VERMONT CARE PARTNERS

Fiscal Year 2025 Budget Ask

February 7, 2024

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	Specialized Service Agencies
Upper Valley Services (UVS) - IDD	NFI Vermont, Inc. (NFI) - MH for youth and young adults
Clara Martin Center (CMC) - MH/SU	Families First in Southern Vermont (FFSV) - IDD
Health Care and Rehabilitation Services (HCRS) - IDD/MH/SU	Green Mountain Support Services (GMSS) - IDD
Lamoille County Mental Health Services (LCMHS) - IDD/MH	Lincoln Street, Inc. (LS) - IDD
Northwestern Counseling & Support Services (NCSS) - IDD/MH/SU for children; HC provides SU for adults	Champlain Community Services (CCS) - IDD
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	

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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 INTEVERTION

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

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**
- **No increase in this program in over 20 years**

Eldercare Program Need

An additional $453,000 GF is necessary to achieve full 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

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**

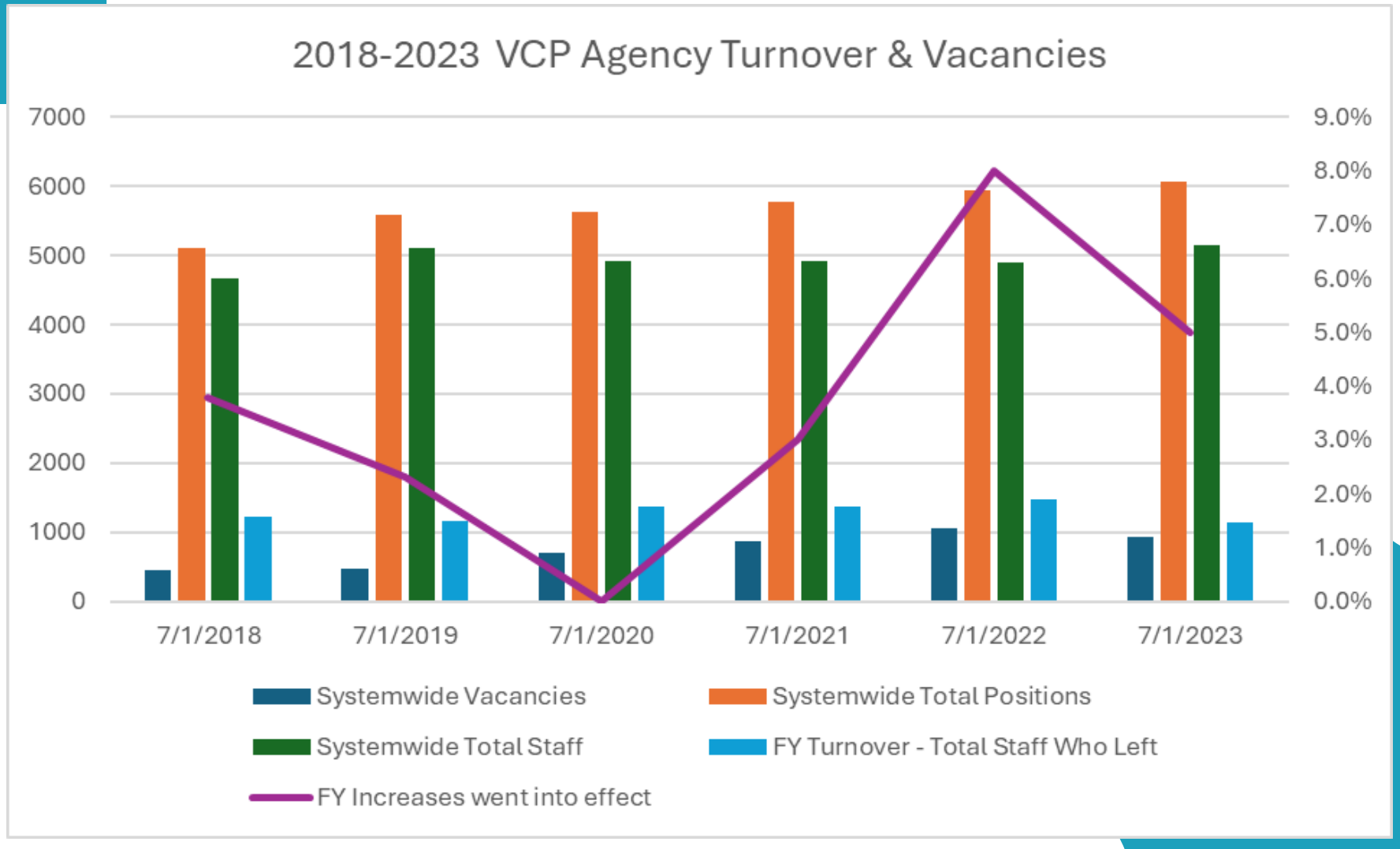
