



VERMONT
CARE
PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 20, 2019

Community-Based Public Hearings on the Governor's Recommended FY2020 State Budget.

Here's your chance to have your voice heard. Share your life experiences; the values of developmental disability, mental health and substance use disorder services; or how it feels to work in this system of care. What are the challenges and opportunities and what resources are required to serve Vermonters.

*Vermont Care Partners is requesting a two-pronged multi-year investment to address an under-resourced system of care beginning with a **4% increase for FY2020**. Specifically we are requesting:*

- Invest in the DA/SSAs' workforce to recruit and retain qualified experienced staff*
- Invest in the DA/SSAs' to develop community services that reduce emergency room and Inpatient bed need.*

The Vermont House and Senate Committees on Appropriations are seeking public input on the Governor's Recommended FY2020 State Budget and will hold **community-based public hearings on Monday, February 25, 2019, 6:00 – 7:00 p.m.** at the following 5 locations. An additional location in Springfield will be held from 5:30 – 6:30 p.m.

- Morrisville – People's Academy High School, Auditorium, top of Copley Avenue
- Rutland City – Rutland Public Schools, Longfellow School Building, Board Room
- St. Johnsbury – St. Johnsbury House, Main dining room, 1207 Main Street
- St. Albans City – St. Albans City School, Library, 29 Bellows Street
- Winooski – Community College of Vermont, Room 108, 1 Abenaki Way
- Springfield – Springfield Town Hall, 96 Main Street, 3rd Floor Conference Room (Selectmen's Hall) 5:30-6:30 p.m.

The Committees will take testimony on the Governor's recommended State budget at the above dates and times. Anyone interested in testifying should come to one of the hearings. Time limits on testimony may apply depending on volume of participants. If you have a story you would like to share privately with the committee members, please contact Theresa to schedule this at the end of one of the hearings.

To view or print a copy of the proposed budget, go to the Department of Finance and Management's website at the following URL address:

<https://finance.vermont.gov/budget/budget-recommendations/operating-budget/fy2020>

For more information about the format of these events, or to submit written testimony, contact Theresa Utton-Jerman or Rebecca Buck at tutton@leg.state.vt.us or rbuck@leg.state.vt.us or at 802-828-5767 or

toll-free within Vermont at 1-800-322-5616. Requests for interpreters should be made by Friday, February 8.

Other Ways to Provide Input on the Fiscal Year 2020 Budget

Now is the time to contact your Legislators who serve on the House Appropriations, Health Care and Human Services Committees.

HOUSE COMMITTEE ON APPROPRIATIONS

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Rep. Carl Rosenquist	NCSS
Rep. Theresa Wood	WCMHS

Julie Tucker, *Committee Assistant*

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Rep. Brian Smith	NKHS

Demis Martin, *Committee Assistant*
(802) 828-2264

Disability Awareness Day - February 27 at the VT Statehouse – Keep Calm and Lead On!

The Vermont Care Partners will be one of the co-sponsors of Disability Awareness Day on Feb. 27 which is put on by the Vermont Coalition of Disability Rights. The theme this year is citizen participation, and advocates will be urging peers and legislators to “Keep calm and lead on!” This is a nod to the late Justin Dart Jr., known as the “Godfather of the Americans with Disabilities Act.”

Vermont Care Partners encourages participation in this day and welcomes the opportunity to partner with disability advocates.

VCDR President Sarah Launderville said, “This is one of my favorite days of the year, where people with disabilities from across the state come and meet with lawmakers, connect with one another and are part of the political process. The experiences of people with disabilities are important for lawmakers to hear about firsthand. The stories will leave a lasting impression, which in turn will lead to laws that are inclusive and thoughtfully crafted as legislators connect to the lives of people with disabilities.”

