

Vermont Association for Mental Health **2007 Legislative Priorities**

1. **We call on the Administration and the Legislature to re-establish a Commissioner in a Department of Mental Health within the Vermont Agency of Human Services.**

Good intentions do not always provide the anticipated outcomes.

The concept of merging mental health within a larger Health Department in Burlington was “actualized” more than two years ago as part of a broad reorganization plan for the Agency of Human Services (AHS). While bringing public health and mental health together makes theoretical sense, administratively and pragmatically it has been detrimental to the mental health community. In short, the loss of a Commissioner level leader, compounded by a record number of key staff changes within the Agency of Human Services, has resulted in a climate of stress, strain, indecision and administrative confusion.

It is our belief that the re-establishment of a Commissioner within a Department of Mental Health, a position which is now backed by a bipartisan Mental Health Legislative Oversight committee, will not automatically resolve all issues but it will greatly increase the likelihood of successful implementation of the Vermont State Hospital’s Futures Project, foster a sense of stability for our community mental health system and encourage a new level of clinical and administrative leadership that promotes quality services with meaningful input from consumers, family members and advocates. Without an empowered, informed and experienced Commissioner, the complexities of the problems confronting Vermont’s mental health system may remain an elusive target.

Absent a Commissioner, Vermont will continue to victimize many good people, practioners, state leaders, legislators and outside stakeholders, who share a common vision of replacing the decertified Vermont State Hospital while building and enhancing our community mental health system for children as well as adults.

During the past twenty-four months, there has been a Mental Health Commissioner who was replaced by a Deputy. That Deputy departed after a relatively brief appointment and was replaced by Paul Blake who recently retired. Barbara Cimaglio is now the acting Deputy Director and is leading the process for recruiting a new Deputy. During this time, the Agency of Human Services has had three Secretaries of the Agency of Human Services, all of who played a leadership role on mental health issues, particularly the Vermont State Hospital Futures Project. And the Health Commissioner, who is technically the Commissioner of Mental Health, departed Vermont state service six months ago and now Sharon Moffat is serving as the acting (Health) Commissioner.

The transition, diffusion and confusion of people, roles and responsibilities, when measured against the enormous challenges facing the system, are issues that must be addressed.

- We call on the Administration and the Legislature to reaffirm a multi-year budgetary plan that builds on the positive work of the highly praised three-year commitment for a 7.5% (general fund) increase in community mental health and substance abuse agencies. This agreement is now entering its third and last year. As part of this multi-year planning process, there needs to be a clear and open analysis of the impact of Vermont's Global Commitment agreement with the federal government which will soon have direct influence on the state budget, and a specific impact on mental health and substance abuse services.**

It is apparent that the decision of the Administration, supported by the Legislature, to craft a multi-year agreement with Vermont's community mental health and substance abuse treatment system has had a positive impact, not only on staff retention and staff morale but also on enhancing the quality of care. At a time when Vermont continues to expand work expectations for our community mental health system – one has to look no further than the challenge to provide services and treatment to military veterans (and their families) engaged in the Iraqi war – the pressures on our public (mental health) system continue to escalate.

Last year, the Administration interpreted this agreement to be limited only to general funds and therefore the actual increase was lower than some expected. Still, the Administration drew much praise for creative thinking and moving beyond the uncertain year-to-year approach.

Compounding the complexities of the situation is the reality that Vermont's Global Commitment with the federal government will soon transform itself from a concept to a new Medicaid budget cap. Since Vermont's public health system was built on the back of Medicaid dollars and Medicaid waivers, there is a crucial need for public assessment and public review of the impact of the Global Commitment on (mental health and substance abuse) services for the next three years.

- We call on Vermont to continue to expand its commitment to provide access to federal benefits to all inmates in our correctional system as they re-enter community life.**

In conjunction with the Bazelon Center for Mental Health Law in Washington, DC, the Vermont Association for Mental Health has worked collaboratively with the Agency of Human Services to ensure that a full range of federal benefits and supports are provided to all Vermont inmates who are integrating back into community life. It is our belief that the provision of these benefits on or

before the re-entry day will help to reduce recidivism and promote success by offering access to critically needed services including housing, health and behavioral healthcare, food stamps as well as employment benefits.

With strong backing from the Secretary and leadership staff of the Agency of Human Services and from AHS field staff, particularly in Windsor and Washington counties, impressive and innovative work has been demonstrated in the Springfield and Windsor prisons as well as in the Dale facility in Waterbury. The project has also encouraged the provision of an identification card for every inmate upon release. In and of itself, the lack of an ID card is a barrier to successful re-entry.

With successful implementation in three sites, leaders of the Agency of Human Services have committed to the implementation of this project to every Vermont prison. This can only happen if Economic Services, Corrections, Children and Family Services and the Health Department put their “oars in the water”.

As an advocacy organization, we view ourselves as a partner to this project. We will offer a progress report on this initiative to key legislative committees this winter and in the spring we will host a public conference to analyze progress and strategies for sustaining this initiative.

