



VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for March 9, 2019

The Legislature is on Town Meeting Day Break for one week. When it returns on March 12th there will be a flurry of activity to pass bills out of committees of jurisdiction by the March 15th crossover deadline. This deadline does not apply to bills authored by full committees or the money bills. The House Appropriations Committee is aiming to complete their budget proposal by March 19th.

Early Stage Appropriations Advocacy is Successful

Thanks to great advocacy efforts by advocates and agencies from around the state the Vermont Care Partners provider network made a good showing in the recommendations of the two key house policy committees in their FY2020 budget memos to the House Appropriations Committee. In fact, the House Health Care Committee made increased funding to improve designated and specialized service agency (DA/SSA) workforce compensation their number one funding priority. While the House Health Care Committee requested a 4% increase for DA/SSAs, the House Human Services Committee requested a 2% increase.

Now the House Appropriations Committee will weigh those memos and the other advocacy they have received from: the public hearings; our advocacy days for disabilities and mental health; and individual outreach. While Representative Hooper is responsible for the DMH budget and Representative Lanpher is responsible for the DAIL budget, the full committee votes on priorities as a committee.

In addition to improved funding for workforce, the House Health Care Committee put in a plug for electronic health records (EHR) systems one-time investment and for the workforce development proposal for the Tobacco Settlement funds from Vermont Care Partners which calls for a 3-year commitment to work at a DA/SSA to receive tuition assistance or loan repayment. The Health Care Committee also supports capital investments for our agencies.

During the discussions Committee Chair Bill Lippert suggested exploring statutory commitment to developing requirements for annual salary increases of DA staff in the same way as state employees and nursing homes receive them. He doesn't want to wait for a tragedy to happen before this comes under consideration. The Committee believes that they must deal with staffing before new programs and did not fully support expansion of the MyPad program as proposed by the Department of Mental Health.

See the full House Health Care Committee memo at this Link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Budget%20FY2020/W~Katie%20McLinn~Final%20Memo%20to%20House%20Appropriations%20Regarding%20Recommendations%20on%20the%20Governor's%20FY2020%20Budget~2-27-2019.pdf>

In their memo to the House Appropriations Committee the House Human Services Committee wrote:

"The caseload increases for new clients or changes to existing clients who have new needs is based on a three-year average which has been used for over a decade. This has proven to be an effective method to deal with highs and lows of caseload needs. DAIL's budget has again used this method, however, it has also made an adjustment to the formula by reducing \$541,947 and \$707,045. It appears that this will not result in the loss of any services, nor the loss of access to services for new recipients. The Committee recommends that the \$541,947 and the \$707,045 noted above be used to contribute towards a 2% cost of living (excluding individuals paid through ARIS); the total cost of a 2% adjustment would be approximately \$3,412,190. This would provide parity with all other long-term services and supports providers that were dealt with in the FY19 budget.

Finally, with regard to Sec. E.333 relating to DAIL Developmental Services Payment Reform, the Committee offers the following recommendations:

- a) Payments made to Designated Agencies or Specialized Services Agencies to support Vermonters with developmental disabilities shall only be reduced if the care needs of the individual should change; and
- b) People with developmental disabilities served under the Global Commitment Waiver shall continue to have individualized budgets"

The House Human Services Committee also weighed in on the language in the appropriations bill language relating to DAIL Developmental Services Payment Reform:

- "a) Payments made to Designated Agencies or Specialized Services Agencies to support Vermonters with developmental disabilities shall only be reduced if the care needs of the individual should change; and
- b) People with developmental disabilities served under the Global Commitment Waiver shall continue to have individualized budgets."

See the full text of the House Human Services Committee memo at this link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Human%20Services/AHS%20Proposed%20FY2020%20Budget/W~Jared%20Adler~Governor's%20Proposed%20FY2020%20Budget%20Memo%20Response%20to%20H.%20Appropriations~2-28-2019.pdf>

The fiscal priorities of Vermont Care Partners are competing with many other important initiatives and are being made without any viable source of funding, so it will continue to be an uphill climb to achieve our goals which will require ongoing advocacy throughout the legislative session by us, our partners in our communities, and state advocacy partners.

