

## **Legislative Update for March 17, 2015**

### **Vermont Council of Developmental and Mental Health Services**

#### **House Appropriations Works to Balance the 2016 Budget with \$18 Million in Reductions**

By the end of the week the House Appropriations Committee had paired back and refined their list of \$29 million in potential additional reductions for the fiscal year 2016 (FY16) to a more refined list of potential reductions. The proposal for consolidating designated and specialized services agencies and an additional \$2 million reduction for developmental services are no longer under active consideration.

At the beginning of the week members of the Appropriations Committee gave highlights of the proposed FY16 budget proposals. Representative Kitty Toll presented the Department of Mental Health budget. She informed the committee that Soteria is hoping to open the 3<sup>rd</sup> week in March. The FY16 budget of \$.5 million will go up to \$1 million for the 5-person facility during its first full year of operation. There were questions concerning the amount of funding for program.

The Youth in Transition program lost a federal grant. The Governor's budget does not backfill the federal funds of \$310,000. In FY16 it will have the same funding as FY15 but the funds will have to stretch from 3/4 of the year to a full year. Mary Hooper noted that they have nice data and proven effectiveness. She said "If we are not successful with these youth we will be funding services for them later on".

Housing vouchers were reduced in the budget adjustment act and that level of funding will roll forward into FY16. The door to access the vouchers is very strict Representative Toll explained, if we were to open the door wider more individuals could access the vouchers.

Vermont Psychiatric Survivors' (VPS) reduction of 20% has not created much expressed concern. This agency may need to do things a bit differently in the future. Mitzi suggested that they find out what expectations DMH laid out for VPS for the future. Current funding is \$1million for peer support services. The proposed reduction is \$90,000 general fund (GF) for a total cut of \$200,000.

Representative Toll reviewed the CSIP and Sparrow programs that work with people at risk of or involved in the criminal justice system. They spoke about the savings created by the programs. Sparrow will be able to continue without funding, but CSIP may not. The state general fund for the programs is \$61,000 for CSIP and \$85,000 for Sparrow. Representative Hooper is concerned that programs that are underfunded in DMH and the Department of Disabilities Aging and Independent Living (DAIL) may create costs elsewhere. The Department of Corrections budget has been flat, because these programs are working.

Representative Toll said that the non-categorical case management is for children on the autism spectrum. DMH has made a commitment to meet the needs of all the children, even if they have to readjust the budget.

An update on Act 79 from DMH was shared; the 7 intensive residential beds that were not built in the northwest region of the state will be folded into the secure residential facility to bring the number of beds up from 7 to 14 in the future.

The DAIL budget was presented by Representative Diane Lanpher. A \$2.2 million increase in administrative budget is being questioned. She reported that in developmental services (DS) 4,283 consumers were served last year with a 6% increase each year. She noted that Representative Sandy Haas has a continued concern about the public safety policies and is wondering if there are better ways to provide services to these folks. Representative Hooper agreed that they have never been found guilty of a crime, yet are incarcerated.

It was reflected in Representative Lanpher's report that the advocates have concerns about the proposed \$1.9 million savings incentive. DAIL projects savings from:

1. Recouping underutilized respite funds because the state auditor's report says sometimes when people don't use all of their respite, the funds are not recouped. Advocates feel that the services are not getting to consumers. (Editor's note: later in the week the Council discussed with Representative Lanpher how bundled payments work and how the funds are used flexibly)
2. Shift where people are living: With 1,300 individuals in shared living at \$54,000 per year, the Department believes there are 30 adults who would like to and can move to supervised living at \$15,000 per year. Advocates are concerned about the projected level of services and that housing vouchers would be needed. The Commissioner has stated that no housing vouchers will be made available.
3. Clinical services currently paid for in the DS Waiver program by global commitment could be paid by Medicaid state plan funds. It was reported that Camille George of DAIL feels there are opportunities to move expenses over. It would limit access to certain providers.

### **Senate Education Committee Hears about Success Beyond Six Services**

Catherine Simonson, Director of Child, Youth and Family Services at the Howard Center presented an overview of mental health services in the schools from an historic context. Schools can contract with DA/SSAs to access federal Medicaid funded services at 40 cents to the dollar.

Success Beyond Six standards were developed and strengthened for behavioral interventionists (BIs). BIs support children in schools to enable them to stay in public school. The school may choose to use a DA or could hire a para-educator or another provider at full cost to the school. A report is available that shows the outcomes of this program. At this time 171 schools take advantage of the program for \$49 million dollars.

