

Overview of Vermont Care Partners and Designated and Specialized Service Agencies



**VERMONT
CARE
PARTNERS**

House Health Care
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Today

- Overview Of VCP and Designated And Specialized Services Agencies
- Core Functions and Outcomes
- Our Role Addressing the Mental Health Crisis
- Funding
- Key Challenges
- Legislative And Policy Priorities



Vermont Care Partners Role

VCP Mission: Provide statewide leadership for an integrated, high-quality system of comprehensive services and supports.

Our sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.

Our person-and family-centered services are coordinated with other community providers to serve Vermonters in their homes, schools, communities, and places of employment.

We believe that Vermonters have a fundamental right to live in healthy and safe communities with access to locally provided health and support services.

Our services address the social contributors of health to advance the State's aims of improving overall health, controlling the cost of health care, and promoting access to quality care.



A STATEWIDE SYSTEM OF CARE IN VERMONT 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.rmhscn.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



Responsive to
individual, family,
community,
regional and
statewide needs

Quality Care ✓ 90% of
Vermonters served say that
services made a difference in
their lives

**Accountable and Transparent
Care** ✓ Agencies provided
State government with over
240 required measures and
financial reports

Integrated Care ✓
Comprehensive services are
coordinated with other
providers to address housing,
transportation, employment
and medical needs

Cost Effective Care ✓ Our
publicly financed services
prevent more costly
institutional hospital and
residential care

Inclusive Care ✓ Agencies
are working on diversity,
equity, and inclusion to meet
the needs of all Vermonters

Skilled Care ✓ Dedicated
staff work 24/7 to meet the
needs of Vermonters often
working overtime, nights, and
weekends





Key Points

Vermont's public DA/SSA system was created by a statute and is required to address the needs of its mandated populations, including those who need long-term services and supports

It is grounded in the philosophy that everyone benefits when people receive **community-based** -- rather than institutional -- care

A hallmark of our model is **coordinated care** in the community, **integrated** at the system, program, and individual level

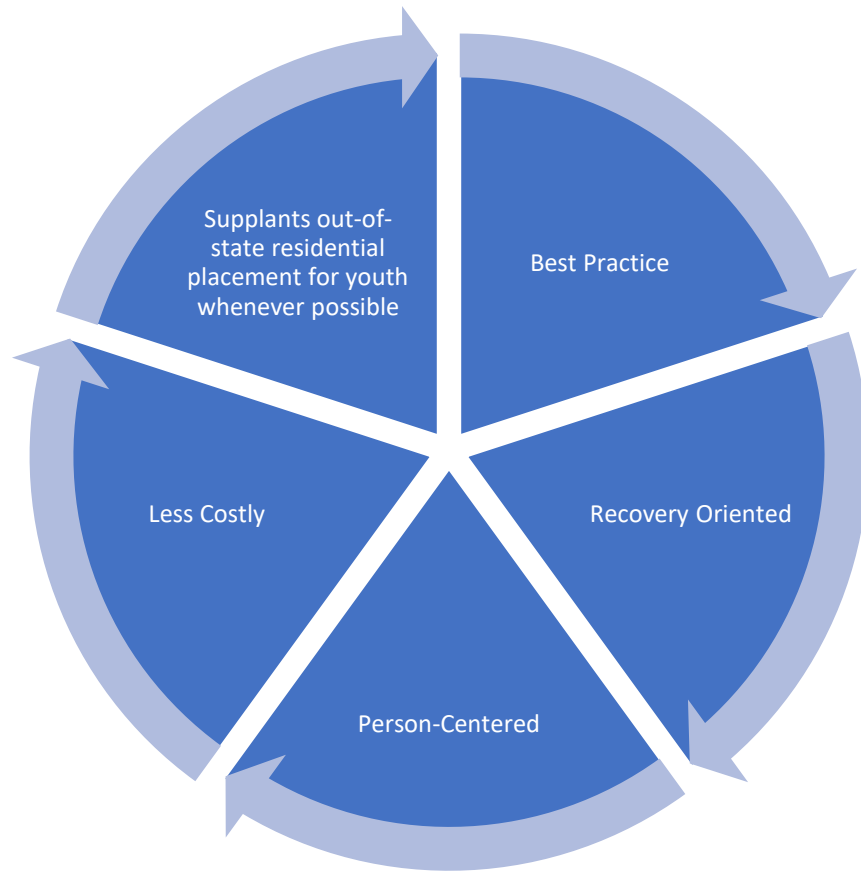


Indispensable Public System

- Designated to meet the needs of specific populations
 - Adults with Serious Mental Illness = CRT
 - Children/Youth with Severe Emotional Disturbance
 - Vermonters with Intellectual and Developmental Disabilities
 - Preferred Providers of Substance Use Disorder[SUD] Treatment
- Outpatient Mental Health and S Services
 - Treatment Safety Net for many Vermonters
 - Typically carries waitlists
 - No refusal
 - Accepts all insurances
- 24/7 Crisis Response Services for all Vermonters



Community-Based Care > Institutionalization



ROOTED IN DEINSTITUTIONALIZATION

1963: Network agencies came into being as the result of the Community Mental Health Act, which was intended to move people living with mental illness out of institutions such as the Vermont State Hospital and back into productive and fulfilling lives in their communities.

1992: Success Beyond Six developed to meet the needs of kids in their schools who would otherwise be sent to residential or hospital care.

1993: Brandon Training School closed. Agencies worked together to enable people with intellectual and developmental disabilities who had been institutionalized or would have been institutionalized to live productive and fulfilling lives in their communities.

2011 post-Irene: Agencies worked together to care for individuals from the Vermont State Hospital in a community-based setting





Coordinated Care at the System and Individual Level

- Our person-and family-centered services are coordinated with other community providers to serve Vermonters in their homes, schools, communities, and places of employment.
- At the system and agency level, we have deep contractual relationships with health care providers, housing organizations, law enforcement, schools, and other community providers.
- Our services address the social contributors of health to advance the State's aims of improving overall health, controlling the cost of health care, and promoting access to quality care.



