



VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community



LEGISLATIVE UPDATE FOR JANUARY 24, 2023

During this last week legislative committees dug into the budget adjustment act and health reform initiatives. They also began reviewing legislation. The week ended with the Governor's budget address, details of which will become available next week. What we do know now is that the Governor's proposed budget for FY24 does not include Medicaid rate increases for developmental, mental health, substance use or Choices for Care services.

Please reserve next Monday for **Mental Health Advocacy Day, "Mental Health Starts with Youth"** on Zoom. Information on the day's activities and registration is at the bottom of this update. It's a wonderful opportunity to hear from state leaders, recognize members of our community, share our stories, and recharge our inspiration and commitment.

THIS WEEK'S TESTIMONY

DMH Testifies at House Health Care on the Budget Adjustment Act (BAA)

On January 18, Department of Mental Health leaders presented their requests for the Budget Adjustment Act. Due to limited time, discussion focused on two increases and funding for a potential new youth inpatient facility.

- \$371,000 for increases in contracting with UVM Health Network for psychiatry services for Vermont Psychiatric Care Hospital [VPCH] and Middlesex Therapeutic Community Residence [MTCR]. Hawes noted that in healthcare, salaries increased substantially during COVID. The overall contract is about \$2.5 million.
- \$11,245,843 above what DMH budgeted for travelers at VPCH and MTCR. Travel contracts have not decreased – VPCH is still filling almost 65 positions with travelers right now. \$10 million is to cover the cost through this current fiscal year. If it's not funded, beds will close. Four beds are currently closed due to the unavailability of physicians. Hawes noted that in July of 2021, travelers cost \$76/hr; two months later it was \$100/hr, and then \$225/hr because the pool dried up. DMH has to balance bringing those costs down with getting staff to sign on to contracts. Commissioner Hawes also reviewed what the State invested in retention and recruitment for permanent staff last year: \$5,000 sign-on bonus for nurses; mental health specialists was \$1,500, which helped to stop the bleed.

In the Budget Adjustment Act, there is also a request for \$9.25 million for youth inpatient capacity. Commissioner Hawes said they are experiencing an increased need for inpatient care with complex medical issues. As a standalone facility, Brattleboro Retreat can't treat medical needs. DMH is focused on increasing integration. When DMH posted this over the summer, Southern Vermont Medical Center was the lone bidder for a feasibility study that should be completed at the end of March. The request for funding is in the BAA so that there will be funds to begin bidding on it. \$9.25 million includes General Funds for the feasibility study, renovation, start-up, training and anything else not covered by Medicaid. Why nine beds? That number is related to facility design and staffing models. Rep Houghton raised concern about siting another facility in southern Vermont where the Retreat is.

Commissioner Hawes was asked about why more inpatient beds -- why not other models? She responded that DMH's goal is to "divert folks from the highest level of care -- but when they need that level of care, we want it to be available." Legislators discussed availability and location of youth responses. Rep Peterson has a real problem with locating it in Bennington. Rep Cordes feels that Champlain Valley Physician's Hospital is not an option. Rep McFaun noted staffing problems at Central Vermont Medical Center. "What makes you think we can staff this?" The Commissioner acknowledged that there will be challenges -- a staffing plan is part of the feasibility study, which will hone in on the appropriate number of beds.

The Commissioner was asked about DMH's resources to act quickly when legislators aren't in the building. She noted it would delay action. Rep Bluemle, attending as a guest from House Appropriations, asked about kids and levels of care that they need, not just needs for inpatient beds. She said there are stepdown options that are also needed. What is our track record of investing capital resources into hospitals? Rep Houghton said we need resources in our system of care. We need investments in outpatient, peer respite -- it's hard to talk about only one piece. Hawes was asked if the State looked into opening a facility itself. She responded that the State contracts with private providers all the time. AHS is having ongoing conversations on how to adequately serve youth who have higher needs.

Similar testimony was made to the Senate Appropriations Committee, as well.

Health Care Workforce Update from AHS at the House Health Care Committee

Ena Backus, Director of Health Care Reform at the Agency of Human Services, followed up on Act 183 initiatives. She presented a chart demonstrating progress on efforts related to nurse training and preceptorships, healthcare workforce, and DA/SSA investments. She shared the recommendations from the Preceptor Working group, which included having an ongoing working group; exploring remote learning and simulation models options; considering different models of clinical preceptorships; expanding list of applicable sites for preceptor funds including DAs/SSAs and home health, not just critical access hospitals; and exploring joint applications from clinical sites and nursing programs.