Each BI costs \$26,000 to \$30,000. They usually work with 1 student, but can sometimes work with 2. They are backed up with a team that includes a clinical supervisor, care coordinator and family outreach worker. Family workers work with 8 – 10 families.

Capacity building services involves a school contracting with DA to consult on identified students and for other students as needed. DAs also provide training, infrastructure and supervision.

DA/SSAs also run Independent therapeutic schools for children who need a specialized educational environment. The tuitions can be between \$38,000 and \$40,000 per year.

Kara Gleason, a school social worker at Wheeler School (now Integrated Arts Academy IAA) spoke about what a school social worker does. IAA is a community home. As a social worker she has 16 children on her caseload and also serves other families as needed, and provides consultation and training for teachers. She talked about the Move It program that encourages exercise before school starts.

Tiffany Hubbard oversees school based services for Washington County Mental Health Services (WCMHS). They have an ongoing effort to develop capacity within the schools. In 1995 WCMHS created a governance board with all the special education (SPED) directors in the county which meets monthly. Programs are initiated by this “think tank” through a collaborative effort. The school based BI program was created through this group. At WCMHS each BI is trained throughout the year. Trainings look at mental health needs, family and how to approach each child holistically. Each BI is supported by a Masters level analyst who is credentialed.

It was noted during the discussion with the senators that the caseloads are too high in other child serving agencies to make a full commitment to families. WCMHS has expectations for support to families and works in the homes. They have a seamless exchange of information and common goals with those that are at the table. She said they work to develop relationships with children to understand them and serve them where they are at, often addressing trauma. Those relationships with children and families provide important information that they are not always able to get from other child-serving agencies.

WCMHS has moved away from one-on-one BI model. At times children come out of the public school to receive specialized support with their team on a short term basis, including the special educator from their home school. Behavioral analysts can serve up to 25 students.

Tim Francke the Principal of the Orange Center School said that when he came to the school he dealt with behavioral difficulties all day (90% of time). He estimated that 80% of the students in his school have experienced trauma.

He needed a plan to prevent the behaviors that were creating problems and that would work with the families. Tiffany educated the school about trauma. Then they developed a new

position that serves 8 – 10 students and prevents other student from having behavioral needs. Now they have just one BI in the school. They coordinate mental health services for families, conduct home visits, and have created school-wide recognition for students with positive reinforcement.

The Committee spoke about the financial stress and growing needs of today's students. They also spoke about voters concern about the staff to student ratios and the impact on property taxes. The well off tax payers don't understand the financial stress that these families are facing who need the additional staffing support for their children.

### **House Health Care Committee Approves a Budget and Revenue Package**

The House Health Care Committee approved a budget and revenue package which includes the Governor's request for a 2.5% Medicaid rate increase for designated and specialized service agencies. The revenue package includes a .3% payroll tax, elimination of the employer assessment and a sugar sweetened beverage tax.

### **House Human Services Develops Priorities for Appropriations**

The House Human Services Committee developed and approved a memorandum for the House Appropriations Committee that focuses on policy issues. The Appropriations Committee will use the recommendations in their considerations on the budget, including the language in the bill. The language of developing a waitlist for developmental services was proposed by the Council.

Here are excerpts of their recommendations relevant to DA/SSAs:

#### **1. Developmental Services Waiver Reduction**

The Committee proposes adding the following language to the budget pertaining to a reduction in the developmental disability services waiver:

If adequate caseload funds are not available to meet new needs in developmental services during the 2016 fiscal year, the welfare of existing consumers should be prioritized over expanding services to new individuals. The Department of Disabilities, Aging, and Independent Living should establish a waitlist of people seeking services, triage criteria, and a methodology for people to come off the waitlist as funds become available to serve more people.

#### **2. Division of Alcohol and Drug Abuse Programs**

The Department of Health's Division of Alcohol and Drug Abuse Programs' budget does not reflect a change in policy. It is the understanding of both the Committee and substance abuse service providers that if there continues to be a need for services above that for which funds are appropriated, it will be addressed next January by the budget adjustment act.

Department of Mental Health

3. As above, the Department of Mental Health's proposed budget does not reflect a change in policy, and as such the Committee defers to the judgment of the House Committee on Appropriations.

