



**VERMONT
CARE
PARTNERS**

Fiscal Year 2025 Budget Ask





Mary Moulton - Executive Director, Washington County Mental Health Services

Rachel Cummings, Executive Director, Counseling Services of Addison County

Carrie Hathaway - Director of Financial Management, Howard Center

February 7, 2024

VCP: A statewide network of sixteen community-based agencies providing mental health, substance use, and intellectual and developmental disabilities services and supports.

	COLLABORATIVE ADVOCACY/PUBLIC POLICY work based on the values of a community-based system of care to improve the lives of Vermonters
	NETWORK SUPPORT creating effective partnerships and efficiencies to facilitate the provision of accessible, high quality services and supports
	STATEWIDE PROGRAM SUPPORT developing and implementing emerging and evidence-based practices/models of care to meet need
	IT SUPPORT AND INNOVATION advancing the use of technology and data for high quality services and accountability
	EDUCATION AND TRAINING increasing skill sets and knowledge throughout agencies and communities

Vermont's System of Care Designated and Specialized Service Agencies

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.Lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org

HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org



Designated Agencies

Upper Valley Services (UVS) - IDD

Clara Martin Center (CMC) - MH/SU

Health Care and Rehabilitation Services (HCRS) - IDD/MH/SU

Lamoille County Mental Health Services (LCMHS) - IDD/MH

Northwestern Counseling & Support Services (NCSS) - IDD/MH/SU
for children; HC provides SU for adults

Northeast Kingdom Human Services (NKHS) - IDD/MH/SU

Rutland Mental Health Services (RMHS) - IDD/MH/SU

Washington County Mental Health Services (WCMHS) - IDD/MH (SU
Coming Soon)

Counseling Services of Addison County (CSAC) - IDD/MH/SU

United Counseling Service of Bennington County (UCS) - IDD/MH/SU

Howard Center (HC) - IDD/MH/SU

Specialized Service Agencies

NFI Vermont, Inc. (NFI) - MH for youth and young adults

Families First in Southern Vermont (FFSV) - IDD






Green Mountain Support Services (GMSS) - IDD

Lincoln Street, Inc. (LS) - IDD

Champlain Community Services (CCS) - IDD



An Indispensable Public Community-Based System

	<p>Created by statute (18 V.S.A. § 8907)</p>
	<p>Designated Agencies are responsible for ensuring needed services are available through program/service delivery, local planning, service coordination, and outcome monitoring in each geographic region of the state (11 DAs all in the VCP network)</p>
	<p>Specialized Service Agencies can operate in more than one geographic area of the state and provide a distinctive approach to service delivery and coordination (7 SSAs/5 in the VCP network)</p>
	<p>Grounded in the philosophy that everyone benefits when people receive community-based -- rather than institutional -- care</p>
	<p>A hallmark of our model is coordinated care in the community and integrated at the system, program, individual and family level</p>



PROMOTION & PREVENTION

Universal strategies to promote mental health, wellness, and resilience. Examples include:

- Housing
- Employment services
- Food assistance
- Anti-poverty initiatives
- School based & afterschool programming
- Psychoeducation
- Wellness programs
- Home based supports
- Education & training
- Outpatient supports
- Peer-driven initiatives
- Community outreach
- Disaster response



EARLY INTERVENTION

Recognizing the warning signs. Examples include:

- Screening
- Case management
- Community support
- Respite
- Emergency services
- Early childhood intervention
- Harm reduction & overdose prevention
- Urgent care
- Mobile crisis
- 988/crisis lines



TREATMENT

Evidence-based services for children, adults, and families
Examples include:

- Assessment
- Service planning & coordination
- Therapeutic services
- Medication management & medication assisted therapy
- Crisis stabilization
- Residential treatment
- Transitional & crisis beds



RECOVERY

Services, often community- and-peer based. Examples include:

- Supportive housing
- Peer-based supports
- Peer-based residential programming
- Support groups
- Case management
- Recovery-oriented education

Each level is inclusive of those before it

FY25 Budget Ask & Rationale

Eldercare Program

Meeting the Mental Health Needs of Homebound Older Vermonters



The Eldercare Program serves older Vermonters facing mental health and substance use challenges who have limited access to services and supports and barriers to office-based care.

