



Supporting Vermonters to lead healthy and satisfying lives community by community



Legislative Update for February 1, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

Sign up for Public Hearings on the fiscal year 2023 (FY23) Budget February 8th and 9th

“The Vermont House and Senate Committees on Appropriations will hold two Public/Advocate Hearings on the Governor’s Recommended FY 2023 State Budget on Tuesday, February 8, 2022, at 6:00 p.m. – 8:00 p.m. and Wednesday, February 9, 2022, at 3:00 p.m. to 5:00 p.m. by (Zoom. All are welcome to testify. Anyone interested in testifying should sign-up in advance of the hearings through ONE of the online forms no later than 5:00 p.m. on February 7, 2022. Link to form to sign-up for February 8, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-8> Link to form to sign-up for February 9, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-9> Both hearings will be available to watch live on YouTube at the following link: <https://legislature.vermont.gov/committee/streaming/vermont-joint-fiscal> or on your local Vermont Access community cable channel. For more information about the format of these events, contact Chrissy Gilhuly at cgilhuly@leg.state.vt.us or Theresa Utton-Jerman at tutton@leg.state.vt.us or call 802-828-2295 or tollfree within Vermont at 1-800-322-5616 (responses to phone calls may be delayed). Written testimony is encouraged and can be submitted electronically to Chrissy or Theresa through e-mail or mailed to the House and Senate Committee on Appropriations, c/o Joint Fiscal Office, 1 Baldwin Street, Montpelier, VT 05633-5701”.

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 and Legislative Action

Mental Health Advocacy Day January 31, 2022

Mental Health Advocacy Day occurred on January 31st from 10:00 AM to 2:00 PM by Zoom. 260 Vermonters including peers, staff, families and advocates advocated for an improved mental health and developmental disability services focusing on **“Now is the Time for Hope & Recovery”**. The agenda

included a welcome address from state leaders a keynote presentation by Senate President Becca Balint, recognition of outstanding advocates, and community members shared their mental health stories and experiences.

The House Appropriations Committee Hears Testimony on Mental Health Budget for FY23

Mental Health Commissioner Emily Hawes presented the Department's FY23 budget proposal to the House Appropriations Committee on January 24th with assistance from Deputy Commissioner Alison Krompf and Finance Director Shannon Thompson. The University of Vermont Medical Center contract for psychiatry adjusts upward to bring it closer to market factor adjustments and there is a market analysis for the Vermont Psychiatric Care Hospital nurses and mental health specialists to address their compensation levels. Representative Yacovone asked about market factor adjustment for designated and specialized service agencies (DA/SSAs). The reply was that 3% recommendation is based on funding constraints and other Administration priorities. Representative Yacovone asked if we have a 2-tiered system with private mental health providers receiving a 17% rate increase while DA/SSAs are getting a 3% rate. Shannon Thompson said we are looking at the value of our mental health services through a study of case rates. Representative Yacovone commented that it seems like there should be a similar effort to adjust to market rates for DA/SSAs as for state employees. Committee Chair Hooper shared that she understands that the DAs are paid at 10% less than state employees. She added that our DAs are on the front line of mental health care, if these agencies are destabilized because their staff make decisions based on wise economics decisions or burnout, I'm worried about what will happen in the community. She clearly expressed her concerned that we are not adequately funding the services.

The budget proposes a new contract position to expand the Zero Suicide program and supports for older Vermonters. DMH will partner with the Center for Health and Learning for training support, and to bolster the VT Suicide Prevention Center. This will expand Zero Suicide to all 10 designated agencies and two specialized service agencies. It includes training and skills for staff at DAs to improve support to Vermonters at risk of suicide.

The budget proposal also maintains 988 Suicide Prevention Line with staff 24/7. Deputy Commissioner Alison Krompf explained the difference of the work of crisis teams, which often includes in-person intervention by DAs, and the Suicide Prevention line which usually is about phone conversations and may include referral to a DA crisis team or other community resource. Alison Krompf noted that Vermont has a higher level of suicides than the rest of the country. The position at DMH will focus on improving coordination of state suicide prevention. She was clear that all crisis teams address suicidality but have been impacted by staffing shortages.

The budget request includes funding for the roll out of four more mobile response teams in addition to the RMH program beginning in FY 23. The DMH budget presentation states, "There is a gap between Designated Agency emergency services teams and the current demand for these services. The Piloted Mobile Response Initiative in Rutland has been a great first step. We propose a phased approach starting in FY23" The agencies haven't been chosen yet will be based on interest and need. Representative Jessup asked, "how are you going to staff up the new programs given a 20% vacancy rate?". Alison Krompf said they are looking to recruit people from other states to work in this innovative model and that RMH was able to do it.

There was discussion about school-based services. There are 3,000 students in the program. Representative Hooper expressed concern about level funding given the growing needs of students. Shannon Thompson noted that over the last few years it's the \$72 million has been underutilized. Alison

Krompf spoke about creative ways to meet student needs including text lines, consultation to teachers and paraeducators, 4:1 rather than just 1:1 staffing.

