

Vermont Care Partners and Designated Agency Overview



February 2017

Vermont Care Partners

**Vermont Care Partners is a collaboration of two organizations,
Vermont Council of Developmental and Mental Health Services
Vermont Care Network**

**We work together on behalf of our statewide system of care to
provide statewide leadership for an integrated, high quality system
of comprehensive services and supports**



***WORKING TOGETHER,
people in Vermont can live healthy, safe and satisfying lives in
their communities....***



What Do We Do?

- * 11 Designated Agencies (DA's) have a statutory responsibility to meet all of the developmental and mental health services needs of their region within the limits of available resource*
- * 7 Specialized Service Agencies (SSA's) provide a distinct approach to services or meet distinct service needs*
- * 7 agencies are also preferred providers of outpatient substance use disorder services, including medication addiction treatment for people with opiate addiction*
- * 9 agencies are providing services through the Choices for Care waiver*
- * 6 agencies are providing TBI services through the TBI waiver and/or the Home and Community Based Services waiver*



A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

- *This system of care is essential to Vermont's safety net, economy and health care system because enable youth to succeed in school, support people to work, live in stable housing, contribute to their communities and lead healthy lives*
- *By statute we address the needs of mandated populations, plus we promote health and wellness and meet community needs, including crisis intervention and disaster response*
- *If the system fails it will have a profound impact on the safety net for vulnerable Vermonters and place additional demands on health care, schools and public safety and criminal justice services*
- *All agencies are mission-driven non-profits who provide person-directed services and supports under the direction of governance boards who have consumer/family majorities*



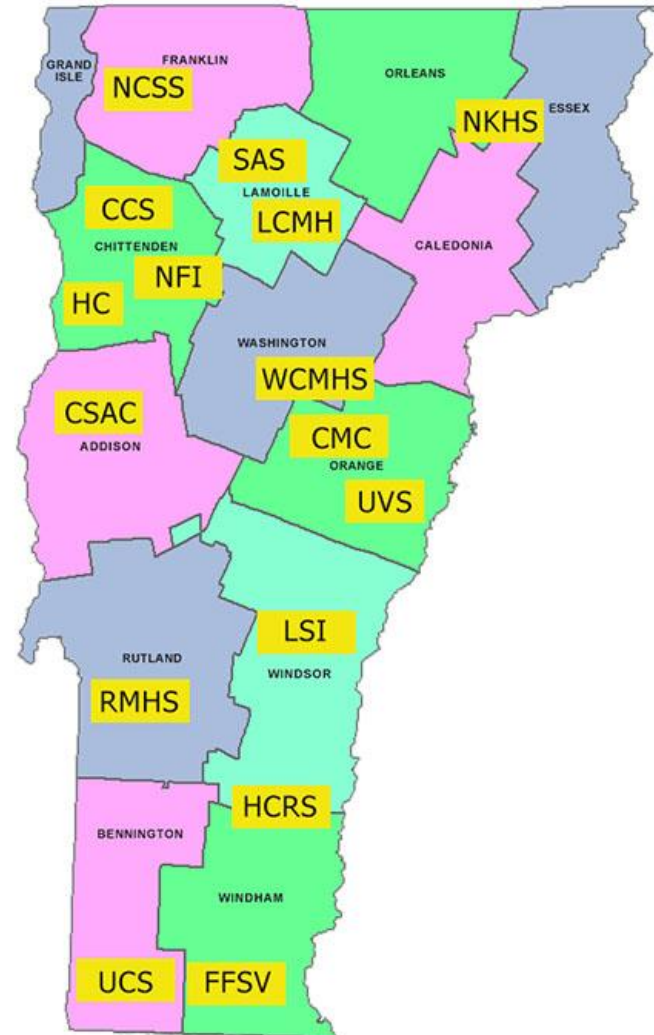
A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

Designated Agencies

Clara Martin Center (MH only)
Counseling Services of Addison County
Health Care and Rehabilitation Services of
Southeastern Vermont
Howard Center
Lamoille Community Mental Health Services
Northwest Counseling and Support Services
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Service
Upper Valley Services (DS only)
Washington County Mental Health Services

Specialized Service Agencies

Champlain Community Services (DS only)
Families First (DS only)
Lincoln Street Inc. (DS only)
Northeast Family Institute (MH youth only)
Sterling Area Services (DS only)
Pathways for Housing (not a VCP Member)
Specialize community Care (DS only, not a VCP
Member)



A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

- * 13,412 Vermonters work for the Agencies as either employees or contractors*
- * In FY15 Agencies had a total cost of- \$262,498,664 for employees and in-state contractors*
- * Agencies directly serve approximately 35,000 clients and “touch” at least 50,000 through all of our programs even though some are not registered as clients*



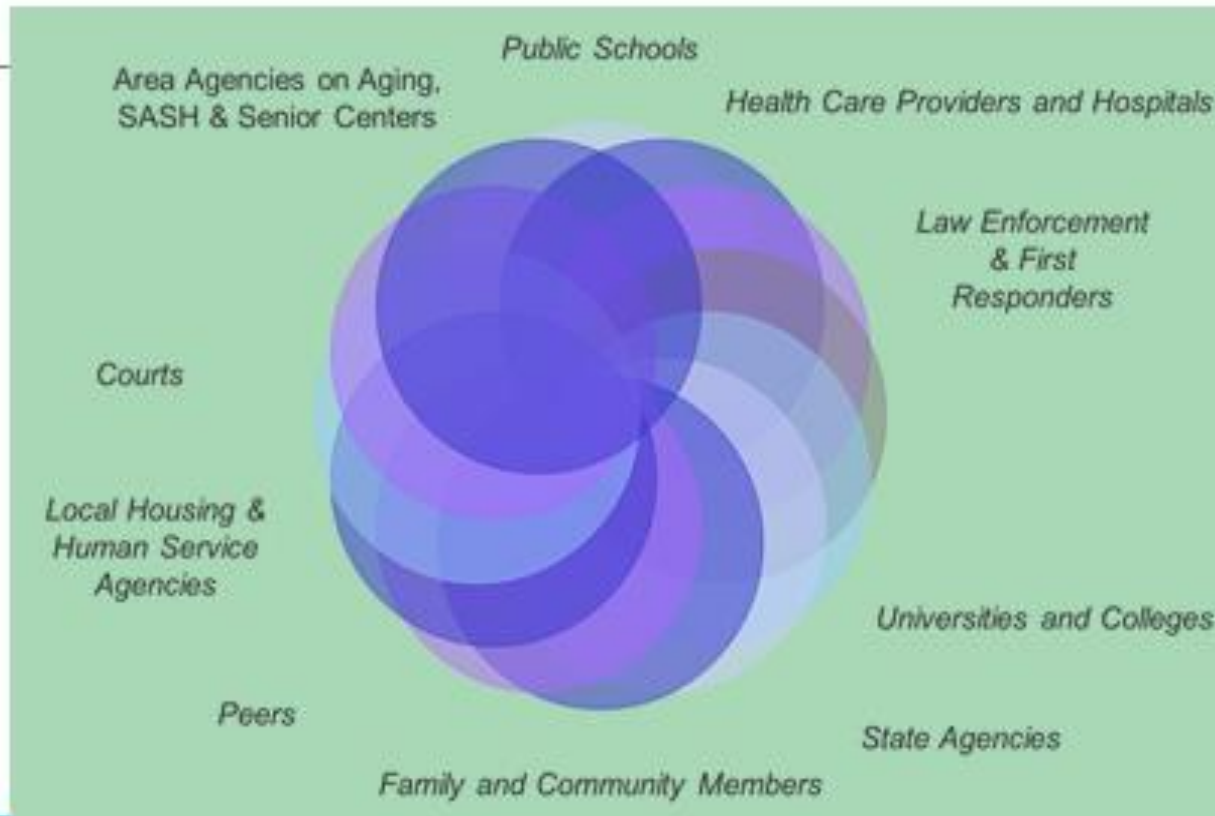
Community Programs

Program	Description
Adult Outpatient (AOP)	Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention
Community Rehabilitation and Treatment (CRT)*	Provides services for adults with severe and persistent mental illness
Developmental Disabilities Services *	DDS provides comprehensive supports for children and adults who meet Vermont's definition of developmental disability and a funding priority as identified in the State System of Care Plan.
Children and Families (C&F)*	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.
Emergency Services	Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed.
Advocacy and Peer Services	Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery

We work in a broader context to achieve health outcomes



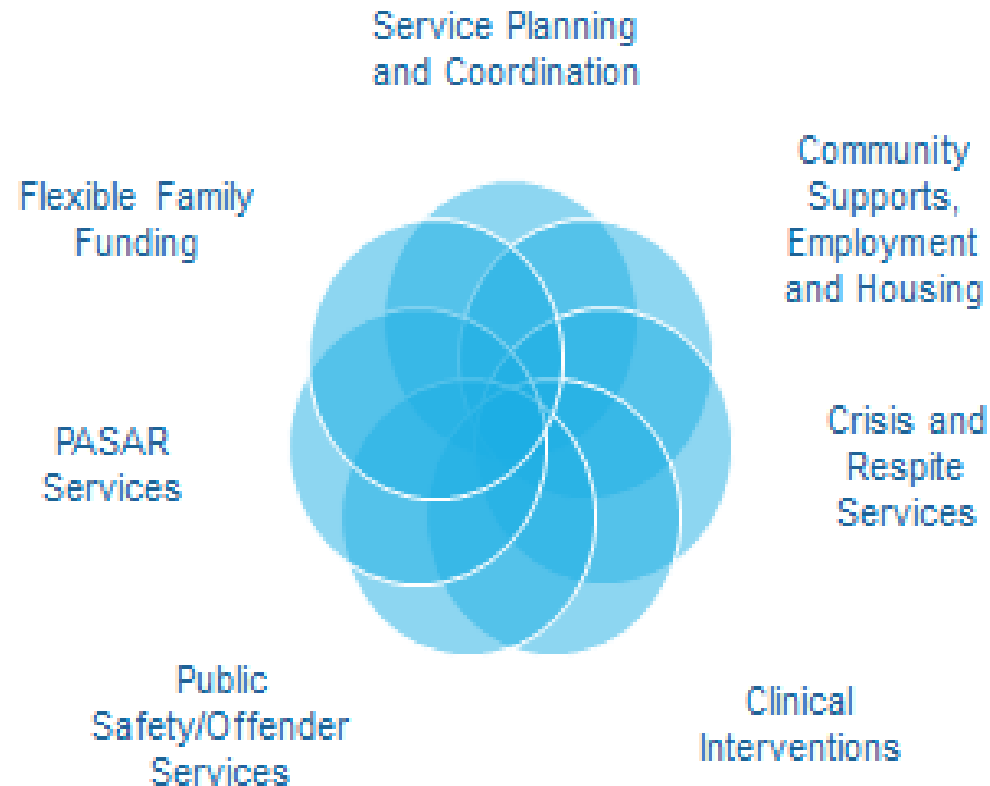
We Work with Community Partners to Address the Social and Medical Determinants of Health





DEVELOPMENTAL SERVICES

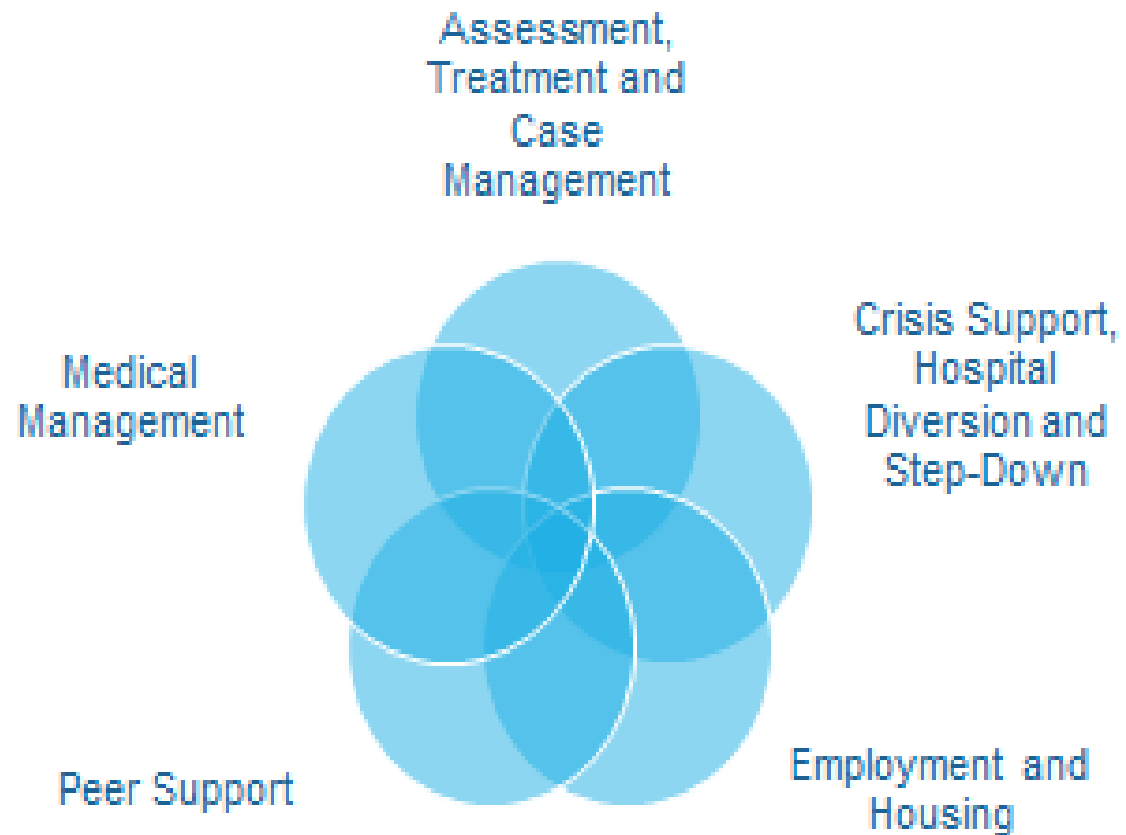
PAYMENT MECHANISMS: Per Person Daily Rate Waiver, Monthly Case Rate, Grant Funding, Contract Invoicing, Fee-For-Service





COMMUNITY SUPPORT PROGRAM (CRT)