Services and Supports



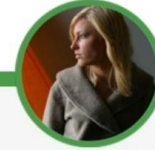
Children's Mental Health

Children's mental health programs provide therapeutic services to children and their families. These services include individual, group and family counseling in addition to a variety of supports that promote children's stability in the communities, schools, and homes. The vast majority of these services occur in the homes, communities, public school, and independent school environments.



Adult Mental Health

Our Adult Outpatient Mental Health Programs offer a range of prevention and intervention services, to help individuals, families and groups cope during times of stress and crisis, as well as to address emotional and behavioral difficulties. For adults with serious mental illness, our CRT /CSP programs provide an array of therapeutic, day, and residential services. Our services promote community, independence and recovery to minimize the need for inpatient and custodial care. CRT Intake Contacts



Emergency Services

We are available 24 hours a day, seven days a week in every community in Vermont. Services are intensive and time-limited, focused on resolving or stabilizing adults, families and children who are in acute mental health crisis.

Vermontcarepartners.org



Intellectual and Developmental Disability

Community-based supports are provided for children and adults with intellectual and developmental disabilities, which occur before age 18. We provide residential, and vocational services as well as services that support stability in the community, respite and flexible family supports.



Substance Use Disorder

A variety of substance use disorder services are provided by eight of the network agencies. These services include prevention and education programs in the schools, outpatient counseling, intensive outpatient programs, family and group counseling services, and services that support stability in the community.



Community Outreach and Education

We provide communities with a variety of public awareness and training opportunities to increase their understanding of issues that are core to the network's mission, to reduce stigma and to improve care delivery



CRT/CSP: Serving Adults with Serious Mental Illness

Services

Network agencies served over 2,475 Vermonters with serious mental illness by developing individualized treatment plans based on the person's unique challenges, strengths, and life circumstances, and work to meet their needs with trauma-informed evidence-based practices including:

- Clinical services (psychiatry, therapy, group therapy)
- Group living and housing supports
- Case management (housing, transportation, health)
- Community integration
- Employment supports
- Crisis and safety planning, crisis supports, and crisis beds
- Peer supports - development

Outcomes

How many? In FY22, CRT clients received over 1.3 million hours of service.

How well? Through chart reviews, DMH found that 89% of clinical assessments were strengths-based and 79% of treatment plans had goals that were actionable and recovery oriented

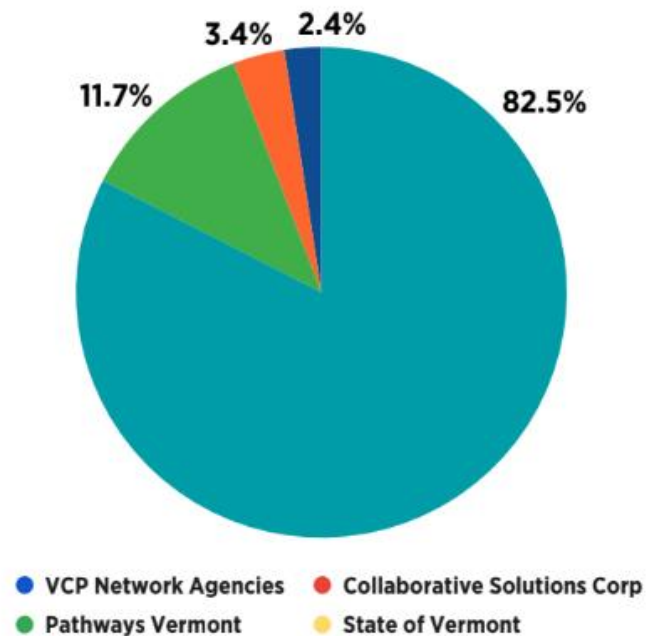
Are people better off? In 2022, Vermont was ranked #1 nationally by Mental Health America for having the fewest in number of people with mental illness who receive no treatment



More on CRT Services

Housing

Network Agencies Provide 170 Residential Beds in Vermont's System of Care



Employment

In FY22, agencies provided employment support to:

- 424 clients in adult employment services, primarily adults with serious mental illness
- 216 young adults in the J.O.B.S (Jumping on Board for Success) Program
- 21% of adult clients with serious mental illness received an evidenced-based supported employment intervention, compared to 2% nationally, in FY21



Clinical Outpatient Services (Mental Health and Substance Use Disorder)



Services

All agencies provide co-occurring mental health and substance use disorder treatment using evidence-based practices, such as medication-assisted treatment, intensive outpatient program, therapy, community-based supports, and care coordination.. Eight network agencies provide treatment as *Preferred Providers* in the Vermont Department of Substance Use [DSU] Program.

Clinical practices include: Collaborative Network Approach/Open Dialogue, Collaborative Assessment and Management of Suicidality (CAMS), Counseling on Access to Lethal Means (CALM), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), Acceptance and Commitment Therapy (ACT), Feedback Informed Treatment (FIT)

Eldercare Clinician Program reaching home-bound older Vermonters in each community

Outcomes

How many? Network agencies served over 7000 Vermonters in adult mental health outpatient programs and reached 4,821 Vermonters with substance use disorder services. Over 25% of those SUD services were opioid use disorder services.

How Well?

- MH: 64% of network agency clients were seen within 5 days of contact, and 61.5% of clients received a follow-up appointment within 14 days.
- SUD: Network agencies improved access to substance use treatment in 2022 by providing 30% of services via telehealth to 60% of clients

Better off? Initiation and engagement rates for Vermonters with Medicaid is higher for opioids than other states, but similar for alcohol and other substances. National rates of initiation and engagement are trending down slightly, while Vermont rates are staying flat or increasing, depending on the substance.



Emergency Services

Services

VCP network agencies provide around-the-clock crisis response for people in crisis in their homes, community, schools, Emergency Departments, and by phone and telehealth. Agencies respond regardless of age, issue, or ability to pay.

- 988 responds to calls statewide through contracts with NKHS and NCSS
- The network responded to AHS's Mobile Crisis Outreach RFP, to enhance existing mobile response services by adding additional staffing, including peer support
- Mental health clinicians embedded with State Police in each region

Outcomes

How many?

- Over 8,300 Vermonters received a crisis service in SFY22
- Network agencies currently operate 52 out of 54 adult and youth crisis beds in the Vermont system of care despite acute staffing shortages

How Well?