Representative Hooper wanted to know what DMH is doing to open up the community system to prevent the demand for Emergency department services. Commissioner Hawes said the Brattleboro Retreat has had a significant COVID outbreak of staff. DMH investigated using FEMA nurses and are working on increasing staffing at Jarrett House and NFI to increase capacity hospital diversion capacity.

The House Appropriations Committee Hears Testimony on DAIL Budget for FY23

Commissioner Monica White reported that 4,600 Vermonters are served in developmental disability services. DAIL has a proposal for an expansion of 6 staff, of which 2 are in adult protective services and 2 are in guardianship services. Wood asked about site visits of DA/SSAs. Monica didn't have an immediate answer. Representative Yacovone asked about how the proposal for the 3% rate increase was developed. Monica White said it was an AHS and Administration decision. Representative Yacovone asked if the 3% rate increase will be sufficient given the current staffing problems. "Are you concerned about whether the system of care is adequately staffed?" Commissioner White acknowledged that there have been significant pressures across all programs, but the budget adjustment 2 and FMAP workforce initiatives will contribute to addressing the issue. She added that the workforce crisis has been a reality and they are working to address it across the board.

Representative Yacovone wanted to know what percent of services are delivered in Choices for Care. Bill Kelley reported that 60% of authorized services are delivered. The budget is calculated based on past utilization of budgets. Representative Yacovone said there has to be a reason why services that are authorized aren't utilized. It seems to be because the wage are insufficient to secure caregivers. The obligation then falls on the families to meet those unmet needs. Commissioner White said they will look for the data.

The House Appropriations Committee Hears Testimony on Department of Health Budget for FY23

Deputy Commissioner Kelly Dougherty presented the \$8 million substance use disorder initiative. It includes \$3.5 million for prevention coalitions and infrastructure. The Department wants to have communities propose funding for developing coalitions, particularly where they don't currently exist. To ensure there are active coalitions in all regions of the state. The coalitions assess regional need and work with VDH to develop a strategic and action plan to address risks and protective factors in their community. There is also \$3.7 million for substance use disorder residential treatment and recovery residences options, including lower-level beds and recovery residences for pregnant and parenting people. There will be scholarships available for residents in recovery residences to provide income while adjusting until they have steady income. The new sobering bed will be short term detox. Representative Yacovone asked about the role for existing recovery centers. Deputy Commissioner Kelly said they are essential; people in residences can go to groups and access coaches at the recovery centers. It was acknowledged that there is no increase in funding for the centers this year. Representative Yacovone expressed concern because he sees them as important parts of the infrastructure. Representative Fagan shared his concern. He would like to see recovery centers become part of the Hub and Spoke model. The budget proposal also includes \$270,000 for substance use disorder employment services in partnership with Voc Rehab and the Turning Point Center in Burlington and VABIR, Invest EAP, and DOL. The goal is to serve 100 people annually. Finally, there is \$500,000 for Jenna' House in Johnson for employment services and operation of recovery housing.

Senate Health and Welfare Committee Reviews Budget Adjustment Act for FY22

Deputy Director of the Joint Fiscal Office Sarah Clark reviewed the Agency of Human Services (AHS) sections of H.679 the FY22 Budget Adjustment Bill as Passed by the House. The AHS budget was increased by \$358.6M, which is 4.9% over the original FY22 budget act. It adds \$113 million in one-time funds and \$106.3 million more in ARPA funds. There is funding for healthcare and human services workforce retention, including DA/SSAs, recovery centers, and substance use treatment providers, totaling \$60 million. The Bill also includes \$25 million for emergent and exigent circumstances related to the COVID-19 pandemic including COVID-related grant & contractual obligations, as well as funding to prevent business closures and disruptions. Of the \$25 million, the first \$15 million will be used to keep long term care facility subacute beds open. Provider Emergency Relief is set at \$10M to respond to emergent needs where without financial intervention the provider will either have to reduce capacity or face closure. The DMH budget adjustment includes new secure residential one-time start-up costs of \$150,000 GF and there is \$440,000 GF to maintain the 988 Suicide Prevention Line. Senator Hardy expressed surprised that there isn't more for community mental health. The Bill including \$167,000 GF to support four statewide syringe service programs \$55 million for the Vermont Housing and Conservation Board for housing and increased shelter capacity.

Senator Hooker and Senator Hardy are looking for opportunities to address needs of children in schools. Senator Lyons is most concerned about addressing the children stuck in hospital emergency departments. Senator Cummings wants to ensure students have access to mental health and would like to see a commitment from the Agency of Education (AOE). Senator Lyons agreed that COVID has exacerbated acute mental health needs, but AOE is more focused on curriculum. She wants to see DMH do more to ensure there are sufficient mental health services. Senator Cummings said we need to support our mental health agencies, Senator Hooker agreed.