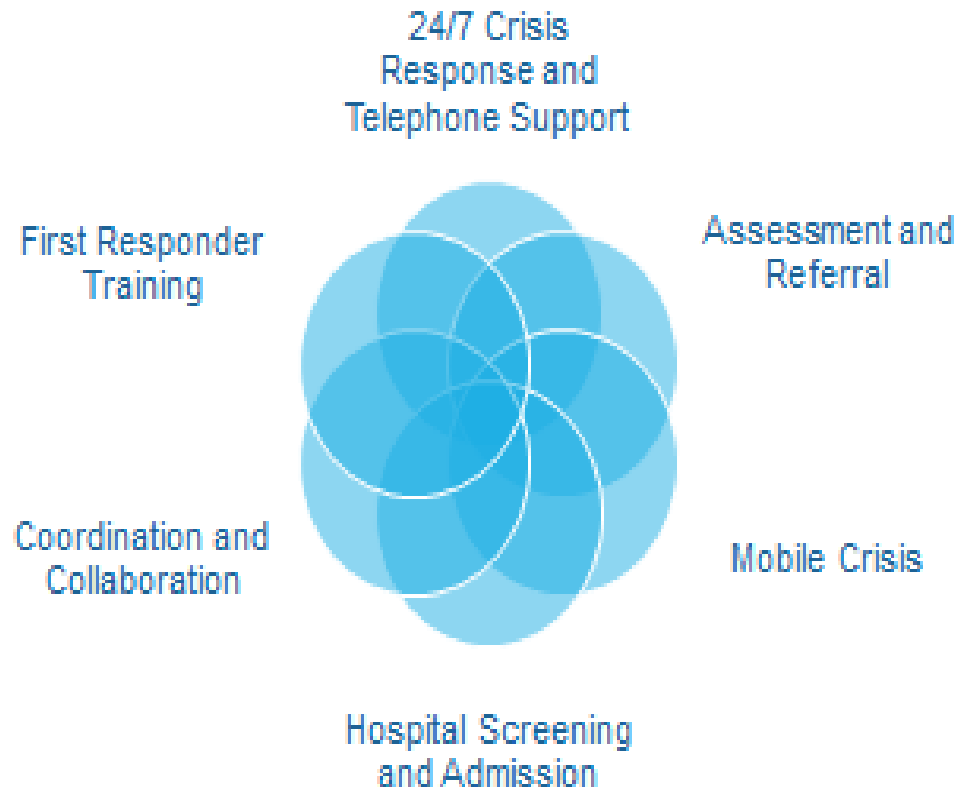
PAYMENT MECHANISMS: Monthly Case Rate (6 mo. look back from FFS perspective: 3% variance), Grant Funding, Specialized Payments for High Needs Individuals





CRISIS SERVICES

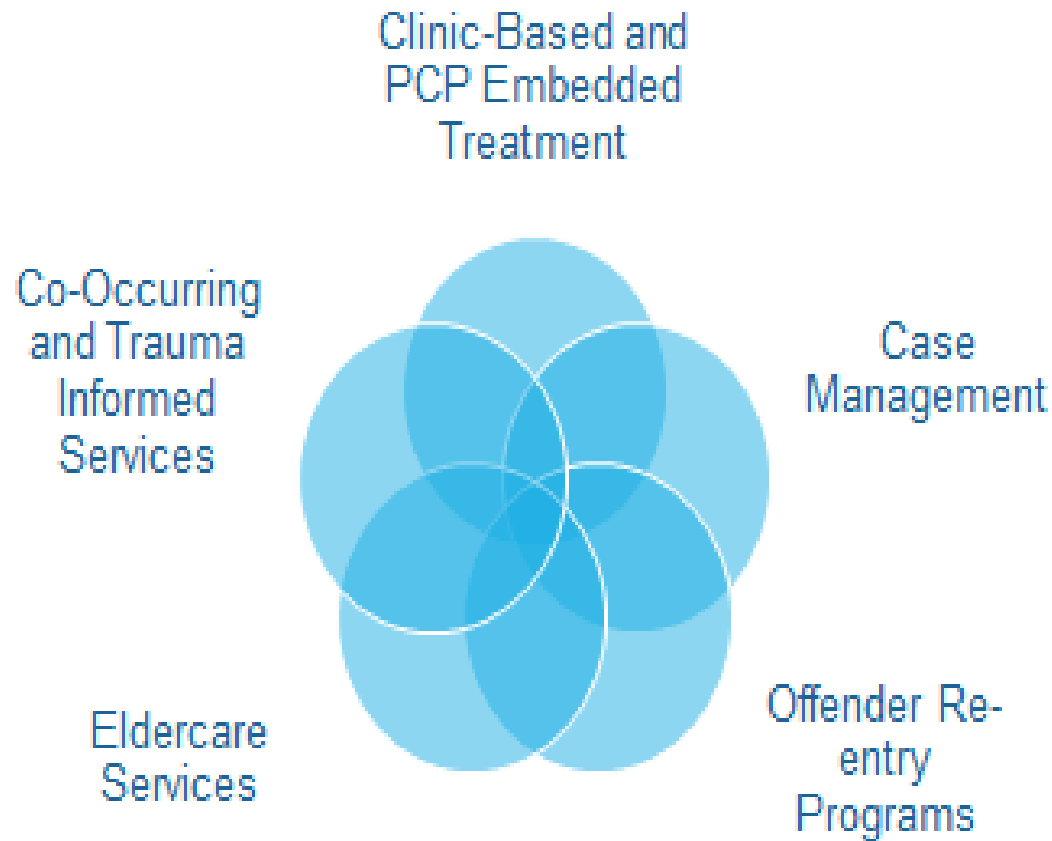
PAYMENT MECHANISMS: Grant Funding, Private Insurance and Medicaid Fee-For-Service





ADULT OUTPATIENT SERVICES

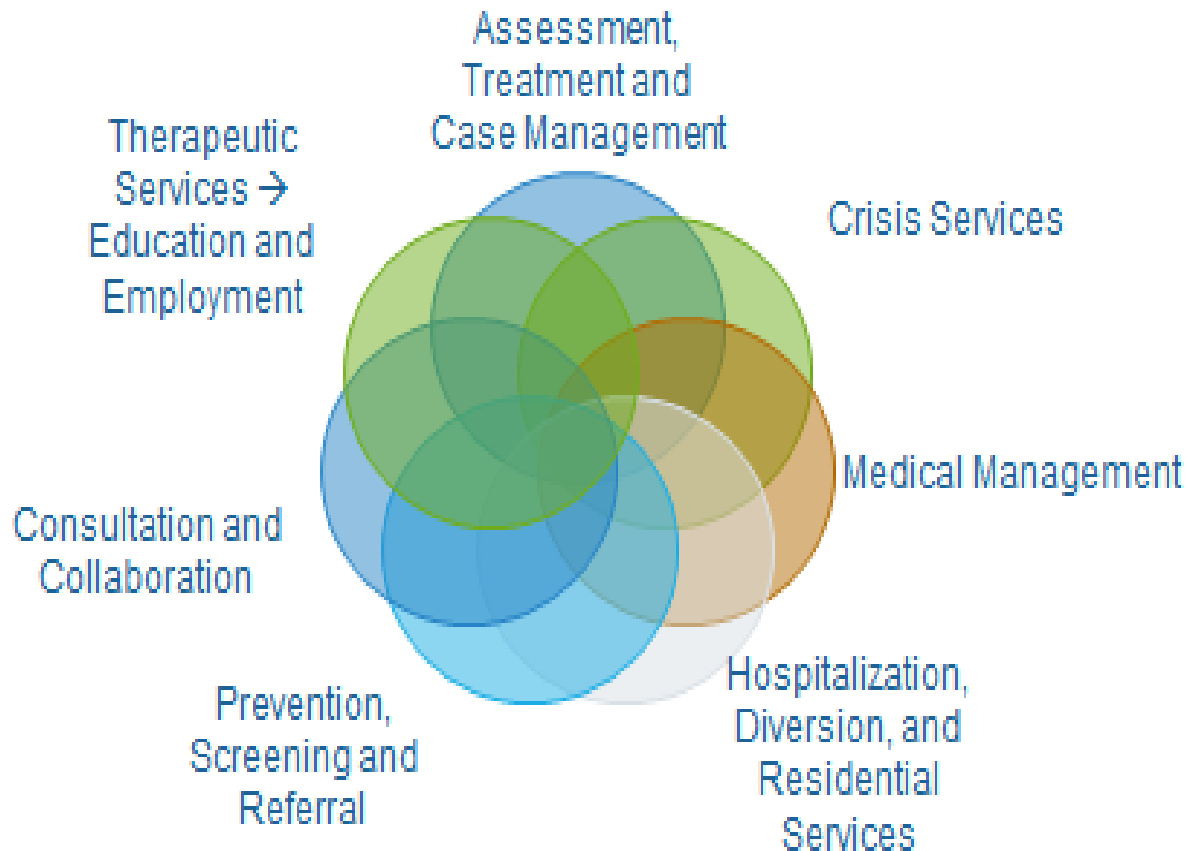
PAYMENT MECHANISMS: Private Insurance, Medicaid
and Private Pay Fee-For-Service, Multiple Grant Funding



