Testimony on S.133
An act relating to examining mental health care and care coordination access.
House Health Care Committee
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Mary Moulton, Executive Director
Washington County Mental Health Services

Julie Tessler
Vermont Care Partners

Thank you for your continued interest and commitment to mental health services and the designated agency system of care and especially your pro-active support, determination, and action in supporting an increase in funding for crisis services and further review of salaries across the designated and specialized service agency (DA/SSA) system.

Vermont Care Partners and DA/SSAs strongly support the Senate bill 133 to examine mental health care and care coordination. We appreciate that the Senate considered testimony from a comprehensive range of consumers, advocates, family members, providers, educators and state officials. Under the leadership of Senator Ayer, they concluded that analysis is necessary and steps should be taken to improve the community based mental health services to Vermonters, most importantly addressing salary disparity so that the DA/SSA system can move forward with adequate resources to provide essential health care services in parity with other health care sectors.

Although it is a "study" bill, it is one in which there is a call for action and an action plan. Therefore, the subsequent calls for studies have set dates and are asking for recommendations to look carefully at the system, how it functions, and where there is resource or financial bolstering required. Most importantly it recognizes the value of developmental, mental health and substance use disorder services to the health and well-being of Vermonters.

Section 1. Findings

There has been some question about whether DA/SSAs have taken on more than we can handle and even created some of the fiscal challenges that we are experiencing. However, if you look at our enabling statutes, you will see that we have a very broad mission. It is a mission that we are deeply committed to; it is aligned with the values of Vermonters; and it is an excellent investment of public resources. (Please see Investing in the Designated Agency System)

Title 18 chapter 207 section 8901 states that "The Commissioners of Mental Health and of Disabilities, Aging and Independent Living shall within the limits of funds designated by the Legislature for this purpose, ensure that community services to persons with mental condition or psychiatric disability and persons with a developmental disability throughout the State are provided through designated community mental health agencies. Each designated community mental health or developmental

disability agency shall plan, develop, and provide or otherwise arrange for those community mental health or developmental disability services that are not assigned by law to the exclusive jurisdiction of another agency and which are needed by and not otherwise available to persons with a mental condition or psychiatric disability or a developmental disability or children and adolescents with a severe emotional disturbance who reside with the geographic area served by the agency."

The master grant between the Agency of Human Services (inclusive of DMH, DAIL and ADAP) and DA/SSAs reinforces the expectations for a broad array of services. Plus, Agencies have grants from the Department of Corrections and Department of Children and Families to provide additional services. From our perspective it is not the scope of services that is creating challenges for the agencies; it is rates of payments, unfunded mandates, administrative burdens and constrictions created by the complex payment streams. The end result is that we are experiencing significant challenges in recruiting and maintaining a high quality workforce. (Please reference Fact Sheet on Fiscal Challenges)

Therefore we recommend adding additional language to the findings:

Designated and specialized service agencies are experiencing challenges ensuring that community services to persons with mental condition or psychiatric disability and persons with a developmental disability throughout the State are being met within the resources available. The cost of living increases appropriated to designated and specialized service agencies over the last 10 years are 11% behind the New England consumer price index. As a percentage of pay, the difference between designated and specialized service agency staff and staff with similar credentials and length of services in state government varies from 28.6% to 59.2%. Quality of care is based on long lasting and trusting relationships that are disrupted when designated and specialized staff turnover rates average 26.3%. Designated and Specialized Service Agencies rely on State appropriations and reimbursements for approximately 90% of their funding.

This language is a little broader than the current findings in that it addresses the full array of our services. As the Committee has discussed the needs of Vermonters are complex and the services are provided in comprehensive ways with multiple funding streams from state government. Therefore, having a finding that addresses the broader context is appropriate.

Sec.3. Operation of the Mental Health System. This analysis is already in process.

Sec. 4. Care Coordination – Review and Consideration.

A. The Hub idea--- The genesis of this idea for a referral Hub began in discussions between CVMC and WCMHS and is in the interest of appropriate follow up for health care. It is very much in line with the All Payer Waiver quality measures which require follow up for mental health and substance abuse for people presenting in the Emergency Room, primary care, psychiatric in-patient care, community or self-referrals. It would allow for the development of a Navigation system that would develop and embrace a more inclusive approach to services beyond the designated agencies. This Hub would invite private counselors to register and provide

scheduling availability for referrals. Funding might be brought together for this model from a hospital investment, an ACO investment in the model, or the Department of Mental Health.