- **Older Vermonters' higher risk of anxiety, depression, and suicide can be caused by social isolation, financial stress, and loss of loved ones**
- **Rates of suicide in Vermonters ages 60-84 are consistently higher than the national average**
- **One in four Vermont residents are over the age of 60 - making it the 4th oldest population in the country - DAIL**
- **We need to ensure we're supporting our aging population**

Eldercare Program Need



An additional \$453,000 GF is necessary to improve funding of the program which has been level funded for years.

DA/SSA	Average Clients/Month	Waitlist	Deficit
WCMHS - also serves Lamoille & Orange	75	Yes	Yes
CSAC	32	Yes	Yes
NCSS -Franklin/Grand Isle	12	No	Yes
NKHS	4	No	No
RCMH - also serves Bennington	55	Yes	Yes
HCRS	4	No	Yes
HC	53	Yes	Yes

Invest in a Robust System of Care

- We looked at factors similar to the state for our increase. We are asking for the same consideration - the system of care needs to work on all levels.
- Caseload increases in DAIL are not a funding increase. It supports increase in acuity and increase in those needing services.
- In DMH there is no mechanism for increased acuity and those needing services.
- Because we are 92-98% Medicaid, cost shifting is not an option as it is for some other providers.

- Staff need to keep up with inflation, but matching inflation only maintains the status quo.
- Level funding is a cut. Inflationary pressure is already affecting staff and causing them to leave. Losing more staff will make matters worse.
- A cut in wages will undo progress made and exacerbate the effect of turnover.
- Predictable increases will benefit the culture and further improve retention.
- Retention benefits clients who need long-term trusting relationships with those who care for them.

Keeping the Network Level with Inflation

Chapter 207: Community Mental Health and Developmental Services

(Cite as: 18 V.S.A. § 8914)

- § 8914. Rates of payments to designated and specialized service agencies

(a) The Secretary of Human Services shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing rates of payment for designated and specialized service agencies, the Secretary shall adjust rates to take into account factors that include:

- (1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and
- (2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.

(b) When establishing rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State. (Added 2017, No. 82, § 11, eff. June 15, 2017.)