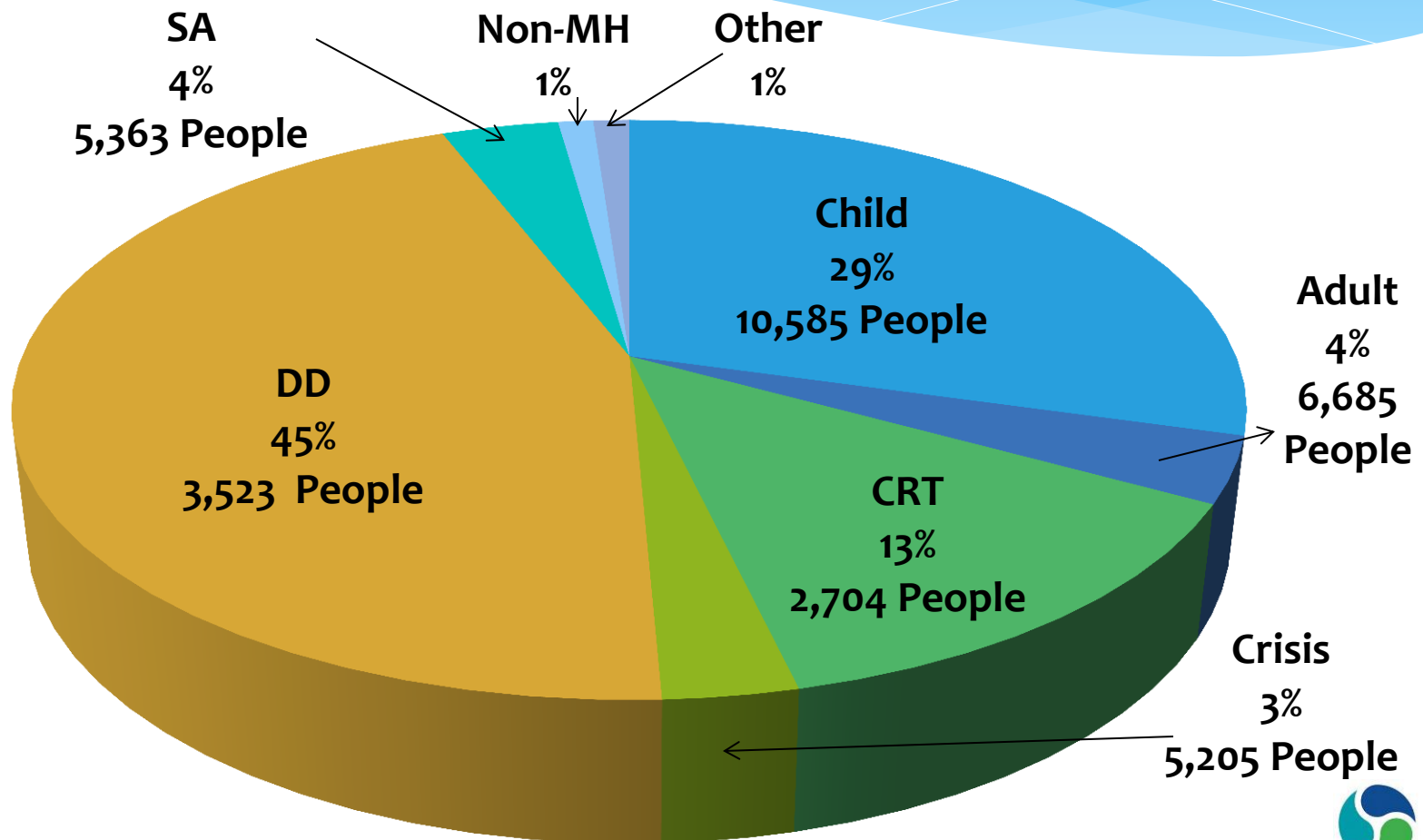


SERVICES FOR YOUTH AND FAMILIES

PAYMENT MECHANISMS: Medicaid and Private Insurance Fee-For-Service, Daily Waiver Rate, Per-Member-Per Month Rate, Monthly Case-Rate (90 Day Look Back), Contract Invoicing



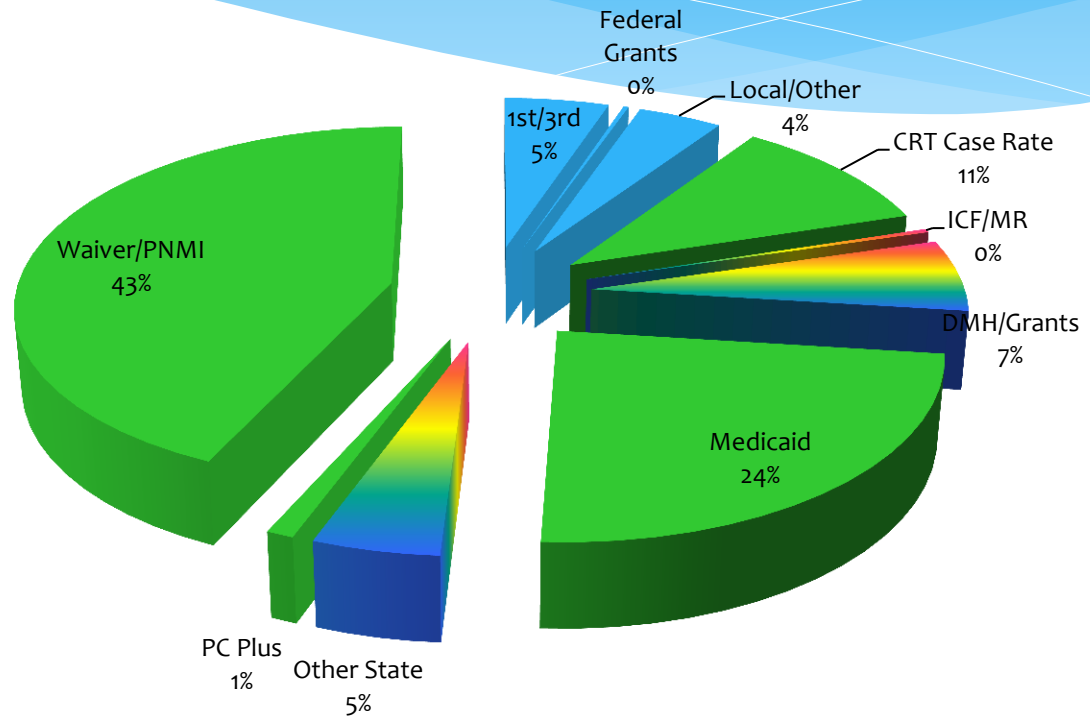
DA/SSA Expenses by Division



DA/SSA Revenues

FY2014

* 79% of DA funding is from varying Medicaid sources and 90% of all funding is from State sources.

