

Washington County Mental Health Services

Testimony Before House Health Committee

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Service Divisions/Special Programs

Person-Centered Approach to Care

- Intensive Care Services
- Community Support Programs
 - aka Community, Rehabilitation Services and Treatment Services
- Center for Counseling and Psychological Services (Out-Patient Therapy)
- Children, Youth & Family Services
- Community Developmental Services
- Psychiatry
- Nursing & Population Health
- Housing
- Disaster Response

Intensive Care Services

Innovations:

- Access Hub/Living Room Model

Challenges:

- Sustainability of Grant for Access Hub/Living Room Model
- Meeting Enhanced Mobile Crisis Targets in a changing landscape where Access Hub and Police Clinicians are having positive impact on community outreach
- Workforce Issue Pressures Across Emergency Services Programs
 - Enhanced Mobile Crisis; Home Intervention Crisis Beds; Urgent Care

CSP Program

In accordance with the World Association for Psychosocial Rehabilitation and SAMHSA, we believe and support the full human rights of persons experiencing mental illness and for their effective and meaningful participation in all aspects of their care.

Innovations:

- Use of promising practice of Open Dialogue (referred to as the Collaborative Network Approach here in Vermont). With support from DMH, we are practicing the principles of ‘nothing about me without me’ by including persons served in all decision making about their supports and services. Our hope is that these principles, in practice, will help individuals to feel more empowered, ameliorate the systemic effects of coercive practices, reduce the need and frequency of intensive support, and meet out the spirit of inclusion as we have embraced it in the state of Vermont.
- Increasing peer supports across programming – 83% of Recovery and Wellness workforce identify as peers
- Conversion of our CSP office building to 23 units of housing in partnership with Downstreet Housing and Community Development
- Restructuring of case management teams toward care coordination in which collaboration with our broader healthcare system is prioritized.
- We have invested in accessibility upgrades to our existing residential settings to accommodate for mobility challenges.

Challenges:

- Aging population of clients with serious mental illness and complex medical conditions (ex. diabetes, COPD, etc.) at a higher rate than others. To address this concern, we provide a wide range of wellness activities at our Sunrise Wellness and Recovery Center and other locations including smoking cessation, chair yoga, and nursing support.
- Continued strengthening of community partnerships, including our local affordable housing partners with embedded SASH programs. As our population continues to age and require more long-term residential care, we are collaborating with community care homes for the purpose of future planning and access to these vital beds
- Lack of rate increases in the Value Based Payment bundle

CCPS – Out-Patient Therapy Innovations and Challenges

CCPS Innovations

- Telehealth options
- Wellness programming
- Growth of Substance Use Treatment Division
- Use of AI in documentation

CCPS Challenges

- Program funding is insufficient
- Aging population with complex MH and medical needs.
- Lack of space in agency facilities hampering ability to provide greater services – future loss of building.
- Limited standalone psychiatric care in the community.
- Lack of reimbursement for case management needs and service coordination.
- Lack of interoperability with the medical systems electronic health record
- Assessment tools

Children, Youth & Family Services

Innovations

- Prevention Youth Overdose Grant
- ESSER Fund Grant – Wellness in Schools
- Project AWARE
- Success Beyond Six PODS
- Doula
- Human Trafficking Training
- Toddler PCIT
- Early Intervention – Success Beyond Six

Challenges

Children with high Adverse Childhood Event scores as a result of generational trauma

- As a result of changing economical stressors from the pandemic, we are witnessing dramatic increases in caregivers that are experiencing, extreme poverty, homelessness, and substance abuse.
- Families are struggling in having their basic needs met which is resulting in our system of care reacting to crisis rather than prevention and upstream services intended to prevent children needing to access mental health treatment.
- Lack of substance abuse clinicians (LADC's) trained to work with youth; lack of trained workforce, in general
- Lack of respite providers and therapeutic foster home providers
- Increased clinical acuity of students and their families within the school system
- Change in leadership across local supervisory unions
- Increased population of youth that are diagnosed with intellectual delays and mental health.



