



Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 26, 2019

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 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.

AGENDA FOR DISABILITY AWARENESS DAY

7:45 to 9:30 Grab a cup of coffee and a pastry in Room 10. Plan for an exciting day of advocacy and fun!

8:00 to 9:00 Register outside of Room 10.

9:00 to 9:45 Room 11: Gather for opening remarks by Governor Phil Scott, Senator Tim Ashe, House Speaker Mitzi Johnson and staff members of Vermont’s congressional delegation.

10:00 to 10:30 Room 11: Workshop, “Bringing Down the House and the Senate, Too: How to Talk to Your Legislator.” Join Green Mountain Self-Advocates and practice how to pivot and get your message across when advocating with legislators.

10:30 to 11:00 Room 10: Workshop. Join Action Circles to learn about Vermont’s budget process and how to participate.

11:00 to 11:30 Room 11: Workshop, “Sports Are for Every Body.” Join Nate Besio of the Northeast Disabled Athletic Association and learn about the emotional and physical benefits of adaptive sports for people with disabilities.

11:30 to 12:00 Room 11: Workshop, “Deaf Culture and Communication.” Join Keri Darling of Deaf Vermonters Advocacy Services and learn about communication methods, different kinds of hearing loss and what it’s like to have hearing loss.

12:00 to 1:00 Lunch. Complimentary pizza (regular and gluten free) will be served in Room 10!

1:00 Disability Awareness Day will be announced on the House floor. Advocates can take a bow!

1:30 Press conference in Room 11.

2 to 2:30 Room 10: Workshop, "The Quest for Cognitive Liberty." Join Calvin Moen of Vermont Psychiatric Survivors to learn about the right to mental self-determination, the right to use or reject drugs and other therapeutic services and what supports psychiatric survivors are calling for in order to lead free and fulfilling lives.

2:30 to 3:15 Go on a tour of the State House! Space is limited. YOU MUST SIGN UP AHEAD OF TIME.

3:00 to 4:00 Room 11: Come cheer on graduates of the 2019 Leadership Series!

4:00 to 4:30 Cafeteria: Evening program. Enjoy appetizers and mingle. Lieutenant Governor David Zuckerman will stop by to address the group at 4:30.

4:30 to 6:00 Keynote by Patrick Standen and a panel featuring moderator Deborah Lisi-Baker and graduates of the Vermont Leadership Series (Anastasia Douglas, Erika Smith, Candice Price and Kyle Riopel).

Senate Health and Welfare Learns about DULCE Health Care Collaborations

Breena Holmes from the Vermont Department of Health (VDH) spoke about promoting optimal child development with a focus on access points: childcare, homes and pediatric medical homes. Pediatric medical homes serve 96% of infants on a regular basis. In 2017 the Bright Futures guidelines added recommendations for screening for the social determinants of health and addressed collaborations with local human service agencies. It was determined that the capacity of pediatric offices should be expanded for follow-up on screenings. The DULCE model in Lamoille County is a model that accomplishes this. If a risk is identified the family is referred to Children's Integrated Services (CIS) in which home visiting is one of the four core services. The partnership between VDH and the Department of Children and Families (DCF) offers an array of services through CIS for Medicaid eligible families to support infants, ideally starting during pregnancy.

The core elements are:

1. Universal Access: All families with newborns/infants in the medical home are offered DULCE services and 99% participate.
2. Family Specialist: A Parent Child Center employee is part of the Primary Care Team and is present for 90% of all well-child visits in the first six months.
3. Medical-Legal Partnership: A legal partner advises and supports the Family Specialist on an ongoing basis and is a member of the DULCE team for weekly patient reviews.
4. Parents as Partners: A DULCE parent representative is a member of the quality improvement team to provide first hand advice and guidance.
5. Community Connections: DULCE is embedded within Children's Integrated Services programming insuring the continuum of community services is available.
6. Quality Improvement: The DULCE team engages in data-driven practice improvement with support from the CSSP national team and utilization of practice metrics to measure performance.

Currently OneCare Vermont is expanding funding to Parent Child Centers at three new pediatric sites in Chittenden, Franklin, and Windsor in an effort to proactively address social determinants of health.

House Health Care Committee Hears the Perspective of the Hospital Association

Devon Green of the Vermont Association of Hospitals and Health Systems (VAHHS) said that uncompensated care is on the rise with a current cost of \$22 million. They have invested \$30 million in mental health (\$21 million allocated for UVMHC expansion of beds at CVMC) and adjustments to the Emergency Department such as adjusting the infrastructure and hiring mental health technicians. She said that in 2018 and 2019 hospitals are putting \$27 million in care coordination with AAAs, DAs, and SASH. Hospitals fund the ACO, as well.