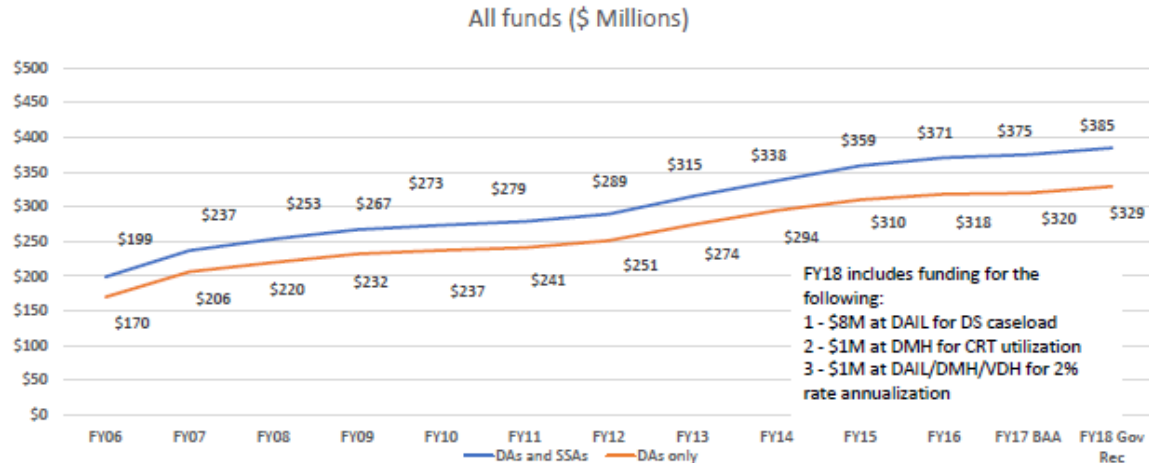


Fiscal Challenges

- * Funding for designated agencies is capped and does not reflect increasing demands for services or the increasing acuity of the people served
- * Medicaid rates are too low to fully fund the cost of services, leading to low staff compensation, high caseloads and challenges with providing the most effective treatment modalities
- * Some services are unfunded or underfunded, including crisis services, guardianship evaluations, eldercare and services to very high needs individuals with developmental disabilities
- * The system of care has not received annual cost of living adjustments (COLAs) to keep up with inflation or services directly provided by state government
- * Unlike some other health providers cost-shifting is not an option

AHS Funding for Designated Agencies and Specialized Services Agencies

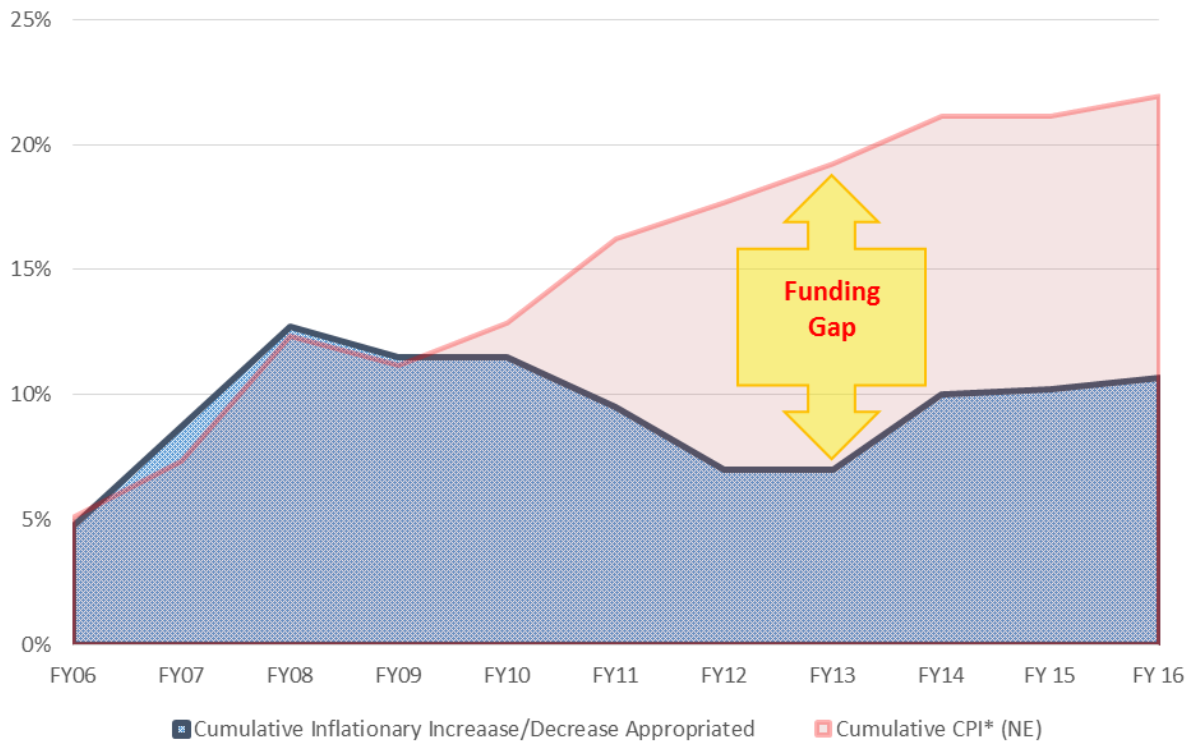
AHS Funding for Designated Agencies and Specialized Services Agencies



Data Source: E-fins.

