11

Todd Moore, CEO, OneCare Vermont

Barbara Walters, DO, Chief Medical Officer, OneCare Vermont

Kat McGraw, M.D., Chief Medical Officer, Brattleboro Memorial Hospital

Dr. Paul J. Reiss, Medical Director, Accountable Care Coalition of the Green Mountains

Jack Donnelly, CEO, Community Health Centers of Burlington

Gail Auclair RN, Chief Nursing Officer, Community Health Accountable Care

4:00 PM                      Accountable Care Organizations  
Committee discussion.

Thursday, January 30, 2014

10:30 AM                      Payment Reform in Health Care  
Discussion with the Department of Vermont Health Access

Mark Larson, Commissioner, Department of Vermont Health Access (DVHA)

Kara Suter, Director of Payment Reform, Department of Vermont Health Access (DVHA)

Dr. Tom Simpatico, Chief Medical Officer, Department of Vermont Health Access (DVHA)

### **House Committee on Human Services**

Tuesday, January 28, 2014

15 min. after floor adjourns    Opiate Addiction Treatment Programs

Kim Coe, Director, Residential and Community Treatment Programs, Lund

Alice Larned, Substance Abuse Treatment Clinician, Lund

Amanda Bean, Lund Program Participant

Dr. Anne Johnston, Neonatologist, FAHC; Associate Professor, UVM College of Medicine, Co-Faculty Lead, UVM's Improving Care for Opioid-exposed Newborns (ICON) Project

Richard Turner, MPA, Vice President, Senior Program Director, Phoenix House

Jackie Corbally, Treatment Chief, ADAP, Department of Health

Thursday, January 30, 2014

9:00 AM                      Developmental Disabilities Services  
System of Care

Camille George, Director, Developmental Disabilities Services Division, Department of Disabilities, Aging & Independent Living

Karen Schwartz, Executive Director, Vermont Development Disability Council

Parent

10:30 AM                      Break

Friday, January 31, 2014

1:00 PM                      Youth in Transition

Melissa Bailey, Director of Integrated Family Services, Agency of Human Services

Charlie Biss, Director of the Children, Adolescent and Family Unit, Department of Mental Health

Dr. Jody Kamon, Evaluator, Vermont Child Health Improvement Program (VCHIP)

Katrina Hollis, Youth, Bennington

Jeetan Khadka, Youth, Burlington  
Brittany Goodwin, Youth, White River Junction  
2:00 PM TBD

### **House Committee on Judiciary**

Tuesday, January 28, 2014

2:30 PM Review of Act 71 Implementation  
H.65 - Good Samaritan Bill

Bram Kranichfeld, Executive Director, Department of State's Attorneys & Sheriffs  
David Fenster, Vermont State's Attorney, Addison County State's Attorneys  
Tom Dalton, Director, Safe Recovery Program, HowardCenter  
Grace Keller, Case Management Team Leader, HowardCenter

Wednesday, January 29, 2014

after the floor H. 581 - An act relating to guardianship of minors  
Committee discussion

Erik FitzPatrick, Legislative Counsel, Office of Legislative Council  
4:30 PM Adjourn

### **Senate Committee on Government Operations**

Friday, January 31, 2014

3:15 PM S. 293 - An act relating to reporting on population-level outcomes and indicators  
and on program-level performance measures  
Rep. Anne Theresa O'Brien, Reporter, Appropriations Committee

### **Senate Committee on Health and Welfare**

Tuesday, January 28, 2014

9:30 AM Senate Floor

-after the floor S. 219 - An act relating to sober houses

Diana Arnell, Legislative Counsel, Office of Legislative Council

Melissa Riegel-Garrett, Owner, Waterbury Sober House

David Riegel, Owner, Waterbury Sober House

Janet Cote, Waterbury

Mary Woodruff, Waterbury

Judy Woodruff, Waterbury

Charlotte Strasser, Waterbury Center

11:45 AM Substance Abuse Treatment

Courtney Farrell, Assistant Director Residential and Community Services, Lund

Wednesday, January 29, 2014

10:00 AM Accountable Care Organizations  
Joint Meeting with House Health Care- Room 11



Todd Moore, CEO, OneCare Vermont  
Barbara Walters, DO, Chief Medical Officer, OneCare Vermont  
Dr. Kat McGraw, M.D., Chief Medical Officer, Brattleboro Memorial Hospital  
Dr. Paul J. Reiss, M.D., Medical Director, Accountable Care Coalition of the Green Mountains  
Gail Auclair, CEO, Little Rivers Health Care  
Jack Donnelly, CEO, Community Health Centers of Burlington

Friday, January 31, 2014

8:45 AM Budget Adjustment  
Department of Mental Health  
Paul Dupre, Commissioner, Department of Mental Health

9:30 AM Budget Adjustment  
Department of Disabilities, Aging and Independent Living  
Susan Wehry, Commissioner, Department of Disabilities, Aging & Independent Living

10:00 AM Budget Adjustment  
Department of Health  
Harry Chen, Commissioner, Department of Health

10:30 AM Budget Adjustment  
Committee Discussion  
Stephanie Barrett, Associate Fiscal Officer, Joint Fiscal Office

11:15 AM Youth in Transition  
Floyd Nease, Director of Systems Integration, Agency of Human Services  
Brenda Bean, Project Director, Youth in Transition

11:30 AM Senate Floor

### **Senate Committee on Judiciary**

Wednesday, January 29, 2014

8:30 AM S. 295 - An act relating to pretrial services, risk assessments, and criminal justice programs

Willa Farrell, Court Diversion Director, Vermont Court Diversion  
Karen Vastine, Community Justice Coordinator, Community Justice Centers  
Judy Rex, Executive Director, Vermont Center for Crime Victims Services  
Michele Childs, Legislative Counsel, Office of Legislative Council  
Tom Dalton, Director, Safe Recovery Program, HowardCenter  
Sarah Kenney, Public Policy Coordinator, VT Network Against Domestic & Sexual Violence  
John Treadwell, Assistant Attorney General, Attorney General's Office  
Matthew Valerio, Defender General, Defender General's Office  
Bram Kranichfeld, Executive Director, Department of State's Attorneys & Sheriffs

Friday, January 31, 2014

8:30 AM S. 295 - An act relating to pretrial services, risk assessments, and criminal justice programs

Diversion of Treatment Medication

Dr. Deborah Richter, MD, Family Physician in Addiction Medicine

Rick Distefano, Clinical Director, Valley Vista

Craig Smith, Valley Vista

Andy Pallito, Commissioner, Department of Corrections

Barbara Cimaglio, Deputy Commissioner, Alcohol and Drug Abuse Program, Dept. of Health

Will Moullen, Disease State Manager, Reckitt Benckiser Pharmaceuticals

Christy Ellerbee, Government Affairs Director, Reckitt Benckiser Pharmaceuticals

10:00 AM Break

10:30 AM S. 295 - An act relating to pretrial services, risk assessments, and criminal justice programs

Mark up/Possible Vote

Michele Childs, Legislative Counsel, Office of Legislative Council

11:30 AM Senate Floor

***For more information or to take action:***

- 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.

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