

Testimony on Vermont Budget – DMH and DAIL

Good evening. My name is Mary Moulton, Executive Director, Washington County Mental Health Services.

I am also here to offer testimony on the Designated Agency/Specialized Service Agency budget offered by DMH/DAIL. DMH presented a level funded budget, while DAIL presented a 2% cut in current DS waiver dollars. This latter cut in DS current individual waivers was a surprise to us in that we had just begun the work of payment reform and developing a new methodology to replace what was once considered a very progressive bundling approach. Unfortunately, true costs have not been addressed in years, causing us to shift dollars in the bundle to cover losses. We all agree it is best to right this ship but to cut 2% out of current waivers for programs already running in a deficit will likely result in cuts to services in many, if not all, agencies. We ask that these dollars be restored.

Susan Loynd has already provided you with some important numbers for us to consider in looking at last year's increase passed by this Legislature. Reductions in turnover; reductions in vacancy rates. It makes a difference in service delivery for people who we serve with mental illness, intellectual disabilities, and substance use disorders.

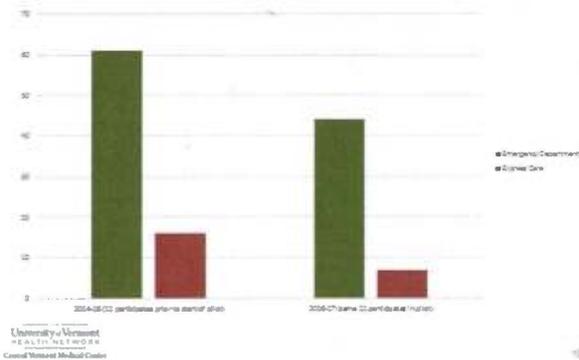
But I want to talk to you about results. When you can stabilize your case management system and your emergency services crisis bed system, enhance your emergency services outreach, and stabilize your care coordination workers --- you begin to see results.

ONE EXAMPLE OF SUCCESS: For Washington County, where we developed an Integrated Health Home at a doctor's office, with enhanced case management, psychiatric consult, and an integrated approach to care for those who had significant medical and mental health challenges, including high ER utilization:

Program Expectations

- Participates needed to sign release to allow access of records
- Agreed that they would participate in a team approach to their care, including the presence of their case manager at all medical appointments.
- Case managers agreed that they would accompany clients to all appointments including referrals to specialists.
- In the event of an acute appointment the case manager would attend or arrange for support staff to attend.
- The medical provider's office agreed to work with the client and case manager to schedule appropriately.
- All involved affirmed their willingness to coordinate care and work on appropriate support referrals and treatment planning.

Emergency Department and Express Care Visits:



Emergency Room/Express Care Utilization

- 32 percent reduction in emergency room utilization
- 56 percent reduction in express care utilization

Client Satisfaction Survey Results

I felt heard	87.5%
I felt understood	75%
We worked on what I wanted to work on	85%
We talked about what I wanted to talk about	87.5%
My provider's approach/style is a good fit for me	85.7%
My provider challenges me to make changes in my life	75%
I have enough time to address any concerns/issues I may have with my provider	87.5%
Having my case manager at my appointment is helpful	100%

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57% Response Rate:
Nov. 2016

Outcomes

Of the 16 current participants:

- ✓ 3 Colon cancer screening that had previously declined
- ✓ 1 New diagnosis of diabetes – referral completed to diabetic educator
- ✓ 1 Switched from high doses of narcotics to using legal marijuana buds from dispensary
- ✓ 1 Decreased their A1C from 9.0 to 6.9
- ✓ 3 Decreased their cholesterol levels significantly,
- ✓ 4 Decreased their blood pressure
- ✓ 51 Referrals have been made to specialists, rehabilitation therapy, Screening, Brief Intervention, and Referral to Treatment (SBIRT) counselors (dealing with tobacco, alcohol or narcotic abuse)
- ✓ All Now up to date w/ routine screenings and immunizations
- ✓ Virtually eliminated "no-show" rates for appointments

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One final note: We also review all high ER utilizers and have dropped Emergency Room utilization by approximately 15-20%. I have asked for clarification on some of the CVMC data recently presented, which explains the variation in the percentage.

This work is rolling out all over the state and data will be emerging.

Investment in further stabilization of our workforce proves the power of community outreach and support through professional services with well-trained individuals able to implement successful care coordination, which includes assistance with housing, employment, health access, mental health treatment, education, social activities, transportation --- and networking with other health care and community partners.

We respectfully request the 2nd stage of the workforce investment that began last year so that we can continue to do this work of true community integration and on-going de-institutionalization of people with these significant challenges. With your support, we can help people to write a story of recovery and self-determination that leads them to healthier, happier lives.