A highlight of the day will be a keynote address by Patrick Standen. He will deliver a speech entitled, “A Short History of a Very Long Problem: Disability and Discrimination.” Standen is an author, teacher and activist who teaches philosophy at Saint Michael’s College and medical ethics at the University of Vermont. He also serves as president of the Northeast Disabled Athletic Association, a nonprofit organization that provides athletes with physical disabilities competitive and recreational sporting opportunities. Standen is a pioneer in adaptive sports and is a competitive athlete in a number of sports including biathlon, Nordic sit skiing, sled hockey and sailing.

Another highlight of the day will be a press conference at 1:30 p.m. in Room 11. Advocates will shine a spotlight on a number of VCDR priorities including the need for a director in the Agency of Human Services addressing issues in the Deaf, hard of hearing and Deaf-Blind community, budget issues, unfreezing the Attendant Services Program and passing H.3 (an act relating to ethnic and social equity studies standards for public schools), as well as identify other system gaps. Julie Cunningham will represent Vermont Care Partners and address the need to Shift the Balance in health care spending.

Disability Awareness Day will feature a graduation ceremony for graduates of the 2019 Vermont Leadership Series, which trains Vermonters with developmental disabilities, and their family members, to be advocates for positive social change.

Other organizations providing support for the day are: the Vermont Developmental Disabilities Council, the Vermont Statewide Independent Living Council and the Center on Disability & Community Inclusion, UVM.

For more information about Disability Awareness Day, contact Stefanie Monte at smonte@vcil.org or 802-224-1820.

Commissioner Squirrell Presents DMH Fiscal Year 2020 Budget Proposal to House Appropriations

On February 12 Mental Health Commissioner Sarah Squirrell presented the Administration's proposal for the fiscal year 2020. The proposal looks similar to the budget adjustment request. The Governor's proposed budget for the Department of Mental Health (DMH) for FY 2020 is \$266,606,504.

Highlights of the proposed DMH Budget Ups and Downs:

DMH Budget Ups -Gross: \$28,166,091 GF Equivalent: \$13,353,343

- Salary and Fringe DMH staff
- Increase Physician Contract with UVMHC
- VPCH Contracts –Traveling Nurses
- HUD Funding Replacement for Howard Center Branches
- Kids Residential Cost and Case Load
- Room & Board Phasedown
- Adult CRT Enhanced Plans –including enhancement of MyPad
- Success Beyond Six up \$17.9 million (Match Paid by Schools)
- Funding for 12 new level 1 beds at the Brattleboro Retreat

DMH Budget Downs –Gross (\$4,812,884), GF Equivalent: (\$2,270,553)

- Eliminate Sheriff Supervision in Emergency Departments
- DMH Contract Savings
- Operating Savings
- Grant Savings/Reductions
- Allocation of AHS-Wide Grant Reduction Plan

FY20 Capital Bill

- \$5M in funding allocated towards the replacement of Middlesex Secure Residential

Senate Health and Welfare Reviews Orders of Non-Hospitalization and Inpatient Data

Frank Reed and Karen Barber from the Department of Mental Health (DMH) testified briefly at Senate Health and Welfare. They provided a summary of the recommendations in Section 3 of the Act 200 report on the Orders of Non-Hospitalization (ONH) process, including the piloting of "enhanced voluntary treatment," and modifying statutes so that someone found incompetent to stand trial in a criminal court would be represented by the Mental Health Law Project and the State by the Assistant Attorney General's Office of DMH. They noted that there was no budget for an enhanced voluntary treatment pilot in the DMH budget. They also noted that the proposed statutory change was favored by all except for the State's Attorneys. An adjustment to the process for requesting hearings for ONH modifications/revocation appears to have had a positive impact on getting quicker court dates.