The document says “AHS has defined program parameters based on treasury guidance for SFR that align with the “Behavioral Health Care” section of the final rule and is working with VDH and DMH on program design and implementation.” Vermont Care Partners has been told that the funds will be distributed as grants with agencies rather than through Vermont Care Partners. Vermont Care Partners is advocating to have the program expanded to all employees at agencies instead of limited to only mental health and substance use staff.

Legislators expressed frustration at the pace of impact. Backus noted that with Act 83 (last year’s BAA), over \$35 million has gone out the door. Speaking to DA/SSA workforce development for loan repayment and tuition assistance, Backus noted that this amounted to \$1.25 million. “We have gone through the process of defining the parameters based on Federal treasury guidance and we are working with VDH and DMH on program design and implementation for this initiative.” Rep Andriano expressed that the healthcare system is “on fire.” Rep Houghton described last year’s workforce investments as the base, with the legislature using this session to build on it. Houghton noted that when working with the federal government, it can be complex and challenging. State government is not immune to the workforce challenges in healthcare.

Blueprint Overview at Senate Health and Welfare and House Health Care

John Saroyan, Executive Director of the Vermont Blueprint for Health, presented an overview of the Blueprint at House Health Care and Senate Health and Welfare. Introducing himself as a pediatrician and palliative care expert, he explained that the Blueprint is an innovation engine focused on integrated primary and community care with a long-term and whole-person approach. He highlighted a 2017 study on its return on investment.

He defined Patient Centered Medical Homes [PCMHs] as primary care physicians’ offices that meet stringent quality standards. Blueprint funding supports this work, such as patients receiving certain screenings. PCMHs receive performance incentives for utilization, including funding from Medicaid, Medicare (APM savings), and BCBS, Cigna, MVP (fully insured plans). If a company is self-pay, they are not paying in. Every patient in the practice benefits.

Saroyan shared that Community Health Teams [CHTs] supplement the PCMH. CHTs provide services that are not generally covered by insurance, such as linking to community services at no cost to the patient. “It’s the envy of every other state,” he said. He said the CHT care might be office, telehealth, or community based. CHT team members connect clients out to the array of existing services in the community. CHT staffing dollars can contract with a local provider, such as a designated agency. Peterson said this funding is coming back through insurance premiums. Saroyan said that mental health providers on CHTs may have a caseload of 80 to 100. Social workers are telling Saroyan they need “two of me.” Saroyan also described the Hub and Spoke model and the Pregnancy Intention Initiative (formerly the Women’s Health Initiative), which funds mental health providers. In House Health Rep Goldman, a family practice nurse, spoke about the importance of the work and the program.

In Senate Health and Welfare, Sen Lyons asked about care coordination. Who does that? Saroyan stated that PCMHs have care coordinators or community health team workers doing this. Sen Hardy asked about how administrative entities are chosen, noting feedback from practices about lack of resources equitably distributed among Blueprint practices. Sen Lyons pointed out that pending Opioid Settlement dollars will be able to be Medicaid matched. That could help to enhance the current Hub and Spoke model.

In discussing Vermont's Hub and Spoke model, Saroyan noted that Vermont is a leader in this area. "We are learning about the need for mental health counseling as well," he said. The Pregnancy Intention Initiative and Spokes are only funded by one payer, and yet every person who comes in receives services.

Saroyan concluded by saying that he was stunned by the dedication of staff at PCMHs, such as the care coordination activities to keep people in their homes before they can get into long term care. In responding to mental health needs, CHTs support people regardless of diagnosis. One CHT calls a member of the community every day for 5-10 minutes.

House Health Care and Senate Health and Welfare Receive Introduction to All Payer Model

Director of Health Reform Ena Backus gave an overview of the All Payer Model to the House Health Care and Senate Health and Welfare Committees. She began by explaining that fee-for-service payments does not incentivize quality care, prevention, health promotion and improved health outcomes. The Accountable Care Organization (ACO) model is provided through an agreement with the federal Center for Medicare and Medicaid Innovation (CMMI) with the goal of improving health care by aligning value-based payments, quality measures, and risk arrangements by the payers of health care. There is a goal of moderating cost growth, but not to expand coverage.

Vermont's ACO agreement is a state contract between CMMI and state government. She explained, "Accountable Care Organizations (ACOs) are composed of and led by health care providers who have agreed to be accountable for the cost and quality of care for a defined population. These providers share governance and work together to provide coordinated, comprehensive care for their patients.

Under the All-Payer ACO Model, ACOs are the organizations that can accept alternatives to fee-for-service payment (prospective payment, capitation, budget, full-risk) Vermont has one ACO certified by the Green Mountain Care Board: OneCare Vermont."

When asked about criticisms of OneCare, Lori Houghton said it takes time to evaluate the success of health care models so it may be premature to evaluate the success of Vermont's models. Ena Backus agreed and spoke about the complexity of health data analysis, which was impacted and delayed by the disruptions and health effects of the pandemic.