- Over 50% of Vermonters who received a crisis assessment received a second service within 24 hours, up 10% from 2021. 68% received a second service within seven days, up 8% from 2021.

Better off?

- 88% of Emergency Services clients reported that they received the services they needed and 83% said the services they received made a difference, and 93% reported they were treated with respect.
- Rates of inpatient utilization are consistently lower than other states



Children Youth and Family Services & School-Based Services



Services

VCP network agencies serve children and families struggling with anxiety, depression, self-harm, as well as behavioral challenges resulting from trauma and other adverse childhood experiences. Agencies practice with a family-centered approach, meeting families where it works best for them.

Unique programs and practices:

- Early Childhood and Family Mental Health
- Parent-Child Interaction Therapy
- Child—Parent Psychotherapy
- Behavior Intervention, Behavior Consultation, and School-Based Clinical Services
- Therapeutic Schools
- JOBS Employment Services and Transition-Aged Youth Services

Outcomes

How many?

- Agencies provided care to over 10,773 children, youth and families in FY22- up more than 10% from FY21.
- 2479 clients were ages seven and under, up 8% from the previous year to over 3,000 students with the highest emotional and behavioral needs through contracted partnerships with local school districts

How well?

- In 2022, Vermont was ranked #2 nationally for children with a Major Depressive Episode receiving consistent treatment.
- Vermont ranked #1 nationally by Mental Health America for the State with the highest prevalence of Emotional Disturbance on an Individualized Education Plan, associated with positive outcomes

Better off?

- 84% of school partners agreed that their students were better able to access their education because of the school-based services they received
- 85% of youth and families indicated that the services they received were right for them.



Serving Communities through Prevention and Community Outreach

- Team Two Training for Law Enforcement and Mental Health Providers
- Teen, Youth, and Adult Mental Health First Aid
- Disaster Response
- Suicide Postvention Services
- Certified Community Behavioral Health Clinic pilot agencies are expanding:
 - peer support services and
 - veteran services



What About the Mental Health Crisis in Emergency Departments?

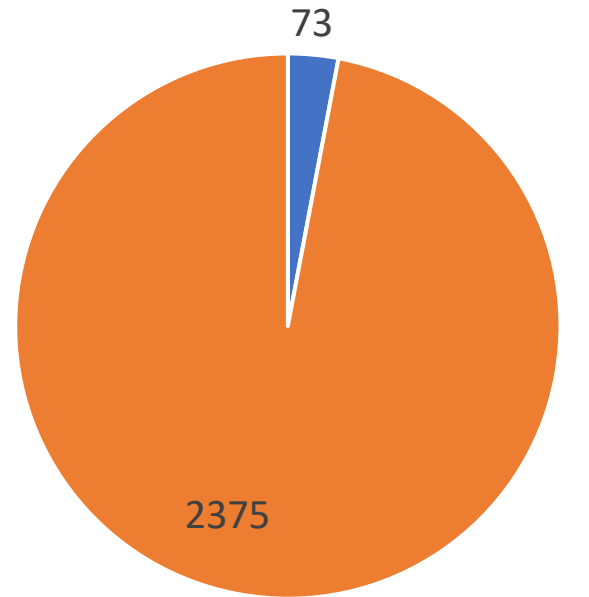
Responding to the need requires an all-hands-on deck approach

All levels of care including community-based care need investment to address this crisis



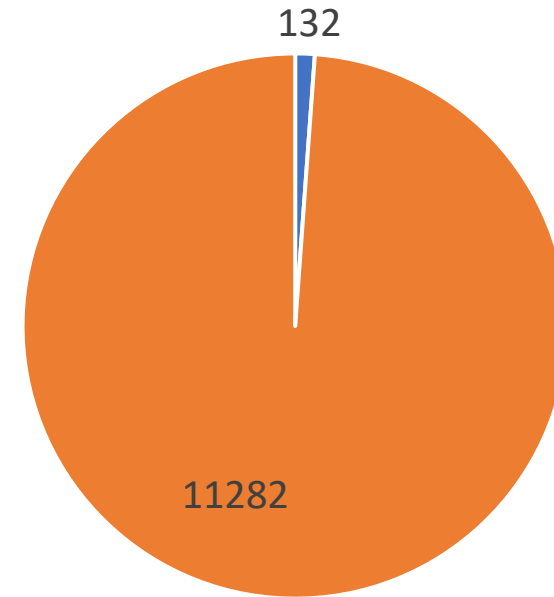
VCP agencies are supporting thousands of Vermonters with mental health challenges every day, preventing unnecessary usage of EDs

