



Supporting Vermonters to lead healthy and satisfying lives community by community



Legislative Update for December 12, 2021

WHAT'S HAPPENING IN THE LEGISLATURE

In advance of the start of the 2022 Legislative Session, legislators are gearing up by collecting information, setting priorities, and finalizing work done throughout the summer and fall.

Vermont Care Partners Legislative Agenda for 2022

The Vermont Care Partners legislative agenda is quite comprehensive and focuses on our need for adequate resources to meet our mission and mandates. See this link:

<https://vermontcarepartners.org/wp-content/uploads/2021/12/legislative-agenda-2022-working-draft-1-1.pdf>

This Week's Testimony

Legislators Receive Briefing on the Economic Outlook

On December 9th state economist Tom Kavet gave a presentation to the Legislature on the State's economic forecast. This was a preliminary report with the complete report scheduled to be presented in mid-January.

Kavet highlighted the excellent current revenue picture, with revenues coming in over projections in every revenue category. General fund, which provides the match for federal Medicaid, is expected to have a total surplus of \$188 million for fiscal year 2022. The state reserve funds are all full, with a total of \$265 million, equivalent to 13% of the State's annual budget. The recent federal infrastructure act will add \$2.2 billion for infrastructure projects and the Build Back Better Bill social infrastructure bill, if passed, will bring additional resources for health and human services. On the downside, the pandemic with the potential for continuing surges may negatively impact economic growth and future revenues.

The full report can be accessed here: <https://lifo.vermont.gov/assets/Publications/All-Legislative-Briefing-December-8-2021/019c6d4730/Kavet-Economic-and-Revenue-Review.pdf>

VCP Member Agencies: Champlain Community Services * Clara Martin Center * Counseling Service of Addison County * Families First of Southern VT * Green Mountain Support Services * Health Care and Rehabilitative Services * Howard Center * Lamoille County Mental Health * Lincoln Street Inc. * Northeast Kingdom Human Services * Northeastern Family Institute * Northwestern Counseling and Support Services * United Counseling Service of Bennington County * Upper Valley Services * Washington County Mental Health Services

House Appropriations Committee Begins Work on the FY22 Budget Adjustment

The House Appropriations Committee will begin deliberating the FY22 budget adjustment bill (BAA) on with a presentation by the Commissioner of Finance and Management Adam Greshin on December 14th. The budget adjustment bill will determine the use of the surplus revenue. Some of the revenue will need to go the DVHA budget which is running significantly above budget. The bill will also direct the appropriations of ARPA funds.

House Health Care Committee Prepares for the Upcoming Session with a Mental Health Update

On December 9th the House Health Care Committee, along with Representative Dave Yacavone from the Appropriations Committee, took testimony on the mental health care system.

Emma Harrigan of VAHHS, the hospital association, shared data on the large number of people waiting in the emergency departments for mental health services. As many as 61 people in a single day must wait to access care with most of them waiting for more than one day. Representatives from five hospitals around the State spoke about the challenges they face and their concern for the people they are treating who are experiencing psychiatric crisis. Several of them called for building new inpatient beds. However, when Department of Mental Health presented data they indicated that 22 child and 58 adult beds are currently closed.

Representing Vermont Care Partners, Mary Moulton, Executive Director of Washington County Mental Health Services, explained to the Committee that we are in the midst of a rolling disaster. She shared the growth in wait times for service of up to 3 months and the growing number of people waiting for services during the pandemic - now at over 600 children, youth and adults. She explained the impact of the workforce crisis on the ability of DA/SSAs to provide services. WCMHS has had to close 10 beds for children in DCF custody who have high mental health needs, how NFI has 23 youth waiting for just 9 beds, and how other agencies have similar challenges maintaining intensive residential and crisis services during a time of rising numbers and increasing acuity. Mary shared data on the loss of 20% intellectual and developmental disability (I/DD) services hours during the pandemic due to staff shortages and the challenge of 88 people who have I/DD waiting for shared living providers. Here are her recommendations to the Committee.

