

TO: House Human Services
FROM: Vermont Care Partners
RE: Testimony on S.183

Thank you esteemed committee for allowing Vermont Care Partners, the network of 16 designated and specialized service agencies serving Vermonters, to provide testimony on S.183 – an act relating to revising the Agency of Human Services.

In reviewing S.183 (as introduced) it is clear that the system that has been built, over time, to support Vermonters is significant and expansive. With any system it is important to look at where we've come from, where we are today, and where we need to head to support the evolution of Vermont and the changing landscape of the communities within it. In building any road map, whether it be for an individual and their plan of care or an organization and a strategic plan, we are always looking at where we've been to understand where we want to head and our goals for the future. This type of continuous quality improvement process is essential to ensure we're staying true to our mission and vision, we are diminishing barriers to care, and being cost effective. It is an iterative process - plan, do, study, act, repeat.

We know that children, adolescents, families, individuals, people with intellectual/developmental disabilities, etc. exist in a vast and vibrant ecosystem often supported by multiple parts of the system – not one program, department, or agency. In our long history, we have seen how working across departments and agencies can impact organizations as well as the individuals that are served. We need to ensure that as we revision we continue to support whole-person, integrated care. What are current examples we can pull from where system changes have and have not worked for individuals we serve? Where do we have parts of programs or systems of care living in multiple worlds and what can we learn from those examples? In the early childhood world, we have many instances of this. Childrens Integrated Services (CIS) is a helpful example, most notably with Early Childhood and Family Mental Health (ECFMH) and Early Intervention – Part B and C. Another example that the VCP network is closely connected to is mental health in the Department of Mental Health (DMH) and substance use in the Vermont Department of Health (VDH). What can be gleaned from these cross-cutting programs and systems?

We are experiencing many challenges as a provider network – most notably workforce shortages connected to wage parity, administrative burden, and burnout. This in turn impacts the very people our system is built to serve. Revisioning should address these challenges. Beyond that, we need to focus on the people that we serve and ensure that changes/revisioning help to decrease barriers to care. It's important that we don't lose sight of social justice principles (access, equity, participation, and human rights) in revisioning work. The first question we must ask ourselves is, what is our goal here? The second, how we will ensure that we are standing firm in our value of community based, person centered care. It is essential that in looking at a system evolution, we act together using critical reflection to support this goal. The working group is a step in the right direction.

We believe that this bill is an important step in visioning for Vermont's future. VCP would like to be named as a member of the working group and offers a few suggestions as well.

We recommend the following as it relates to the working group and its process:

- Ensure a robust analysis similar that which came from the passage of Act 45 ([Early Childhood System Analysis](#)). This analysis was completed using over 85 stakeholders in 1:1 interviews and focus groups.
- It's important to formulate a comprehensive stakeholder list to ensure the voices at the table represent the full swath of that which sits under the AHS umbrella.
- In addition to members of the state, legislature, advocacy groups, and organizations it is imperative that individuals receiving services supported under AHS have a place at the table
- Community members at large should be part of the working group process
- There should exist a neutral convenor to facilitate the process and synthesize the information for the final report
- The process needs to be safe, secure and allow for open, honest dialogue
- Should we be setting a more reasonable timeframe for this extensive work
- Reviewing what has been tried in the past and the outcomes of those changes
- Enhance communication and collaboration across departments and agencies regardless of what comes of revisioning efforts.

It is our hope that this bill and the working group's process addresses/considers the following questions:

- How are we ensuring that data collection, metrics, reporting timelines align across the departments/agencies to reduce duplication, administrative burden, and confusion?
- What are the financial implications?
- How will this impact administrative burden?
- How can this reduce barriers to receiving care?
- How will any shifts take into consideration the many system changes currently taking place - Conflict of Interest Free Case Management, CCBHC, and a growing mental health crisis?
- What data, metrics, etc. are we looking at to inform our change process?
- How will changes support the crux of our issues - affordability and accessibility?

In closing, VCP wants to ensure the values of community based, person centered care are upheld and that an integrated delivery system that prioritizes supports for marginalized individuals and problem solves around key social justice issues (poverty, etc.) is core to the reconfiguration.

Thank you for allowing our network to provide testimony on H.183. Please let me know if you have questions or require follow-up information and/or additional testimony.

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