of CRT Clients Seen in EDs in SFY22
Compared to Overall CRT Clients Served



■ # Served In ED ■ Total Served

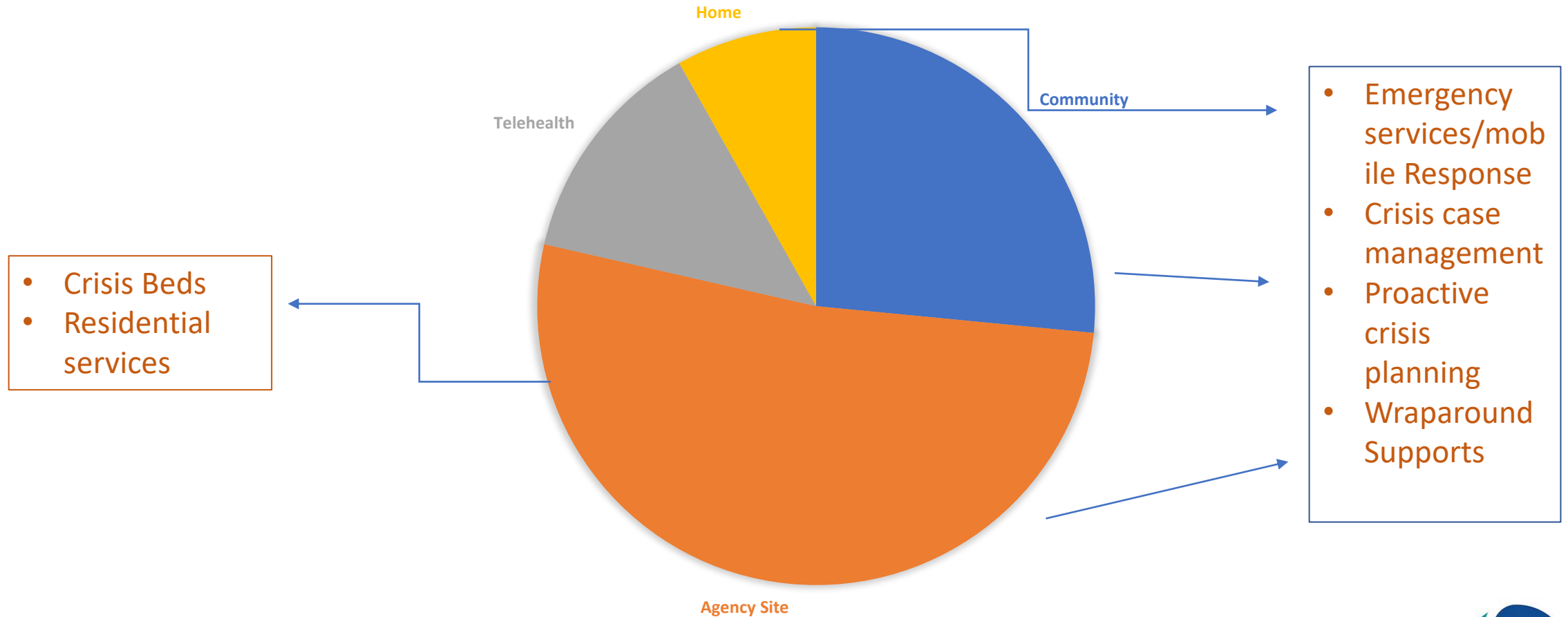
of Children, Youth and Family Services [CYFS] Clients seen in EDs in SFY22
Compared to Overall CYFS Clients Served



■ # Served In ED ■ Total Served

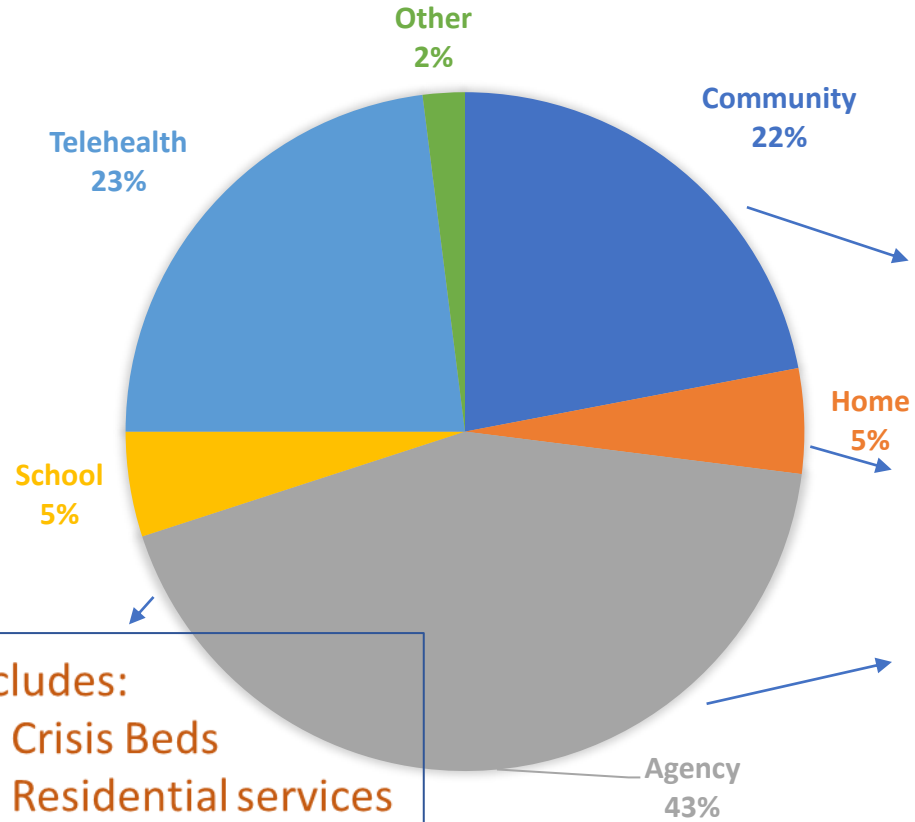


WHAT ISN'T VISIBLE IN EMERGENCY DEPARTMENTS: OVER 1.3 MILLION HOURS OF SERVICE TO SUPPORT CRT CLIENTS EVERY YEAR



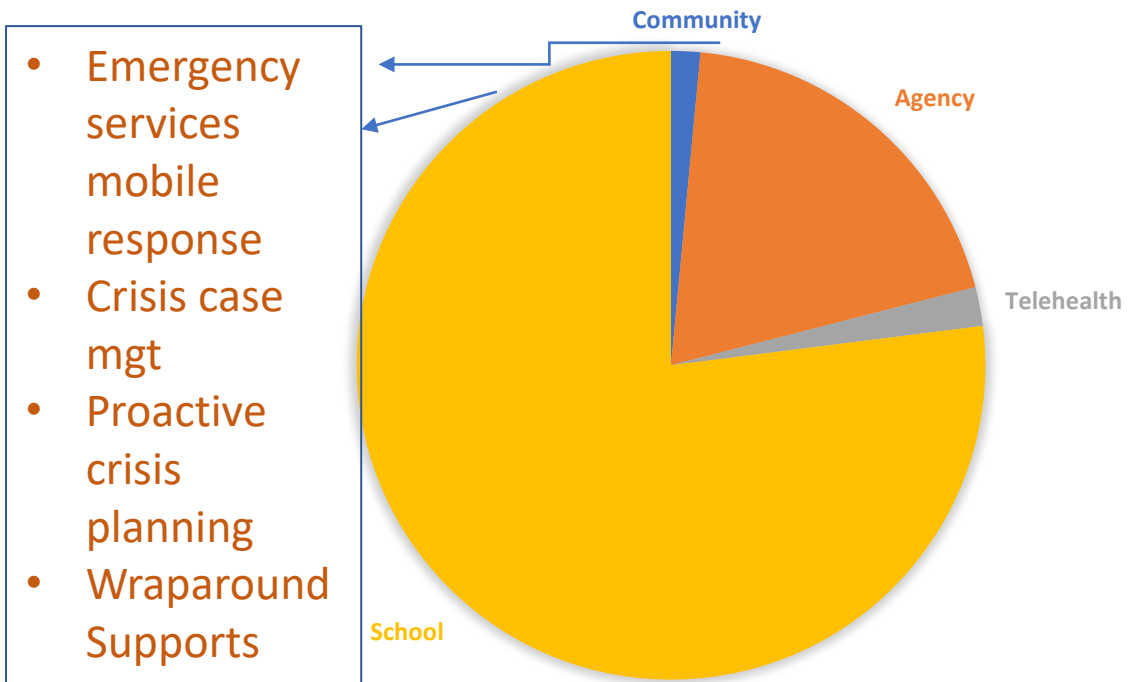
WHAT ISN'T VISIBLE IN EDS AND ACUTE CARE SETTINGS: OVER 1.034 MILLION HOURS OF SERVICE TO SUPPORT CHILDREN AND YOUTH EVERY YEAR