Devon Green and Emma Harrigan from the Vermont Association of Hospitals and Health Systems, as well as DMH commissioner Sarah Squirrell, shared new data on use of inpatient beds and emergency departments for mental health needs. People are arriving approximately 10,000 times per year at

hospital emergency departments, and approximately 5,000 end up with referrals to inpatient care. Squirrell, noting that “50% are going into the community,” She commented that this data reinforces the need for “community-level stepdown” options. Senator Lyons noted unanswered questions, including whether salaries at DAs were sufficient, and whether the Accountable Care Organization (OneCare) is paying “sufficient money” to social services. Data also showed that restraints were used in about 290 mental health visits on approximately 2% of all mental health visits.

House Health Care Does Site Visits to Mental Health Facilities

The Committee was impressed with the design of Vermont Psychiatric Care Hospital (VPCH) but expressed concerns about the Middlesex Therapeutic Community Residence (MTCR). Representative Cina wants to know why the building of a new secure residential is slated to take 6 years. Representative Donahue said that VPCH was built in less than 3 years from when Tropical Storm Irene destroyed Vermont State Hospital. Buildings and Grounds had abandoned plans to look for a site for the Middlesex therapeutic care residence (MTCR) when the idea of VPCH becoming a secure residential facility surfaced. So there has been a delay in siting the MTCR. The Committee will formulate questions to the Department of Mental Health and the Department of Buildings and Grounds.

Budget Adjustment Act Passes the Senate

The budget adjustment bill was amended to give the Administration specific direction on Woodside: Sec. 94. WOODSIDE TRANSITION PLAN (a) Given the loss of federal matching funds for the Woodside facility, on or before April 1, 2019 the Department for Children and Families shall submit a plan to the House and Senate Committees on Judiciary and on Appropriations related to the continuation of operations beyond July 1, 2019 limited only to short-term placements of delinquent youth. Any plan should be consistent with legislative intent related to loss of federal funding expressed in 2017 Acts and Resolves No. 85, Sec. E.327. Any plan should also consider the role of Woodside in the system of care and evaluate the current need and other treatment options for youth in Vermont and out-of-state. (b) Long-term planning to meet the needs for serving delinquent youth in State shall be informed by the work of the CHINS workgroup convened pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106 and any research or study regarding families of children who are placed in the custody of the Commissioner for Children and Families.

The Legislature is putting off the approval of the mental health and substance abuse workforce plan. Sec. 58. EXPANDING SUBSTANCE USE DISORDER AND MENTAL HEALTH WORKFORCE PLAN— PLAN APPROVAL POSTPONEMENT (a) Release of funds in fiscal year 2019 under the provisions of 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1 (b)(1) shall be pursuant to plan review and approval upon passage in the fiscal year 2020 budget bill. Vermont Care Partners is preparing a recommendation for the use of these funds at the request of Senate leadership.

Sec. 60. INSTITUTIONS FOR MENTAL DISEASE; GLOBAL COMMITMENT WAIVER AMENDMENT (a) It is the public policy of the State of Vermont to develop a fully integrated continuum of mental health services. In recognition that Institutions for Mental Disease (IMDs) are an essential part of the current continuum of care, the Secretary of Human Services may seek approval from the Centers for Medicare and Medicaid Services to amend Vermont’s Global Commitment to Health Section 1115 waiver as it relates to the phase out of coverage of treatment for serious mental illness provided in IMDs.

Senate Health and Welfare Hears about Mental Health Payment Reform

Commissioner Squirrell said “system reform moves at the speed of trust”. Mental Health payment reform succeeded due to collaboration between DMH, DVHA and VCP. The goal is greater flexibility to meet needs and to incentivize best outcomes through incentives created by value-based payments. It includes DVHA state plan funds, DMH waiver services and some DCF services. The reform follows Act 113 requirements and will create predictability, transparency, and better tracking of outcomes.