Senate Appropriation Receives Administration' Perspective on House Budget Adjustment Act

Secretary Samuelson and Ena Backus testified to the Senate Appropriations Committee that the repurposing of the workforce funds creates challenges. They wanted to have a needs-based approach and to be able to have flexibility to respond to emergent need. They added that they already have a vetted process to distribute the funds. Senator Sears noted that we need easy access to the funds for providers. He would also propose that more agencies have access to the funds. Senator Kitchel said we may propose a higher amount. The Secretary made it clear that it is impossible to meet federal requirement with the way the retention funds are proposed in the House bill.

The Secretary said that with the AHS proposal \$33 million would go out to the agencies experiencing the most disruption and wait for services. There were questions about the amounts of funds required. They responded that it was based on experience and the availability of fund for other state workforce initiatives of the Governor. Ena Backus said it allows for greater flexibility than the House version, not just retention. Senator Kitchel said "We want it simple, inclusive and fair"

Excerpts from the letter:

Home and Community Based Services (HCBS)

The HCBS spending plan language in the Governor's budget adjustment was intentional. Its omission creates challenges in the implementation of the spending plan and associated Medicaid federal reporting. In the event the language in Sec.72 (e)(1) remains, it should at a minimum reference the Governor's original, recommended HCBS language to reconcile it with the entire CMS-approved HCBS spending plan.

AHS spent months formulating a strong and thoughtful plan for the HCBS federal money. The House language in H.679 lacks clarity where HCBS funds are implicated and draws on other funding streams, including Global Commitment and ARPA-SFR, complicating the implementation of associated spending. The Administration asks the Senate to restore the original language submitted in the Governor's proposal, which is necessary even if the spending plan is amended.

Healthcare Workforce Retention

The House workforce retention proposal in H.679 uses three different federal funding sources – ARPA-SFR, Medicaid FMAP and HCBS – as well as the General Fund. This may or may not be feasible, but the administrative challenge is evident. The Governor proposed a simple, bifurcated structure of funding: General Fund for one subset of the workforce and HCBS for another specific group of eligible workers. While the General Fund may have been used to supplement any potential shortfall in need-based grants to HCBS providers, the funds were not contemplated for pooled use.

As important, the Governor's proposal includes a one-year work requirement for recipients of financial incentives. This should be part of any financial package – education or work-related. And the subsidies should be needs based, as opposed to a flat amount, which would direct the money to where it is most needed. Other challenges with the House language include narrowing the eligible employer type; removing employer discretion as to how best to use an award (e.g., recruitment, retention and/or training); and prescribing an award amount of \$3,000/FTE which further hampers employer flexibility. AHS is ready to work with the Senate to design a workforce retention package that meets our shared goal in a more efficient manner.

Commissioner Monica White Provides Overview and Proposed Budget to House Human Services

Department of Disabilities, Aging and Independent Living (DAIL) Commissioner White described the divisions that comprise the Department of Disabilities, Aging and Independent Living including the Adult Services Division (ASD) and Development Disabilities Services Division (DDSD), followed by a division-specific [proposed budget](#) review.

An 8.5M, or 3% increase is requested for Designated and Specialized Service Agencies (DAs/SSAs), Choices for Care and Traumatic Brain Injury (TBI) service providers. Also proposed in the DAIL administrative budget is \$671K for 5 new positions within the department including the Adult Protective Services (APS) and Office of Public Guardians (OPG) divisions. There is a projected \$7M projected increase for Developmental Services equity funding, and \$896K for public safety (Act 248) funding.

Representatives Brumsted and Representative Wood noted that American Rescue Plan Act (ARPA) funds were not included in the budget as they were with other departments and requested a revised budget to include those numbers.

Representative McFaun asked if the Developmental Disabilities Services Division had received a similar analysis to other divisions for which additional positions were requested under the DAIL budget. Commissioner White stated no personnel changes had been recommended in the context of this proposed budget.