Community Developmental Services Challenges

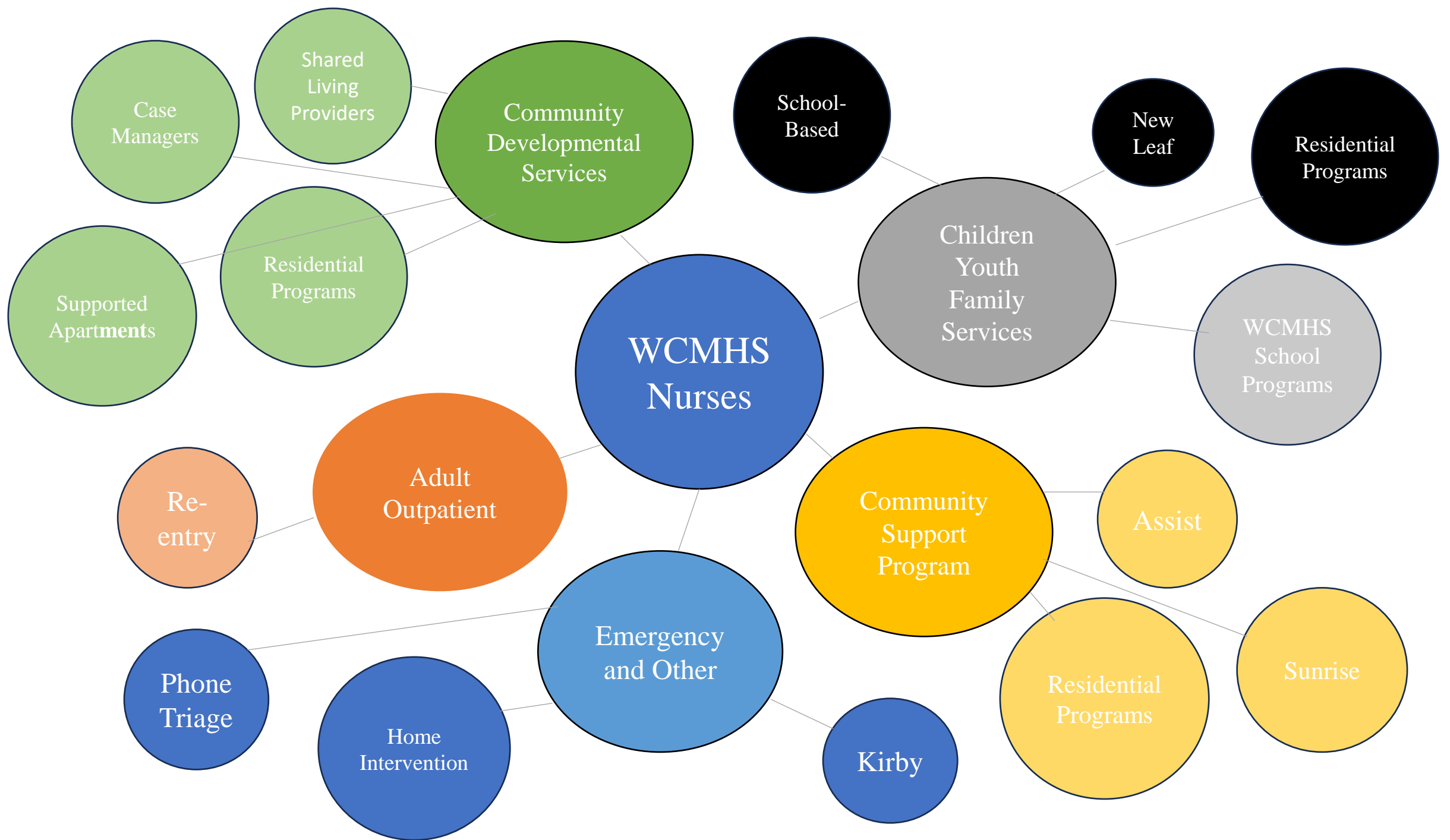
Innovations:

- Smart Technology in Homes and Programs
- Supported Housing for Young Adults with Autism

Challenges:

- Housing – more diversity in housing as Shared Living Providers age out
- Need for Statewide Crisis Bds
- Staffing & Competitive Pay
- Lack of Diversity in Delivery of Services
- Uncertainties in Conflict Free Case Management, payment reform and system overhaul

“The balance of advocating for continued financial support from legislation and keeping an eye on changes that impact the people we support is crucial. We cannot afford to spend too much time in any area. Learning the balancing act will be the challenge as we navigate serving vulnerable adults, advocating for affordable housing, creating new service models, and keeping up with the pressures of staffing.” ----- Levin Paul, Director, CDS



