

## HOUSE APPROPRIATIONS

APRIL 18, 2017

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I have come to firmly believe we cannot get a handle on health, education and human services costs unless we address the cost of trauma.

Trauma in childhood is far and away the leading cause of poor health and many other problems later in life.

There are steps we can take today to begin addressing trauma. There are programs today that have shown dramatic results.

As savings occur, some savings should be re-invested in further efforts to address trauma, while some savings should be put to the state's bottom line.

Over time, we would re-allocate significant funding from expensive health care to prevention and social services, and obtain better results.

But it will be necessary to re-think our health care, education and service delivery systems.

Some areas of the state are prepared to lead the way, including the St. Johnsbury region. We have ideas for pilots that will we believe will improve services and save money with no risk to the state. There are several factors that make the St. Johnsbury effort unique. First, all the organizations, including education, are participating. Second, members have demonstrated a willingness to share funds. Third, members understand the need for real integration and a holistic approach.

1. Choices for Care. This program has been a tremendous success in reducing the use of nursing homes in lieu of more home based services. I believe the state could further reduce the number of nursing home beds by hundreds. We know how to do it today, we just aren't. If all parts of the state simply achieved what several other parts have in terms of fewer nursing home beds, the savings would be substantial. However, the home health agencies lose significant money on this program so they are not incentivized to grow it. The state could allow home health agencies to keep 50% of any savings, thus creating an incentive, helping address the losses to the agencies and earning budget reductions for the state.
2. Reduce paperwork requirements. Staff of the designated agencies are spending up to 50% of their time in reporting and billing. The legislature could direct the agencies to reduce this burden to no more than 20% of any clinical person's time. The savings would be significant. Some of the savings could be directed to paying the DA staff more, some could go to the budget bottom line.

There are other opportunities in education, mental health, criminal justice and home health.

We are looking for the flexibility to be innovative without significant investments.