

Legislative Interim Committee Meetings Report November 16-18, 2008

The following topics of interest to social workers occurred during the November Legislative Interim Committee Meetings.

November 16, 2008

Equal Pay Commission: Recommendation of Salary Adjustments

Pay equity is the concept of equalizing pay in female-dominated positions with comparably evaluated male-dominated positions. Social worker classifications are traditionally affected. The state budget includes a \$250,000 appropriation which matches an equal amount of federal funds. Positions recommended for pay equity include Social Service Supervisor, Social Service Worker III, Health and Human Services Specialist Senior, and Health and Human Services Aide. Monthly adjustments will vary from \$24 to \$46 depending on the level of disparity below the predicted pay for male-dominated positions. State employees affected by the adjustments will receive letters from the Equal Pay Commission. The Commission also directed staff to report on how other states address equal pay. A study being undertaken by the WV Women's Commission will be incorporated in the report, which is expected to be presented at the January Interim Meetings.

Select Committee A – Committee on Children, Juveniles and Other Issues: Assault and Battery Against a Government Representative

A draft rewrite of the Malicious Assault law was presented by staff counsel. Protective services and health care workers were added to this section of the law last year. In the wake of the July murder of social worker Brenda Lee Yeager, lawmakers are considering additional changes. The draft language needs more work if it is to clearly incorporate social workers in private and nonprofit settings. Del. Fleischauer (D-Mon) asked that this be addressed. Del. Eldridge (D-Lincoln), who represents Brenda Yeager's home county, asked that technology and communication issues also be addressed. An internal DHHR safety committee is considering a number of measures, including technology. Safety training has been mandated for all affected DHHR employees, and an online safety training course has been developed. NASW WV requested that the online course be made available to non-governmental social workers, and the response was favorable. We also suggested that policies and regulations concerning assessments and referrals be reviewed to insure that safety concerns are communicated to referral agencies and

Dr. Carl Hadsell, Prof. Assoc. with the WVU Center for Entrepreneurial Studies and Development, Inc. presented the report. Dr. Hadsell, Mr. John Bianconi, Commissioner, WV DHHR Bureau for Children and Families and Mr. Steve Canterbury, Administrator of the WV Supreme Court of Appeals responded to questions from legislators.

The Commission was created by the passage of HB 4488 two years ago. For over one and one-half years one-hundred seventy people have been involved in the Commission and its Advisory Council. As the term 'comprehensive' implies, the effort has looked beyond state government and services to encompass the entire behavioral health system, as well as related efforts, such as specialty courts (drug courts/mental health courts). Among the principles embraced are quality, collaboration, respect for consumers, collaborative/integrated care, appropriate settings for care/ community based, financing, efficiency and outcome based services. Several working groups were formed, including finance, populations, providers, programs, systems, workforce development, regulation and image. Halfway through the process an intermediate analysis was performed.

Recommendations: Equal importance is given to each of the areas, which are:

- Models of Care – Integrated; improve accessibility and availability; reduce ER usage; geared toward the consumer
- Quality – Accountability, quality improvement, better practice
- Cost of Care – Funding, including funding for more specialty courts; potential savings
- Perceptions of Care/ Stigma – has not been made a priority in WV; national program to draw on
- Workforce Development – Current challenges, future needs; generated lots of ideas
- Technology – Electronic medical records; telemedicine (a current WVU/BHMF project)

Costs: In general, WV should move to more community-based interventions. After an initial investment that would cost more than currently allocated, there would likely be a 'ripple effect' of long term cost savings not only in behavioral health, but also in reduced incidence of domestic violence and fewer incarcerations in correctional facilities. Public Consulting Group estimates current cost of the behavioral health system is \$3.5 billion, which includes costs associated with funding corrections, domestic violence programs, highway programs, etc.

Key Health Statistics: About 152,000 West Virginians have substance abuse problems,

begun to add 20 forensic beds at Bateman Hospital. An addition at Sharpe Hospital, creation of community based beds, etc are all ideas on the table.