Invest in a Robust System of Care

- 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.

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


2018-2023 VCP Agency Turnover & Vacancies
7000
6000
5000
4000
3000
2000
1000
0
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
7/1/2018
7/1/2019
7/1/2020
7/1/2021
7/1/2022
7/1/2023
Systemwide Vacancies
Systemwide Total Positions
Systemwide Total Staff
FY Turnover - Total Staff Who Left
FY Increases went into effect

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.

MH Services and Support in Vermont - Where we are now

Emergency Department Visits

Crises

News Stories

Law Enforcement Interactions

24/7 On-Call Crisis Staff

Building of Protective Factors

Home Visits

Basic Needs Support

Training & Education

Clinical Support

Social Connection

Mindfulness Programming

Medical Appointments

Care Coordination

Advocacy

Case Management

Housing & Supports

Peer Support

Community Access

Relationship Building

Direct Supports

Community Resilience

Family & Guardian Support

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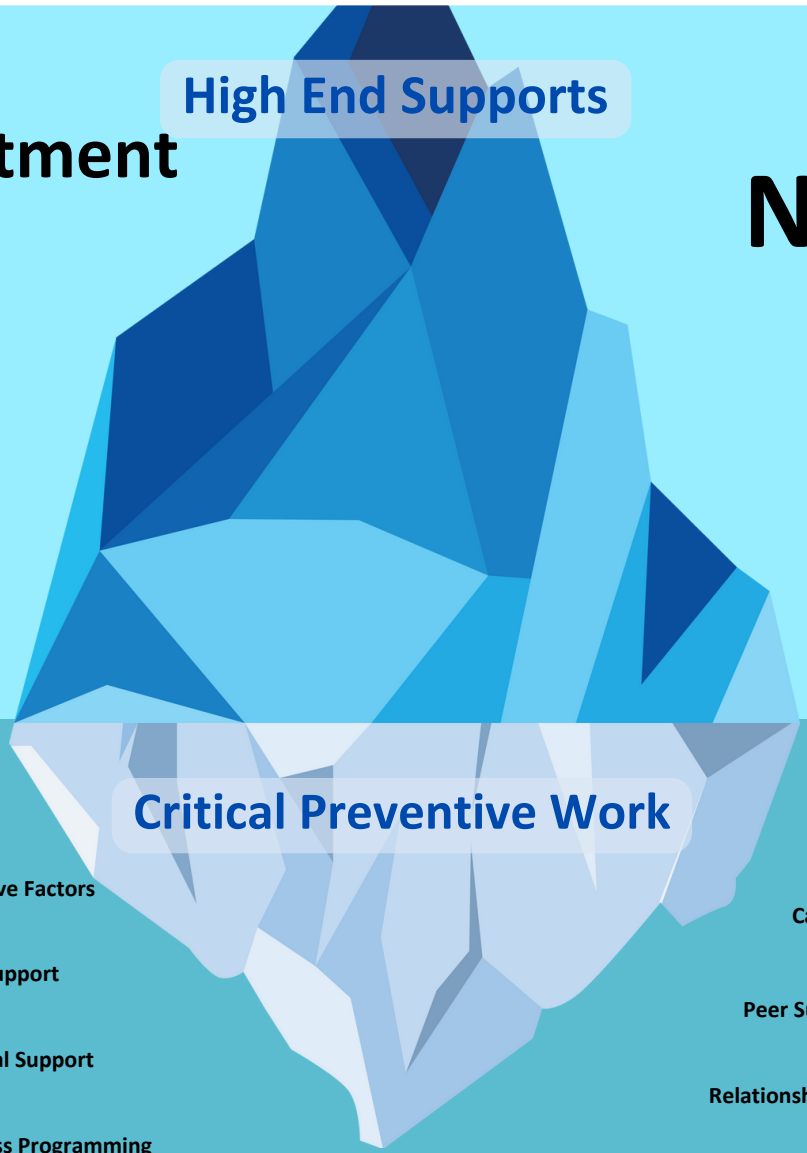
MH Services and Support in Vermont - Where we are headed