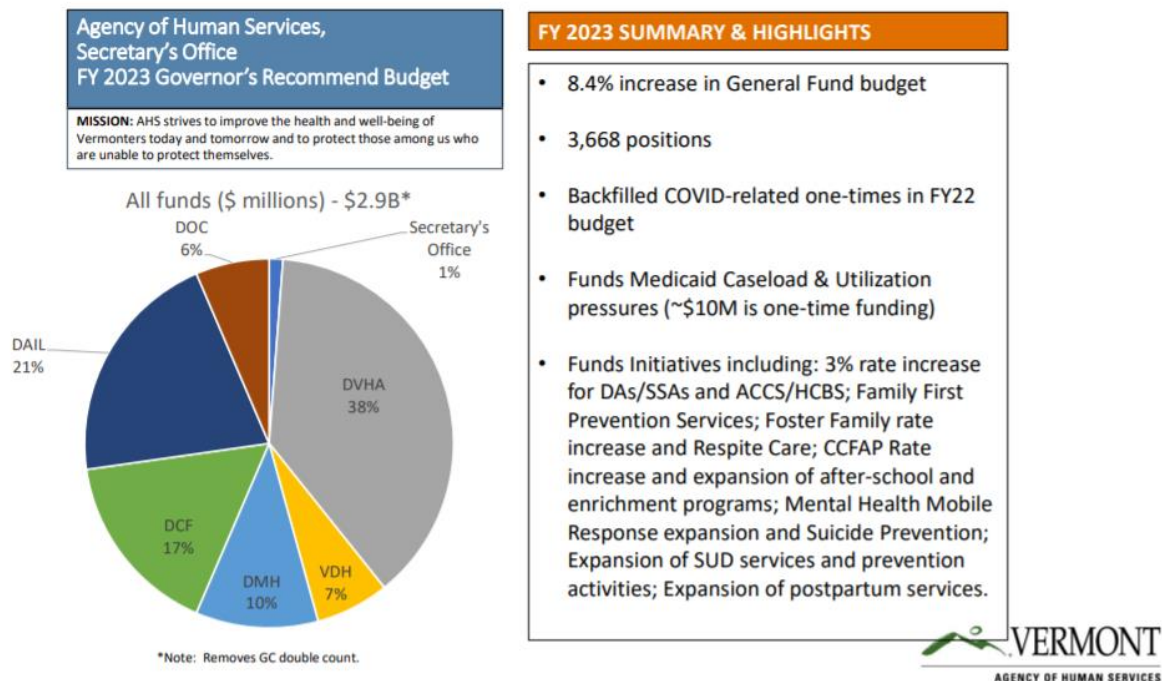
Interim AHS Secretary Jenney Samuelson Presents Proposed Budget to House Human Services

Interim Secretary of Agency of Human Services (AHS), Jenney Samuelson, presented the proposed budget to the House Committee on Human Services. Overall, an 8.4% increase is proposed in General Funds for AHS, including specific priority initiatives to stabilize services overseen by Department of Disabilities, Aging and Independent Living and Department of Mental Health, with a 3% increase to Assistive Community Care Services (ACCS) and Home and Community Based Services (HCBS) providers.

Rate increases are also proposed for programs under Department of Children and Families (DCF) for Family First Prevention services, foster care and respite, Childcare Financial Assistance (CCFAP) and expansion of after-school programs. The major take-away from this proposed budget is AHS is making efforts to support providers with workforce stabilization and retention dollars.

Richard Donahey, AHS Director of Budget and Management provided an update on the Global Commitment (GC) 1115 waiver renewal status, it will be extended to CMS through June 30, 2022. Representative Wood questioned if the peer support expansion around mental health services was considered for other populations including developmental disabilities. Mr. Donahey did not have information to reply. Representative Wood encouraged AHS staff to “look beyond the narrow scope of the mental health population.”

Representative Wood also asked about the FY22 3% increase to HCBS providers that was paid with federal funds, and that it did not appear to have yet been updated to come out of General Funds. Representative Wood said, “After 11 quarters we will have to figure out how to replace FMAP dollars to maintain that 3%.”



House Human Services Approves Extending COVID-19 Health Care Regulatory Flexibility

The House Committee on Human Services voted to approve H.654, an act related to extending COVID-19 health care regulatory flexibility and heard clarification on visitation at long-term care facilities. It amended H.654 by extending the following flexibilities by one year, to March 31, 2023: the ability to authorize renewal of buprenorphine prescription without an office visit, continue to reimburse Medicaid-funded long-term care facilities and other programs providing 24-hour per day services for their “bed-hold” days, and adding a section on witnesses and explainers to the advance directive flexibilities.

The committee asked to consider whether nursing home visitation should be included in the amendment. Laura Pelosi of the Vermont Health Care Association (VHCA) and Pamela Cota, Licensing

Chief at the Division of Licensing and Protection, testified that Centers for Medicare & Medicaid Services (CMS) requires nursing homes to allow visitation to facility residents. Vermont expanded the requirement to include residential care facilities, assisted living facilities, and therapeutic community residences to be open for visitation, with appropriate precautions in place. Because CMS has provided the visitation flexibilities in question, the committee does not need to add additional language.

Developmental Disabilities Council Testifies on CMS Rules for Home and Community-Based Services

Kirsten Murphy, Executive Director of the Vermont Developmental Disabilities Council (VTDDC) testified on Centers for Medicare & Medicaid Services (CMS) Rules for Home and Community-Based Services (HCBS). Referring to 42 CFR 441.301(c)(1)(vi), Kirsten Murphy explained the rules on person-centered planning, conflict of interest case management, and settings. Person-centered planning requires that program planning is led by individual, informed choices are provided and alternate HCBS settings are considered. The conflict-of-interest free case management rule divides case management services from the designated agency service provider.