The Gap Between inflation and Funding for Designated Agencies

CPI Allocated (%) & NE Cumulative CPI (%)

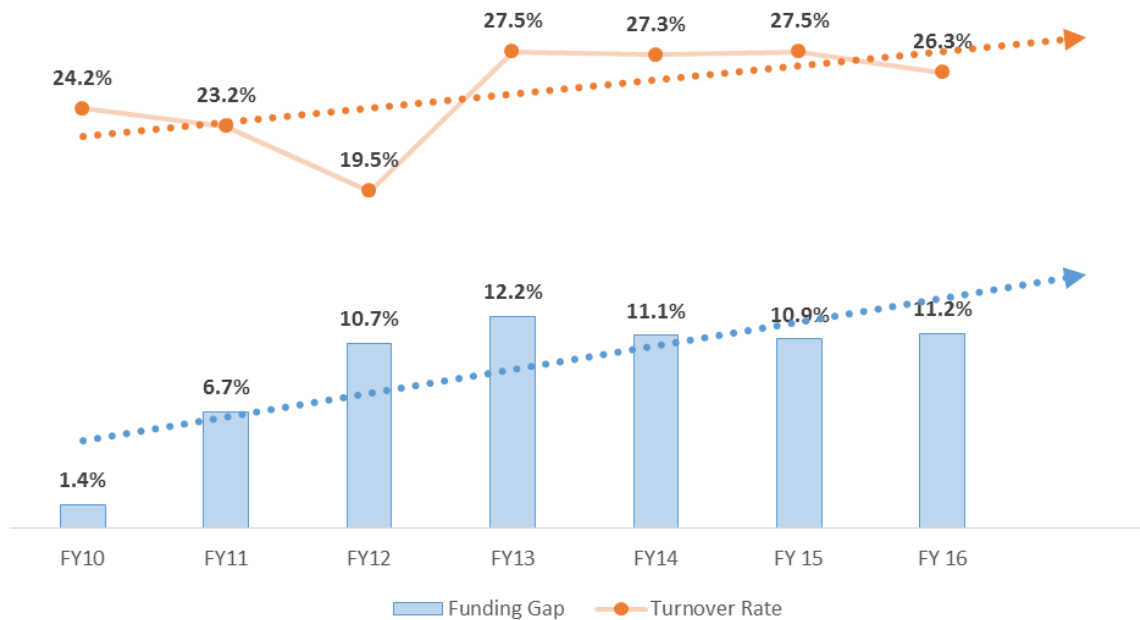


Workforce Challenges

- * Staff turnover in FY16 was 26.3% due to uncompetitive compensation*
- * There are 400 staff vacancies system wide with some agencies having 10% or more positions vacant*
- * BA level staff earn salaries \$18,000 below equivalent state employees and licensed clinicians earn \$16,000 less. We compete for staff with health care providers and schools who offer higher salaries, too*
- * It would take over \$43 million to raise direct care salaries up to the level of state employee.*
- * Recruitment and training costs \$4,160 per position. Therefore over \$4.6 million per year must be redirected away from direct service.*
- * The impact of workforce challenges on the people we serve is reduced access, continuity and quality of care*

Funding and Staff Turnover Relationship

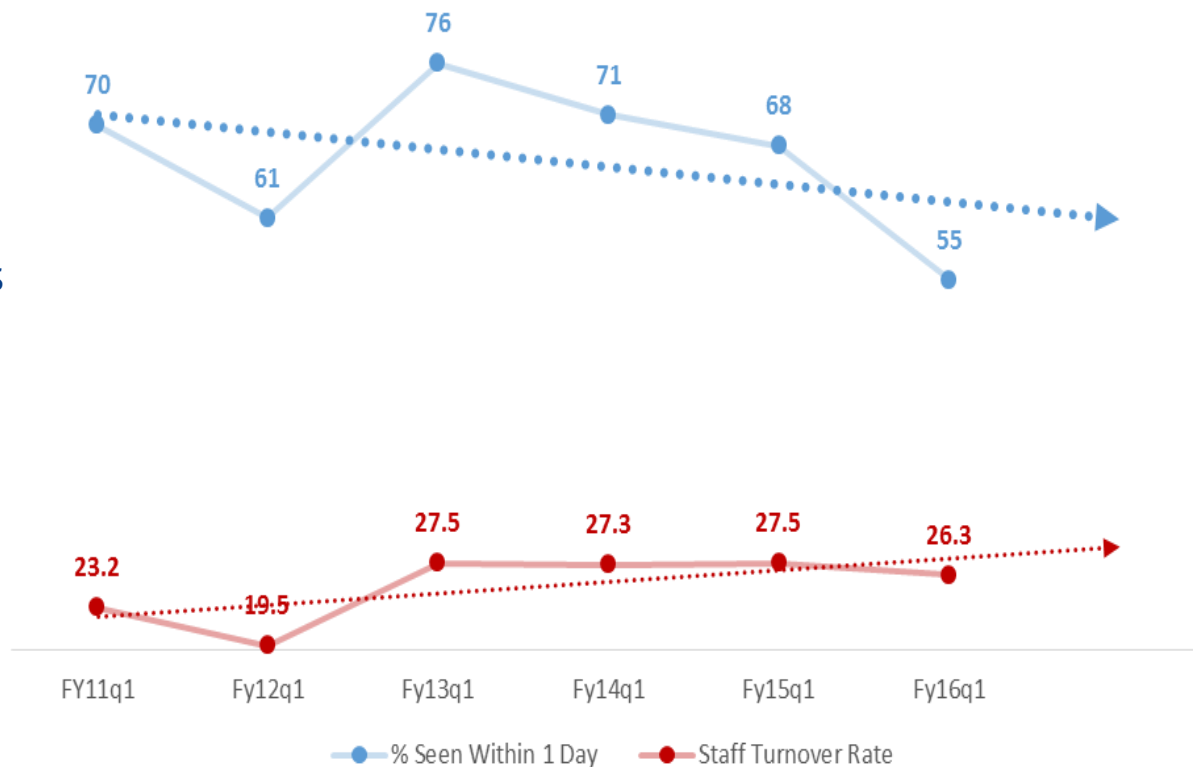
Agency Staff Turnover (%) & Funding Gap (%)



One Example Impact of Turnover on Quality of Care

The percent of CRT clients seen within 1 day of discharge and overall turnover rate within the DA and SSA system.

Follow up After Psychiatric Hospitalization (%)
& Staff Turnover (%)



Vermont Care Partners is Promoting Innovation and Accountability

- We are developing Centers of Excellence
- Using Results Based Accountability to improve quality
- Promoting electronic medical records and connectivity with the Vermont Health Information Exchange (VHIE)
- Developing a data repository for system wide data analytics
- Actively participating in Vermont's health reform initiatives

Case Example: Molly

- * Molly was taken from her mother into DCF custody at six weeks, due to “failure to thrive.” At that time, her father was in jail on a domestic assault charge, and she was placed in foster care. DCF referred Molly to an Early Childhood and Family Mental Health program at her designated agency at age 18 months after her father had been awarded custody and she was slowly transitioning from her foster home to the home of her father and his girlfriend.

How does a designated agency help?

Interventions provided	What it is	How did this help Molly?	What skills and resources are needed?
Age 18 months: Clinical Assessment, Consultation to DCF team	<ul style="list-style-type: none"> -Home-based clinical assessment and home visits -Weekly/monthly role at team meeting (DCF office location) 	<p>Molly's DCF transition plan was designed with a focus on her mental health; Molly's two sets of parents were supported in working together; Molly left DCF custody and lives permanently with her father</p>	<ul style="list-style-type: none"> -Master's degree -Training in clinical assessment, early childhood development and mental health, relationship with community team (DCF), domestic violence training -Quality clinical supervision
Age 3-4: Home-based dyadic therapy, supportive counseling, and developmental guidance	<ul style="list-style-type: none"> -Weekly visits to home -Dyadic trauma-informed sessions -Referral for childcare resources -Safety planning for domestic violence -Transportation to/from community integration (gymnastics) 	<ul style="list-style-type: none"> -Molly's stepmother received supportive counseling and resources to support her through a challenging period, and skills to support Molly's self-regulation -Molly was able to attend childcare and preschool with financial assistance -Molly started gymnastics with activity funding from DA 	<ul style="list-style-type: none"> -See above -These services could only be provided in a home-based setting -Knowledge of DA resources
Age six: Office-based therapy; coordination of treatment team	<ul style="list-style-type: none"> -Parent-child therapy using trauma-informed, evidenced based practice -Facilitation of treatment team meeting and ongoing coordination 	<ul style="list-style-type: none"> -Molly's challenging behavior at home and at school were addressed through therapy and parent-child work -Molly and her family were able to establish a consistent visitation schedule that they have maintained for over two years 	<ul style="list-style-type: none"> -See above -Training in coordination of ACT 264 "Coordinated Services Plan" meeting

What is the impact of turnover for Molly and her family?