Emergency Department Visits

News Stories

Crises

Law Enforcement Interactions

- 24/7 On-Call Crisis Staff
- Building of Protective Factors
- Home Visits
- Basic Needs Support
- Training & Education
- Clinical Support
- Social Connection
- Mindfulness Programming
- Medical Appointments

- Care Coordination
- Advocacy
- Case Management
- Housing & Supports
- Peer Support
- Community Access
- Relationship Building
- Direct Supports
- Community Resilience
- Family & Guardian Support

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Workforce Barriers & Impacts

WAGE

- Salaries need to empower people to meet their basic needs
- Reluctance in taking positions that cannot guarantee any kind of predictable increase.
- There is an imbalance between workload and compensation

BURNOUT

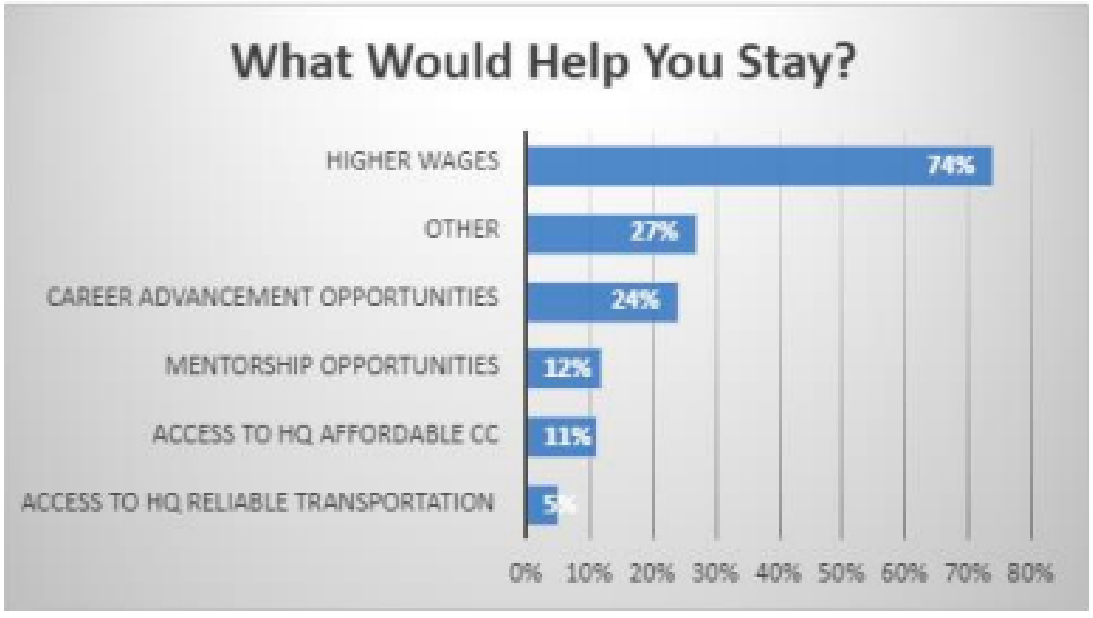
- Jobs in the mental health, substance use, and I/DD field are difficult and demand a lot
- burnout and empathy fatigue are real - people who care for others need to be cared for
- When other staff leave often the workload is shifted to already maxed out staff.