625K SERVICES TO 8708 CYFS CLIENTS



- Includes:
- Crisis Beds
 - Residential services

409K SERVICES TO 3156 SCHOOL-BASED SERVICES CLIENTS



- Emergency services mobile response
- Crisis case mgt
- Proactive crisis planning
- Wraparound Supports





Developing New Programs to Address Urgent Care Needs and Emergency Department Pressures

- PUCK (Psychiatric Urgent Care for Kids)
- Four additional agencies developing urgent care programming for kids
- Agencies developed proposals to respond to psychiatric urgent care RFP from DMH, including development of “Living Room” model in 2-3 communities
- Front Door Program for Mental Health at NKHS in FY23 Budget
- Crisis text lines and robust 988 implementation
- Crisis Response Team in Chittenden County in progress
- Unique network-wide response to DMH’s RFP for Community Mobile Crisis Response

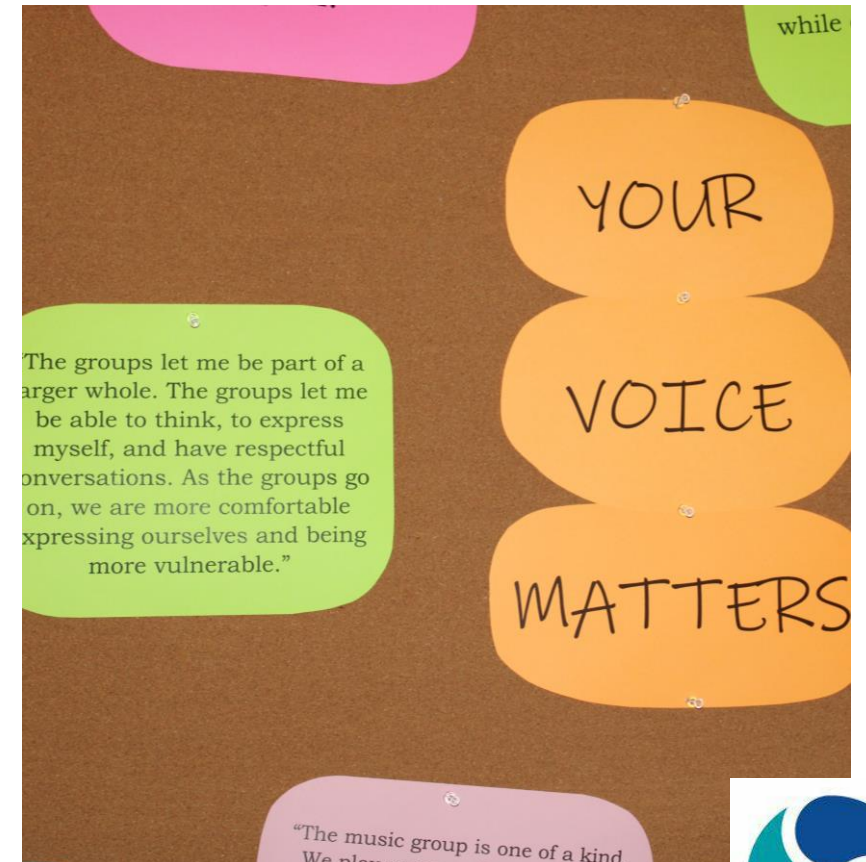
Much of this innovation is supported by VCP through monthly director groups and learning collaboratives to share in best practice.

Funding: state, federal, private sources, as well as time/resources contributed by network agencies



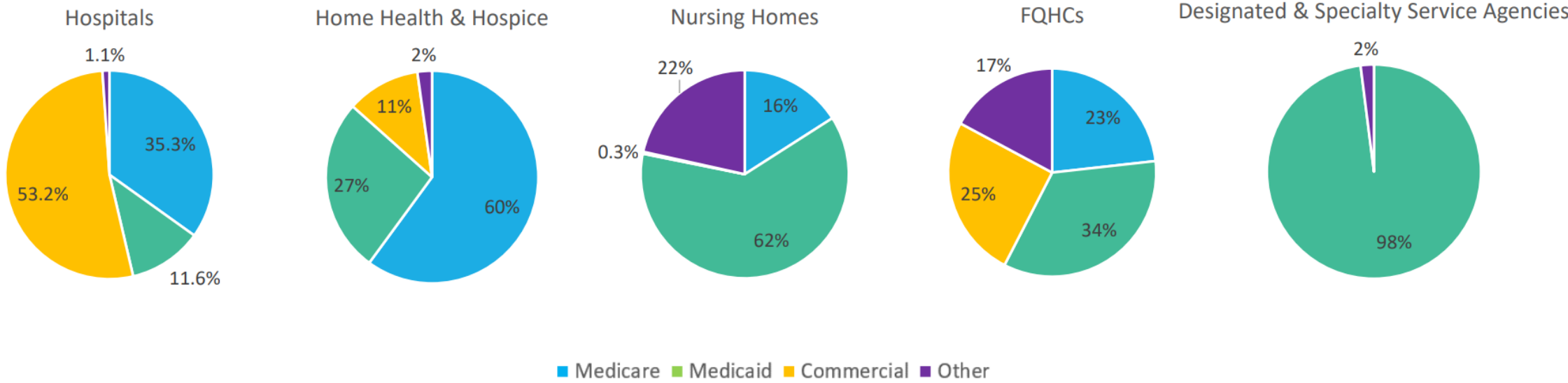
Crisis in the Current System is Directly Related to Inadequate Funding

