

Testimony to the Senate Health and Welfare Committee

January 28, 2021

Julie Tessler

Executive Director, Vermont Care Partners: VT Council

Vermont Care Partners leads a network of sixteen designated and specialized service agencies (DA/SSAs) providing mental health, substance use, and intellectual and developmental disability services. For an overview of service network please see our website: www.vermontcarepartners.org

Funding and oversight of DA/SSA is primarily from the Department of Mental Health and Department of Disabilities Aging and Independent Living. Eight agencies have contracts the Department of Health for substance use disorder services. There are also contracts with Department of Children and Families and Corrections. Medicaid enrollees also use DA/SSA services so there is a relationship with the Department of Vermont Health Access, which has played an integral role in payment reform too. The Support of Secretary Smith and central office of the Agency of Human Services has been critical as we have navigated both payment reform and the COVID pandemic. They managed the grant process, as well.

This year we are pleased to have the Green Mountain Care Board review our finances. As they will see, the vast majority of our funding is Medicaid and state grants. Very little comes from private pay, private insurance, Medicare and fundraising. Without the ability to cost shift, low rates, and the absence of COLAs from public funds has an immense negative impact on the system of care

As an integral part of the health care system, VCP network agencies have a critical role in supporting Vermont's individuals, families and communities experiencing challenges with mental health, developmental disabilities, and substance use disorders. With the onset of COVID our dynamic network agencies quickly pivoted to meet Vermonters' needs. Even during these most difficult of circumstances we enabled Vermonters to achieve healthy, safe and satisfying lives with a host of community-based education, health promotion, prevention, early intervention, treatment and crisis services and supports. These services and supports are provided in partnership with other health providers, shelters, housing, community action, parent child centers, schools, private employers, voc rehab, etc.

Please read our Outcome report to learn more about the successful outcomes we are achieving to support Vermonters through the challenges we all face as individuals, families, and communities during this turbulent time. We also encourage you to visit www.vermontcarepartners.org/outcomes-and-data/ for additional reporting on specific areas of care

As many of you are aware, the community-based developmental and mental health system has been under-resourced as costs continue to rise and our rates stay relatively flat. Staffing is our primary expense, but each year adequate staffing challenges intensify due to the annual compensation increases to state employees and other health care staff.

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COVID is exponentially increasing the stress on our system of care with more Vermonters showing up at our doors than ever before. This stress is compounded by rising acuity and complexity of those we have been serving over time. We need more crisis resources, case management, clinical and nursing staff. Additionally, many experienced staff are retiring or leaving due to the stress of working through the pandemic and more of our job offers are being turned down due our below-market compensation packages. Shared living providers are in short supply, too, as they are being asked to provide more hours of care with base rates that have stagnated for years. The impact of COVID-19 on mental health, substance use disorders and developmental disabilities has been significant. The trauma it is causing will have lasting impacts way beyond the end of the pandemic.

As such our top priority is to seek investment in our system of care to support the growing demand for care and increasing acuity of those we serve.

1. Respond to the surge in demand for community-based mental health, developmental and substance use disorder services due to COVID

- Invest in developmental services to address growing mental health needs and homelessness with increased clinical care, crisis beds, transitional beds and support for shared living providers.
- Invest in mental health and substance use disorder services to address increases in acuity and demand for outpatient clinical care, case management, nursing, crisis intervention, residential and housing supports.
- Invest in the workforce to reduce nearly 500 staff vacancies and high staff turnover by achieving market rate compensation and building predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.
- Develop educational opportunities for workforce, particularly those providing developmental disability services.
- Increase funding for non-categorical case management for: elders, homeless, outreach activities, people involved in criminal justice system.

2. One-time/short-term Investments to respond to surge in demand due to COVID

- fund motel/hotel outreach, non-categorical case management, and room and board expenses for individual prior to SSI eligibility
- Invest in training on trauma-informed care and wellness support for staff
- Investment in crisis stabilization programs with reduced census and increased costs due to COVID
- Address one-time COVID expenses not covered by federal resources – HVAC systems, equipment, and testing.
- Invest in facility renovations, repairs, accessibility, debt, deferred maintenance.

