



Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for April 2, 2019

### House Approves FY2020 Budget after Appropriations Committee adds 2% for Community Providers

After Vermont Care Partners sent out the legislative update for March 25<sup>th</sup> the House Appropriations Committee met to finalize their budget proposal. According to Committee Chair Kitty Toll the Joint Fiscal Office staff had identified additional funds available during their weekend from scrubbing the numbers. The Committee chose to direct those resources to a 2% increase for community based providers to include: Home Health agencies, Area Agencies on Aging and Adult Day Health Providers. Designated Agencies were not included in the increase. Here is the Committee's summary:

#### Key actions and funding for vulnerable Vermonters

##### • Substance Use Disorders/Mental Health

- Provides \$993K GF and \$1.16M FF for 12 new beds at the Brattleboro Retreat that are *scheduled to come on line in the Spring of 2020*
- Provides \$540K in additional funding for Community Rehabilitation and Treatment (CRT) to enable additional intensive support services for clients that can be provided through community programs
- Provides \$1.5M one-time funds for grants to develop of an electronic medical/health records system for the Designated Agencies
- Provides \$260K one-time funds to increase support for Recovery Centers

##### • Aging and Disabilities

- Provides \$994,000 GF and \$1,079,256 FF for a 2% rate increase for Home and Community based providers including Home Health Agencies, Adult Day Providers, Meals on Wheels, and TBI Waiver service providers

Here is the big picture summary of the budget bill as passed by the House of Representatives.

[https://lifo.vermont.gov/assets/Uploads/4fe1beb8fa/FY2020\\_Summary.pdf](https://lifo.vermont.gov/assets/Uploads/4fe1beb8fa/FY2020_Summary.pdf)

The House Budget also includes language directing the Agency of Human Services to develop a workforce development funding proposal specific to designated and specialized service agencies.

Sec. E.301.2 REPORT; SUBSTANCE USE DISORDER AND MENTAL 12 HEALTH WORKFORCE DEVELOPMENT 13 (a) On or before August 1, 2019, the Agency of Human Services, in consultation with community providers of substance use disorder and mental health services, shall submit a framework for distributing workforce development funds appropriated pursuant to 2018 (Sp. Sess.) Acts and 17 Resolves No. 11, Sec. C.106.1. The framework shall be submitted to the Health Reform Oversight Committee and shall include tuition assistance and loan repayment for masters level clinicians with a MSW, MA, or MS; bachelors level direct service staff; and nurses. Any tuition assistance and loan repayment provided using funds appropriated pursuant to 2018 (Sp. Sess.) Acts BILL AS INTRODUCED H.542 2019 VT LEG #340259 v.1 1

and Resolves No. 11, Sec. C.106.1 shall require a three-year commitment to full-time employment at a designated or specialized service agency.

### **Senate Health and Welfare Continues Study of Health Care Workforce**

Lorraine Jenne of Rutland Mental Health Services and Jena Trombly of Clara Martin Center gave excellent testimony at the Senate Health and Welfare Committee about our workforce development needs and initiatives. The Committee had already received testimony on the proposal set forth by the Administration in collaboration with the State Colleges and University of Vermont.

Here is the information on the Administrations/UVM/VSC proposal presented last week to the Senate Health and Welfare Committee;

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Workforce/W~Al%20Gobeille~Sec.%20C.106.1%20of%20Act%2011~3-20-2019.pdf>

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Workforce/W~Al%20Gobeille~Workforce%20Substance%20Use%20Disorder%20Spending%20Plan~3-20-2019.pdf>

Here is Lorraine's testimony

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Workforce/W~Lorraine%20Jenne~Rutland%20Mental%20Health-%20Recruitment%20and%20Retention~3-28-2019.pdf>

Lorraine pointed out that just one case manager or clinician opening leaves 25 to 30 clients underserved and has cascading impacts leading to increases in burnout risk for staff who have to cover for vacancies; impacts of workplace culture; pressures on supervisors trying to fill gaps; further increases in employee turnover; hurts clients who may go into crisis; and puts pressure on our community systems: police, hospital and emergency services. Lorraine shared that competition for staff comes from: hospitals, community health centers, schools, home health agencies, and nursing homes where salaries can be as much a \$40,000 higher.