Disability Awareness Day at the State House

For the first time Vermont Care Partners was one of the co-sponsors of Disability Awareness Day on February 27th which is put on by Vermont Coalition of Disability Rights. The theme this year was citizen participation with a theme of "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."

There was great turn out at the event with about 200 people in attendance and testimony at seven legislative committees, plus many productive conversations with key legislators. A highlight of the day was Families First Executive Director Julie Cunningham's inspirational speech, a snippet of which VPR

used to lead off their story about the day. Julie spoke about how when Brandon Training School closed Governor Dean promised full funding for community-based services, but now we are sending an alarming number of people to out-of-state placements in facilities that are institutions. She said “**Shift the balance**” is about right to live in communities. When we have had years of level funding and cuts we are not in parity with state government. We have a staff turnover problem and direct care staff must have a livable wages. We need to honor the civil rights of the people who use services. The All Payer Model is about keeping people in their communities. Let’s remember that intent and promise. When you fight for funding you are fighting for justice. Help Vermont live up to its promise.

Chris Medina of Green Mountain Self Advocates spoke about how time and money has been wasted on his support because of staff turnover and the need to retrain people. It’s hard to find someone to help him because it doesn’t pay enough. Top priority for GMSA and its 600 members is to have a job. He also noted that the increase for year-two of the workforce investment for raising wages to \$15/hour for developmental services was not kept. A livable wage will reduce staff increase. He said that we often go without services while waiting for new staff. When he has time without staff it’s like locking out his voice. It affects his mental and physical well-being.

Marty Roberts of VPS spoke about the proposed WRAP program cut after receiving financial support for 20 years. The training of facilitators has recently been done by the Copeland Center. The coordinator trains on content and facilitates groups and does refresher trainings with quarterly meetings for facilitators. These funds are for technical assistance for facilitators. It’s a critical program for supporting wellness.

Kirsten Murphy, Executive Director of the Developmental Disabilities Council highlighted for the group that the state is undergoing a major health reform effort which needs to be evaluated by an independent third party. A number of other speakers also shared personal experiences and spoke with passion.

Health and Welfare Develops Bill to Create a Substance Misuse Prevention Council

This bill proposes to establish a Substance Misuse Prevention Council to replace the Alcohol and Drug Abuse Council. It also proposes to establish a Director of Substance Misuse Prevention and a Substance Misuse Prevention Fund. The bill proposes to eliminate the Tobacco Evaluation and Review Board and rename the Controlled Substances and Pain Management Advisory Council to be the Vermont Prescription Monitoring System Advisory Council. The intent is to explore revenue generated by the sale of substances such as cannabis, tobacco, and alcohol for the purpose of funding the Universal Substance Misuse Prevention Fund for the Department of Health’s substance misuse prevention initiatives, including staffing the Substance Misuse Prevention Council.

There is some concern about not losing the current focus on preventing and controlling tobacco use and the VT Medical Society wants to ensure that there will be adequate funding for education on cannabis use.

Department of Health Commissioner Mark Levine said prevention needs to be job one and there is proof that prevention shows return on investment over several years. He would like to see a continuum of substances addressed. While prevention is critical, he also wants intervention and treatment and even enforcement funded, too. He would like the Council to report to the VDH Commissioner.

House Health Care Urges faster Replacement of the Secure Residential Facility

The House Committee on Health Care received a tour of the Middlesex Secure Residential Recovery Facility (MSRRF) and learned that the Administrations proposed timeline for opening a replacement facility is 5 – 6 years. Due to their overwhelming concern about the condition of the facility and long timeline they developed a letter the Committee on Corrections and Institution which states:

“The Committee was alarmed by the condition of the MSRRF and concerned that it does not offer a therapeutic setting for residents. This is especially problematic in light of the fact that the average length of stay at the MSRRF in calendar year 2018 was 217 days.

The Committee feels strongly that replacement of the MSRRF should not be postponed by five or more years. It encourages the House Committee on Corrections and Institutions to work with the Department of Buildings and General Services to expedite the siting and construction of a more therapeutically appropriate secure residential recovery facility.”