ADMINISTRATIVE BURDEN

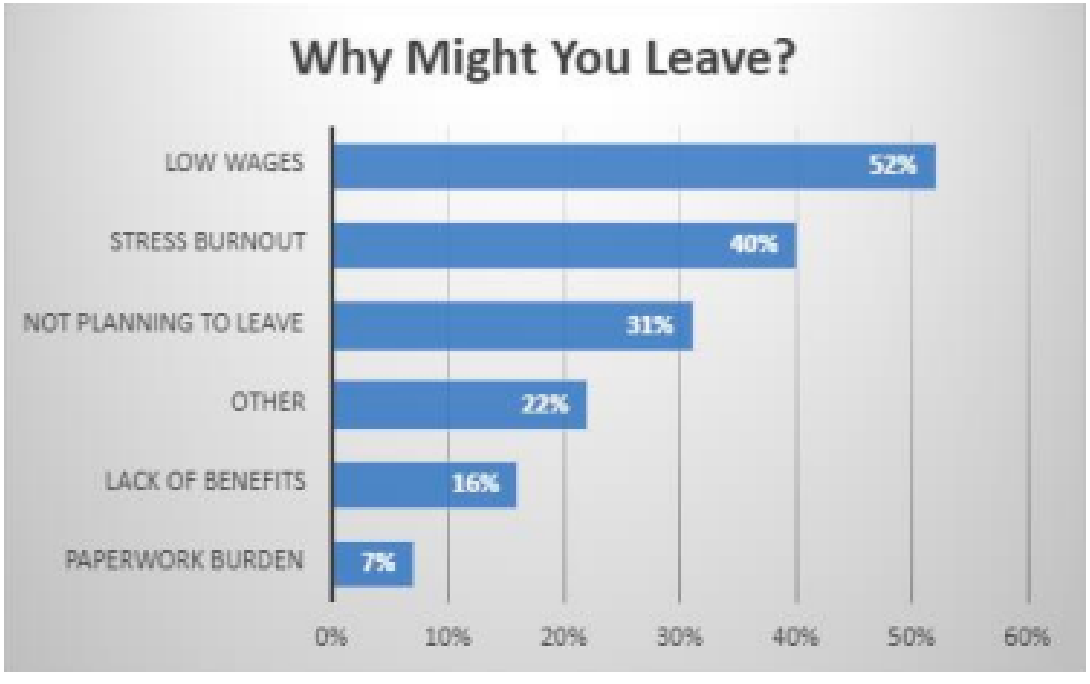
Studies consistently show that physicians [and mental health workers] spend twice as much time on electronic documentation and clerical tasks compared to time providing direct. patient care. - Colicchio et al., 2019, Shanafelt et al., 2016

HELP US PRIORITIZE WHAT MATTERS!

Survey Spotlights



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."

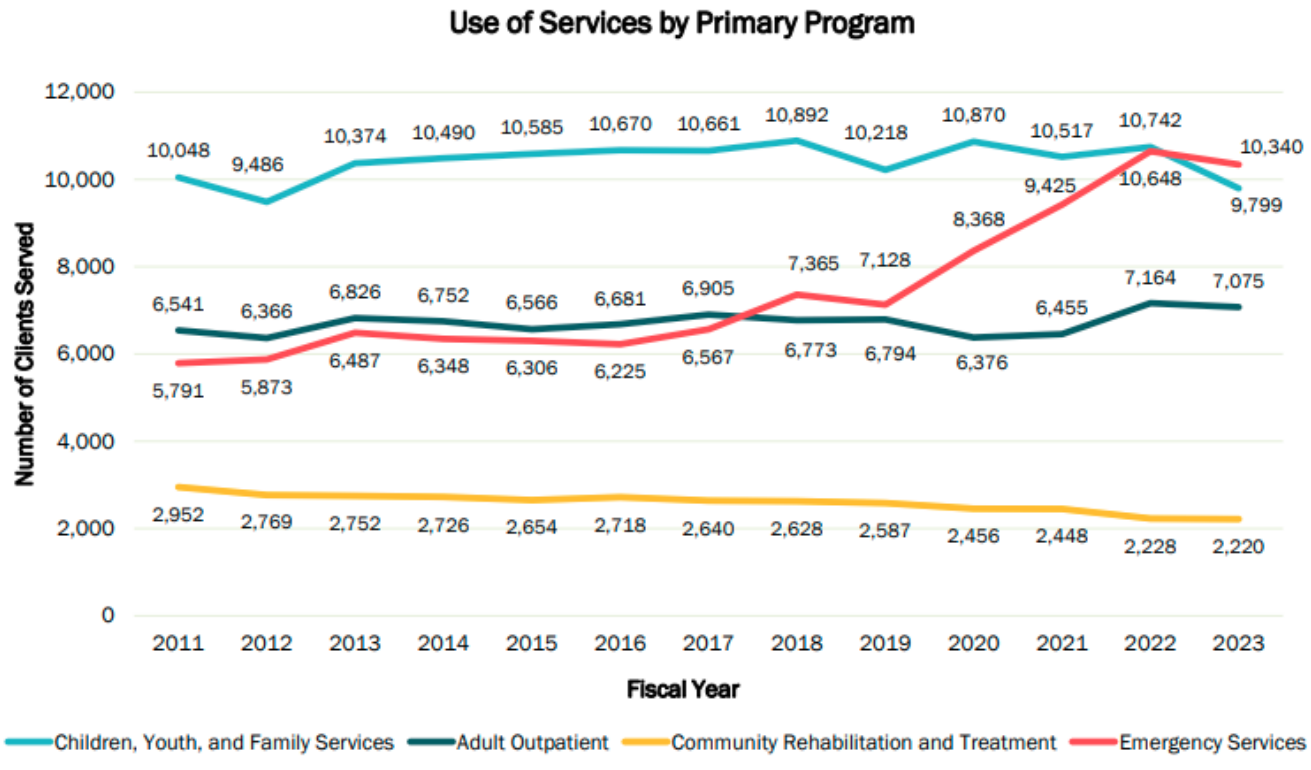
"These are difficult jobs requiring patience, skill, dedication and we hold A LOT of responsibility. We're asked to go into difficult situations and support people during some of the most intense time periods of their lives. Why isn't that valued more? We're making Vermont better...healthier. I'm a solo 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