The total Medicaid Expenditure Cap has \$146 million of room, but the State is closer to the limit of the investment fund cap. The delivery System Reform Investment (DSRI) funds fall under the investment cap.

OneCare Vermont Investments Reported to House Health Care Committee

Tom Borys, the Director of Finance for OneCare Vermont presented the flow of funds through OneCare – see this link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Budget%20FY2020/W~Tom%20Borys~OneCare%20Vermont~2-20-2019.pdf>

There are \$37 million in health care investments in Vermont's Delivery System by OneCare:

- Primary Care Population Health Support ~\$ 5.6 M
- Complex Care Coordination (Primary Care, HH, DAs, AAA) ~\$ 9.1 M
- Value Based Incentive Funds (70% Primary Care and 30% participating providers) ~\$7.8 M
- Comprehensive Payment Reform (Independent Primary Care) ~\$ 2.25 M
- Specialists Payment Reform (Select Specialists) ~\$ 2.0 M
- Primary Prevention (Rise VT) ~\$ 1.0 M
- DULCE, Howard Center/ SASH, and St. Johnsbury Pilots ~\$ 600,000
- SASH ~\$ 3.8 M
- Community Health Teams ~\$ 2.3 M
- PCMH Payments (Primary Care- BP) ~\$ 1.8 M
- Innovation Fund ~\$ 1 M
- Total ~\$37.25 M

Senate Health and Welfare Learns about Systems Integration

Mary Moulton, Executive Director of Washington County Mental Health Services spoke about the systems integration efforts. WCMHS is a participant in OneCare, but is not risk-bearing. Mary explained that her agency does care coordination and has been doing this work forever. She described their work with primary care providers to provide support to people with complex needs. The regional care coordination team is coordinated by WCMHS. The goal is to achieve shared care plans with the goal of reducing emergency department (ED) and inpatient use. At this point her agency has developed 58 shared care plans.

Recently, OneCare put out a \$1 million RFP to work on integration. The maximum award is \$250,000. WCMHS is proposing an “Immediate Access Resource and Referral Hub” for intake, brief treatment and care coordination. Mary spoke about her agency’s success at diverting people from the ED. Active outreach has reduced ED use by 20%. Creating a living room model is a great opportunity and would involve peers.

Mary expressed concern about the leadership of care coordination efforts asking, “Who is steering the ship?” She believes that we all need to come together to make integration efforts happen, and should

include consumers and use all community resources. “Why hire a case manager in one entity if we already have them in another?” She also noted the need to close the salary gap. Mary emphasized the need for collaboration and to develop bridges between primary care practitioners and human services. She would like to see investments based on proven gaps in care.

Mary shared that DMH, VAHHS and VCP have come together to figure out gaps in discharge. She believes we need to invest in 2-bed community-based programs.

In referencing the multiple initiatives to address the social determinants of health and care coordination Mary said “We need to do more than throw paint on the wall.” She believes that having legislative oversight of collaboration would be helpful. Senator Lyons questioned what role the legislature should take without micromanaging.

House Health Care Committee Addresses FY20 Budget and Mental Health

With the goal of developing recommendations for the House Appropriations Committee on the fiscal year 2020 budget by February 27 the House Health Care Committee took testimony on mental health Services. Committee Chair Bill Lippert asked the Committee to think about immediate needs, near-term needs, and long term investments. He framed the discussion by advising that you cannot resolve the need for health services without funding community mental health services.

Mental Health Commissioner Sarah Squirrell was asked about priorities for strengthening the community-based system without regard to budget constraints. Sarah spoke about the Department’s 10-year vision for mental health to be integrated into health care. The budget proposal for 2020 calls for the expansion of inpatient beds and new funds to enable the expansion of MyPad services.

The Commissioner said that a community-based system can offer ways to reduce inpatient care through:

- access to immediate care in alternative settings close to emergency rooms (living room model of care);
- diversion services; and
- step-down facilities including supported housing with treatment

The Commissioner shared that the number of children going into residential treatment and their length of stay is increasing. In response, the Department is looking at more mobile response in homes with families to offer wrap-around supports to prevent the need for more intensive levels of care.

When asked about capital budget needs Deputy Commissioner Mourning Fox said probably community step down and diversion services.