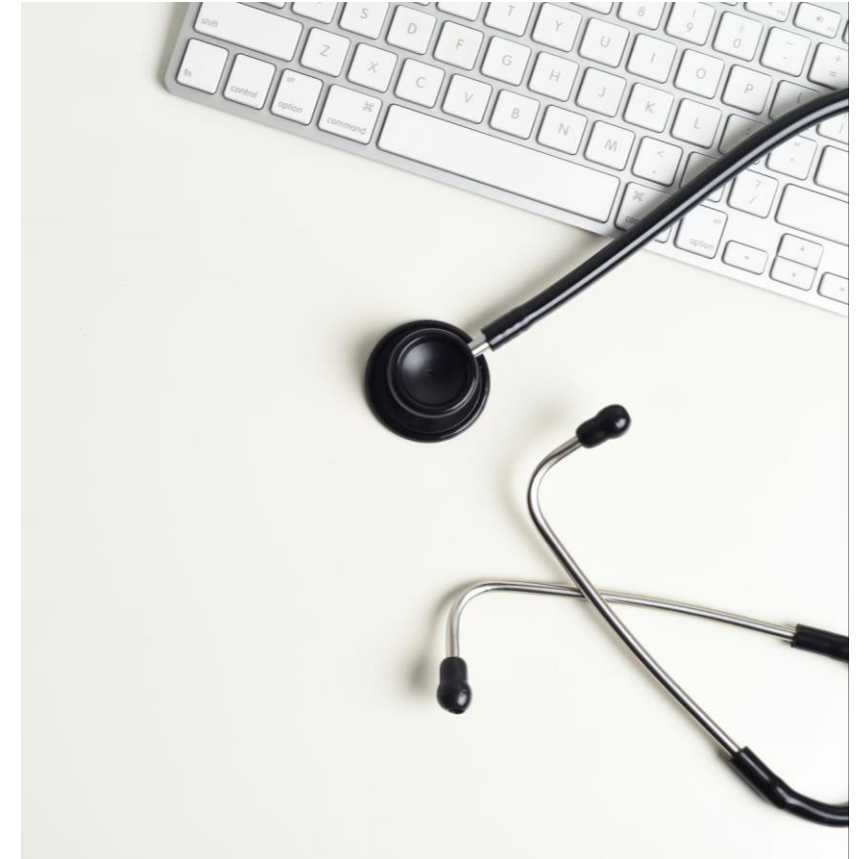
Population Health through Nursing Case Management Supports

Innovations/Practice

- Interface with Primary Care through case managers and nursing
- Nursing support in every Division; with multiple community health care organizations to coordinate care; works daily with local primary care offices to support our clients/consumers with both acute and chronic health concerns.
- Interface is through WCMHS case managers and nurses and includes coordination of care, reconciliation of medications, and referrals/support to outside specialists, and sharing of relevant health care data.
- More formal relationships with our hospital with regular Emergency Department utilization meetings (with other community providers present), electronic notification of our clients/consumers hospital admission/discharges (patient ping) and ongoing discussion around shared medical data/EMR access.
- Community meetings and conversations are regularly arranged between community organizations to support WCMHS clients/consumers with complicated medical needs.
- The CCBHC model incorporates best practices that include holistic and all-encompassing care. Other nursing requirements are determined by the rising health care needs of our populations (comorbidities and aging) Many WCMHS clients/consumers have special needs that our program RNs and case managers can better support through education and medical care. They have the medical and mental health knowledge to provide person centered care and ongoing support, meeting the clients/consumers where they are at. Nursing within our DA systems is an essential building block of whole person care and yet is generally unfunded.

Challenges:

- Increased need for internal medical support and coordination.
- Many of the nursing supports within the agency are determined by licensing regulations (residential programs, school, DAIL Health and Wellness Guidelines). Needs to be expanded for CCBHC
- Aging population
- Inability to increase rates for salaries when nursing salaries are sky-rocketing within health care
- The health care system is overwhelmed and stretched to capacity.



Individuals Served

	2019	2020	2021	2022	2023
CDS	371	365	380	388	393
Emergency	1445	1250	1529	1523	1438
CRT	363	374	364	378	384
SBS	448	398	357	328	282
Children's Services	771	764	780	840	852
Peer Services	113	75	105	120	123
Adult Mental Health	1117	1052	1108	1195	1138
Urgent Care	469	387	141	277	224
Police Clinician		110	134		76
Police Clinician					175
Disaster Response					924
	2019	2020	2021	2022	2023
Total	5097	4775	4898	5049	6009
Unduplicated	3903	3629	3830	3947	4980

Prevalence of Conditions and Diagnoses

	Client Count	Diagnosis %
Mood Disorders	822	28.37%
Neurodevelopmental Disorders	550	18.99%
Other Mental Disorders	378	13.05%
Personality Disorders	35	1.21%
Psychotic Disorders	246	8.49%
Substance Use	79	2.73%
Trauma and Stress Disorders	787	27.17%
Grand Total	2897	100.00%

Designated Agency System Challenges

- Required service delivery with increasing VCP measures and no guarantee of Medicaid rate increase to maintain and enhance necessary services; need to maintain workforce in order to hit our targets
- Administrative burden
- Cracking the code on the workforce shortages
- Housing/Homelessness