The settings rule implementation is delayed until March 2023 and is an “outcome-oriented definition of HCBS settings, rather than one based solely on a setting’s location, geography, or physical characteristics.” The setting must be integrated in and support full access to the greater community and selected by the individual from a range of options.

The rules will require a ‘big lift’ from the state and system of care. The conflict-of-interest provision is to protect the right to choose and self-determination of people with intellectual and developmental disabilities. The settings rule is specific, but not far afield from the existing VT system.

Representative McFaun is particularly interested in people who need 24/7 care and can’t make choices independently, “how do they receive same services?” Kirsten Murphy replied that CMS rules confer individual rights to the person’s parent or guardian. She also stated that currently it’s not happening to the extent that it should. Kirsten hopes we can work together because people are hurting.

Representative Noyes visited Green Mountain Support Services (GMSS) this year and was impressed with the in-home services being provided. He asked if there is a waiting list and in what parts of the state. Kirsten Murphy answered that some home providers have left, and she is aware that there are 80+ people seeking a different home situation. There are also about 250 “case management only” individuals who are eligible for HCBS but haven’t met a Vermont funding priority to be eligible for services, who are also waiting for a residential placement.

Representative Wood asked about Individual Service Agreement (ISA) guidelines and if they meet the intent of CMS guidelines for person-centered guidelines. Kirsten Murphy said she prefers not to answer directly but based on anecdotal information from Green Mountain Self Advocates, it appears that guidelines might be different from what people experience. Representative Wood asked if the state is compelled to create a unique setting if such a need is identified comes out of planning process and is not currently available. Kirsten Murphy replied that an attorney should answer but would assume that it would be possible with a level of reasonableness.

Representative McFaun asked “where are we in System of Care planning” and Kirsten shared that she understands there has been an extension of at least 2 years, and a recent decision to not collect local Systems of Care and is concerned about the use of a “truncated process.”

Mental Health Related Testimony in Senate Health and Welfare January 26

Senate Health and Welfare took testimony on three mental health bills, starting with [S197](#), which proposes a “Coordinated Mental Health Crisis Response Working Group for the purpose of developing and articulating a predictable and coordinated system of response to mental health crises among law enforcement, emergency medical service providers, emergency departments, health care providers, and community mental health service providers.” Chair Lyons said it was crucial to address the mental health crisis in Vermont, specifically for kids.

Pediatrician Ashley Miller from the South Royalton Health Center shared that 50% of her caseload is mental health related. She shared five pediatric case examples from the last two weeks. In most cases, her patients experienced long waits in Emergency Departments [EDs] and insufficient discharge plans. In speaking of one patient, she said “she will be discharged with a plan for counseling at the local mental health center. We have a wonderful infrastructure,” but staff is often underqualified and underpaid. She noted that at her local DAs, the plan is that they have wraparound services, but one has a six-month waitlist for these services, and the other doesn’t have a psychiatrist, and hasn’t had one for a year. “I don’t say anything to begrudge my colleagues at community mental health. Vermont can do better, we have an amazing infrastructure, and we need to put time and effort to training and reimbursing.” She shared a story of an out-of-state nurse practitioner friend who ruled out moving to Vermont when she saw the rates.

Stephanie Winters, representing the American Academy of Pediatrics Vermont Chapter, Vermont Medical Society, and the Vermont Psychiatric Association, [testified](#) that the mental health system is in crisis. Her members appreciated mobile crisis in the Governor’s budget, would also like to see PUCK and EMPATH units. They would like to see a primary care provider on the workgroup and would like to expand the Collaborative Care Model. They would like to see the Department of Vermont Health Access and private insurers turn on the codes for collaborative care model.

Devon Green from the Vermont Association of Hospitals and Health Systems shared that on January 24 there were 37 people waiting in EDs; 70% were waiting for more than 24 hours, and 10 people were waiting for more than a week. The average total hours of waiting have continued to increase, and this is not unique to COVID. VAHHS supports S.197, peer supports, and would like to see use of telepsychiatry in EDs statewide.

Mourning Fox, director of Mental Health Programs for the Department of Public Safety, tries to refer to “crisis” instead of mental health crisis because there are many conditions that can contribute to a person’s inability to manage the stress of a situation in a traditionally acceptable way. Commissioner Schirling tasked Fox to focus on how law enforcement responds to a crisis. This work includes embedding mental health workers in State Police Barracks, as well as leading a workgroup to envision alternative responses to people that is not an armed response. There are multiple models across the country – Fox mentioned Community Outreach, CIT, and Cahoots. Senator Hardy raised that DAs and State Police are having a hard time collaborating. Fox noted this as a ripple effect of the implementation of the use of force policy. He has been part of some of these conversations.