B. Evaluation of Care Coordination: Roles, Authority, Effectiveness

Section 5. Involuntary Medication. Vermont Care Partners is not taking a position on this issue.

Section 6. Psychiatric Access Parity. This is about flow. This work has begun and needs to be completed. This involves discussion on Level I beds and how and when the Level I determination is made; how long people stay on units; what the barriers are to discharge, etc.

Sections 7 and 8. Available facilities and Housing. Vermont Care Partners would be glad to support efforts to expand access to supportive housing and facilities who serve people with geriatric care and forensic mental health needs.

Section 9. 23-hour bed. There is growing empirical evidence on the effectiveness of crisis services. There is an array of services within this deck: 24/7 hotline; 23-hour bed; short term crisis beds; mobile crisis services; warm lines (run by peers); peer crisis services; psychiatric advance directive statements. A 23-hour bed can be approached in a variety of ways; when we have the data from ERs and mobile crisis units regarding # of interventions and determinations for voluntary/involuntary hospitalization, we would better know if a 23 hour bed would divert from unnecessary hospitalization. This bed gives people up to 23 hours of support to assist with de-escalating the severity of the crisis and/or need for urgent care. The model requires prompt assessment, stabilization, and the determination of the appropriate level of care. One study published by SAMSHA compared an emergency room admission rate at 52% with one that had an additional emergency evaluation unit (up to 23 hours) at 36% hospitalization. We already do considerable diversion so the question is, when we look at these statistics, are we talking apples to apples or apples to oranges.

There is a sub- group working on this and considering the merits of: Emergency Room Psychiatric Unit (with hospital license); 23-hour beds --- Living Room-type model for de-escalation, licensed by the Department of Mental Health, including the ability to do a hold (1:5 people are walked off papers)

Section 10. Workforce. Vermont Care Partners is supportive of the proposed workforce study committee. On page 11 line 4 please add “developmental disabilities” to maintain the comprehensive focus of the work. We have many great initiatives for growing our workforce including formal arrangement with colleges. Agencies are a great training ground for young professionals, but people come, receive clinical oversight (benefit is for free) and then leave for better pay.

Section 11. Office of Professional Regulation. We support efforts to break down barriers and ease the ability of professionals to join the Vermont workforce.

Section 12. Rates of Payment. This is a critical section of the bill which states that rates will be set that are reasonable and adequate to meet the costs of achieving the required outcomes for designated population. Currently, the rates only reflect the availability of resources and are not adjusted as costs

change, even when those costs are associated with government mandates, changes in the labor market, health benefits, technology needs, etc. - creating the workforce challenges of which you are well aware.

Section 13. Payments. This section supports ongoing work to improve the payment model for designated and specialized service agencies. The goal is to have value-based payments that are flexible and allow Agencies to focus on client services and outcomes with less administrative burden.

Section 14. We support the work to integrate mental health and substance abuse services into the All Payer Model. It would be appropriation to include developmental services in this language.

Section 15. Health Insurance. This section recommends looking at a potential option for reducing health benefit expenditures. It is a worthwhile endeavor.

Section 16. Again, this is a critical part of the bill because the quality of the services is dependent on skilled and experience employees. It will be essential for the 3-year commitment to be met.

A Note about Outcomes:

A. Designated and Specialized Services agencies already have a robust number of outcome measures, both quantitative and qualitative, outlined in our Master Grant with AHS and through other contracts with schools, DCF, hospitals, Blueprint, etc. We recognize that there is a desire to further enhance measures to uphold quality and improve consistency in service delivery throughout the system. With proposed legislative language to address salary levels that will stabilize the DA/SSA workforce, in part this year and further on an annual basis, we would support reasonable benchmark measures that examine workforce stabilization as it impacts direct service delivery.
B. Vermont Care Partners is leading an initiative called Centers of Excellence. It's a peer-review quality improvement process wherein agencies become certified as Centers of Excellence based on achieving 22 statewide measures. The model is based on a national program and has been reviewed and supported by the Jeffords Institute. We believe the Department of Mental Health, at least, is interested in supporting these measures.
C. We are also supportive of evidence based, evidence informed, and best practices by agencies within the system and encourage initial cataloguing of these practices during reviews by state authorities.
D. As a health care system, we support integration, wellness, recovery, and self-determination within our programming. We currently have measures and will further develop measures in these areas through negotiations with the Agency of Human Services.

Thank you very much for inviting our testimony and we are available to return at any point for clarification of any specifics in the bill. Additionally, representatives from the DA/SSAs will be present next Wednesday morning at breakfast to share their local perspectives with you.