



VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 18, 2020



We hope you will be attending meetings tonight with members of the House and Senate Appropriations Committees. It's a great opportunity to share your perspectives and experiences. See the updated details below.



SAVE THESE DATES

Thursday, February 20, Vermont State House Cafeteria, Stories from Our House to Yours

Vermont Developmental Disabilities Council is hosting a story telling event from 4:30 to 6:00 PM in the State House Cafeteria. Hear the stories of people with disabilities and enjoy some pie while you're at it!

Thursday, March 12, Vermont State House – Disability Awareness Day

Disability Awareness Day, at the State House, 9:00 to 6:00. Sponsored by the Vermont Coalition for Disability Rights. Join self-advocates, families, providers and others for a day of advocacy, workshops, refreshments, a keynote speech by Ed Paquin from Disability Rights Vermont and much more!

Friday March 13, Davis Center, University of Vermont – STEPPING FORWARD TOGETHER 2020: Creating Solutions that Promote Health Equity

Vermont Care Partners Annual conference will enable you to join national and regional experts to learn how to promote equity in your community. The conference includes over 20 workshops on topics:

- Promotion of Cultural and Linguistic Competence
- Collaboration with Faith Based Leaders to Promote Health Equity for All
- Tracking “isms” in Systems for People with Disabilities
- Disrupting White Supremacy Culture Organizations
- LGTBQ+ Inclusion in the Behavioral Health System
- Making Room at the Table: A Model for Real Peer Leadership

- Understanding the Impact of Untreated Adverse Childhood Experiences on the Health and Well-being of Vermonters with Intellectual and Developmental Disabilities
- Understanding Adoption Competent Care
- Leading from Where You Are: How to Affect Policy and Legislative Decisions

This year's featured speakers:

Sydney Hankerson, MD

Co-Director, Columbia University Wellness Center Assistant Professor of Clinical Psychiatry, Columbia University, Vagelos College of Physicians and Surgeons Assistant Attending, New York-Presbyterian Hospital Research Scientist, New York State Psychiatric Institute

Vivian H. Jackson, Ph.D., ACSW

Adjunct Assistant Professor, Senior Policy Associate National Center for Cultural Competence Georgetown University Center for Child and Human Development Washington, DC

Maria Mercedes Avila, Ph.D.

Associate Professor of Pediatrics, Larner College of Medicine, University of Vermont

For further information and registration here is the link:

<https://vermontcareSTEPPING FORWARD TOGETHER 2020: Creating Solutions that Promote Health Equitypartners.org/2020conference/>

What Happened This Week

House Appropriations Committee Discusses Public Hearing Testimony

Members of the House Appropriations Committee discussed the public hearing on February 10th at sites throughout Vermont. The hearings were well-attended with people raising a broad array of issues and requests for additional funding. In addition to members of the Senate and House Appropriations Committees, a number of other legislators attended the event. Some attendees spoke about the funding needs of Designated and Specialized Service Agencies and our request for a 3% increase. What stood out to legislators were the stories about the salary differentials between DA/SSA employees and state employees, as well as a comment at the Barre site about how the social contract between human services contractors and state government is broken.

Senate Appropriations Hears Budget Testimony on Mental Health

The Senate Appropriations Committee received testimony on the Department of Mental Health budget request for FY21. See the Legislative Update from February 10th or follow this link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Appropriations/FY%202021%20BUDGET/03%20%20Human%20Services/W~Department%20of%20Mental%20Health~FY%202021%20Budget%20Presentation~2-11-2020.pdf>

The Committee Chair, Senator Kitchel, expressed particular interest in Success Beyond Six services and expenditures. The Commissioner shared that an analysis of the school-based services conducted over the last year indicated that they are very effective in meeting the mental health needs of students through an array of programming. There was also discussion about the newly proposed mobile response program for youth in Rutland.