Franklin Northeast Superintendent Lynn Cota talked about increases in mental and behavioral health issues among students: more violent outbursts, sexualized behaviors, and suicidal behaviors. She noted staffing shortages at DAs are up to 50% and in NCSS school-based services, that vacancy rate is around 37%. Cota said, “we are doing our best to create what we can internally [i.e. mental health supports] but that’s having a negative impact on our partners because we are pulling from the same pool. I’m really interested in the coordination work of S.197. Everyone’s working as hard as they can, we can’t

work any harder, we rely on our DAs, primary care, and DCF.” She told the committee that “the best way to support schools is to support our partners. I ask that the legislature consider prioritizing providing financial resources to address staffing shortages and salary inequities that exist in human resources and mental health fields.” Her testimony is [here](#).

Emily Hawes and Alison Krompf, Commissioner and Deputy at DMH, testified that DMH is happy to be at the table to help coordinate the workgroup, and noted the existence of the Mental Health Integration Council, the 988 Implementation team, and mentioned Emergency Services at the DAs.

The Committee then heard testimony on [S194](#) and [S195](#). S194 would use \$3.5 million to establish peer-run respite centers in 7 cities in Vermont, and \$250,000 for combined community center and peer-run respite centers in Montpelier and Burlington. S195 allocates \$525,000 for AHS to contract with a peer run entity to establish a peer support certification process in Vermont and would require Medicaid to reimburse for peer support services.

Wilda White, representing Mad Freedom, was one of the primary authors of the white paper that was the foundation of the bill. Peer support workers could have a “Mental Health Peer Support Specialist” Credential or a “Family to Family Peer Support Specialist” Credential. People who are already providing those peer supports would take a basic competency exam to get credentialed. She noted that the difference between recovery coaches and peer support specialists is that recovery coaches offer motivational interviewing and referrals, whereas peer support specialists also can provide case management and mutual peer support. She said, “we are looking to get people with mental health issues employed” and the certification provides a career ladder. Wilda White stated that DA Crisis Beds are operating at 70%. “People are voting with their feet – they’d prefer to be at a peer-run respite.”

Devon Green testified that VAHHS supports peer respite expansion. 10-30% of people waiting in EDs are waiting for community options. She is very supportive of the requirement to collect data on whether the intervention helped divert someone from the ED. VAHHS supports peer certification. Hospitals are rule followers and can get nervous if there is an organization that does not have certification in place. Hospitals have had a positive experience with recovery coaches. Commissioner Hawes testified that DMH supports these bills. Hawes wants people to get the right services where they need them.

Hillary Melton, Founding Executive Director of Pathways Vermont held up up Alyssum in Rochester as a strong pilot model. She often gets asked whether Vermont’s peer organizations have the capacity and knowledge to get seven peer programs up and running. She noted that Pathways has 120 employees, billed 4000 services last quarter, a \$9 million budget, runs Pathways Vermont programs, warmlines, Soteria, and the Peer Workforce Development Initiative. “We are ready, willing, more than able.”

Gloria VanDenBerg, Executive Director at Alyssum, described their philosophy and programming. “We are all set to go. We know how to do this, and we’ve done it before.” She spoke of positive experience of coordination with WCMHS Screeners when needed and spoke of low to no incidents of use of crisis services. She and Melton discussed the importance of footwork for community buy-in, but she also noted how appreciative the community is that Alyssum is there.

The committee also heard from an Alyssum client and Sera Davidow from the Wildflower Alliance. Lyons noted that there will be more testimony and that “we need to hear more about children and what we can do.”

Interstate Telehealth Recommendations Reviewed in House Health Care on January 26

Office of Professional Regulation Director Lauren Hibbert provided an overview of recommendations of the telehealth work group. The first part of the recommendation, a short-term registration for out-of-state providers until summer of 2023, is part of the “Flexibilities” Bill. The Interstate Telehealth Workgroup is proposing in [H655](#) a tiered system of registration, telehealth licensure, and full licensure, depending on the volume of clients and duration of care. She noted that “if you are going to work with a substantial number of Vermont patients, you should have a full license.” Representative Page asked about the impact on local providers. Hibbert said her goal is that the fee structure will not raise the cost for in-state providers. Chair Lippert acknowledged we have a shortage of mental health providers. Hibbert noted college students, BIPOC and/or LGBTQ students, would benefit from access to people with expertise in these areas. She also noted the legislation includes a provisional license for people for potential licensees when OPR is waiting for another state to supply information.

Hibbert also noted that this bill addresses telehealth provision out-of-state licensees. In-state licensees can provide telehealth with no additional licenses.

FY23 DMH Budget Presentation in House Health Care

Commissioner Hawes, Deputy Commissioner Krompf, and Finance Director Shannon Thompson presented DMH’s [FY23 Budget](#) of \$287.2 million. Early in the testimony, Representative Donahue noted that the Brattleboro Retreat was removed from the DMH budget. Is there a place that all inpatient funds are in one place? Lippert noted it was important to get this information “for us to understand the entirety of inpatient mental health investments.” Representative Houghton pointed out that funding for children’s mental health is also fractured. “Of Success Beyond Six, how much of that is for mental health?”