DMH FY25 Budget Presentation - 2024

- Continue to be many vacancies - recruitment & retention still a barrier
- Data errors/EMR coding
- No shows
- COVID continues to impact the system
- Changes to programs being in and out of the provider bundle
- Claim reconciliation process
- Much grant/contractual work isn't captured in the MSR/MMIS
- Lingering practical effects of turnover

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%

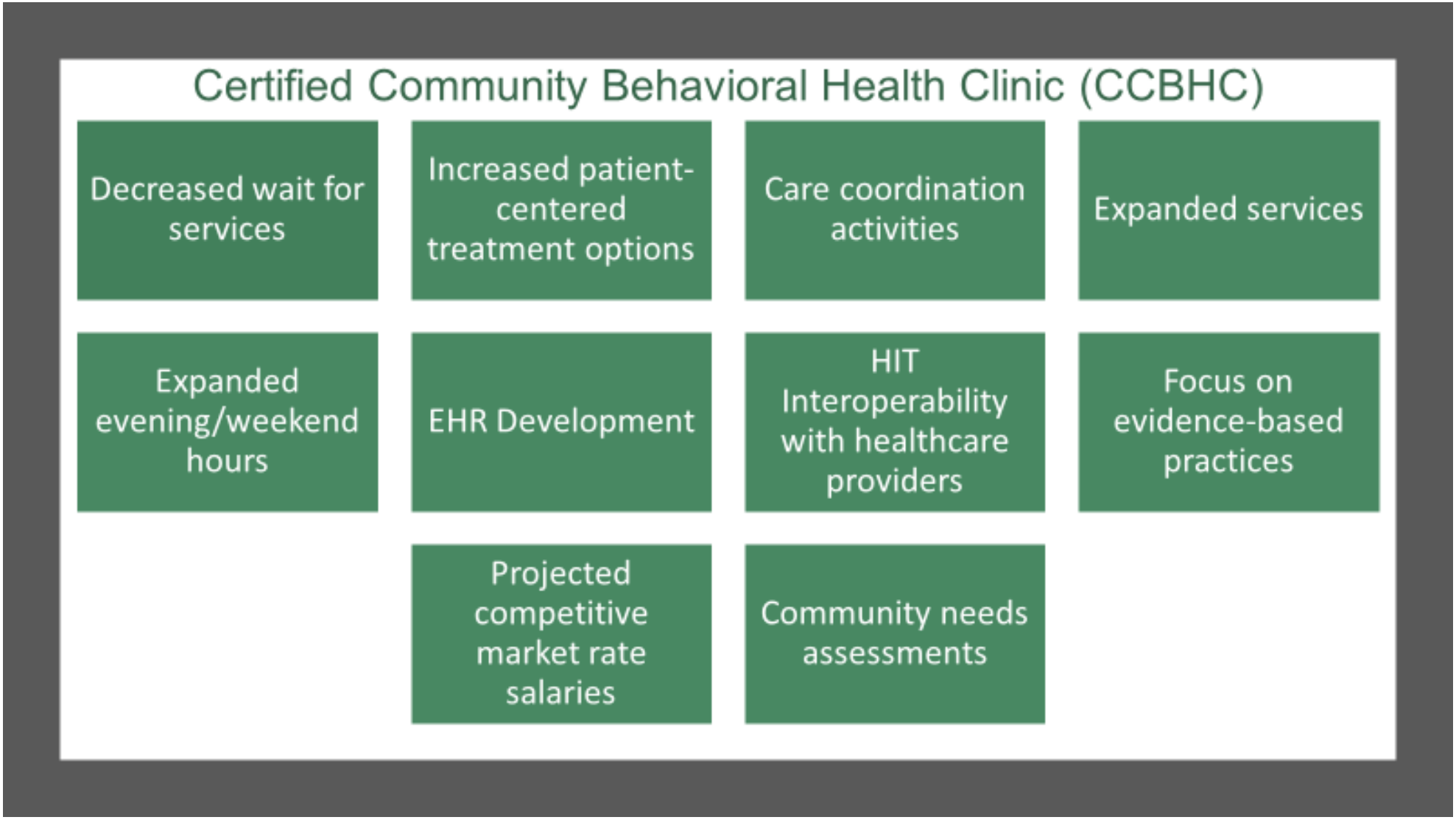
Staff treated me/us with respect.