- Over 30,000 Vermonters served annually
- Over 6 million service hours
- System-wide budget of approximately \$500 million
- Unlike any health care, education, and state government, there are no mechanisms for annualized increases/COLA
- 8% rate increase from VT Legislature last year helped
- Level funded in Governor's FY23 budget



Revenue Stability: 2018 Payer Mix (System Level)

Payer Mix is the percentage of revenue coming from each payer- commercial, government, self-pay or other. Government payers typically reimburse at a lower rate than commercial.

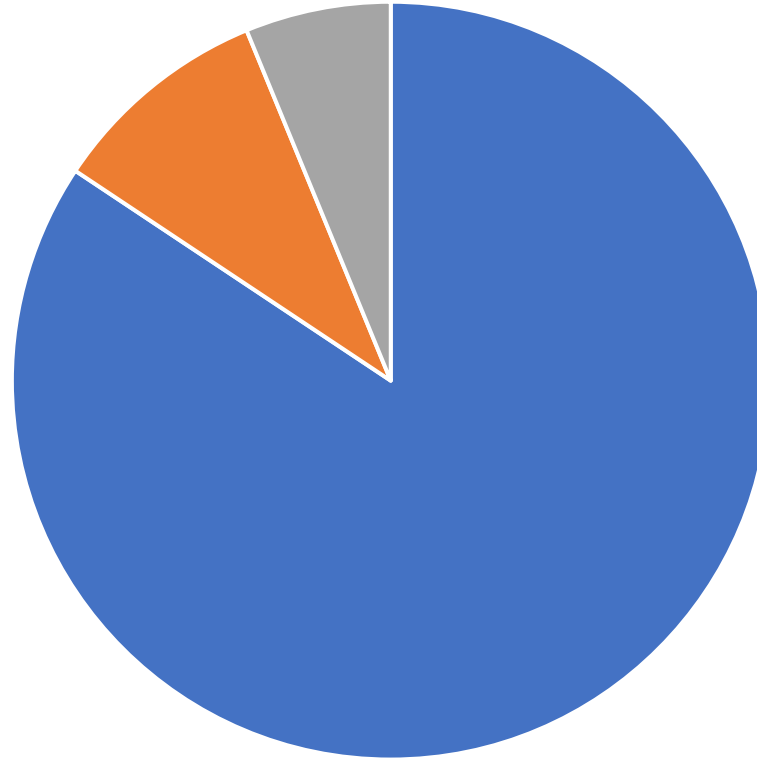


Source: Green Mountain Care Board; Bi-State Primary Care; Department of Mental Health, Department of Aging and Independent Living
 Note: "Other" includes disproportionate share payments (DSH) and self-pay. Hospital chart does not include the Brattleboro Retreat at this time.



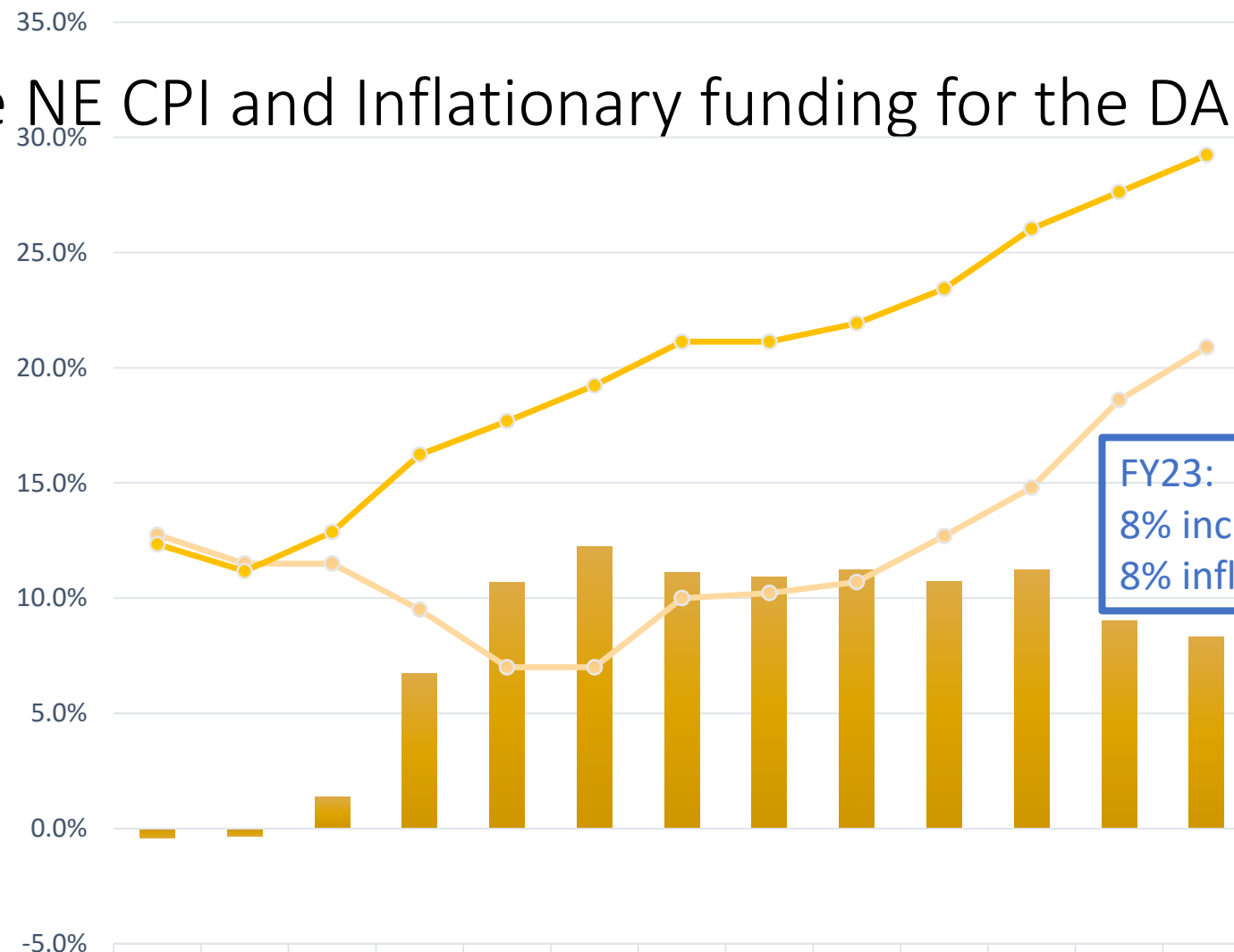
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Designated Agency Payer Mix FY22