DMH fielded questions about the Vermont Psychiatric Care Hospital [VPCH] and Middlesex Therapeutic Community Resident [MTCR]. The budget includes funding of \$24-25 million per year for VPCH and \$3 million for MTCR. They anticipate that the building for the new MTCR on the Woodside campus will be complete by December 2022, with a late winter/early spring opening. Thompson noted that retirement costs for state employees in the DMH budget is going up by over \$261,000 -- a significant amount.

In discussing the \$440,000 budget request for investment in 988, Krompf explained that this has enhanced the National Suicide Prevention Lifeline in-state call response. She noted most people are calling to talk, and DA Crisis Services are handling outreach referrals when that’s needed. Representative Donahue stated that “we currently have a system that duplicates/overlap the DA Crisis Lines.” She noted that 988 is free, but when people who have insurance other than Medicaid call the DA crisis lines, and then they are billed. Krompf responded that the State asks Emergency Services providers to serve anyone who calls regardless of insurance. “If someone has an insurance that can be billed, they need to bill it.” For most agencies, if they are not insured, the agencies work with them. Krompf also noted that there needs to be informed consent if people are billed. Representative Lippert and Representative Donahue both expressed concern that people were billed for services provided through the crisis lines. As a Howard Center Screener, Representative Cina stated that people are billed for assessment services, and that agencies policies are to negotiate and work out fees on a sliding scale. He encouraged listeners that they do not need to disclose their names if they want to call Emergency Services. Thompson said that it’s her understanding that initial call isn’t billed, but further services might be billed. The committee asked DMH to come back with clarity around practices and policies.

DMH’s budget includes a Suicide Coordinator position, \$100,000 for contracting for expanding suicide prevention efforts to older Vermonters, and funds to expand Zero Suicide to all designated agencies.

Krompf noted that in the last ten years, while the overall suicide rate has gone up, “if you are a client of a DA, your suicide risk has gone down.”

The DMH budget also includes \$4.1 million for a 3% increase to the DA/SSA system, peers and other providers. Houghton asked for more information about who are the other providers. Representative Goldman said, “we’ve heard about insufficient salaries at DAs compared to schools and the State. Have you given thought to parity?” Hawes responded that DMH and AHS have an active workforce workgroup that is looking at this specifically. Ena Backus is also working on an AHS workforce workgroup. There was a question about the overall increase about state employees, including salary and fringe, and how it compares. Thompson noted that this funding will increase provider rates. It will also increase Success Beyond Six rates. There was a question about whether this rate increase will mean an increased cost for schools. DMH will get back to the committee, as well as more information about Success Beyond Six funding. Representative Cordes stated that she is “dismayed to hear there are no other direct salary increases, the community mental health system is in such a crisis.” Krompf mentioned \$2 million in retention incentives at the end of 2021, and \$15 million coming in one-time funds. Chair Lippert noted one-time funding does not go into the base. The same staff don’t have the financial support on an ongoing base. At the same time, providers have administrative costs, which includes fuel, other costs.

DMH’s budget includes \$6 million in mobile response investment. This could mean expansion of the Mobile Response pilot in Rutland, or alternative models such as Cahoots. DMH is also getting technical assistance to look at PUCK, Peer Respite, and other urgent care models such as the Living Room model. Representative Page asked about potential expansion of mental health facilities in the Northeast Kingdom. DMH responded that NKHS responded to an RFI for community based residential programs. Representative Peterson asked about staffing for the Mobile Response pilot in Rutland. Krompf responded that it is not fully staffed at this time. In response to a question about whether it is showing outcomes of reducing pressures on EDs, Krompf noted that it started in October so there are no outcomes available yet. The committee ran out of time for further testimony.

Agency of Education (AOE) presents Act 173 implementation Update to House Education Committee

Chris Case, Director of Student Support Services began testimony by stating AOE’s readiness to support Local Education Agencies (LEA) in assessing Act 173 needs, which will require standing up more effective systems in schools. Going forward, AOE will need to identify schools that are most in need and engage technical assistance (TA) providers. LEAs will require programmatic support around systems to facilitate implementation of Act 173 rules, including understanding the content of rule changes, changes to adverse effect model and learning disability work. Systemic changes will require revisiting current assessment tools and data systems.

Jacqui Kelleher, State Director of Special Education and Meg Porcella, Assistant Director of the Student Support Services Division testified about the changes and modifications that are currently underway in preparation for Act 173 implementation and plans for family engagement.

Senate Health and Welfare Review Committee Bill on Expanding Blueprint

On January 27th the Senate Health and Welfare Committee reviewed a draft committee bill which proposes to express legislative intent to expand the Blueprint for Health and access to home- and community-based services.