Interventions provided	What it is:	How did this help Molly?	What skills and resources are needed?	How does workforce shortage impact Molly?
Age 18 months: Clinical Assessment, Consultation to DCF team	<ul style="list-style-type: none"> -Home-based clinical assessment and home visits -Weekly/monthly role at team meeting (DCF office location) 	<p>Molly's DCF transition plan was designed with a focus on her mental health; Molly's two sets of parents were supported in working together; Molly left DCF custody and lives permanently with her father</p>	<ul style="list-style-type: none"> -Master's degree -Training in clinical assessment, early childhood development and mental health, relationship with community team (DCF), domestic violence training -Quality clinical supervision 	<ul style="list-style-type: none"> -Recruitment and retention of master's-level staff is challenging; field of early childhood clinicians is small. -Trusting relationship with community partners is crucial to successful outcomes
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Age six: Office-based therapy; coordination of treatment team;	<ul style="list-style-type: none"> -Parent-child therapy using trauma-informed, evidenced based practice -Facilitation of treatment team meeting and ongoing coordination 	<ul style="list-style-type: none"> -Molly's challenging behavior at home and at school were addressed through therapy and parent-child work -Molly and her family were able to establish a consistent visitation schedule that they have maintained for over two years 	<ul style="list-style-type: none"> -See above -Training in coordination of ACT 264 "Coordinated Services Plan" meeting 	<ul style="list-style-type: none"> -See above -Supporting families through complexity of school and legal system takes experience and training; teaming is key to successful outcomes for vulnerable children.

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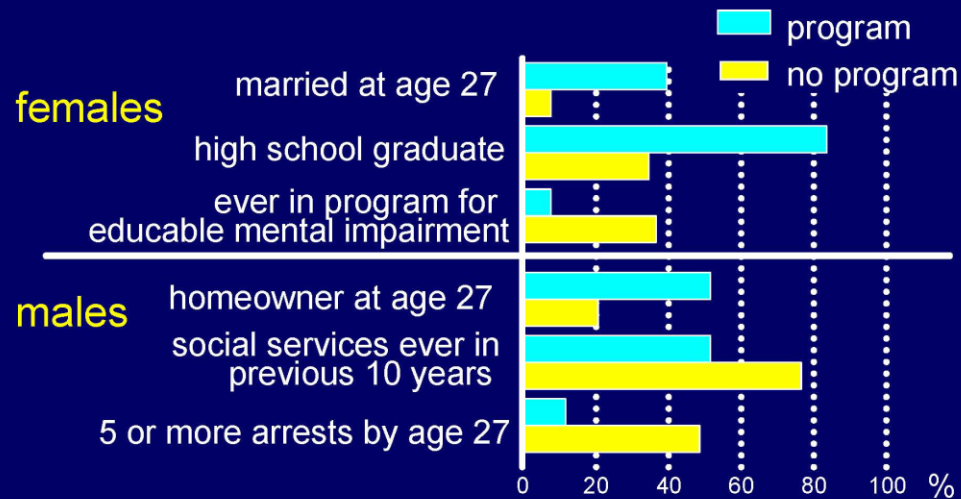
* **Cost Comparisons:**

- *Cost of incarceration \$59,640/yr – in Vermont*
- **Cost of State Operated Institutions \$255,692 (FY2013)*
- *Cost of Home and Community Based Services (HCBS) for people receiving Developmental Services \$56,085/yr*
- *Cost of HCBS for Children receiving Waiver services \$68,959/yr*

* Note: The HCBS cost is from the DS Annual Report for FY2014, and the institutional cost is the average state operated institutional cost from *The State of the States in Developmental Disabilities: Emerging from the Great Recession*, January 2015

What is the long-term benefit?