■ Fees ■ Contracts/Grants ■ Local/Other ■

Gap between the NE CPI and Inflationary funding for the DA system FY10-FY22



	FY10	FY11	FY12	FY13	FY14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22
Funding Gap	-0.4%	-0.3%	1.4%	6.7%	10.7%	12.2%	11.1%	10.9%	11.2%	10.7%	11.2%	9.0%	8.3%
Cumulative Approp Inc.	12.75%	11.50%	11.50%	9.50%	7.00%	7.00%	10.00%	10.22%	10.70%	12.70%	14.80%	18.60%	20.89%
Cumulative CPI* (NE)	12.3%	11.2%	12.9%	16.2%	17.7%	19.2%	21.1%	21.1%	21.9%	23.4%	26.0%	27.6%	29.2%

FY23:
8% increase
8% inflation



A STATEWIDE SYSTEM OF CARE AT RISK

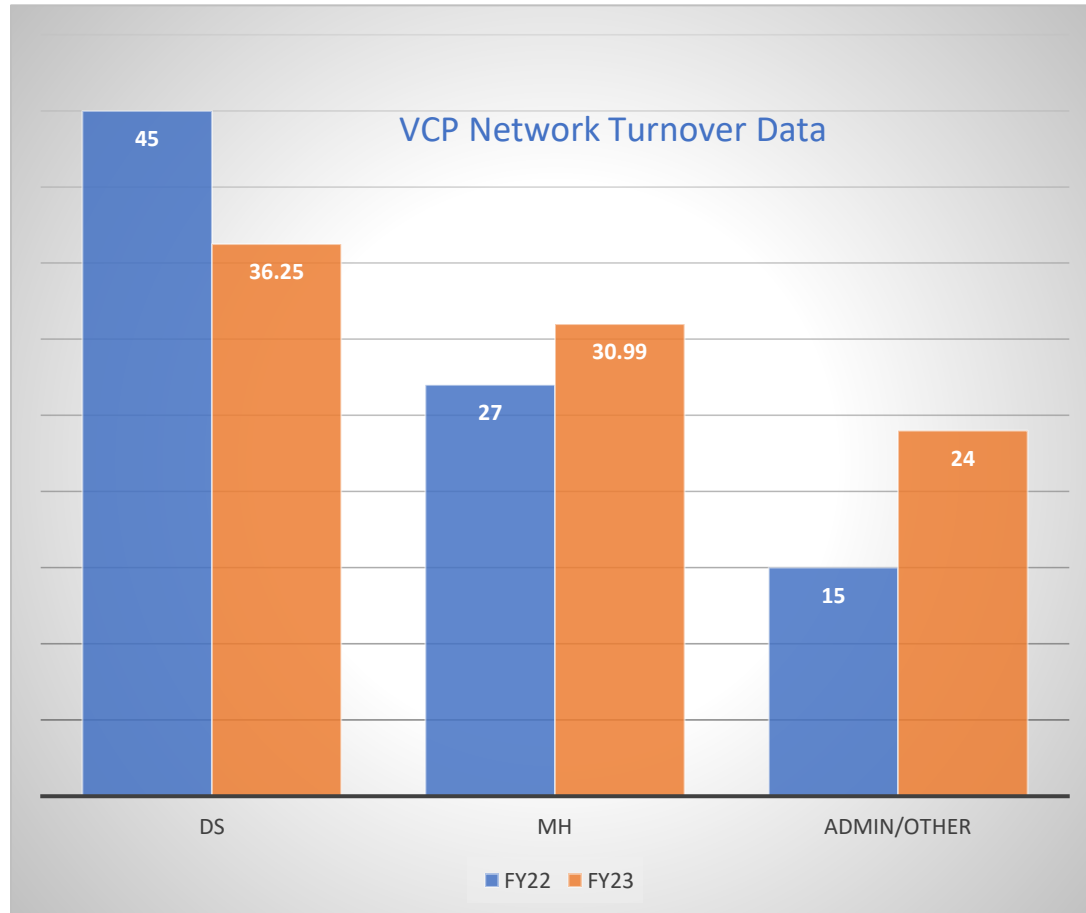
If the system fails, it will have a profound impact on the safety net that was created to support vulnerable Vermonters and place additional demands on public safety services.

The needs and costs to support vulnerable Vermonters will not go away, they will show up in more costly interventions such as crisis services, criminal justice interventions and higher costs to schools.