House Health Care Hears about Department of Mental Health (DMH) Performance Measures

DMH Quality Director Alison Krompf shared DMH's scorecards. On declining enrollment trends in community treatment and rehabilitation (CRT) programs, she noted that as the population ages fewer people may be electing to participate in CRT, and also that payment reform has afforded access to more services for people who would have otherwise received more limited services from outpatient programs. She noted that CRT programs have an 82% rate of follow up after hospitalization. The strong utilization of crisis bed programs was presented as well.

DMH Child and Family Unit Chief Laurel Omland presented on DMH's [Mobile Response initiative](#). She noted that the model is intentionally not titled "mobile crisis" because it is intended to go upstream before the concern escalates to a crisis level. Referencing a spike in emergency services for the pediatric population, Omland acknowledged that there is a gap between the current services that are funded and the increasing demand. Agencies have not been able to sustain the mobile/home-based responses that they had done in the past because of the increased demand and the need to triage. In response to questions about why this was for the pediatric population only, Omland shared that staff training would be targeted to child development, pediatric de-escalation strategies, and family dynamics. Noting that this pilot would be equivalent to urgent care, Representative Donahue asked why commercial insurance would not be billed.

Senate Judiciary Committee Continues to Study Insanity and Incompetency Legislation

Senate Judiciary heard testimony on a [compromise version of S.183](#), developed by the Department of Mental Health and the Department of State's Attorneys and Sheriffs. The bill separates the process for sanity evaluations and competency evaluations and creates a study committee to focus on developing a forensic system in Vermont. James Pepper commented that they support this draft and believe that the study committee proposed in this bill addresses all of the areas that the original bill was trying to address. Matt Valerio from the Defender General's office questioned giving DMH party status, noting that DMH's role should be considered a witness role. In discussing the study committee for the forensic system, DMH Deputy Commissioner Mourning Fox advocated for funding to have an external consultant support the committee's work in such areas where there is out-of-state expertise, such as competency restoration.

House Health Care Committee Learns about the Mental Health Residential Continuum

Mental Health Commissioner Sarah Squirrell presented the analysis of residential services in the mental health system Residential options:

GROUP HOMES: 19 HOMES / 151 BEDS

- Living arrangements for three or more people in the CRT program
- Owned and/or staffed full-time by employees of a provider agency
- The provider agency is responsible for management of group home resources primarily for Vermonters residing within their catchment area

It was discussed that residents may live in these facilities on a long-term basis with comprehensive programming. Most are living there on a voluntary basis, but some may be on orders of non-hospitalization.

INTENSIVE RECOVERY RESIDENCES: 6 FACILITIES / 47 BEDS

- Residential treatment setting that consists of specialized group arrangements for three or more people
- Staffed full-time by employees of a provider agency at a higher staff to resident ratio than found in group homes
- Often used as a step down from inpatient care, many of the people are on orders of non-hospitalization

SECURE RECOVERY RESIDENCE: 1 FACILITY / 7 BEDS

- Same clinical characteristics as an Intensive Recovery Residence except that it is physically secure as well as staff secure
- Surrounded by a 14-foot fence that is climb resistant and all exterior doors are locked
- Entrance to the residence has two locked doors with a sally port between them to help ensure residents are unable to leave without staff accompanying them
- All residents are under the custody of the Commissioner of Mental Health and generally are transitioning off from level 1 beds

The commissioner reviewed the plan to build a new secure residential facility on the Woodside site. Funds were included in the FY20 Capital Bill for a 16-bed, state-run, physically secure residential facility. The plan is to have capacity to perform emergency involuntary procedures (EIP's). The expansion from 7 to 16 beds will help reduce barriers to discharge from Level 1 inpatient beds across the state.

DESIGNATED AGENCIES

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 12 beds
- Adult Intensive Residential: 42 beds

PEER SERVICES AGENCIES

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds Physically Secure Residential

The Commissioner identified outlier specialized funding for community-based wrap around services. She also described transitional staff housing and independent living with support services including shelter plus care vouchers as part of the residential continuum.