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Additional Priorities Relevant to the Senate Health and Welfare Committee

3. Fully fund mental health workers to serve in all 10 State Police Barracks

- Support existing model – good data available
- Full state coverage is important
- Support mental health and SUD aspects of Justice Reinvestment II to reduce incarceration and recidivism

4. Continue flexibilities granted during the pandemic inclusive of telehealth and audio-only telehealth

- Telehealth utilization is cost-effective and has high satisfaction
- Some Vermonters require audio-only due to broadband, equipment and other limitations
- Continue prospective payments and flexibilities for developmental and school-based services during the pandemic
- Increase investment in emergency community response and streamline administrative requirements for serving people who are homeless and at-risk due to pandemic to avoid draining resources from existing mandated populations.

5. Strengthen investment in home and community-based services in All Payer Model

- Expanded cost-effective investments in community-based services
- Build on the successful pilots for care coordination between DAs and hospital emergency departments
- Strengthen community care coordination
- Do not include home and community-based services in the cap for 'Total Cost of Care'

6. Prioritize current or anticipated gaps in services for investments

- Focus on addressing populations who are subacute and residing in hospitals to offer when less expensive less restrictive services
- Expand mental health resources for nursing home care
- Expand residential resources such as the MyPad model over more investment in general adult inpatient beds.
- Fully fund mobile crisis and effective alternative models of crisis services to match resources to expectations and invest in the most cost-effective models for both children and adults
- Fully fund increasing demand for outpatient mental health services
- Fully fund mental health and SUD needs of homeless Vermonters many of whom have complex challenges

7. Establish an ombuds position for developmental disability services

- An independent ombudsman for people using developmental disabilities services will strengthen protections and support

8. Educate on Developmental Disability Services service delivery and payment reform process and proposals

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- Share information on the impact of reforms on other state systems of care
9. **Educate on ADAP plans for payment reform and require transparency and Stakeholder involvement in payment reform process**
 - Require strong stakeholder engagement (people who use services, providers, etc) and use learnings from other payment reform processes to inform ADAP payment reform
 - Ensure alignment with other state payment reform processes
 10. **Support State recognition of the harm caused by eugenics and apologize to affected Vermonters**
 - The State of Vermont should publicly recognize the harm experienced by populations who suffered from the eugenics movement as one step to address marginalization of people with developmental disabilities, native Americans and others.
 11. **Educate on and support school-based mental health services as part of a comprehensive system of care for children and youth**
 - Ensure that payment reform for school-based services will include adequate funding for mental health services and therapeutic schools
 - Ensure that payment reform system of care concept rather than a fractured system or use of in-house resources at schools that don't leverage existing mental health resources
 12. **Expand funding for peer support programs both within DA/SSAs and at peer-run organizations.**
 - Expand investment in peer-based service for both DA/SSAs and peer-run organizations because of their tremendous effectiveness
 13. **Expand Access to affordable housing**
 - Develop housing vouchers for people served by the DS HCBS Waiver to create independent housing options.
 - Improve the flexibility of the housing vouchers administered by the Department of Mental Health to avoid restrictive eligibility practices that leave housing vouchers underutilized.
 - Support the Vermont Coalition for Affordable Housing and the Vermont Coalition to End Homelessness efforts related to mental health and substance use disorders
 14. **Minimum wage**
 - Support increases in the minimum wage as long as Medicaid rates are raised to accommodate the increased costs to community providers including wage compression.
 15. **Address mental health needs of individual in the criminal justice system**
 - Support S.3, the forensic mental health bill (<https://legislature.vermont.gov/bill/status/2022/S.3>).
 - Support proposed Forensic Mental Health Working group to examine other states' models for forensic mental health infrastructure
 - Develop community programs for people with serious mental illness and criminal justice involvement.

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