



## Legislative Agenda 2023 Working Draft 1A

### **PRIORITY: Address Workforce Crisis and Surge in Acuity and Demand for Community-based Mental Health, Developmental and Substance Use Services**

#### **FUNDING**

##### **FY23 Budget Adjustment Act**

- Invest funding to achieve improved equity in mental health rates for designated and specialized service agencies (DA/SSAs)

##### **FY23 Budget Act**

- Require the Administration to establish and propose funding for predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.
- Increase Medicaid rates by 10% to address workforce shortages and labor market dynamics leading to vacancy rates of service staff averaging above 20% with some programs having vacancy rates of over 40% and over 1000 positions unfilled at VCP member agencies.
- Ensure DA/SSAs have flexibility to apply increases to best meet unique circumstances of each agency's expenses for services, salaries, and other costs including health benefits, fuel and transportation.
- Develop, expand, and raise the value of educational opportunities, such as tuition assistance, scholarships, and loan repayment for workforce development, particularly for those providing developmental disability services.
- Extend COVID flexibilities beyond the end of the Public Health Emergency including telehealth and audio-only telehealth and adjust reimbursement for audio-only telehealth and increase commercial rate from 75% to 100%

- One-time funds for capital investment in residential services and for planning respite, and other services for people with intellectual and developmental disabilities (I/DD) who have high acuity

## **POLICY ISSUES – in priority order**

### **1. Educate on the value of Designated and Specialized Service Agencies**

- Ensure all legislators learn the value of DA/SSAs, the ranges of services, populations served, outcomes and critical role in the health and human service system
- Educate on the importance of full access to upstream services to promote wellness, and reduce acuity levels and demand for higher cost interventions

### **2. Address the growing acuity and complexity of people served in I/DD**

- Fund trainings by DAIL for risk management (abuse, neglect and fraud prevention), CMS Settings Rule compliance, and safety practices for incoming clients with extraordinary staffing needs due to history of violence or criminal convictions.
- Support to DAIL to develop an emergency response plan to support agencies to meet the needs of individuals and families during crises that threaten safety, health, and housing such as a pandemics or workforce shortages.

### **3. Educate on I/DD service delivery and payment reform**

- 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
- Invest resources for DAIL data management and quality services oversight

### **4. Ensure that Legislation to develop housing options for people with I/DD maintains principles of the DD Act and State System of Care Plan**

- Direct DAIL to honor and maintain the values and principles of Act 186, the DD Act, and the state system of care plan in the design of expanded housing options for people with I/DD.
- Explore options to retain and improve support for shared living providers.

## **5. Update Mental Health Warrant Statute**

- Update the statutes for mental health warrants and emergency examinations because inaccuracies and inconsistencies cause delays in critical care

## **6. Support for planning and implementing the CCBHC model**

- Support DMH, VDH and DAs to develop Certified Community Behavioral Health Clinics in Vermont to achieve national standards for comprehensive mental health and substance use services with cost-based reimbursement, integrated health care and sustainable funding.
- Maintain designation statutes until or unless changes are required for a statewide CCBHC demonstration

## **7. Suicide Prevention**

- Strengthen suicide prevention to include safe storage, waiting periods and allowing families to use red flag provisions to remove guns.
- Expand and develop sustainable 988 funding
- Comprehensive Suicide Prevention Health Education Funding
- Create Suicide Fatality Review Board Creation to better understand deaths that are deemed suicides – learn about common themes, triggers, services available, and postvention services

## **8. Support peer certification program, training and Medicaid reimbursement**

- Support development of peer certification program, training, and Medicaid reimbursement to include DA/SSAs and peer-run services to expand and enrich the workforce for mental health
- Promote livable wages for peer support staff and recovery coaches

## **9. 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 leave people unhoused and housing vouchers underutilized.
- Use short-term funding to support staff housing stipends
- Support review of Act 250 to improve housing development
- Support package of recommendations developed by coalition of mental health and substance use organizations to include:
  - Subsidies to encourage building and renting ADUs
  - A Single Resident Occupancy Voucher Program
  - A statewide framework for developing SROs
  - A statewide framework for landlords to offer short-term, transitional leases
  - An Equity Framework for Affordable Housing Development

## **10. Prioritize current or anticipated gaps in services for investments as acuity and demand increases**

- Provide direction to AHS and DA/SSAs to maximize the value of investment in mobile crisis and the continuum of emergency services.
- 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
- Provide sustainable funding for effective alternative models of urgent care services such as PUCK, Cahoots for both children and adults

## **11. Strengthen investment in home and community-based services in All Payer Model and Health Reform Initiatives**

- 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 investment in community care coordination

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

- Establish an independent ombudsman for people using developmental disabilities services to strengthen protections and support

## **13. Require strong stakeholder involvement in payment and service delivery reform process for Substance Use Services**

- Require strong stakeholder engagement to inform DSU payment reform and fully fund any additional layers of administration
- Enable CCBHC cost-based payment model for substance use service

## **14. Update and ensure sustainable funding for Public Inebriate Programs**

- Support sustainable funding for public inebriate programs

## **15. Support update of adult protective services statute**

- Ensure statutory update of adjust protective services best supports individuals served in I/DD and Choices for Care Programs

## **16. Address mental health needs of individuals involved in law enforcement and criminal justice systems**

- Improves services for people with serious mental illness and criminal justice involvement
- Address challenges in the implementation of the Use of Force Legislation

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

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

## **18. Support development of State definition for Direct Support Professionals**

- A standard occupational classification (SOC) for DSPs does not exist
- A statewide classification will allow accurate and fair wage rate setting, development of a mechanism for collecting data, identification of employment trends, and policy design