Consultant Donna Kinzer presented the results of her study for the Health Care Oversight Committee on improving the health regulatory system to enhance the delivery system and managing cost. She

highlighted serious and ongoing effects of the COVID pandemic on healthcare delivery system and distortions in healthcare utilizations and costs for CY2020 and CY2021. There are serious healthcare workforce problems nationally and locally. The population is experiencing increased mental health and substance use disorders. She noted that as long as health providers receive fee-for-service payments they will not change behavior even if they are participating in the All Payer Model (APM). For instance, currently more than half of hospital budget are not value-based payment from the ACO.

Here are the recommendations:

RECOMMENDATION #1(a): GMCB should consider engaging a third party to perform per capita (age and risk-adjusted) benchmarking analyses, ideally at a granular level (HSA/cost category), with comparisons to national, peers, and better performers. The ACO collect data on one third of Vermont health care expenditures.

RECOMMENDATION #1(b) VT should consider adding an analysis of potentially avoidable utilization and low value care, to leverage the work of the benchmarking engagement and identify further areas of opportunity for quality improvement and cost containment.

RECOMMENDATION #2: The GMCB should summarize, synthesize, and provide analysis of key findings from its expenditure analyses, reports, and focused studies, including those prepared by outside consultants

RECOMMENDATION #3: Vermont should consider additional cost containment strategies for drug costs

- ACO/providers can take on a larger role in selecting cost-effective high-quality drugs where there are alternatives available
- New strategies may require changes in regulatory structure or staff/investments

RECOMMENDATION #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 or easing some regulatory processes, while continuing consumer cost protections provided through regulation

RECOMMENDATION #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)

RECOMMENDATION #6: Consider whether VT could benefit from developing health expenditure growth targets in a defined context of affordability, potentially with recognition of component spending (e.g. drugs, health system) • Several interviewees mentioned targeting more growth to improve health and reduce avoidable use –e.g. spending on primary care • Example mentioned is Rhode Island’s Affordability Standards.

RECOMMENDATION # 7: Continue and escalate the process to consider data/transformation model options and strategies to drive care delivery transformation and cost containment.

RECOMMENDATION #8: Evaluate whether GMCB authority and processes and board structure provide sufficient protection for non-affiliated providers/payers and purchasers/consumers in this governance structure. Evaluate other approaches that could increase confidence and performance of the ACO—e.g. enhancements of local transformation structures, any other changes to Board composition, advisory processes, grievance processes, etc.

There was a discussion about where the savings could be directed. Senator Lyons wondered about directing them to consumers. Donna Kinzer said they could be invested into mental health.

Senator Hardy wondered why we need to have the ACO as there is a lot of mistrust and not a lot of confidence in the ACO. She noted that there is concern about it being owned by the largest health provider in the state. She asked if these functions could be handled by the Green Mountain Care Board (GMCB). Senator Hardy asked Donna Kinzer if she considered a more wholesale different structure. Donna replied that the ACO could come under the control of state entities. The concept is to have the provider to take responsibility for the total cost of care. The global payment model could be done with a primary care model. Recommendation #5 could allow the state to use a different model and is the recommendation she would prioritize. Moving to global payment would require legislative action.

Kevin Mullen, Chair of the Green Mountain Care Board said they agree the findings and recommendations. He would want all payers involved in developing global budgeting. GMCB is already contracting with Michael Balint on regulatory alignment. There is an RFP to relook at how to better regulate hospitals. Recommendation 5 is the top priority for Kevin Mullin. He could envision the ACO partnering with local HSAs with global budgeting. He noted that it will cost \$5 -7 million to take all of the recommended actions. Senator Hardy ask about the concerns with the ACO, should we build trust or get rid of it? She thinks it's a distraction from getting anything done. Kevin agreed, but he said they have done good things. He thinks the answer is global budgeting. He wants to see what they are doing right by benchmarking to ACOs in other state. He added, "They are not the villain". Senator Hardy believes there needs to be a change in structure. Senator Lyons said we could take other steps to alleviate the concerns.

Ena Backus, Director for Health Reform for AHS echoed the compliments for Donna Kinzer' report. Ena wants to do the recommended benchmarking. She would like to look at fixed payments to hospitals both with and without an ACO as an option. She would like to explore it fully. Ena mentioned that we have not heard back from CMs on the request for a 1-year extension for the APM. The global commitment waiver renewal is being negotiated and is currently extended until June 2022. Senator Cummings and Senator Hardy would like to give people with other perspectives an opportunity to testify to the committee including the state auditor.

Plan to Participate in these Advocacy Events

Save the Date! Vermont Disability Awareness Day

Vermont Disability Awareness Day will be observed in a three-part series starting in February. Save these dates and watch for announcements coming soon:

- Feb. 16 at 5:30 p.m. Legislators and people with disabilities are invited to talk about the Vermont Coalition for Disability Rights platform and its broader issues.
- March 15th at 10:00 a.m. Home and housing is a high-priority topic at this moment in Vermont history. Format and details TBA
- April 13th – Time and keynote speaker TBA

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.