FY25 BUDGET ASK - 6.5% Medicaid Rate Increase

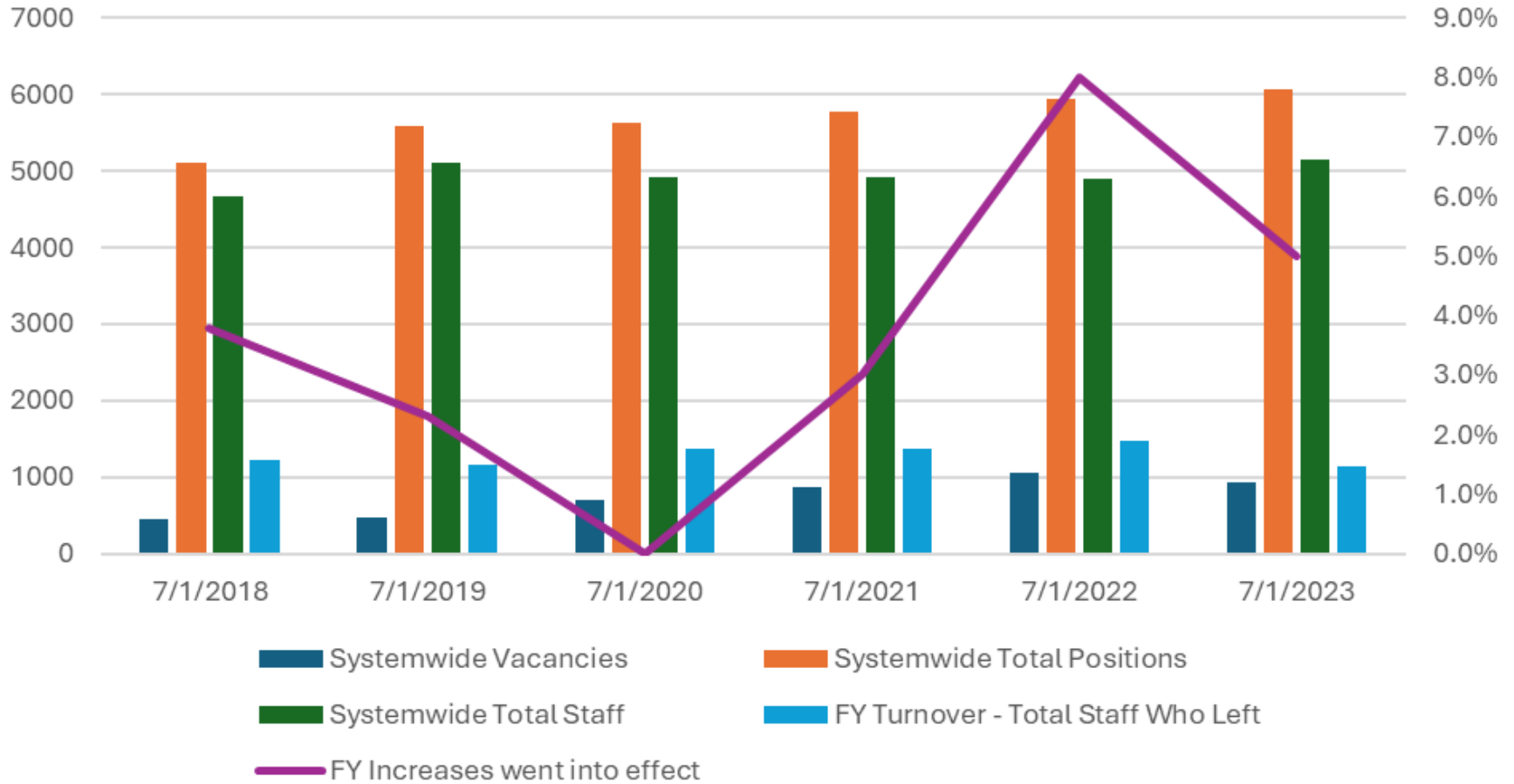
BASED ON - COMPREHENSIVE CFO ANALYSIS

exploring each area to understand the need in the distinct area of expense

Gross	\$
Need	34,661,359
State	
Match	42.17%
GF	\$
Need	14,616,695

- **5% - Salary Increase for Staff – Based on the U.S. Bureau of Labor Statistics**
- **16.6% - Health Insurance Increase – Average Projection**
- **7% - Increase in Other Fringe**
- **10.8% - Increase in General/Liability/Auto/Property Insurance Rates**
- **3.3% - Increase in All Other Operating based on NE CPI, updated through October 2023**

2018-2023 VCP Agency Turnover & Vacancies



Unintended Consequences of Underfunding

A Critical System of Public Care

Staffing Shortages	Impact
Reduced staff capacity for community-based wraparound supports	Increased risk of homelessness and need for acute services such as ED utilization, inpatient, and private residential
Reduced residential bed capacity	Increased risk of homelessness and need for inpatient care
Reduced crisis bed capacity	Increased ED use, longer wait times, larger burden on emergency services
Reduced school-based community integration and family respite staff	Increased referrals for therapeutic schools and/or out-of-state residential placements and ED usage



A Statewide System of Care at Risk



The needs and costs to support vulnerable Vermonters will not go away. They will show up in more costly interventions such as crisis services, law enforcement and corrections, child welfare, schools, and more.

If the system fails, it will have a profound impact on the safety net that was created to support vulnerable Vermonters and place additional demands on public safety services.

The health and safety of vulnerable Vermonters will be at risk if services are underfunded.

DA/SSA Services and Support in Vermont - Where we are now

High End Supports

Emergency Department Visits

News Stories

Crises

Law Enforcement Interactions

Critical Preventive Work

24/7 On-Call Crisis Staff

Care Coordination

Building of Protective Factors

Advocacy

Home Visits

Case Management

Basic Needs Support

Housing & Supports

Training & Education

Peer Support

Clinical Support

Community Access

Social Connection

Relationship Building

Mindfulness Programming

Direct Supports

Medical Appointments

Community Resilience

Family & Guardian Support

DA/SSA Services and Support in Vermont - Where we are headed



Workforce Barriers & Impacts

WAGE

People are unable to take positions that cannot support their basic needs; they are reluctant to take positions that cannot guarantee any kind of predictable increase. Inflation makes it difficult to make ends meet. There is an imbalance between workload and compensation

BURNOUT

Jobs in the mental health, substance use, and I/DD field are taxing. Staff are often supporting individuals during some of the most challenging times of their lives. When other staff leave often the workload is shifted to already maxed out staff.