To see the Department of Mental Health’s response to questions posed by the Committee please follow this link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Budget%20FY2020/W~Sarah%20Squirrell~Department%20of%20Mental%20Health,%20Response%20to%20Questions%20from%20the%20FY2020%20budget%20testimony%20on%20February%207,%202019~2-22-2019.pdf>

Deputy Commissioner Fox said developing living room programs would help with the immediate issue of overcrowding of EDs given that 5,000 out of 10,000 visits for mental health care are already being discharged to the community. Having crisis care and respite in a location close to the ED might reduce

back-up in EDs. He believes that these programs could have a strong role for peers and require professional staffing to enable Medicaid billing – leading to a mixed staffing model.

Representative Donahue noted that nothing in FY20 budget proposal addresses the backup in the EDs. Commissioner Squirrell responded that the investments in inpatient this year should help with flow. Deputy Commissioner Fox added that the enhanced funding for 6 people to access MyPad services will free up inpatient beds, but there are no front door solutions in the budget.

The Committee plans on writing a letter urging that the State speed-up the building of the secure residential facility.

Julie Tessler Lays out the Mental Health Service Priorities for House Health Care Committee

Julie Tessler of Vermont Care Partners explained that the Designated Agency system has the ability to **Shift the Balance** from costly acute care to efficient and effective community-based services, achieving a better return on investment for Vermont and improved quality of life for Vermonters with mental health conditions, developmental disabilities and substance use disorders. Investing wisely will reduce state expenditures in the long term.

She spoke about the need for a 2-pronged multi-year investment to address an under-resourced system of care which would begin with a 4% increase for Fiscal Year 2020.

- Invest in the DA/SSAs' workforce to recruit and retain qualified experienced staff, like masters license clinicians for which 2 out of 10 positions are vacant due to pay inequities with state, health care and school employees. Compensation is a challenge for all agency staff including those working at specialized service agencies and in developmental disability services. A stable, qualified, well-trained and experienced workforce is crucial to the effectiveness of services.
- Invest in the DA/SSAs to develop community services that reduce emergency room and Inpatient bed need including - intensive and secure residential care, gero-psychiatric care, children's diversion beds, supported housing, and peer-based services are more cost-effective and humane.

Julie said the Administration's workforce development proposal for the Tobacco Settlement funds will benefit the State by adding trained and credentialed staff to the workforce at a number of different levels and professions in the mental health and substance use disorder workforce. However, unless we add a 3-year commitment for employment at DA/SSAs, the benefit of the investment to the public system will be very limited given the significant disparities in compensation levels between the DA/SSAs workforce and state, health care and private sectors. People served by DA/SSAs would receive the maximum value of the investment of the Tobacco Settlement Funds if they are appropriated for:

1. Loan Repayment based on a 3-year commitment to employment at DA/SSA for MA level clinicians, BA level direct service staff and Nurses
2. Tuition Assistance based on a 3-year commitment to employment at DA/SSA for MA level clinicians, BA level direct service staff and Nurses

Vermont Care Partners is seeking One-Time Appropriation of \$6.7 million for electronic health records upgrades. At present five of the agencies, who provide only developmental services, are on one EHR platform. Nine of the other DAs are in the process of undergoing a very robust process with the intent to move from their current EHRs to two platforms that will meet their unique individual agency needs and enable data driven practices and empower full participation in an integrated health care delivery system

with value based payment models. In addition, the entire network is working on the standardization of workflows, documentation, and coding.

This is not simply an EHR implementation but rather a business and care delivery transformation that rests on an IT platform. It is our belief that this transformative initiative will:

- Recognize efficiencies by focusing on key operational standardization across the network
- Enable the shift to value based payment
- Develop capabilities to further participate in population health initiatives
- Enhance capabilities to work as part of a greater integrated care delivery system in VT
- Focus on risk-mitigation/return-maximization
- Enable enhanced quality improvement and care delivery

Tomasz Jankowski, the Executive Director of Northeast Kingdom Human Services, explained that this investment is necessary to bring agencies up to meeting the demands for information in today's fiscal climate. He noted that the current systems are woefully outdated.

Christophre Woods of Vermont Psychiatric Survivors Request Funds at House Health Care

Since Christophre Woods had previously requested funding for their peer recovery centers, he focused his remarks on the funding needs for Vermont Psychiatric Survivors. He said that people in psychiatric care facilities need support to understand their rights and to bridge people back to their communities. He said sometimes people are discharged without food, money or transportation. VPS doesn't currently have the resources to work with patients in a VA hospital to support people to transition to the community. His priorities are:

1. Bridging services for people coming out of inpatient. People are bouncing back because they don't have the community supports they need.
2. Employing peers in EDs to give options counseling.

