



## Appropriations Priorities for Fiscal Year 2020

### 1. SHIFT THE BALANCE

The Designated Agency system has the ability to Shift the Balance from costly medical care to efficient and effective community-based services, achieving a better return on investment for Vermont and improved quality of life for Vermonters with mental health conditions, developmental disabilities and substance use disorders. Investing wisely will reduce state expenditures in the long term.

#### 2 pronged multi-year investment – to address an under-resourced system of care Beginning with a 4% increase for Fiscal Year 2020

- Invest in the DA/SSAs' workforce to recruit and retain qualified experienced staff, like masters license clinicians for which 2 out of 10 positions are vacant due to pay inequities with state, health care and school employees. Compensation is a challenge for all agency staff including those working at specialized service agencies and in developmental disability services. A stable, qualified, well-trained and experienced workforce is crucial to the effectiveness of services.
- Invest in the DA/SSAs' to develop community services that reduce emergency room and inpatient bed need – Intensive and secure residential care, gero-psychiatric units, children's diversion beds, supported housing, and peer-based services are more cost-effective and humane.

### 2. FULLY FUND THE DEVELOPMENTAL SERVICES BUDGET

- There is a reason that a 3 year average is used to determine caseload dollar requests. It is to smooth out the ups and downs in utilization each year and at the same time respond to long term trends in demand. Subtracting \$.5 million from the appropriation significantly deviates from agreed-to fiscal policy.
- We question the premise of "underutilization" as a rationale for reducing caseload dollars. We do know that the last year or so has seen an unusually high amount of returned revenue. Revenue is returned when a service recipient dies or moves out of state. An unexpected, unreliable increase in revenues should not be the foundation for reducing the caseload.

### 3. WORKFORCE TRAINING AND DEVELOPMENT

People served by DA/SSAs would receive the maximum value of the investment of the Tobacco Settlement Funds if they are appropriated for:

1. Loan Repayment based on a 3-year commitment to employment at DA/SSA for MA level clinicians, BA level direct service staff and Nurses
2. Tuition Assistance based on a 3-year commitment to employment at DA/SSA for MA level clinicians, BA level direct service staff and Nurses

#### 4. EHR ONE-TIME INVESTMENT

Five of the agencies, who provide only developmental services, are on one EHR platform. Nine of the others are in the process of undergoing a very robust process with the intent to move from their current EHRs to two platforms that will meet their unique individual agency needs and enable data driven practices and empower full participation in an integrated health care delivery system with value based payment models. In addition, the entire network is working on the standardization of workflows, documentation, and coding.

This is not simply an EHR implementation but rather a business and care delivery transformation that rests on an IT platform. It is our belief that this transformative initiative will:

- Recognize efficiencies by focusing on key operational standardization across the network in its entirety
- Enable the shift to value based payment
- Develop capabilities to further participate in population health initiatives
- Enhance capabilities to work as part of a greater integrated care delivery system in VT
- Focus on risk-mitigation/return-maximization
- Enable enhanced quality improvement and care delivery

The one time cost for implementation for the 9 Agencies will be \$6.9 million.