4. **We reaffirm our support for many of the core principles inherent in the Vermont State Hospital Futures Project and we urge continued perseverance, persistence and commitment for the as yet unfulfilled potential of transforming our system of care, closing the Vermont State Hospital and opening up several key community based facilities anchored by a new psychiatric hospital setting within Fletcher Allen Health Care by the end of this decade.**

For two years, the state and its many partners have struggled to “actualize” important core values, built on a commitment to a high standard of quality care, the partnership of a leading teaching medical center, the engagement of other qualified regional hospitals, community based recovery residential programs, consumer support initiatives and an expanded emphasis on access to housing for Vermonters with mental illness.

Finding consensus, facilitating an open planning process and maintaining a stable administrative leadership team has proven to be both challenging and at times, frustrating.

There is an engaged conversation with Fletcher Allen Health Care, which has demonstrated a willingness to be a cornerstone of the Futures effort. Leaders at the hospital seem determined to construct a quality program and we expect nothing less. The VAMH has stated publicly that the capital construction cost for this undertaking will be considerable and way beyond the \$14 million that was suggested in the original VSH Futures report. One must keep in mind that if we are successful at Fletcher Allen Healthcare, there will be an ability to recapture large amount of federal

Medicaid support dollars. The state of Vermont is now losing about \$9 million a year because the Vermont State Hospital is decertified.

The Vermont Division of Health Care Administration has now begun a review of the state's conceptual Certificate of Need proposal for the Vermont State Hospital project. Hopefully this regulatory process will allow all interested parties to evaluate the merits of the plan, its ability to meet the principles associated with the effort and the fiscal viability of the entire effort.

In partnership with the many stakeholders, we offer the following two recommendations for consideration:

- A. The aforementioned appointment of a Mental Health Commissioner who would assume the major leadership role on this project. It is anticipated that the implementation of the entire VSH Futures plan will take at least three to five years.
- B. The approval of a significant housing initiative that will add, over the course of three years a total of \$3 million dollars. The current woeful lack of appropriate housing options creates a constant pressure on our most acute facilities, especially the state hospital. The VAMH supports flexible and creative housing options with a priority to our Housing Contingency Fund as well as the establishment of a capital development fund
- C. The elimination or restructuring of the Vermont State Hospital Futures committee, which has not realized its potential. Rather than perpetuate an underachieving entity, or spend endless hours of finger pointing, we call on the new Commissioner of Mental Health, in coordination with the Secretary of Human Services, to design a new advisory panel with a clear mandate, set of expectations and timetable.

5. **We call on the state to continue building a system of care in alcohol and substance abuse services including treatment, prevention and recovery.**

After decades of neglect, Vermont has demonstrated a commitment to this important health problem. Over the past four years, there has been an increase in worker salaries which impact quality care, the introduction of Valley Vista Treatment Center in Bradford, growth in Student Assistance programs, a mobile methadone clinic in the Northeast Kingdom and a major expansion in recovery services, particularly in a network of recovery centers throughout the state.

However everyone knows that we still reach a small percentage of those who confront addictions. In fact, the cost of not treating or addressing this major health problem is staggering. Ask any school official or staff member of our corrections system.

The Administration and the Legislature should take pride in recent progress. The Division of Alcohol and Drug Programs have secured three new federal planning and training grants. This provides the state with an opportunity to promote better treatment models including treatment of both mental health and substance abuse issues, prevention and adolescent services.

With passage of Vermont's parity bill, which included both mental health and substance abuse, the state defined alcohol and substance abuse addictions as a health problem rather than a personal or moral defect. The budget building process must reflect an expanding commitment to effective treatment, prevention and recovery services.

6. **We will advocate for the expansion of the Elder Care Clinician Program which has been the state's major initiative for meeting the mental health and substance abuse treatment needs of Vermont elders.**

In 2000, the Administration and the Vermont Legislature appropriated \$250,000 to the Department of Disabilities, Aging and Independent Living. These funds allow the Area Agencies on Aging to contract with their local community mental health centers for the hiring of elder care clinicians. Vermont now has approximately a dozen trained specialists who serve 500 older Vermonters a year.

Demographic surveys clearly demonstrate that Vermont will see an increase in the number of older citizens during this decade. Clearly older Vermonters are an underserved population.

The allocation for the Elder Care program since the year 2000 has remained at \$250,000. This is unacceptable, this is unrealistic and this is unresponsive to a vital and effective program.

The Vermont Association for Mental Health will work to enhance support for Vermont's Elder Care initiative during the next two budget cycles.

7. **We will continue to work to ensure that Vermont's Parity bill of 1997, the nation's model for equal insurance coverage for all mental health and substance abuse conditions, realizes its full potential.**

Vermont's Parity bill remains *the* national model and *the* national standard of comprehensive for mental health and substance abuse coverage. In 1997, Vermont's bill drew national acclaim for the bipartisan support for a mandated requirement for equity in coverage. Five years later, the federal government conducted a major impact study. In its special report of 2003, the US Department of

Health and Human Services concluded that “the study shows that parity for mental health and substance abuse benefits was achieved”.

While support for the parity bill remains strong in Vermont, several federal health care reform proposals carry potential harm. We will oppose plans that would allow insurance companies to bypass or ignore state mandates or state regulation. This approach would not only negate the parity mandate but it would also eliminate key regulatory requirements in our Vermont Division of Health Care Administration that protects all Vermont consumers who access health care in our private marketplace.

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