

Rep. Donahue mental health language for HHC FY2021 budget memo*New section on integrated budgets and mental health parity*Sec. A. INTEGRATED MENTAL HEALTH BUDGET; BUDGET TRANSFER FROM
DEPARTMENT OF MENTAL HEALTH TO DEPARTMENT OF VERMONT
HEALTH ACCESS

(a) The legislative budget process is an essential structural component of ensuring that the State is supporting the principle of fully integrating mental health into the health care system. The continued failure to include Medicaid mental health expenditures in the Department of Vermont Health Access’s proposed budget is an obstacle to achieving the General Assembly’s mental health reform principle of “ensur[ing] equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care,” as codified in 18 V.S.A. § 7251(4). This lack of inclusion is particularly obstructive as it relates to inpatient mental health care, because inpatient cost pressures attributed to the budget of the Department of Mental Health reduce the amount of resources available for outpatient services in that Department’s budget in a manner that differs from and more directly impairs patient access to care than other budget pressures addressed through the Department of Vermont Health Access’s budget. Failure to include all inpatient mental health care in the Department of Vermont Health Access’s budget results in a budget shift to the Department of Mental Health that impedes the required equal access to appropriate mental health care articulated in 18 V.S.A. § 7251(4) and fails to meet the statutory principle that “Vermont’s mental health system shall be adequately funded and

financially sustainable to the same degree as other health care services,” as codified in 18 V.S.A. § 7251(8).

(b) In 2015 Acts and Resolves No. 58, Sec. E.314.2, the General Assembly directed the Departments of Mental Health and of Vermont Health Access to present an implementation plan for a “unified service and financial allocation for publicly funded mental health services as part of an integrated health care system” that would “integrate public funding for direct mental health care services within the Department of Vermont Health Access while maintaining oversight functions and the data necessary to perform those functions within the department of appropriate jurisdiction.” In 2017 Acts and Resolves No. 82, Sec. 8, the General Assembly reiterated its commitment to creating a unified and transparent system of public funding for mental health services by directing the Agency of Human Services to continue with the budget development processes enacted during the 2015 legislative session. It is now 2020, and the General Assembly again repeats its directive to the Agency of Human Services and the Departments of Mental Health and of Vermont Health Access to integrate public funding for direct mental health care services with the funding for other health care services within the Department of Vermont Health Access budget, while maintaining oversight and data collection within both Departments to the extent necessary. This integrated funding shall begin for inpatient care in the fiscal year 2022 budget.

(c) For fiscal year 2021, increases in the Department of Mental Health’s budget that are attributable to inpatient care cost increases are transferred to the Department of Vermont Health Access’s budget. This shall be a budget-neutral transfer.