Appropriations Priorities for Fiscal Year 2020
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1. SHIFT THE BALANCE

The Designated Agency system has the ability to Shift the Balance from costly acute 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 - $7.5 million general fund

- **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** including - intensive and secure residential care, gero-psychiatric care, children's diversion beds, supported housing, and peer-based services are more cost-effective and humane.

2. FULLY FUND THE DEVELOPMENTAL SERVICES BUDGET - $541,947 total funds

- 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 $ $541,947 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 unusually high amounts 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. Service demand is equally relevant, and in fact, the recent requests for June Graduates totals $4 million, significantly higher than recent years.

3. EXPANDING SUBSTANCE USE DISORDER AND MENTAL HEALTH WORKFORCE PLAN - $3 million

The Administration's workforce development proposal for the Tobacco Settlement funds will benefit the State by adding trained and credentialed staff at a number of different levels and professions in the mental health and substance use disorder workforce. However, the specific benefit of the proposed investment to the designated agency system would be limited given the significant disparities in compensation levels between our workforce and state, health care and private sectors, as well as the geographic location and educational models that require on-site classwork.

The majority of DA/SSA staff who are pursuing certificates and advanced degrees use online programs to fit education into their busy work and family schedules. A majority of staff don't use our state colleges or universities to pursue higher education because they want to access fully online programs and/or must accommodate their geographic location in the State. Additionally, some of our Agencies report that they could better attract staff to Vermont if they could offer loan repayment for those who have studied at schools outside of Vermont. Our survey of staff indicated a very strong interest in pursuing higher education with the support of tuition assistance.

To most effectively support the workforce challenges at designated and specialized service agencies we recommend:

- **Offering tuition assistance and loan repayment for masters, bachelors and nursing degrees in exchange for a 3-year commitment to employment at DA/SSAs**
- **Make the resource available to staff pursuing education at public, private and out-of-state schools**
- **Launch the program immediately by creating a centralized resource with allocations available to each agency based on staffing levels which can be flexibly distributed based on specific regional needs**

4. EHR ONE-TIME INVESTMENT – One-Time Appropriation - $6.7 million

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
- 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