Funding – Additional funding will be necessary in the short term to achieve anticipated long term savings. Shifting cost savings within the system will not provide enough funding. Additional funds should be targeted to prevention in order to break current trends of high-end interventions. The increase in demand among veterans and their families is an important and challenging factor in calculating costs. Cost savings are anticipated through reductions in domestic violence and incarceration, as well as through positive results such as employment, productivity and improved self-esteem.

Independent Care Coordination – A controversial concept; conceivably one point of contact for the consumer to access the right services and integrated care. Additional services, such as referral to appropriate community resources, job training / job finding, ‘Oxford Houses’ (recovery communities) were discussed.

Provider Qualifications / Certification – Consistency is desired. Presently there are different payment rates and quality differences. BHHF needs to concentrate on who is credentialed to provide services. Recruitment and training is a major issue. There would be a move to reimbursing qualified / certified providers.

Specialty Courts / Day Report Centers – Drug Courts are proven effective and more are needed. There is one Mental Health court in the Northern Panhandle. The goal is to reduce inappropriate mental hygiene commitments by supporting treatment/medication compliance. Drug Courts are available in 8 counties with 8 more being developed. Appropriate diversion from incarceration, coupled with regular checks, work requirements and the specter of jail have saved resources and money. The WV Supreme Court of Appeals has largely funded drug courts with grant funds, but these will not always be available. Day Report Centers need to offer additional supportive services such as job finding, training, self-help, etc. BHHF has a Memorandum of Understanding to fund two care coordinators at the Mercer Co. Day Report Center.

BHHF Reorganization – BHHF is retooling to support the new concept of stressing preventive and community-based care.

Chapter 27 / Regulations – Much of the language in current law is outdated. Should eventually be rewritten.

Inefficiencies – We are not offering prevention services. This is easy to say, but harder to

Facilities tab. Some are easier to implement and have already been picked up by BHHF or other bureaus at DHHR. Others will cost money that must be appropriated at some point in the future.

Four Task Teams are recommended to oversee implementation of the recommendations, if the report and concept are adopted by the Legislature. They are:

Clinical Advisory Group – Administrators of state behavioral health facilities

Consumer Advisory Panel

Provider Advisory Panel

Consumer Affairs and Outreach

Several independent initiatives are occurring at the same time, including the Legislature's Roadmap to Health healthcare reform project, WV DHHR's Health Improvement Institute, and the Out of State Placement Task Force.

Mr. Bianconi noted that BHHF can best use resources by leveraging and growing the comprehensive behavioral health system.

Del. Hatfield (D-Kanawha) recommended that the Commission be reauthorized for an additional two years. This motion will be considered at a future meeting. Del. Hatfield pressed for the creation of the Commission and is to be commended for her strong oversight.

Select Committee B – Veterans Issues

Mental Health Needs of Returning Veterans and their Families; GI Bill Education Benefits

Lt. Suzanne Jenkins reported to the committee. Lt. Jenkins is a clinical social worker, and is the only Mental Health Officer with the WV Army National Guard. Additional mental health personnel are needed, she said. She previously worked at the Huntington VA Medical Center. She addressed several issues regarding adequate services and treatment for combat PTSD, such as how to effectively screen and inform veterans returning from deployment, and the limitations of the VA services system (cannot treat family members; services have a 5-year window of eligibility, etc). More training is needed to adequately address service gaps and quality of service, particularly among non-military behavioral health providers. Lt Jenkins mentioned the NASW Spring Conference as a source of training. The committee appreciated her testimony and resolved to look at National Guard funding, which does in part come from legislative appropriation.

A special joint meeting of major committees occurred at which state investment pool directors discussed the affect of the economic downturn on WV's investments. The state's portfolio has lost about one-quarter of its value. As such it has performed better than many in these times, and no changes in investment strategies are planned.