#### **4. Health Care and Rehabilitation Services of Vermont**

The exorbitant retirement payout offered to the retiring executive director of Health Care and Rehabilitation Services of Vermont has shaken the credibility of how State funds are utilized. The ramifications of dispensing such a sizeable retirement benefit in addition to a salary already exceeding that of our Governor, raises questions about future funding and expenditures. As a result, the Committee believes it is important to have greater scrutiny and oversight of the expenditures of the designated agencies.

### **House Human Services Committee Passes Reimbursement for Independent LADCs**

The new Department of Vermont Health Access (DVHA) Commissioner Stephen Constantino and Deputy Commissioner for Alcohol and Drug Abuse Programs Barbara Cimaglio testified on H.20 which would enable licensed alcohol and drug counselors (LADCs) working independently of preferred providers to bill for Medicaid. Barbara said the reason that LADCs have not been able to bill is simply an artifact. ADAP supports allowing them to bill Medicaid given the workforce shortage.

Commissioner Constantino formerly was the executive director of the drug and alcohol council in Rhode Island. He sees this step as critical to developing a continuum of services. He said he could probably find the money to fund it starting October 1<sup>st</sup>. Given opiate abuse and co-occurring substance abuse, he said it might need to be revisited for ongoing funding in future years.

The cost is \$159, 000 in total funds annually. In FY16 it would be about \$50,000 in General Fund. Barbara said given the current billing restrictions, some clinicians will be changing from mental health to substance abuse diagnoses and will now simply be billing correctly.

Representative Pugh said all of the commercial insurers already allow LADCs to bill.

DVHA and VDH requested language that will call for an amendment of the Medicaid state plan. The bill was amended and approved by the Committee.

### **Senate Health and Welfare Committee Finalize Health Reform Bill**

Agency of Human Services (AHS) Secretary Hal Cohen testified on the section about duplicative services. He said AHS is invested in improving efficiency of services. They are using results based accountability (RBA) in the grants and as they make budget cuts they are looking closely at overlapping and duplicative services. The most important factor is the value of the services. In most places, he said we do not have the level of capacity we need. He gave the example of Sparrow as a duplicative service to the pre-trial services program.

To fulfill the draft language it would be better to wait until the new Access IT system is in place. Right now the resources are not available to fulfill this intent. He offered alternative language:

“The Legislature is concerned about the potential for duplication of services across the Agency of Human Services, particularly in services for individuals receiving home and community based

long-term care services, with developmental disabilities, mental health needs or substance use disorders. We charge the Agency to continue its efforts to use Results Based Accountability, performance-based agreements and effective integration to ensure that services are efficient, cost-effective and non-duplicative.”

He gave the example of IFS as an effort to reduce duplication and establish integrated services.

### **Senate Health and Welfare Finalizes Substance Abuse Legislation**

Al Gobeille, Chair of the Green Mountain Care Board spoke in favor of S.42. The Board is generally supportive of the intent of the bill, particularly improving integration across systems of care.

Bob Bick, Executive Director of the Howard Center said he appreciates the intent of the bill to bring entities together to coalesce health reform and substance use disorder services. He emphasized two critical points:

1. Substance use disorders are a chronic relapsing disease; success is iterative. It often requires multiple contacts with the system of care for individuals to achieve success.
2. Stigma and discrimination continues to exist for this population. Individuals often lose their job when employers know they are in treatment.

Bob and Deputy Commissioner Cimaglio commented on the bill’s stated expectation of moving people to abstinence. They said we should not prescribe in legislation the best strategy for an individual’s treatment. Medication assisted treatment is a long term treatment which is often the best strategy for an individual.

Bob also highlighted the need for public inebriate programs. The Howard Center does 2,046 screenings annually and houses 50% of these individuals, but the other 50% need to be in a safe place. The Department of Corrections is the only entity that can provide secure short term housing.

### **House Appropriations Committee Testimony on Additional Reductions**

The testimony on the additional reductions to the budget which occurred on March 12 was very compelling. The Council spoke against the proposal to consolidate agencies and further reductions in developmental services. Developmental service reductions were also covered by the Developmental Disabilities Council and the Green Mountain Self Advocates who, like the Council, called for the establishment of a waitlist if funds are insufficient.

The Vermont Recovery Centers testified on the value of their work. Mark Ames believes that if the funds are cut, the recovery centers will cease to exist.

**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
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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.

Julie Tessler Executive Director Vermont Council of Developmental and Mental Health Services  
137 Elm Street Montpelier, VT 05602 Office: 802 223-1773 Cell: 802 279-0464