Ena Backus did not go into depth on the APM 2020 improvement plan and acknowledged that progress was slowed by the public health emergency. The plan has four types of recommendations:

1. State/Federal work to maximize Agreement framework.
2. Reorganization and prioritization of health reform activities within the Agency of Human Services.
3. Evolving the regulatory framework for value-based payments.
4. Strengthening ACO Leadership Strategy.

During the next phase which starts in 2025, CMMI is looking to have multiple states achieve seven priorities:

1. Include global budgets for hospitals.
2. Include TCOC target/approach.
3. Be All-Payer.
4. Include goals for minimum investment in primary care.
5. Include safety net providers from the start.
6. Address mental health, substance use disorder and social determinants of health.
7. Address health equity.

She shared that AHS provided input to CMMI for the future modeling of a multi-state model design for an alternative health care payment model and will have the opportunity to provide further input to them in the future with stakeholder support. She shared that Vermont has low health care spending and has low growth rates. Any total cost of care target will need to acknowledge that and not threaten the sustainability of health care providers.

During the presentation to Senate Health and Welfare, Ena Backus said they will be looking at Medicare waivers to pay MA-level clinicians, beyond currently allowed licensed social workers. There has been congressional action on this, and it is unclear whether requesting a Medicare waiver will be necessary in the future.

Here is a copy of the [PowerPoint](#).

House Health Care Committee Receives Overview on Hospitals

Devon Green gave the House Health Care Committee a brief overview about the hospital health care system. During her presentation she said it's typical to have 30 people with mental health conditions at a time boarding in hospital emergency departments, where they are not receiving care and are often waiting for days at a time. She mentioned that some people are being dropped off who need respite not hospital-level of care. The hospitals are growing increasingly concerned about violence and want to see warrantless arrests to protect staff from workplace violence. UVMC has seen over 400 incidents of violence over the last year.

Appropriations and Finances Committees Receive Revenue Forecast Updates

State Economist Tom Kavet gave the Senate and House Appropriations Committees an updated revenue forecast. The bottom line is that the current fiscal year projected revenues has been increased by \$120.3 million. That's the good news. The bad news is that next year the revenues are expected to decline by 7.2%. Additionally, inflation is expected to negatively impact capital projects, labor, and service costs. Tom Kavet also cautioned that this new estimate is assuming that there will not be a recession, but that's not a given.

Here is a [link](#) to the report.

House Appropriations Holds Public Hearing on FY23 Budget Adjustment

Nick Sherman testified on behalf of the Howard Center, requesting \$925,000 for the Park Street program to enable the Howard Center to purchase the building which will soon be sold by the landlord. This would reduce the rental expenses. He said it is a good program that serves the whole state.

Susan Aronoff of the Developmental Disabilities Council said their main focus this year is on quality. She requested funding for quality oversight staff for developmental disabilities. She spoke about the recent critical incidents in the system of care. She added that she doesn't know anyone who works harder than the folks in the DS system, but that it's an under-resourced system.

Julie Tessler, on behalf Vermont Care Partners, thanked the Committee for the FY23 8% Medicaid rate increase and spoke to the issue of rate equity. Vermont Care Partners is proposing a phased approach of achieving rate equity. Here is a [link](#) to her written testimony.

Rachel Seelig of Vermont Legal Aid supported improved funding for developmental and mental health, as well as other human service agencies. She focused on the need to continue to support transitional housing when the federal funds run out in March.

Governor Scott's FY24 Budget Address

On January 20th Governor Phil Scott presented his budget address outlining his priorities in his FY24 budget proposal. He was clear that he wants to moderate budget growth going into the future and use existing federal funds for lasting one-time investments. Here is what he presented in relation to mental health and substance use:

“As we continue to address substance abuse and addiction, we're following through on last year's historic commitment to prevention work; putting more money toward life-saving measures like Narcan; and funding work to bring treatment and residential beds back online. And because we see a tremendous overlap between substance abuse and mental health, I propose \$9.2 million to fund a two-year pilot that helps primary care doctors better address both; and does so in a way that supports kids and families in more areas of the state.

As I said two weeks ago, we have a lot of ground to make up in our mental health system. If you'll work with me in BAA, we can add up to a dozen youth mental health beds, which will get kids in crisis the help they need, and reduce pressure on emergency departments. In this year's budget, we can also expand mental health treatment in the Northeast Kingdom, which currently has no local option except the emergency department. So, let's support the launch of a psychiatric urgent care to help fill a gap in this region, as we work to do the same across the state."

There was no mention of intellectual and developmental disability services.