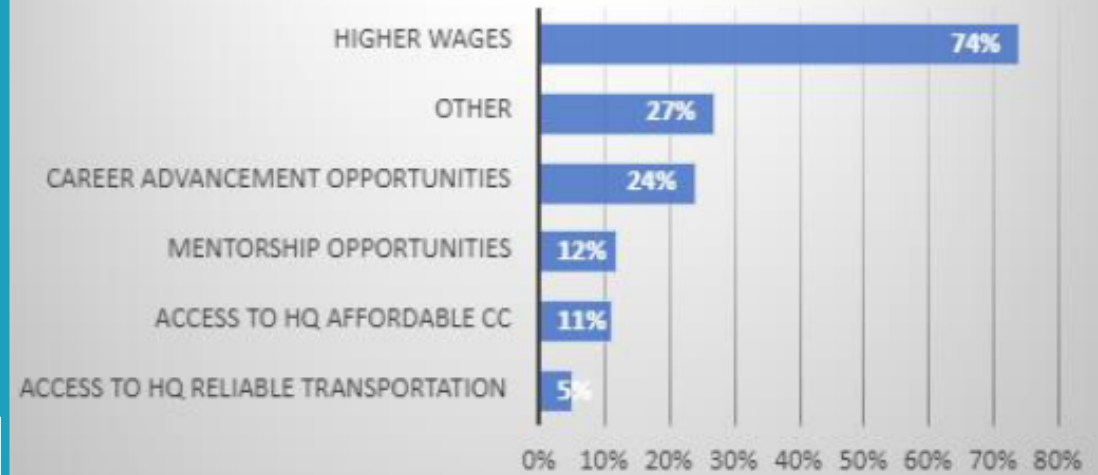
ADMINISTRATIVE BURDEN

Studies consistently show that physicians [and mental health workers] spend twice as much time on electronic documentation and clerical tasks compared to time providing direct. patient care. - Colicchio et al., 2019, Shanafelt et al., 2016

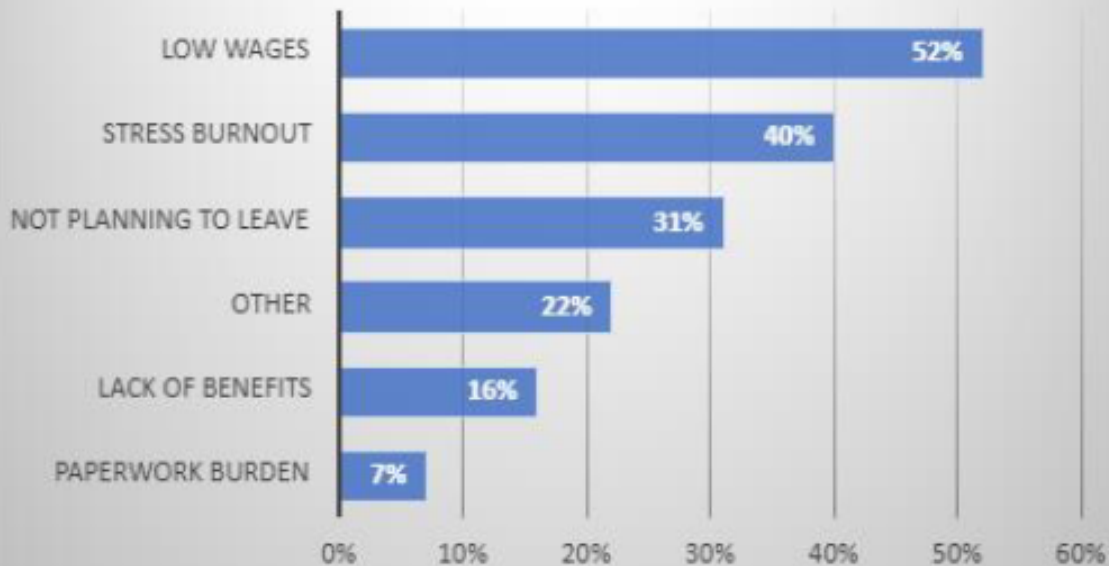
HELP US PRIORITIZE WHAT MATTERS!!!

Survey Spotlights

What Would Help You Stay?



Why Might You Leave?



Direct Care Workforce Consultancy Project - 2022



“WCMHS has been an amazing experience, I have never felt this supported and respected by any other agency or business that I have worked with. The individuals who work at this agency are some of the most earnest, compassionate, and charitable that I have ever met. Truthfully, leaving is a decision I make with a somber heart, and a large portion of me would like to work for this agency again in some way in the future.”