The Committee members all wanted to discuss the location of residential supports in their region which was presented in relation to the size of the CRT population. Both NKHS and RMH do not have group homes. Representative Page and Representative Smith described a 20+ bed nursing home closing at North Country Hospital which they would like to see repurposed for a group home. The Commissioner said it would take due diligence at the local level to determine if a resource is needed with attention to the wishes of the people who use services. Representative Lippert pointed out that some people enrolled in CRT are living in community care homes.

DMH surveyed hospitals about where they would like to discharge voluntary patients - intensive residential, secure residential and return to former independent housing topped the list.

DMH Findings and Recommendations:

In order to allow individuals to live in the least restrictive environment, the system needs:

- Physically secure residential facility with the capacity for emergency involuntary procedures (EIP)

- Some growth in intensive recovery residences
- Expansion of group home capacity
- Continued focus on housing
- Further exploration of needs related to the geriatric population

Representative Donahue observed that we are investing a lot of money in inpatient care, but maybe we would be wiser to make investments in community-based care.

House Health Care Studies Suicide

Commissioner Squirrell explained that the Suicide rate in Vermont is 30% above the national average and rising. Its particularly concerning for youth and LGBTQ youth especially.

The Suicide Prevention Coalition has 70+ representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state. DMH is acting on two of their recommendations.

Suicide Prevention activities include:

- Three Zero Suicide Pilots: Howard Center, Lamoille County Mental Health, Northwestern Counseling and Support Services;
- U Matter training in schools;
- Engagement with healthcare leaders;
- Department of Health Upstream Investment;
- Bi-annual Prevention Symposium

The Commissioner spoke about the promotion and use of the crisis text line. The Commissioner emphasized the collaboration with OneCare.

Budget Initiatives:

1. Expand Zero Suicide statewide (\$400,000 ongoing funding)
2. Expand Vermont support to the National Suicide Prevention Lifeline. Sarah Squirrell reported that we have one of lowest in-state call rates in the country. So, she plans on investing in 3 call centers in Vermont: 211, Pathways and NCSS.
3. Invest in Eldercare and veterans (\$50,000) Vet-to-vet will not receive added funding

Representative Annemarie Christensen was concerned when Commissioner Squirrell said that 48% of clinicians aren't asking questions about suicide of the people we serve. Allison Krompf said not all clinician are comfortable with asking and responding to suicidality without adequate training.

Representative Lippert found that is disturbing.

It was not clearly explained that DA emergency services are taking calls on a 24-hour basis. Although Allison Krompf explained that answering services cannot be used for lifeline, because there can't be a transfer of calls. Representative Donahue wanted to know why not put all the money into the Pathways warm line. The reply was that Pathways is not accredited for the National Lifeline, so they started with NCSS. NCSS had the skills and accreditation. It will take a year for Pathways to develop that necessary level of accreditation.

SUICIDE PREVENTION RECOMMENDATIONS 2020 REPORT TO THE LEGISLATURE

- Expand the Zero Suicide prevention strategy statewide
- Increase the in-state Suicide Prevention Lifeline call response from 0% to 70%
- Implement a Mobile Response and Stabilization Services system

- Increase the investment in the Elder Care Clinician Program (ECC)
- Request a Medicare waiver to improve access to mental health and substance misuse treatment for older Vermonters
- Invest in Area Agencies on Aging to address social isolation for older Vermonters and veterans
- Train health care and social service providers in lethal means counseling and institute lethal means counseling policies
- Invest in programs for youth that promote connectedness and community engagement

Sarah Barry the COO for OneCare Vermont, said in their role of coalescing providers they look for opportunities to align providers to create efficient and effective ways to address the health care needs. All initiatives are done in collaboration with Agency of Human Services. There are 3 strategies.