Selina spoke about bringing together requirements of varied state divisions and departments into a single manual aligning all Medicaid requirements. Payment reform is not about adding new money to the system; it is about reducing barriers and increasing flexibility to meet the needs of individuals and families. The former payment model was composed of multiple discreet payments supported by varying programmatic requirements, indicators and outcomes. Now there is one monthly bundled case rate supported by aligned programmatic requirements, indicators and outcomes. Alicia Cooper of DVHA said the pieces are aligned so that the potential for folding into the accountable care organization (ACO) All Payer Model (APM) is improved. In total there is \$98 million in the bundled rate of which \$40 million is for the child case rate and \$58 million is for the adult case rate.

The long-term vision is to focus on outcomes, with a focus on quality rather than quantity. Currently, eligibility for programs can be limiting. Billing and clinical documentation will be more meaningful in the future.

Dillon Burns of Vermont Care Partners gave examples of progress. She said that by using more group services Agencies can now create quicker access to services. Although encounter data will go away, Selina did not affirm Senator Lyons assumption about reduced administrative burden. The monthly prospective payment will break the tie to 15-minute service increments. Dillon said there is still a lot of work involved for implementation which is creating administrative burden.

The 90% monthly target for caseload ensures that the DAs earn their funds. Selina said this is for accountability and transparency. Reporting requirements create conditions to achieve value-based payments. Reporting measures will create a baseline of data with 1% of funding based on the quality of the reporting by each agency.

Alicia said the APM requires the State of Vermont to submit a plan at the end of 2020 about how mental health will be integrated into the APM. If we find opportunities for alignment in advance of 2020, we are not precluded from moving with them. Specifically, if there are opportunities to include services into ACO total cost of care sooner, we may do it. Commissioner Squirrell emphasized that the most important part is how this will work for the people served on the ground.

Dillon Burns pointed out that payment reform did not improve reimbursement rates. There may be circumstances in which services cannot be delivered due to workforce issues. Senator Lyons replied that the Committee may dive into workforce issues in March. Payment reform doesn't solve resource issues, but Selina sees the flexibility as a tool. DMH is committed to the providers being successful.

Senator Lyons believes that we are heading toward a single system in health care. Alicia said we share a vision for integration but we need to define integration.

Commissioner Squirrell stated that we need a 10-year vision and will be working on that vision over the summer. Senator Lyons is very excited about the APM paradigm and sees it is a strong foundation, but wants to ensure that we are not taking resources away. “We will reap the rewards of strategic implementation”. Selina Hickman replied that “we are not saying that no additional resources are

needed.” Senator Westman reiterated that we have continually underfunded the providers. He noted that with the children’s integrated services (CIS), we have level funded each year after making a bundle. Bundles make it easier to level fund, he said. Senator Westman asked about how we will judge increased demand for service. Commissioner Squirrell said they will take into consideration increase in demand. Senator Lyons added that this point is very important to the Committee. “We want adequate funding for quality outcomes”. They were assured that DVHA and DMH are looking at the ongoing process for rate setting. Selina acknowledge that for integrated family services (IFS) they didn’t look at rates of payment on an ongoing basis.

Here is the document that was shared with the Committee:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Mental%20Health/W~Sarah%20Squirrell~Mental%20Health%20Payment%20Reform~2-15-2019.pdf>

Beth Tanzman Presents on the Vermont Blueprint for Health

The Blueprint pilot started in 2008 with a focus on medical homes. Now 137 primary care practices (PCPs) participate in Blueprint. Only a few PCPs, many of them without an EMR and who work as single practitioners aren’t participating. The women’s initiative is focused on avoiding unintended pregnancies. The PCPs screen for risk factors and provide information on managing reproduction.

New initiatives in the Blueprint include expansion of SBIRT and reorienting to add screening for depression, suicide, partner violence, homelessness, etc. The plan is to deploy social workers and counselors to achieve universal screening. The Blueprint is also expanding services for opioid treatment and care coordination. From Beth Tanzman’s perspective the Blueprint is a foundation for health reform by developing a more consistent approach to care coordination in collaboration with GMCB and ACO. Techniques include: identifying complex care coordination; shared assessment tools; shared care plans; Camden cards; and looking for ways to sequence the care. OneCare and Blueprint are aligning their priorities and implanting the same care models and the same workforce. OneCare has contracts with local hospitals that hire and deploy the teams. Blueprint is both payer and eligibility agnostic and can fill in gaps between the ACO, the Vermont Chronic Care Initiative and other initiatives that serve more limited populations.