The High/Scope Perry Preschool Study Through Age 27



Rates of Return to Human Development Investment Across all Ages

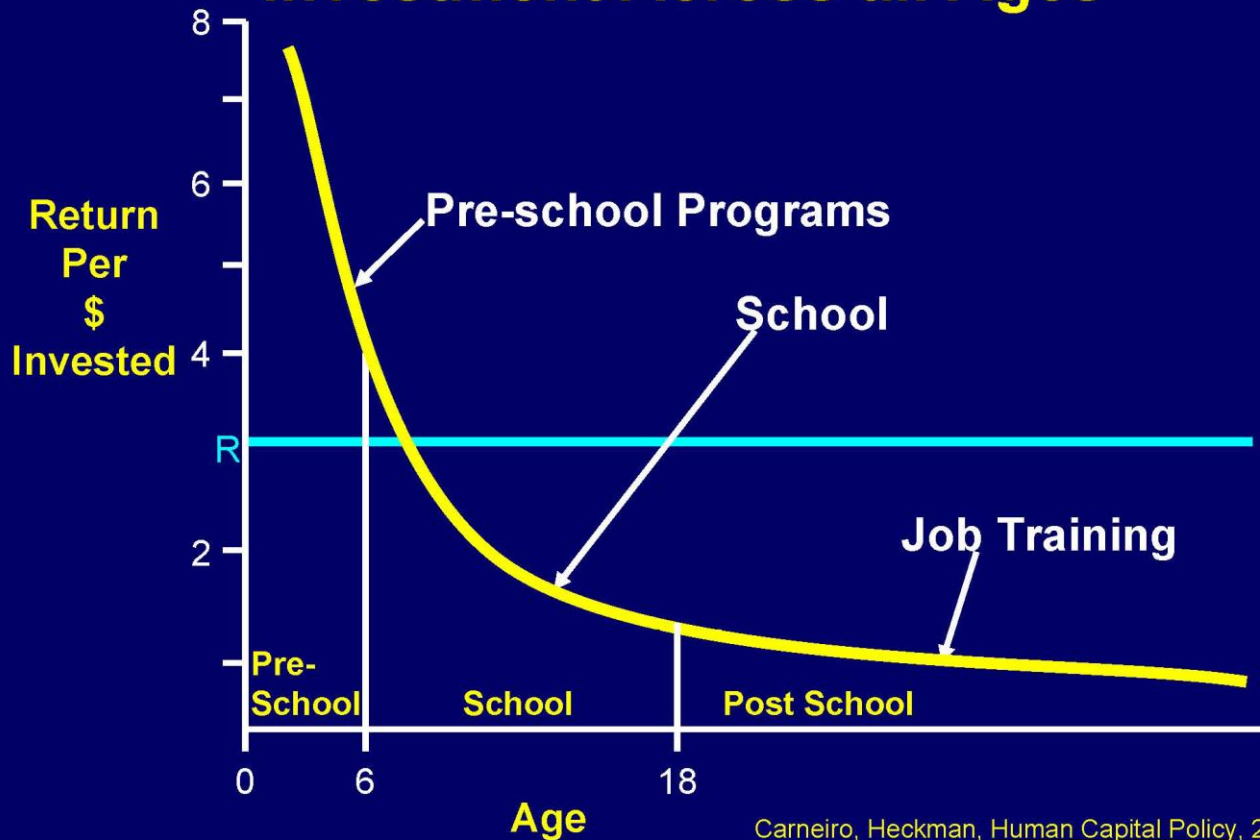
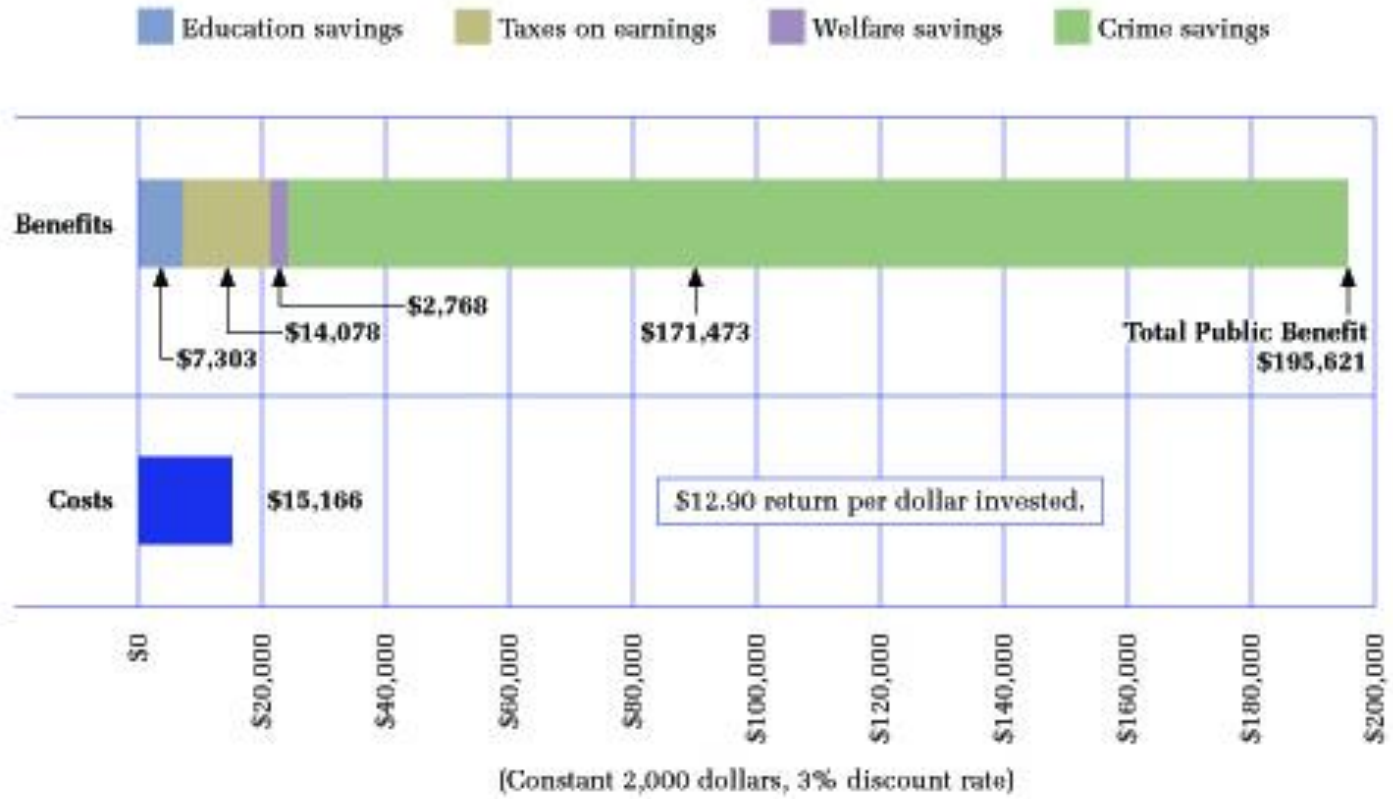


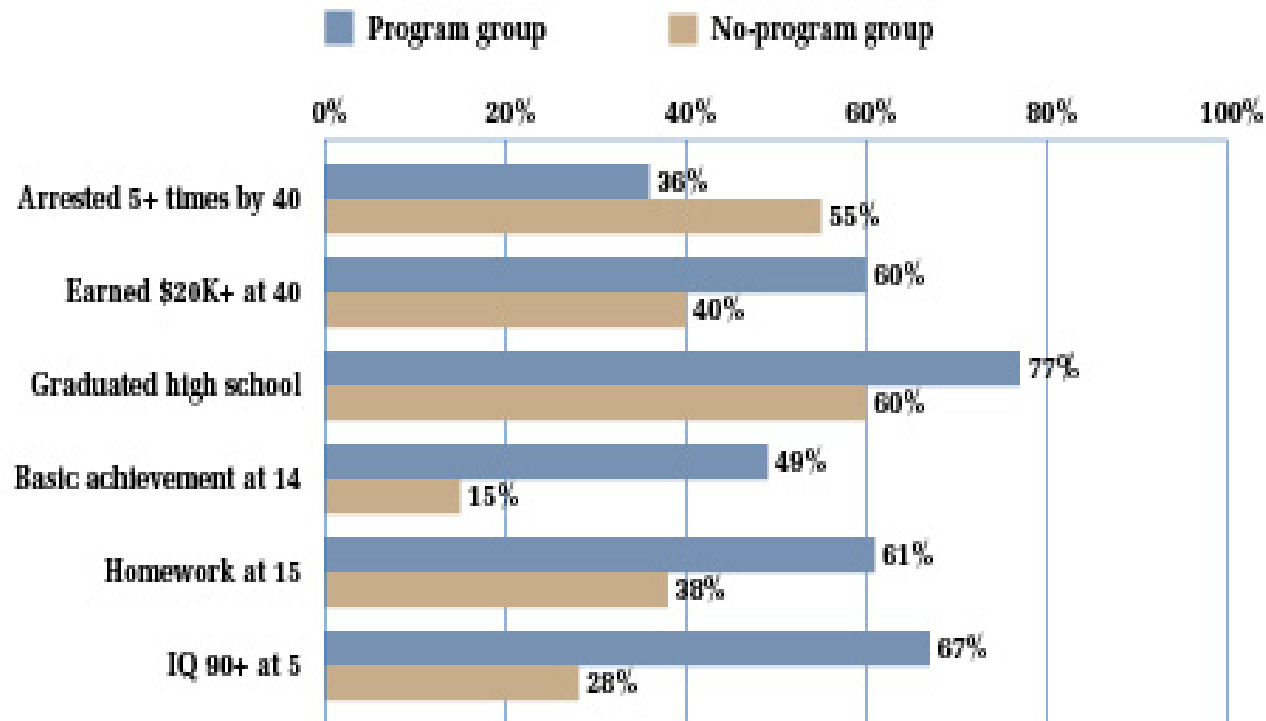
Figure 2
 High/Scope Perry Preschool Program Public Costs and Benefits



Impact of early childhood interventions

Figure 1

Major Findings: High/Scope Perry Preschool Study at 40



Recovery and Healing Happen When:

- * **Teams are coordinated and collaborative**
- * **Providers are skilled, experienced, and supported**
- * **Vulnerable Vermonters are served flexibly in their communities**

Investing in community based services can prevent the need for higher acuity and more costly services



*Vermont
Care Partners*