Testimony on an Act Relating to Examining Mental Health Care and Care Coordination
Mary Moulton and Julie Tessler
Vermont Care Partners
February 24, 2017

Vermont Care Partners -strongly supports the Senate Health and Welfare's Committee bill to examine mental health care and care coordination. We appreciate that the Committee has carefully considered testimony from consumers, advocates, family members, providers, educators and state officials and 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 system can move forward to be equal partners in improving an already valuable resource

To support a timely consideration of the bill we are recommending specific additions and edits to the draft bill presented on February 22, 2017.

Specific Recommendations for the language changes

Section 1 Findngs

Please consider adding language from the enabling statute to clarify the mandates of the Designated and Specialized Service Agencies

(3) Per Title 18 chapter 207 section 8901 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 following information could be in findings or simply used for presenting the bill.

(4) 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.

Section 2. Operation of Mental Health System

Please add:
The legislative proposal by the Green Mountain Care Board shall include recommendations on how to better invest and manage health care funding between different sectors of Vermont's health care system to ensure resources are used cost effectively to reduce utilization of high cost acute care services. To the extent possible, this analysis will look at the broader economic impact of the services provided by the designated and specialized service agencies. The Green Mountain Care Board shall develop recommendations on how resource allocation to designated and specialized service agencies can be best integrated into to hospital and Accountable Care Organization budget review and state appropriation processes.

Section 3. Regional Care Coordination
Regional care coordination is now established based on assigned leadership in particular regions and is truly across health/multiple community provider systems, such as VNAs, Community Mental Health Centers, Council on Aging, and Services and Supports at Home. Payment mechanisms are in place, for example, to shift monies for the implementation of the Medicaid Next Gen program to primary care offices, with decision-making authority to push some of those funds out to community providers. There is no guarantee, however, that the funds will come to community providers. That is a decision that has to be made by "health care providers," and is another area where we seek equity in the system.

If we understand what is meant by Regional Care Coordination as it relates to mental health flow, the purpose of this section in the bill appears to attempt to provide a mechanism of control over flow through the establishment of an advanced practice nurse in a care coordinator position. We would suggest a more broad approach which is reflective of recent conversations with Washington County's regional health care and community partners, in addition to a large stakeholder group reviewing data on emergency room waits:

a)The Department of Mental Health shall assess the effectiveness and current deployment of its Care Coordination Team, as well as the level of accountability amongst admitting and discharging entities as it relates to patient flow and service provision.

Given the fact that flow is not working well, it behooves us to examine this area

b)The Department of Mental Health shall analyze models and cost for establishment of a license for a 23-hour bed for assessment and stabilization; involuntary hold; ER diversion, and appropriate discharge determination. The model would at minimum provide:

- Psychiatric Oversight
- Nursing Oversight and Coordination
- Peer Support
- Security Support

An average of 65-70% of individuals entering hospital Emergency Room do not become hospitalized

c) The model should also consider the development of a navigation and resource center for referrals from Primary Care Providers, Emergency Rooms, Psychiatric Units, and the community, in order to enhance follow up services for people with mental health and substance use

disorders. The referral sources would include designated agency services and private counseling services. Re-distribution of hospital funds may be a source of funding for this program.

When we consider the effectiveness and current deployment of the Care Coordination Team, we might consider embedding these coordinators at the regional level to work specifically on cases where discharge has become problematic, tracking reasons for the delay.

Section 5. Inpatient geriatric and forensic psychiatric facility
Recommended edits
The Secretary of Human Services shall assess the extent to which an inpatient geriatric and/or Forensic psychiatric units or and/or facilities are needed within the State.

Section 9. Work Force Development: Mental Health, Developmental Disabilities and Substance use disorder service providers
Recommended edits
(a) Vermont's Area Health Education Centers (AHEC), in consultation with the Green Mountain Care Board, Secretary of Human Services, commissioner of labor, Vermont Care Partners and designated and specialized service agencies, and Vermont's institutions of higher education, shall examine and report on best practices for training, recruiting and retaining health care providers in Vermont, particularly with regard to the fields of psychiatry, mental health, developmental disabilities and substance use disorders….

(b) AHEC shall enter into conversations with other states to develop reduced tuition opportunities for Vermonters pursuing degrees in the fields of psychiatry, mental health, developmental disabilities and substance use disorders.

Section 11. Payments to the Designated and Specialized Service Agencies
Recommended edits
The Secretary of Human Services, in collaboration with the Commissioners of Mental Health, Disabilities, Aging and Independent Living, and Health, shall develop a plan to improve the payment processes to the designated and specialized service agencies which may include improving funding flexibility through integrated bundled payments from multiple payment streams. The proposal will ensure accountability for specific outcomes, increase efficiency and reduce administrative requirements. On or before November 15, 2017, the Secretary shall submit the plan and any related legislative proposal to the Senate Committee on Health and Welfare and the House committees on Health and Human Services .

Section 12. Pay Scale: Designated and Specialized Service Agency Employees and Contracted Staff
Recommended edits and additional language
(a) The Secretary of Human Services shall establish and designated and specialized service agencies shall implement a fiscal year 2019 pay scale for the benefit of the designated agency employees and contracted staff. The pay scale shall include a minimum hourly payment of $15.00 to direct care workers. The pay scale shall reflect salaries for employees and contracted staff at designated and specialized service agencies of at least 85 percent of

those salaries earned by equivalent State, health care or school-based positions with equivalent lengths of employment with the goal of achieving parity by November 1 , 2019.

We fully support the target of achieving 85% salary parity as soon as possible. Our crisis is now. Our situation in the workforce is dire. Therefore, any steps that can be taken to address steps forward in the short term will see our system stabilizing and outcomes for community supports improving.

(b) The Secretary of Human Services shall have the sole responsibility for establishing rates of payments for designated and specialized service agencies which are reasonable and adequate to meet the costs of achieving the required outcomes designated populations and statutory mandates, and the requirements of section 12 (a) given efficiently and economically operated services and programs in conformity with federal and state law, regulation, quality and safety standards, and contractual obligations. When establishing rates of payment for designated and specialized service agencies, the Secretary of Human Services shall adjust rates to take into account factors, including, but not limited to: 1) the reasonable cost of any new governmental mandate that has been enacted, promulgated or imposed by any state governmental unit or federal governmental authority; 2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialize service agencies including those attributed to inflation and labor market dynamics; 3) geographic differences in wages, benefits, housing and real estate costs in each region.

Lastly, as a contractor for the state who delivers services with "boots on the ground," working to address the significant needs of people with mental illness, developmental disabilities, and substance use disorders, I would like to thank you on behalf of my staff and the staff of all of our DAs and SSAs for recognizing the value we provide in establishing the foundation for true community integration and preventing a return to institutionalization.

We have worked long and hard at this process. One recent example is related to Vocational Supports. Where Vermont is currently receiving an Innovation Award for our supported employment program in Developmental Services ---at the Zero Project – A World Without Barriers in Vienna, Austria --- ironically, at the same time we are facing federal cuts in this area in our DS program.

Emergency Room waits are unacceptable; and as we work toward system improvements and integration, the only way we will see stability is if the steps outlined in this bill to create workforce stability within the DAs are achieved. The system is clearly fragile. The clock is ticking.

Thank you for your attention to this matter!