



WHY INVEST IN DESIGNATED and SPECIALIZED SERVICE AGENCIES?

COMMUNITY-BASED CARE IMPROVES LIVES and SAVES MONEY

Act 82 and Act 85 gave designated and specialized service agencies an important boost toward improving crisis interventions and in strengthening our workforce – the impact is significant

Diverting Unnecessary Use of Hospital Emergency Departments

- Over 75% (18,520) of crisis assessments in FY17 provided by Emergency Services teams occurred in community settings outside of hospital emergency departments (EDs)
- Even if only 30% of those assessments were done in hospitals, **it would have cost Medicaid an additional \$7.9 million**

Preventing Unnecessary Hospital and Institutional Care

- 62% of the services in FY17 focused on addressing the **social determinants of health** and helped prevent crises
- **Crisis bed utilization has increased to 79% from 66%** a year earlier
- 13,000 bed days were used in mental health crisis programs in FY17 at half of the cost of hospital care. If half of those bed days were spent in hospitals **the additional cost would be \$34 million**
- If Vermont lacked our robust community-based designated agency system and hospitalization rates aligned with the national average, **it would cost an additional \$23.3 million to meet inpatient bed demand at a community hospital and \$49.9 million at a state hospital**
- The Vermont Crisis Intervention Network in FY16 provided 599 bed days for people with developmental disabilities (DD) at a cost of \$195,000, **creating a savings of \$644,000 over the cost of hospital inpatient stays**, as well as avoiding ED interventions
- Community-based services for people with **DD saves nearly \$200,000 per person** compared to institutions

Community-Based Care: High Quality and Cost Effective for Vermont



Stabilizing the Workforce:

Act 82 and Act 85 enabled all designated & specialized services agencies to implement \$14 minimum wage and increase wages for crisis staff with the \$8.37 million/2% funding increase

- **FY17 staff turnover rate decreased from 26.3% to 23.8%** with the promise of new funding – FY18 staff turnover and vacancy rates are decreasing for positions which received the minimum wage increase
- **2,000 staff received pay raises** and now earn a minimum of **\$28,000** per year
- As a percentage, the pay differentials between **DA staff and staff with similar credentials in state government vary from 22% to 37% - with average pay gaps ranging from \$12,830 to \$21,344 annually**
- Raising the DA/SSA direct care workers compensation up to the level of state employee compensation would require an **investment of over \$61 million**
- **The most strategic approach is for each agency to target compensation increases to meet its unique recruitment and retention requirements**

Addressing Gaps in the Mental Health System:

Agencies are collaborating on new models of care coordination to decrease hospital utilization and reduce long waits in emergency departments by:

- **Teaming with local hospitals** to create Integrated Health Homes
- **Delivering embedded mental health services** in emergency departments
- **Expanding Street Outreach programs** to reduce ED use
- Partnering with OneCare on **care coordination** for people with **high** utilization
- Teaming with the State and hospitals **on community placements** for long stay patients

Meeting the Needs of the Growing Developmental Disability Population

Annual funding for the increasing caseload is essential and represents the majority of the increase in funding received by DA/SSAs over the years – it's about health care parity

- Birth to Death people **live longer with disabilities** than they did in the past
- **Autism, co-occurring disorders, and disabilities** have become more prevalent
- People with developmental disabilities often develop **dementia at earlier ages**

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