Special Meeting on Medicaid Mountain Health Choices Program

NASW WV leads a coalition called FACES on Medicaid, which advocates for an improved Medicaid system. Del. Hatfield (D-Kanawha) arranged a meeting between representatives of FACES (Evelyn Dortch of Direct Action Welfare Group, The Rev. Dennis Sparks of WV Council of Churches and NASW WV CEO Sam Hickman) and the DHHR Bureau for Medical Service Commissioner Marsha Morris, and Assistant Commissioner Shannon Landrum. Discussion touched on various issues. Anecdotes gleaned from information shared at previous FACES meetings were very helpful in soliciting responses about how the program is affecting recipient families. We were encouraged to forward information about such incidents so that corrective action can be taken. One case involving co-pays for completing the health assessment has already been turned over to the Fraud Unit for investigation. Consumer issues in the design and administration of the Mountain Health Choices program were discussed. Provider outreach has improved and a downloadable provider training piece is available at www.wvdhhr.org under the Bureau for Medical Services tab. A survey of Medicaid recipients (one of the Transformation Grants) is being conducted under the auspice of Dr. Chris Plein of the WVU Div. of Public Administration. Results are expected by the end of January or early February. FACES representatives stressed that consumers need better information and avenues for personal assistance, such as more effective outreach and advertising, allowing DHHR economic service workers to provide information, and engaging providers to be more effective advisors to their patients. Such issues are being looked by DHHR. The Medicaid Consumer's Guide is to be printed in quantity and made available to recipients. No action on program or policy changes is planned before survey results are reviewed. Concerns over behavioral health services are being addressed now that a series of meetings with comprehensive behavioral health providers has been concluded. We were told that payment issues are being worked out, and that Prestera Center, for example, is again accepting 'Basic' plan recipients. Enrollment issues were discussed. Although Medicaid cannot conduct open enrollment due to restrictions placed on the program by the federal Centers for Medicare and Medicaid Services, they are allowed to conduct early enrollment, although new serviced cannot be offered until the annual re-determination date is reached. The change in the national administration is likely to bring more scrutiny of the existing moratorium on implementation of certain CMS Medicaid rules, such as those restricting Targeted Case Management. However, current budget estimates have incorporated the anticipated savings from implementing

the maintenance of existing laws regarding the determination of child custody as they insure that custody decisions are made in the best interests of the child.

November 18, 2008

**Legislative Oversight Commission on Health and Human Resources Accountability:
Perinatal Partnership Recommendations**

The **Perinatal Partnership** made a dozen recommendations designed to improve neonatal health and reduce unwanted pregnancies. They asked for the Medicaid - Family Planning Waiver, and to cover pregnant women to 200% of FPL. This waiver provides a 90% match for the state's 10% appropriation. They are also asking for \$250,000 in 2009 and \$100,000 in 2010 for match for a RUS grant to purchase telecommunications equipment to be used for getting rural pregnant women and newborns a medical consult if they are high risk... preventing them from having to travel to Charleston, Morgantown, or Huntington for consults, which they frequently miss due to travel problems and having to take off work.

Select Committee D – Health: The Legislature's Care Reform Initiative

Dr. Kenneth Thorp is the Legislature's consultant on this initiative. He is highly regarded, and is one of several people being considered for the lead health policy person for the Obama administration.

Four workgroups have funneled preliminary recommendations to the initiative's executive committee, which will make final recommendations to the Legislature prior to the 2009 Regular Session. Eighty percent of what WV spends on health care is for treatment of chronic conditions. The state's high obesity rate is responsible for a 15-20% growth in health care spending in the past 20 years. The focus of the reform initiative is on preventing chronic conditions by promoting healthier lifestyles, and on treating existing chronic conditions more effectively. These goals favorably mirror national trends, which could WV ahead of the game to some degree. Finding ways to help small provider groups and individual providers to become Nat'l Council on Quality Assurance 'Medical Homes', implement electronic health records, and have access to a Community Health Team are keys to success. Community Health Teams

Joint Government Organization/Government Operations Committees:
Children's Trust Fund State Income Tax Form Contribution Check-Off