She presented the Vermont Care Partners Workforce Development Request of \$3 million over 3 years:

#### **80% loan repayment**

- Impacts 160 to 200 staff
- Masters' level clinicians, bachelors level direct staff and nurses
- Three year commitment
- Not to exceed \$5,000 per year

#### **20% Tuition Assistance**

- Impacts 80 to 120 staff
- In pursuit of relevant masters or bachelors degree
- Three-year commitment
- Not to exceed \$2,500 per year

Here is Vermont Care Partners full proposal for workforce development

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Workforce/W~Lorraine%20Jenne~Vermont%20Care%20Partners%20Workforce%20Development%20Proposal~3-28-2019.pdf>

During the testimony Julie Tessler credited the Agency of Human Services (AHS), University of Vermont (UVM) and Vermont State Colleges (VSC) proposal as an effective approach to strengthen the broader mental health and substance use disorder workforce and noted that Vermont Care Partners was represented on the workgroup that developed the proposal. Although it will benefit the larger workforce it may have limited impact on the staff of designated and specialized service agencies (DA/SSAs) because of the salary differentials. That's why the Vermont Care Partners proposal includes a 3-year work commitment. The other difference is the flexibility to use varied institutions of higher learning, including studies that can be completed fully online.

Jena Trombly of the Clara Martin Center spoke of the importance of a career ladder for staff that are supported through educational opportunities. She emphasized the need for master's level clinicians with licensure. She reiterated a point made by Lorraine that our workforce is aging with many staff planning on retirement in the near future.

Kevin Mullen, Chair of the Green Mountain Care Board, Laura Pelosi representing nursing homes and Devon Green representing hospitals, share similar information on the shortages of professionals for health providers from personal care attendants and nurses to primary care physicians, as well as speech, occupational and physical therapists.

### **Senate Health and Welfare Learns about House Bill on Rural Health Care**

H.528 a bill about ensuring access to rural health care was presented by Representative Rogers and Legislative Counsel Jen Carbee. It creates a Rural Health Services Task Force to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services. The task force would include one representative of Vermont's designated agencies, selected by Vermont Care Partners. The Rural Health Services Task Force shall consider issues relating to rural health care delivery in Vermont, including:

- (1) the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum;
- (2) how to ensure the sustainability of the rural health care system, including identifying the major financial, administrative, and workforce barriers;
- 3) ways to overcome any existing barriers to the sustainability of the rural health care system, including prospective ideas for the future of access to health care services in rural Vermont across the health care continuum; and
- (4) the potential consequences of the failure of one or more rural Vermont hospitals.

The report would be due on December 31, 2019.

### **Funding for Secure Residential Facilities in the Capital Bill**

The Capital Bill is on the floor of the house. The proposal calls for the Secretary of AHS to negotiate with Rutland Regional Medical Center (RRMC) and Rutland Mental Health Services (RMHS) on the development of a Secure Residential Facility on the grounds of RRMC. Before a contract is signed it must be reviewed by legislative committees in January 2020. The Capital Bill also directs the Department of Buildings and ground to begin preliminary work on siting a secure residential facility in central Vermont. Testimony and discussion is continuing in the Senate Institutions Committee as they develop their proposal for the Capital bill.

Vermont Digger provides an excellent update on this initiative.

<https://vtdigger.org/2019/03/26/state-universities-seek-increase-mental-health-addiction-programs/>

## **Senate Health and Welfare Considers Residential and Housing Supports**

Senate Health and Welfare Committee Chair Ginny Lyons believes that since the Committee will be asked to address mental health facilities it's important for them to learn about our residential options and housing. Jeff Rothenberg of Washington County and Mental Health Services presented a very comprehensive review of residential and housing supports on behalf of Vermont Care Partners.

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Mental%20Health/W~Jeffrey%20Rothenberg~Testimony%20from%20Washington%20County%20Mental%20Health~3-29-2019.pdf>

Jeff described how each DA has a housing coordinator, different amounts of residential care, section 8 vouchers, housing contingency funds, emergency services and crisis beds. After Tropical Storm Irene, he described how Act 79 made considerable investments in each community, although the 7-bed Intensive Recovery Residence beds in St. Albans never materialized. One indicator of the success of those investments was that in July 2014, only one person had been in a psychiatric hospital bed for more than a year - now there are 10 people at Vermont Psychiatric Care Hospital (VPCH) who have lengths of stay of over a year. Jeff related this phenomenon to the more recent lack of ongoing investment in our system of care. He believes we should develop resources in the community, such as 2-bed intensive programs, that could free up the VCPH beds that cost nearly \$950,000 annually.