1. Last Summer OneCare brought together AHS and DA leaders to inquire about what the needs are. Sarah Barry said they are looking for scalable and sustainability of the models. In the end they chose to do an RFP and picked NCSS, NKHS and WCMHS to work with emergency departments (EDs) of hospitals to serve as navigators to address the needs of the individuals and do follow-up. Representative Donahue wanted to know how peers were involved in these discussions. She would like to see peers working in the EDs. She thought that was part of the DMH vision. Representative Donahue argued that these projects fail to meet AHS principle and that the peer community will oppose these projects. The Chair and Vice Chair asked if the contracts are signed.
2. SASH/Howard Embedded Mental Health Clinician started in 2017. The Clinician provides on-site and timely access to needs and services in public housing for elders/people with disabilities. It has been normalizing use of mental health services and has led to a 44% decline in ED visits with quicker access to support services. The plan is to continue the program in 2020 and they are considering spreading it to other locations to provide systemic services. Bill said the DSR funds are one time, "so what happens when the funds run out?" Sarah said the DSR funds are to jump start innovation. The strategy is to look at what impacts unnecessary use of health care services and hospitalization. For example, if PUCK reduces unnecessary ED use then the savings can continue to be used to fund the innovative program. Sarah acknowledged that changing the payment model and financial incentives is harder than sustaining successful pilot programs.
3. Zero Suicide is being promoted by OneCare in collaboration with DMH to build connections across systems in local communities. OneCare will engage primary care physicians in trainings on suicide prevention and encourage them to make referrals to designated agencies. The Sheds project brings older residents together to reduce social isolation and build resiliency. Gifford hospital and the Chittenden Accountable Community for Health are focusing on suicide prevention, too.

Board of Education & Agency of Education Rule Making Authority Under Study

Agency of Education (AOE) Secretary Dan French and State Board of Education Chair John Carroll each presented different lists of proposed rules over which the State Board of Education should have rule-making authority. In both lists, Independent School Approval stayed under the authority of the State

Board of Education. AOE sought to move census funding and education quality standards rules, among others, to AOE. AOE's proposed list is [here](#). State Board of Ed's proposed list is [here](#).

The Senate Education Committee will be considering these proposals. It's unclear whether anything will successfully move through the whole legislative process.

Budget Adjustment Bill, H.760, Nears Finish Line with House and Senate Amendments

The House and Senate have been amending each other's versions of the FY20 budget adjustment bill. Of interest to Vermont Care Partners is new language on the Delivery System Related (DSR) funds and Corrections. Here is the new language.

[Sec. 54. CALENDAR YEAR 2020 DELIVERY SYSTEM REFORM INVESTMENT COORDINATION \(a\)](#) In order to ensure coordination of funding and the strategic alignment of resources for delivery system-reform (DSR) related investments in calendar year 2020, the Agency of Human Services shall ensure that DSR projects recommended for funding are consistent with the criteria defined in Attachment I (Menu of Approvable Delivery System Investments) of the Global Commitment for Health Section 1115 Demonstration. At a minimum, the Agency shall apply the metrics for evaluation as prescribed in Attachments I and J (Investment Application Template) of the Global Commitment for Health Section 1115 Demonstration and may also consider additional metrics that align with the Vermont All-Payer Accountable Care Organization Model Agreement's three population health and health outcomes targets. In addition, the Agency shall require the Accountable Care Organization and DSR investment recipients to evaluate each project to determine whether it should be scaled or sunset, based on its performance against established metrics. All DSR investment projects to support implementation of Vermont's All-Payer Accountable Care Organization (ACO) model shall be designed and prioritized in partnership with the Agency and with the relevant departments within the Agency and funding shall be dependent on the approval of the Agency and relevant departments.

Under the section on the Department of Corrections it reads:

(5) establish a collaborative approach for the Department, the Department of Mental Health, and the Vermont Department of Health to contract with housing providers to coordinate responses for shared clients and identify how the State can better leverage local and federal housing vouchers; (6) leverage federal Medicaid funding or other funding to allow the Department's contractors' clients to stay in supportive housing after they are no longer under the supervision of the Department;

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.