Susan Barrett Testifies to Senate Health and Welfare on the Role of Green Mountain Care Board

Susan Barrett, the executive director of the Green Mountain Care Board (GMCB), provided testimony on S.7 about how the GMCB would evaluation integration. They would study:

1. The number of social service providers receiving money from ACO
2. The number of agencies addressing trauma and resilience building (overlaps with act 204)
3. Make recommendations to enhance integration of social service providers with OneCare

She noted that they would consult with DAs. OneCare has a population health strategy committee that includes DAs and the Vermont Department of Health.

Vicki Loner of OneCare Vermont Speaks on Service Integration to Senate Health and Welfare

Vicki Loner explained that provider led reform focuses on integration and investments in communities including:

- Community Primary Prevention
- New partnerships with the Vermont Department of Health, 3 Parent Child Centers, Legal Aid, and the Developmental Understanding and Legal Collaboration for Everyone (DULCE)
- St. Johnsbury Accountable Community for Health

- Rise VT and Amplify Grants
- Team Based Care Coordination (PCP, DA, HH, AAA, SASH)
- Financial, technical, and educational support to primary care and continuum of care ~ \$9.1M
- Financial support to all existing SASH panels ~\$3.8M
- Mental Health Integration
- SASH/ Howard embedded clinician
- Support to primary care to embed MH clinicians in their practices
- State Reform Efforts
- Complete Blueprint funding for Medicare ~ \$4.1M
- Innovation funding to support best practices ~ \$1M

Vicki emphasized using existing coordination efforts and not limiting investment only to people who are attributed to OneCare. They are providing investments in communities that will help with workforce issues, but she didn't specify how. OneCare is investing \$9.9 million into community initiatives, including the investment of \$2.7 million to DAs for care coordination. The SASH panels are also being supported. The federal Center for Medicaid and Medicare Innovation (CMMI) is giving OneCare \$8 million, with the assumption of that amount in savings. If savings aren't created, hospital will absorb it. She pointed out that some funds go to providers that are not part of OneCare.

Opioid Coordinating Council Update Presented to Senate Health and Welfare Committee

Jolinda LaClair, Director of Drug Prevention Policy, presented on the 2019 strategic plan for the Opioid Coordination Council:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Prevention/W~Jolinda%20LaClair~Executive%20Summary%20of%20Recommendations~2-19-2019.pdf>

She noted that the Council's subcommittees have been adjusted to a Prevention Committee and a Recovery Committee. The OCC has several priority strategies. One is expanding syringe services. She praised Howard Center's Safe Recovery Program and Vermont Cares, which is projected to serve 500 this year, up from 400. She noted gaps in services, particularly the lack of a hub in Orange County and only one spoke in Essex County. There has been an increase in spoke providers from 170 to 225 in the last two years.

Jolinda LeClair said that "transportation is something that we are really focused on." The Agency of Transportation budget proposal for FY20 has \$200,000 general fund money for expanded transportation for people with addiction who are not able to access treatment. Innovations could include increased funding for volunteer drivers.

Another priority strategy is focusing on prevention through a) developing a comprehensive prevention strategy across all programs in the state and b) investing in afterschool and other prevention programs. A delegation will be going to Iceland to explore their work in reducing substance use among teens. She noted that it is likely that Vermont will receive another \$4 million in federal funds in October.

She also advocated for increasing universal home visiting – for example through expanding nurse home visiting partnership. Additional priorities include: medication assisted treatment in corrections; recovery coaching; recovery housing.

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):
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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.