“I hate trying to hire a new employee, because we either have to hire someone who is under qualified or we have to under pay for the work a new employee will be doing. Even though CSAC has increased its pay structure, I still worry about the future, when the next time I have to replace a staff person.”

“Our pay has certainly increased, but is still less than other DAs, and far less than private practices. It’s difficult to hire and retain staff, particularly clinicians, due to this.”

“The pay needs a lot more work to bring it up to par with state workers.”

“These are difficult jobs requiring patience, skill, dedication and we hold A LOT of responsibility. We’re asked to go into difficult situations and support people during some of the most intense time periods of their lives. Why isn’t that valued more? We’re making Vermont better...healthier. I’m a solo parent and have moved into a leadership position. It’s still difficult to make ends meet. I love my job and don’t want to leave but what are the options here? As the cost of everything goes up and we continue to be level funded...I feel like my hand is forced. It’s difficult to support families struggling while also struggling yourself.”

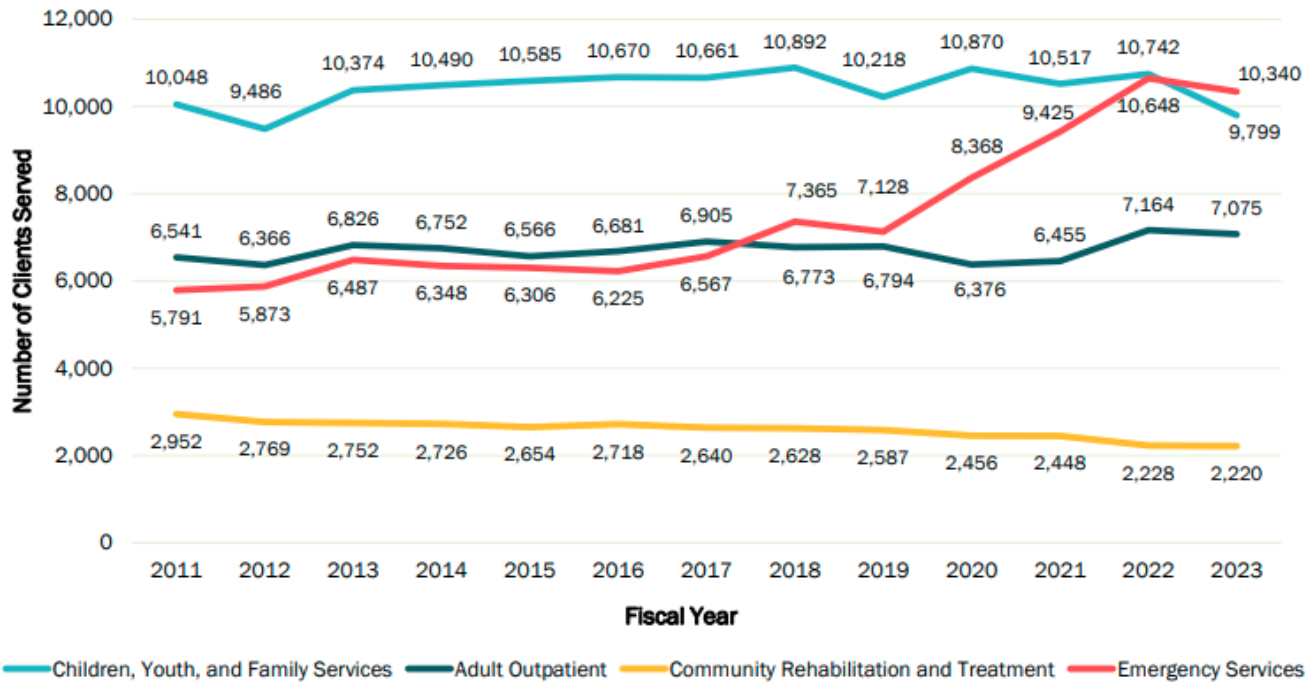
“My client introduces me as her best friend. To put us in positions where we can’t stay breaks my heart because I care about her and her family and they’ve been through a lot this year, I’d like to continue to be in her life. We are so important to each other at this point. We should be compensated in a way that allows us to stay in their lives. We’re like family members to these people so when we have to leave the positions because we’re not being compensated adequately, it takes such a toll on both parties.”