Pathways for Housing Makes its Case to House Health Care Committee

Rebecca Gomez of Pathways for Housing said they support people going through the toughest times under the hardest circumstances. Pathways for Housing provides alternatives to hospitalization. She asked for funding for:

1. Support line to achieve 24-hour access.
2. Housing First expansion

Molly Dugan of SASH speaks to House Health Care Committee on Funding Needs

Molly Dugan, Executive Director, SASH (Support and Services at Home) explained that Cathedral Square administers the program. The funding comes from Medicare through the All Payer Model Waiver (APM) and OneCare Vermont for direct services. They receive money from DAIL for statewide administration. It is a partnership model. She said that SASH went statewide in 2011 and is dependent on partners to provide services, including designated agencies, home health agencies and area agencies on aging. Some of the partners are funded through the DMH budget.

SASH has shown reductions in health care expenditures. 34% of SASH participants have depression; 30% have anxiety; 40% experience social isolation and 10% have suicidal ideation. She highlighted the pilot with Howard Center with funding from OneCare. A Clinician works at two housing sites to increase access and decrease stigma for seeking mental health services. She said "funding to mental health is essential for the success of the pilot."

Molly explained that the proposed 56% cut in their funding from DAIL will dismantle the program. She further noted that if the program collapses Vermont will lose the Medicare funds that are included in the APM.

Hospital Association Makes its Case to House Health Care Committee

Devon Green of Vermont Association of Hospital and Health Systems presented a broad message that the health care continuum needs full funding. She said, “We want patients to have what’s right for them when they are not in the hospital”. Most of the involuntary folks are the ones that are being supervised by the sheriffs. The money cut from the budget for sheriffs differs by hospital. There is a budget adjustment agreement to study the situation by April 1st.

House Corrections and Institutions Committee Considers School Safety Grants

The House Committee on Corrections and Institutions heard testimony on the school safety grants from Erica Bournamen, Director of Homeland Security and Emergency Management at the Department of Public Safety (DPS), and Rob Evans, School Safety Liaison at the Agency of Education. They provided the committee with an update about spending of school safety funds and there was discussion of the \$1.5 million in the budget adjustment request. It was noted that independent schools’ ineligibility for these grants was not the intention of the legislature or DPS. Rob Evans brought up the designated agencies (DA) schools and noted that students in these schools are at increased risk for violence, and yet it was unfortunate that DA schools were not eligible.

The Committee was interested in adjusting language to ensure that independent schools are eligible, but recognized the need to focus on how to define which schools will be eligible. They designated Representatives Butch Shaw, Carl Demrow, and Mary Morrissey to join with three as-yet-unidentified members of House Education Committee and legislative council to come up with a recommendation. The committee also noted that the match on these grants is a 4-to-1 match and wondered if this would work for independent schools.

Vermont Care Partners will reach out to representatives to inform them that the students we serve with significant social/emotional disturbance do pose some risk for perpetrating school violence. This puts our staff at risk, as well. Additionally, our schools are located in small buildings off-site of other schools and may need significant infrastructure updates to become safe.

House Health Care Committee is Briefed on Suicide Prevention

Deputy Commissioner for Health Tracy Dolan and Alison Krompf of the Department of Mental Health gave an overview of suicide prevention work across the State. The Vermont Suicide Prevention Coalition consists of over 70 representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state. They have been discussing effective approaches for suicide prevention and provide leadership on the Zero Suicide platform. They also provide oversight and direction on data, implement suicide prevention policies within AHS and provide recommendations for future policy and practice.

Populations at High Risk for Suicide:

- LGBTQ population
- New Americans
- Individuals with Mental Illness
- Older Vermonters

There are three Zero Suicide pilot projects at: Howard Center, Lamoille County Mental Health Services and Northwest Counseling and Support Services. There are also U Matter trainings happening in schools to support suicide prevention.

Developmental Disability Independence Day Bill Introduced

A bill designating November 17th as Developmental Disability Independence Day, H.332 and sponsored by Representative Theresa Wood, was introduced and referred to the House Committee on Human Services. The idea for this bill came from Josh Smith, Executive Director of Green Mountain Support Services. Vermont Care Partners approached Representative Wood about sponsoring it, which she graciously agreed to do. A link to the bill is below.

<https://legislature.vermont.gov/Documents/2020/Docs/BILLS/H-0332/H-0332%20As%20Introduced.pdf>

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):
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 <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.