93%

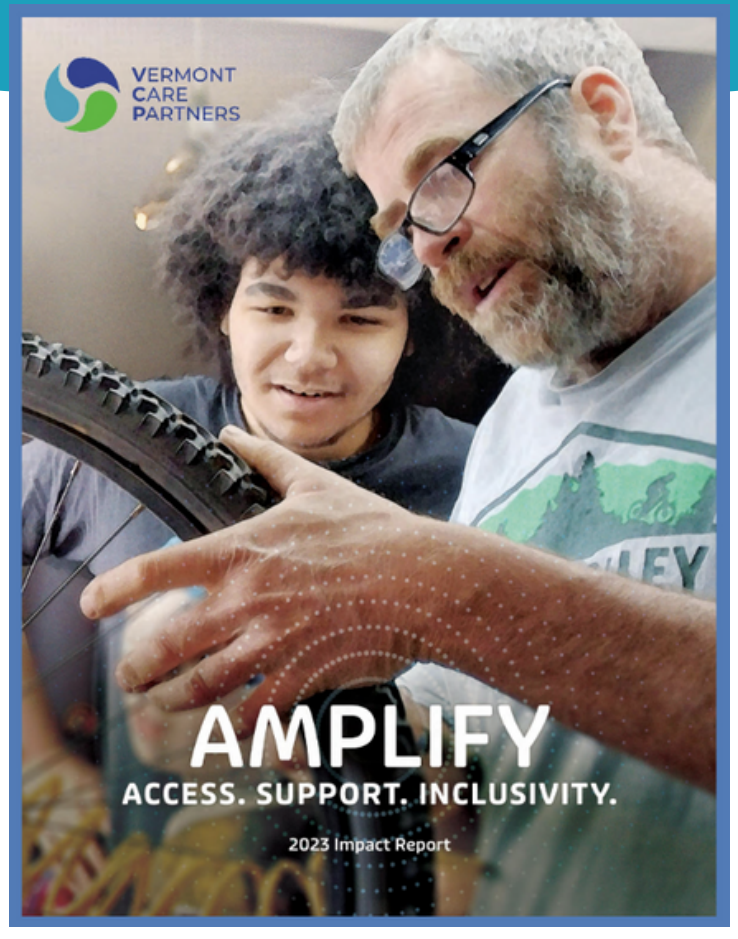
The services that I/we received made a difference.

89%

The DA/SSA Network Continues to Innovate and Problem Solve



2023 IMPACT REPORT



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