The joint project between WCMH, Downstreet Housing and Community Development, Vermont Housing and Conservation Board and Norwich University to develop two tiny homes with peer support was also highlighted. Jeff also explained that while Vermont has peer-based and peer-run services, peer services aren't included in our Medicaid plan, inhibiting effective treatments that reduce hospitalization rates and lengths of inpatient stays.

Jeff summed it up by saying Vermont Psychiatric Care Hospital has many individuals, especially those who have been there the longest, who could be served in the community at less cost if resources were devoted to: stepdown programs, intensive recovery residences; peer services; housing vouchers; transition apartments; Level 3 residential beds; and MyPad-type beds.

Rebecca Lawrence Gomez, Assistant Director of Pathways Vermont, said they assist people to secure permanent housing scattered throughout communities. She emphasized the importance of connection to community. The service costs \$43 per day for housing plus services. She noted that many people do not need stepdown instead they can go directly from hospitalization to permanent independent housing. They use an intentional peer-support model with few credentialed staff. She said Pathways works in partnership with DAs and with the DMH care coordinators who assist with hospital discharge.

Gus Seeling, Executive Director of the Vermont Housing and Conservation Board spoke of the importance of stable housing for health and well-being of Vermonters. VHCB is beginning quarterly meeting with AHS and the Departments to coordinate housing and services. Their goals are:

- Create and preserve housing that is affordable to lower-income Vermonters
- Provide funding for:
  - Buildings that permanently house the formerly homeless
  - Emergency shelters and transitional housing
  - Training and technical assistance for regional housing groups – our local partners
  - Participate in policy work – Roadmap to End Homelessness

He highlighted that with 5,000 participants statewide, SASH (Support and Services at Home) is a nationally recognized and tested model with average Medicare savings of \$1,227 per person per year.

There are 100 Properties with 1,286 Homes, which is 10% of VHCB housing, targeted to special needs populations. Downstreet Housing & Community Development are leading an initiative to design and implement a collective statewide response to meet the particular housing needs of Vermonters recovering from a Substance Use Disorder. The goal is to develop 300 beds, with an interim target of 75 beds.

Currently, there are 120 housing vouchers that are not being used. A working group will be developed to address this.

### **House Human Services Considers Legislation to decriminalize Buprenorphine**

Commissioner Mark Levine testified that the Department of Health understands and accepts the motivation on the bill to decriminalize possession of buprenorphine, but he has concerns about unanticipated consequences such as:

- Some populations could be exposed to buprenorphine due to increased diversion of prescriptions.
- It could become a first drug, which is problematic because it is highly addictive
- It is used to get high, not just to deal with withdrawal symptoms.
- Populations in treatment could be destabilized because of the incentive to divert the medication and not use the full dose they need. They then might take the drug intravenously to increase impact of partial dose which could increase risk of cardiac disease.
- For those who are addicted they may use buprenorphine on the street and not go to medication assisted treatment (MAT). There is no data on effectiveness of buprenorphine without medication monitoring and management
- Prescribing medical professionals will feel that managing the medication levels of their patients will become more difficult and quit.

He believes that since Vermont is already treating everyone who seeks it, no one needs to seek Buprenorphine on the street.

Commissioner Levine also shared arguments for decriminalization:

- He doesn't want to criminalize people with illness
- It's important to keep people safe and buprenorphine is relatively safe
- Buprenorphine is not likely to be polluted by fentanyl

Jamie, who has been in recovery for 12 years, spoke about how he used buprenorphine to start the withdrawal process. It opened a door for him to deal with past trauma which is what was causing his substance use disorder. He said having the ability to not be prosecuted will make a difference in helping people get over the hump of addiction before receiving medication through a treatment provider. He doesn't think it will increase the frequency of people shooting buprenorphine. The committee heard that getting through addiction is a process that includes counseling, support and acceptance of family. From Jamie's perspective it's not just about the medication, it's about taking away a barrier to people getting help. When people in need don't have to deal with stigma and criminal charges, he said it will enable them to do the right thing.

### ***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.