Health and safety of vulnerable Vermonters are at risk



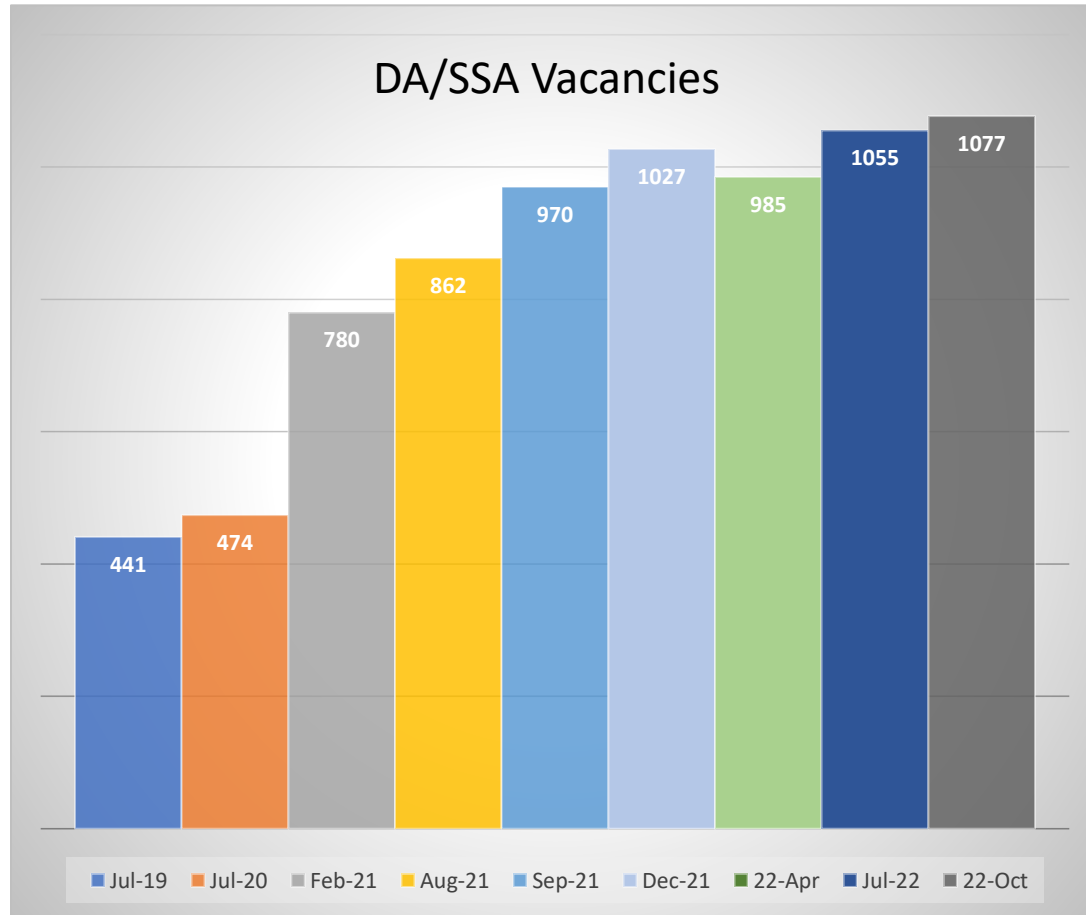
Workforce data and trends



- **Systemwide staff turnover in 2022 was 33.6% statewide. A significant driving factor is low, non-competitive salaries.**
- **Currently the system is reporting over 20% vacancy rate in MH/SUD and over 24% in DS**

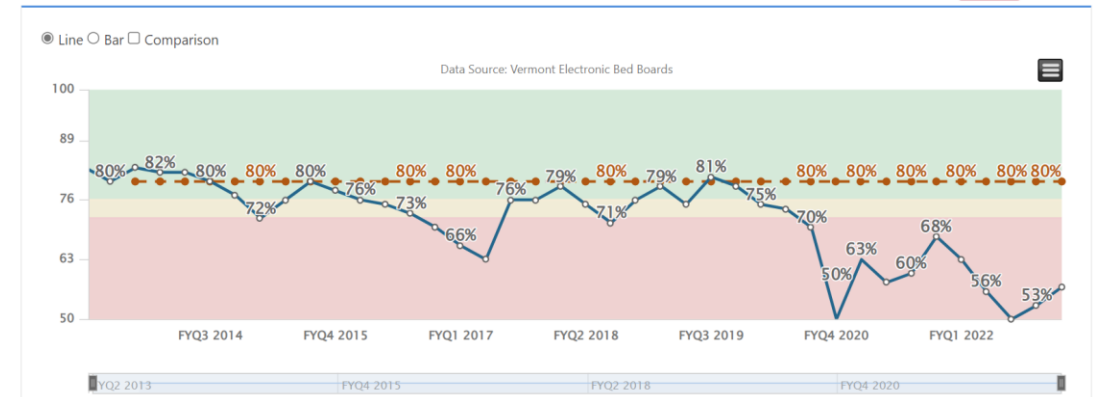


Staffing shortages = reduced bed capacity



% occupancy of Designated Agency adult crisis bed programs

57% FYQ1 2023



Unintended
consequences
of
underfunding
a critical public
system of care

Staffing shortages

Impact

Reduced staff capacity for
community-based
wraparound supports

✓ Increased need for acute
services such as ED
utilization, inpatient, and
private residential

Reduced residential bed
capacity

✓ Increased need for
inpatient care

Reduced crisis bed capacity

✓ Increased ED usage and
longer wait times

Reduced school-based,
community integration, and
family respite staff

✓ Increased referrals for
therapeutic schools and/or
out-of-state residential
placements and ED usage

Legislative Support Has Helped

8% Rate Increase

- ✓ Has helped to stop the vacancy free-fall, but vacancy rates have plateaued
- ✓ Competing wages outside of the human services sector continue to increase, some starting at more than \$20/hr.

\$4M ARPA distribution for capital investments

- ✓ HVAC and accessibility upgrades have improved some work settings

Premium Pay and Tuition Assistance/Loan Repayment Program

- ✓ Has helped with recruitment
- ✓ Has helped with retention



VCP Legislative and Policy Agenda

Require the Administration to establish and propose funding for predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.

Increase Medicaid rates by 10% to address labor market dynamics and increasing acuity and demand; ensure agencies have flexibility to apply increases to best meet needs

Develop, expand, and raise the value of educational opportunities, such as tuition assistance, scholarships, and loan repayment for workforce development

Ensure that Conflict of Interest Free Case Management Policy Implementation protects clients' needs and maintains the strength of the network

Additional Legislative and Policy Priorities

Warrant statute update for clarity

Support VTSPC Suicide Prevention Platform

Support for planning and implementing Certified Community Behavioral Health Clinic Model in Vermont

Peer certification with Medicaid reimbursement

Access to affordable housing





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