“DSPs aren’t able to take time off. It may have accrued but we can’t take it because we can’t find people to cover our shifts. People haven’t had breaks or vacations in too long, and this contributes to the continuous cycle of burnout and people leaving.”

“The emotional load of working with clients is so taxing and with increased caseloads, it makes it even harder, bringing mental and physical exhaustion. On top of everything else, we are also asked to provide coverage to other clients and are being priced out of our homes at the same time.”

Story Behind the Numbers

Use of Services by Primary Program



- Vacancies continue - recruitment & retention still a barrier
- Numerous changes in payment and service delivery
- Goals of payment reform vs reality and culture shift
- Data errors/EMR coding
- No shows
- COVID continues to impact the system
- Claim reconciliation process
- Much grant/contractual work isn't captured in the MSR/MMIS
- Lingering practical effects of turnover



DMH FY25 Budget Presentation - 2024

We didn't lose ground, we stayed afloat - it takes time to turn the curve

RBA - How
Much?

Intellectual/Developmental Disability Services and Support

Served over **4,600**
Vermonters, **46%** of
whom had a co-
occurring mental
health diagnosis

590 lived
independently
Over **1,500** received
support in shared, staffed,
or group settings

40% of those
receiving services
were employed

Over **2,200** received
support enriching
local communities by
joining events with
friends and family

RBA - How
Much?

Mental Health and Substance Use Services and Support

Served over
36,200
Vermonters

Operated **83%** of
mental health
residential beds and
96% of crisis beds

Provided 24/7/365
mental health crisis
response, serving over
13,300
Vermonters

Served over
13,200 children
and families in need of
mental health services

RBA - How Well & Is Anyone Better Off?

I/we received the services that
were needed.

87%

The services that I/we
received made a difference.

89%

Staff treated me/us with
respect.

93%

The DA/SSA Network Continues to Innovate and Problem Solve

Decreased wait for services

Increased patient-centered treatment options

Care coordination activities

Expanded services

Expanded evening/weekend hours

EHR Development

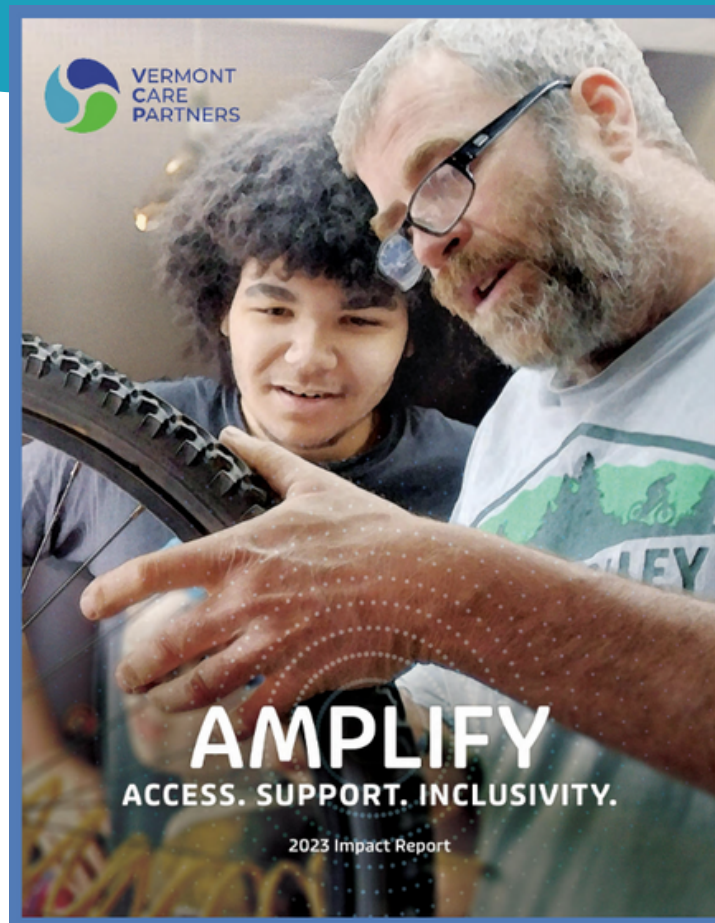
HIT Interoperability with healthcare providers

Focus on evidence-based practices

Projected competitive market rate salaries

Community needs assessments

2023 IMPACT REPORT





**VERMONT
CARE
PARTNERS**

Amy Johnson - amy@vermontcarepartners.org

February 7, 2024