Legislative Counsel provides Overview on H.1 to Senate Health and Welfare Committee

Katie McGlenn Legislative Counsel gave a high-level review of each section of H.1 which has already moved through the House. Simply, the intent of the Bill is to correct a mistake in Act 186, section 6 which did not reflect the agreement made in Conference Committee. H1 will replace section 6 with the Senate version as originally planned. Chair Ginny Lyons commented that there was a lot of testimony and concern last year about how the system is being overseen and the legislature wanted to maintain a level of oversight because people's lives are at stake. The executive branch is ultimately responsible for oversight.

The corrected version of Act 186 will also remove the requirement for general assembly approval of payment reform and conflict-free case management policies. Instead, the Act will read that DAIL "shall present any proposed policy changes related to payment reform and conflict-free case management to the House Committee on Human Services and the Senate Committee on Health and Welfare and seek and consider input from the Committees".

UPCOMING EVENTS

Join us at Mental Health Advocacy Day – Mental Health Starts with YOUTH Monday, January 30, 2023, 10 AM - 2 PM

We'll meet virtually to call on Vermont leaders and legislators to let them know "Mental Health Starts with YOUTH." Let's be the generation that replaces mental health stigma with mental health support.

The morning is filled with welcome addresses from state leaders, a keynote plenary session, and special awards. This year's keynote speaker is Alexina Federhen, Miss Vermont 2022. The afternoon features opportunities for people to share their stories of hope and recovery. There are also opportunities to provide testimony at key legislative committees.

Who should attend?

Mental health advocates, peers, family members, professionals, providers, community members, and mental health stakeholders.

Register to Attend

Click the button below to register for Mental Health Advocacy Day. Once you have registered, you will receive an email with the Zoom link to use for the event.

[Register Now](#)

Get Involved

Share Your Story

Attendees have the opportunity to share their lived experience story, a poem, or other insights at the event. Each participant will have 2-3 minutes to speak. You may pre-record your story or share it live on January 30. If you plan to pre-record your story, please read the guidelines before doing so.

[Guidelines](#)

[Share Your Story](#)

Provide Testimony

Following Mental Health Advocacy Day, we invite participants to share testimony with House or Senate Committees between January 31 and February 3.

We will reach out to Committee Chairs to request the opportunity to share testimony. There is no guarantee that we can testify to certain committees. This is at the discretion of the Committee Chairs. If you need help in creating testimony, we suggest [NAMI Smarts Legislative Advocacy training](#).

[Register to Testify](#)

Vermont Care Partners Advocacy Fact Sheet

Here is a link to our Advocacy Fact Sheet: [Vermont Care Partners Advocacy Fact Sheet](#). The critical points are the rising demand, the impact of the ongoing workforce crisis and need for improved funding.

Vermont Care Partners Legislative Advocacy Webinar

In case you missed it, here's a link to the [recording](#) of our Legislative Advocacy Webinar to help guide you through the process of working with legislators. In just 40 minutes you can learn the basics for effective advocacy.

Agenda

10:00–10:10 a.m. Welcome and Introduction

10:10–11 a.m. Remarks by State Leaders

11:00–11:45 a.m. Keynote Address: Alexina Federhen, Miss Vermont 2022

11:45–12:00 p.m. Youth Mental Health Advocacy Award

12:00–12:30 p.m. Lunch Break

12:30-2:00 p.m. Sharing Our Stories (live and pre-recorded)

Jan. 31–Feb. 3: Testimony at Key Legislative Committees

Hosted by:



Recovery Day February 15, 2023

Recovery Vermont invites you to join us for **Recovery Day**, an annual advocacy celebration to honor the power of substance use disorder recovery. This year's Recovery Day will be held on **Wednesday, February 15th**; we are still working on the agenda and will announce more details soon!

Recovery Day is for everyone – from recovery supporters to people who are curious about their own recovery. Join us for a day of networking, testimony, personal stories, and recovery resources from around the state! Come be loud and proud – your presence is your voice – and demonstrate the fact that **RECOVERY IS POSSIBLE!** We will hear from state legislators, Vermont's Recovery Centers, statewide recovery and recovery-adjacent resources such as recovery housing, employment, corrections, and so many more. Awards will be presented to champions and leaders in the recovery movement.

In 2023, more than ever, the recovery community must join together to support those struggling and in need. Although we cannot physically gather together at the State House in person this year, we will come together online to celebrate the work of this amazing community! We are so inspired by the work the recovery community continues to do, day in and day out. Your stories, your strength, and your dedication to helping others – to lift others up – is truly inspirational

LEGISLATIVE COMMITTEES

Here are the key Committees in relation to our network services with the Agencies in each legislator's region noted. We encourage everyone to reach out to your local legislators to introduce yourself and share the issues most important to you: [Legislative Committees by DA and SSA Region](#).

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.