- a. The State should support upstream home and community-based services to achieve the most person-centered service delivery system possible within our system of care
- b. Agency-by-agency examination of recruitment and retention strategies, with continued State partnership – finding the key to this new workforce
- c. Knowing that we cannot compromise on community outreach and 1:1 supports:
 - i. Sustainable funding to bring Direct Support Professional salaries up to \$20/hour and address compression of other staff salaries.
 - ii. Funding should enable all staff to be paid at comparable market rates
 - iii. Annual COLAs are required to avoid the backslide to our current crisis, along with a major investment in our current system, through Medicaid rate increases, to achieve the goals above
 - iv. Need for expansion of payment reform bundle for targeted positions in our current system of care, e.g., non-categorical case managers working across divisions serving the adult population

- v. Expansion of tuition assistance and loan repayment for staff
- d. In the short-term the State should allow greater flexibilities and reduce administrative burden

Suggestions currently with state authorities.

a larger discussion would be to allow waitlists for those needing Intellectual and Development Disabilities services

e. The planned short-term infusion of funds \$2 million will help

f. Consideration of shift from payment reform to Certified Community Behavioral Health Centers (federal term – CCBHCs) - a prospective payment system

New initiatives should only be considered when the system stabilizes and/or is agreed upon change in model.

Gloria Van Den Berg, the Executive Director of Alyssum, spoke about the value peer-based services which she said represents just 1% DMH funded services. Her organization has been flat-funded by DMH for 11 years and for the last month has had 100% occupancy. She advocated for expanding peer-based respite services. Gloria explained that people go to emergency departments because they serve as the gateway to the mental health system. She urged the State to improve the wages of all community-based mental health staff. Committee Chair Lippert shared his interest in expanding peer-based services.

Mark Redmond, Executive Director and Kristen Breault-Bolio, Supervisor of Counseling Program, Spectrum Youth and Family Services spoke about the underfunding for mental health services. Redmond complained that many of the youth that they send to UVMC emergency room are sent back without necessary supports and is concerned about the overcrowding of the emergency rooms. He sees many young people who lose mental health services when they become 18. Kristen is seeing greater levels of depression, anxiety and suicidality. Spectrum has doubled their counseling staff but still has waits for services of 45 days. She recommended higher reimbursement rates from Medicaid and private insurance. Lots of people they serve are under-insured with very high deductibles.

DMH Commissioner Hawes and Deputy Commissioner Krompf provided data and spoke to the workforce shortage of both direct and indirect services staff which is impacting all levels of care and especially inpatient, residential and crisis services. In addition to pointing to the high number of closed inpatient beds, Hawes shared that those hospitals with open beds can't always admit due to staffing issues, acuity of patients, or the needs of the person requiring a bed.

Robyn Freedner Maguire shared her family's difficulties in accessing mental health services for her child. She would like to see funds directed to improving the workforce and wants the system to better respect parents as experts on their child their care. She explained that families are experiencing cycles of crisis which have been years in the making and have now worsened because of the pandemic.

Rachel Lawler the Team Lead for the Community Outreach Program of the Howard Center give a brief overview of the program which serves as first responders by reaching people at the earliest stage possible and provides follow up for suicide, domestic violence, homelessness and other mental health issues in collaboration with local law enforcement. Chief Hoague of the Essex Police Department said he depends on the team to address multiple calls his department receives daily. He would like to see their hours expanded from the current 12 hours / 5 days a week.

At the end of the testimony Committee Chair Lippert said this issue requires partnership between the legislative and the executive branch, “We need that collaboration to really make a difference.” He is concerned about individual lives and families when mental health services are not available on par with physical health care. He noted that the Speaker of the House asked for this pre-session hearing because she heard so much concern about mental health services when she and the Senate President held their listening tour around the State.

Health Care Oversight Committee Hears Report on Health Care Regulation

Consultant Donna Kinzer, DK Healthcare Consulting LLC, presented her report on “Opportunities for Evolution of Vermont’s Healthcare Regulatory System” to the Health Reform Oversight Committee (HROC). The Committee is studying health care regulatory system with the goal of managing cost growth and improve service delivery. Donna Kinzer assessed availability and gaps in information related to factors driving health care cost growth, and implications for regulatory structure. She also offered “preliminary qualitative perceptions regarding system performance, future cost containment strategies and their implications for regulatory structure.” She noted the impact of COVID and highlighted the rise in mental health and substance use disorders. It was pointed out that fee-for-service still represents more than half of health spending in Vermont and is still common in ACO health care services.

Here are the recommendations in the report:

1. GMCB to consider engaging a third party to perform per capita benchmarking analyses, ideally at a granular level, with comparisons to national, peers, and better performers and including an analysis of avoidable utilization and waste. (the Committee discussed including this in the BAA)
2. GMCB should summarize, synthesize, and provide analysis of key cost findings from its analyses, reports, and focused studies.
3. Consider additional cost containment strategies for drug spending that is not currently under the APM or ACO initiatives.
4. As providers take on more responsibility and risk for total cost of care under an ACO/APM model or other payment constructs, consider aligning (“nested” within the ACO/APM framework) or easing some regulatory processes, while continuing consumer protections of regulations.
5. Consider alternative review/fixed global payment options, “nested” within the ACO/APM Model framework, for hospitals and their employed physicians to improve alignment (moving away from fee-for-service) & sustainability/cost containment (predictable fixed payments)
6. Consider developing health expenditure growth targets in a defined context of affordability.
7. Continue and escalate the process to consider data model options and strategies to drive care delivery transformation and cost containment.
8. Evaluate whether GMCB authority and ACO board provides sufficient protection in light of ACO structure. Evaluate other approaches to increase confidence and performance.

