Testimony before Senate Health and Welfare – S. 295 **February 27, 2014**

Mary Moulton, Executive Director
Washington County Mental Health Services, Inc.

Good morning. My name is Mary Moulton, and I am the Executive Director of Washington County Mental Health Services. We are the primary mental health provider in our community serving people with a primary mental health diagnosis, while approximately 40% of our clients have a co-occurring disorder. Our sister agency, Central Vermont Substance Abuse Services, provides services to individuals with a primary diagnosis of substance abuse and is part of the Hub and Spoke system. We are in favor of S. 295 as we have seen the benefits of this type of system where it resides in pockets throughout the state. Our concern, of course, is the correct match and immediate access to service for each person .

It is difficult to determine how many people will be referred to our services as a result of rapid arraignment screening. One way I have developed a hypothesis is through our current implementation of the Sequential Intercept model, noted in S. 295, where we utilize our emergency services crisis team and our street outreach interventionist. This utilization provides an opportunity for diversion at two crucial points of the intercept, where designated agency staff has made a significant difference. In our area, of the 500 mutual aid responses we perform with police annually, approximately 10% of those individuals are charged. Since diversion has already been attempted, we may see only a portion of those people being referred as a result of rapid arraignment screening.

In addition, Central Vermont Substance Abuse Services (CVSAS) and WCMH participate in a part time treatment court at Washington County District Court where CVSAS leads in implementing the assessment tool to identify individuals appropriate for treatment court . S. 295 would provide necessary funding to screen for a wider population of individuals. What we don't know is if we will have the capacity to meet the need.

DA System:

As a member of the designated agency system, I am confident in saying that all agencies are working at diverting people from Emergency Rooms, hospital in-patient beds, and Corrections. We also support the essence of this bill during a time when we are learning, through our existing efforts, what helps a person in this system to succeed.

We are also finding that people who are referred to us from Court and Corrections have high needs and require an intensive outreach approach to aid in success. This was reflected in testimony provided by Ralph Provenza, Executive Director of United Counseling Services (UCS) when he spoke before the Judiciary Committee. From Mr. Provenza's testimony, "UCS is in Year 2 of the "IPLAN" program, a collaborative program that provides mental health and substance abuse treatment, case management and housing for individuals in Corrections. This program has had a positive impact locally and has significantly reduced the number of individuals on probation who receive further sanctions and/or who are returned to jail."

To accentuate this point, at WCMH, our out-patient division has utilized an assessment tool on nearly 300 clients, thus far, with Corrections involvement. Of people within that grouping: 69% had substance abuse issues; 74% had housing issues; 74% had either early or late childhood trauma; 77% had adult trauma; 59% exhibited many symptoms; and 84% had low to minimal self-reflective capacity. As we develop further outcome measures for this population, we recognize that we need a significant array of services to meet this level of need.

S. 295 – Recommendation

This brings up the question of capacity as it relates to S. 295: 1) How many new client referrals might we have to our mental health and substance abuse programs? 2) Are we already serving these people in some capacity? 3) If so, would we need to intensify the service beyond our current capacity in order to achieve desired outcomes?

While DMH Fee For Service Medicaid ends each fiscal year with no additional money on the table; in that Medicaid investments are not a possibility; and ADAP has no new money, perhaps it may be time to look at current achievable payment models. One idea is the development of a per member per month payment model, based on projected costs, for out patient services, or at least for services related to S. 295.

In addition, multiple case managers are at work in our communities and the bill calls for up-dated mapping for the Sequential Intercepts. With the mapping of regions and the pre-trial screening for mental health and substance abuse within the Court, cross-training on services could allow for development of a "navigation" route based on the needs of the individual so that an accurate match for services could be made and managed. This would also allow us to examine redundancy and gaps in services.

Language Consideration for S. 295:

Each region shall map services and assess the impact of court referrals to the current service provision system. A system for referral to appropriate level of need shall be developed, identifying existing gaps to optimize successful outcomes. Funding models for those services shall be examined by the appropriate state departments.

Thank you for the opportunity to testify before you today. I can be reached for any further questions at: marym@wcmhs.org or (802) 505-5527.