

## Legislative Agenda 2022 Working Draft 1

### **PRIORITY: Address Workforce Crisis and Surge in demand for Community-based Mental Health, Developmental and Substance Use Disorder Services due to COVID**

#### **FY22 Budget Adjustment Act**

- Invest in flexible funds for recruitment and retention bonuses, etc, to address historically high vacancy and turnover rates

#### **FY23 Budget Act**

- Increase Medicaid rates to enable market rate compensation levels **at no less than 20\$/hour** for I/DD, mental health, and SUD services to address demand for services and historically high vacancy and turnover rates.
- Allow for the establishment of waitlists, reduce intakes, allow for program closures, and reduce scope of services to respond to workforce crisis.
- Require the Administration to establish and propose funding for predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.
- Develop and expand educational opportunities, such as tuition assistance, scholarships, and loan repayment for workforce development, particularly for those providing developmental disability services.
- Continuation and expansion of \$850,000 from FY21 to FY22 for further outreach and non-categorical case management for: elders, I/DD, mental health and unhoused, people involved in criminal justice system and others with complex needs.
- Implement strategies in Health Care Workforce Strategic Plan and direct further focus on mental health, I/DD and SUD workforce.
- Actively explore implementation of Certified Community Behavioral Health Center at the state level.

## **OTHER ISSUES**

### **1. Prioritize current or anticipated gaps in services for investments**

- Focus on addressing populations who are subacute but residing in hospitals when less expensive, less restrictive resources could meet their needs
- Expand mental health resources for nursing home care
- Expand community-based residential resources, such as the MyPad model, over more investment in general adult inpatient beds.
- Fully fund mobile crisis and effective alternative models of crisis services to match resources to expectations and invest in the most cost-effective models for both children and adults
- Fully fund increasing demand for outpatient mental health services
- Advocate for AHS, especially DAIL and DMH, to develop an emergency response plans which will support agencies, individuals and families during crises that threaten safety, health, and housing such as a pandemics or workforce shortages.

### **2. Strengthen investment in home and community-based services in All Payer Model**

- Ensure cost-effective investments in community-based services are expanded
- Build on the successful pilots for care coordination between DAs and hospital emergency departments
- Strengthen community care coordination

### **3. Establish an ombuds position for I/DD services**

- An independent ombudsman for people using developmental disabilities services will strengthen protections and support

### **4. Educate on service delivery and payment reform and advocated for strong stakeholder engagement**

- Share information that is fully accessible on the impact of reforms in the context of workforce shortages and individual budget impacts.

- Advocate for active participation by stakeholders in all stages of planning and decision-making for conflict-of-interest free case management and payment model design
- 5. Ensure that Legislation to develop housing options for People with I/DD maintains principles of the DD Act and State System of Care Plan**
- Advocate for DAIL be directed to honor and maintain the values and principles of the DD Act and the state system of care plan in the proposed legislation to design the expanded housing options for people with I/DD.
- 6. Educate on ADAP plans for payment reform and require transparency and Stakeholder involvement in payment reform process**
- Require strong stakeholder engagement (people who use services, providers, etc) and use learnings from other payment reform processes to inform ADAP payment reform
  - Ensure alignment with other state payment reform processes
  - Any additional layers of administration/management should require an increase in funding. The assumption that a new layer will reduce overall costs is flawed.
- 7. Support peer-based services both within DA/SSAs and at peer-run organizations.**
- Support Bill to develop peer certification program, training, and Medicaid reimbursement with amendment to include DA/SSAs in the list of organizations not required to have all peer employees certified and adjustment to the language comparing occupancy rates.
  - Support Concept of Peer-based respite programs within the context of limited funding for community-based mental health system
- 8. Expand Access to affordable housing**
- Develop housing vouchers for people served by the DS HCBS Waiver to create independent housing options.
  - Improve the flexibility of the housing vouchers administered by the Department of Mental Health because restrictive eligibility practices

are leaving people in need homeless and housing vouchers underutilized.

- Use short-term funding to support staff housing stipends

## **9. Minimum wage**

- Support increases in the minimum wage to a sustainable livable wage to help stabilize workforce crisis, as long as Medicaid rates are raised to accommodate the increased costs to community providers including wage compression.

## **10. Address mental health needs of individuals in the criminal justice system**

- Develop community programs and participate in trainings to improve services for people with serious mental illness and criminal justice involvement as part of Justice Reinvestment initiative
- Use of Force Legislation has had difficult impact on role of law enforcement in collaborating with DAs – Work with stakeholders to address

## **11. Strengthen Annual Medicaid Rate Increases for Home- and Community-based Services (H.153)**

- Establish a commitment for the Administration to set rates that cover costs and establish an annual inflation factor for Medicaid rates for providers of home- and community-based service providers;

## **12. Support shifting ECFMH dollars back to Children's Mental Health Bundle.**

- Request 3-5% stay in CIS for consultation
- Support rate increases in CIS.

## **13. Maintain Expanded Access to Mental Health Services**

- Support continued reimbursement for audio-only telehealth and increase rate from 75% to 100%
- Support recommendations of the Interstate Telehealth Workgroup to extend COVID flexibilities past March 2022 using

a license registration process as a bridge to a tiered system proposed by the Interstate Telehealth Workgroup which includes registration, telehealth licenses, full licenses, and adoption of license compacts.

- Continue and expand funding for alternatives to emergency department services with urgent care initiatives such as: PUCK, Cahoots, etc.