House Corrections and Institutions Hears Proposal for Secure Residential

Claudio Fort, the CEO, and Jeff McGee, Director of Psychiatry Services, for Rutland Regional Medical Center (RRMC) in collaboration with Dick Courcelle, the Executive Director, of Rutland Mental Health Services (RMHS) presented a proposal for developing an 8-bed secure residential facility to the House Committee on Corrections and Institutions.

- Ownership: Jointly owned and operated by Rutland Regional Medical Center and Rutland Mental Health Services.
- Target population: Individuals who historically have required extended lengths of stay in inpatient psychiatric settings, and those who have had their stays in these settings extended due to a lack of appropriate community resources.
- Level of Care: 8-bed, secure, adult residential program located on the campus of RRMC.
- Programming Elements: The program will provide a therapeutic community that promotes a welcoming and respectful atmosphere with intensive supervision and support for residents by on-site staff. Programming will be built on a strength-based, trauma-informed approach to recovery. They will emphasize recovery approaches that foster improvement in resident self-care skills, increased autonomy, and meaningful goal setting and achievement. They want regulatory rule changes that would allow for administration of court ordered, involuntary medication and emergency intervention procedures.
- Length of Stay: between 3 and 12 months.
- Staffing: Residential program leadership and milieu staffing will be provided by RMHS. Psychiatric support and nursing will be provided through RRMC. Primary care services will be coordinated with the Community Health Centers of the Rutland Region and other primary care providers in the community.
- Operating Costs: Annual operating costs of the program are estimated at \$2.5M to \$3M/year exclusive of amortization of capital expense.
- Capital Expenses: between \$6 M and \$8 M either through an agreement with the State to cover the capital expenses directly, or a multi-year commitment to cover programmatic costs that including capital amortization.
- Implementation Time-Frame: from funding commitment by the State to opening the doors about 24 months. If the CON requirements are waived, the project could be completed in less than 18 months.

Committee chair Alice Emmons questioned if there is flexibility in the size of the facility. The reply was yes, it could be as big as 16 beds. Her estimate of the timeframe is 3 years out even with the Certificate of Need (CON) process waived but noted that it will be shorter than having the state buy and permit

land and would avoid the “not in my backyard” (NIMBY) issue. Representative Anne Donahue who was sitting in from the House Health Care Committee appeared to disagree with the idea of waiving CON requirements.

Corrections and Mental Health Study Committee Hears Mental Health Study Committee Bill

Representative Brian Cina presented bill H.182 an act relating to the creation of the Corrections and Mental Health Study Committee to the House Corrections and Institutions Committee. The intent of H.182 is to:

- Transition corrections system into mental health treatment system
- Improve treatment in the corrections system
- Reframe crime as a public health issue
- Promote mental and physical health and recovery
- Implement restorative practices that shift focus from offender to victim impact and public safety

The bill would create a study committee to:

- Examine existing medical, mental health, and substance use disorder treatments available in State correctional facilities
- Make recommendations for the development of a robust health care system within State correctional facilities that makes available those medical, mental health, and substance use disorder services available in the community
- Consider the social construction of crime, explore the causes of crime, and reframe crime as a public health issue
- Identify the strengths and weaknesses of the current State corrections system, including an inventory of available medical, mental health, and substance use disorder treatments

Representative Cina testified that the money we invest in incarceration should focus on getting the best results. He believes that the vast majority of people with mental illness do not have criminal behaviors but he believes most people who have criminal behaviors have underlying mental health issues. He sees crime as a public health issue.

Committee Chair Alice Emmons said that because Corrections does not recruit people, what we see in Corrections is an indicator of how well our community services are working. From her perspective Corrections is a last resort. She clearly stated that we started deinstitutionalizing without a strong community mental health system which has led to some people coming into Correction because they need a secure environment. She is open to front end solutions, but does not see Corrections as taking on the role proposed by the bill. In fact she believes we have evidence based practices in our correctional system. Representative Emmons doesn't want to switch the correctional system into a mental health system.

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.