The consultant reported that the forty people she interviewed were generally positive in their perspective of the All Payer Model because it builds on the Blueprint for Health and the vertical integration of health care (hospitals own more than 80% of physician practices), as well as offering infrastructure for care coordination. She noted that the ACO strategy is in line with new CMS guidance which focuses on accountability. Donna Kinzer acknowledged that concerns came up in the interviews about the structure of the ACO and challenges with implementation of the strategy.

During the Committee discussion the committee chairs of the health and human service committees expressed interest in including mental health, substance use disorder and long term care in health reform analysis and system reform. Senator Lyons and Representative Lippert acknowledged “naysayers” but made it clear that they want to move forward with the current regulatory and health care finance and delivery models. Representative Ancel said we should always be open to questioning and reconsidering our regulatory structures. Senator Westman added that we have not been clear about the relationship of the GMCB and the ACO. In response Representative Lippert said he is open to asking questions and making improvements but he does not want to relitigate whether we should have GMCB. Senator Lyons agreed and wants to do educational sessions for the legislature. She wants to consider how to improve understanding, build quality clinical outcomes and support our hospital infrastructure, as well as to affirm the ACO, primary care, and prevention.

However Representative Ancel believes we should look at the whole structure and determine if it’s working. Senator Kitchel agreed that it needs more discussion because the GMCB was created at a different time so that the regulatory structures and processes may need to adapt. Because we have created a monopoly with the ACO, Senator Kitchel suggested that we may need to recalibrate. There will be follow-up discussion.

Plan to Participate in these Advocacy Events

Mental Health Advocacy Day – January 31, 2022

Join us for Mental Health Advocacy Day on January 31st from 10:00 a.m.-2:00 p.m. by Zoom. Vermonters including peers, staff, families and advocates will be advocating for an improved mental health and developmental disability services focusing on “Now is the Time for Hope & Recovery”. The agenda includes activities that will be of interest to all including a welcome address from state leaders a keynote presentation by Senate President Becca Baling, recognition of outstanding advocates, and community members sharing their mental health stories and experiences. For more information: Email Laurie Emerson - lemerson@namivt.org or call 800-639-6480 x101 or Julie Tessler at julie@vermontcarepartners.org, or phone 802 279-0464

Registration to Share Your Story: <https://zfrmz.com/O1HXF2d3NVHgkJu6o15z>

Registration to Provide Testimony to Legislative Committees:

<https://zfrmz.com/RRhKjXOU4oU8k9L2EcjI>

More Resources: <http://namivt.org/advocacy/advocacy-day/> or

Homeless Awareness Day January 20, 2022

Advocates, service providers, and dedicated Vermonters from across the state will convene virtually on January 20th for the annual Homelessness Awareness Day and Memorial Vigil. You can give testimony, share your story, or tune in via livestream on YouTube or Facebook to tell your lawmakers how we can alleviate and end homelessness in Vermont!

If you or anyone in your networks would be interested in sharing experience, please reach out to Molly Shimko at mdavisshimko@capstonevt.org or Martin Hahn at mhahn@helpingtohousevt.org.

- Homelessness Awareness Day 2022 will take place on Zoom and will be live streamed on Facebook and YouTube. Folks watching the livestream can participate in the conversation by leaving comments and questions on either platform.
- Events will be scheduled between 9 am and 2 pm on January 20th. An agenda with a confirmed schedule will be sent out closer to the event date.
- Only those giving testimony or helping organize the event will be invited to join the Zoom call. If you would like to participate in any way, please reach out to [Molly](#) or [Martin](#).

Information on Your Senators and Representatives

Follow this link to determine your legislators and access their contact information. Legislators are listed both by DA/SSA and by the Committee they serve on. Please note there are new legislators on committees that have purview over policy and funding for the Vermont Care Partners network.

[2021 Legislative Committees by DA-SSA.xlsx](#)

Action Circles Calendar

Action Circles maintains a calendar of Legislative breakfasts and events. This information can be found at: <https://www.action-circles.com/legislator-events/>

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
- Legislators' email addresses 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.

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