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Friday, January 19, 2018

I'm very pleased to report that designated agencies continue to excel in their mission to serve our communities in the capacity of providing quality services and responding to crises on a daily basis. The crisis side of the house is the area where we hear about stress in systems because, rather than assisting people within an isolated system, they are crossing over into hospital emergency rooms for assessments and to await hospital beds. It is our teams that do those assessments and your response to our de-stabilized workforce did help to stabilize those teams in most areas.

- I. We need to continue to stabilize that workforce, perhaps targeting dollars where they will have the most impact. Why? If we look solely at the emergency services piece, this is the workforce that responds to thousands of emergency phone calls annually. In WCMHS, we have over 15,000 calls on our crisis line alone. 15,000 calls where we provide support, stabilization, guidance, and determination as to whether a person needs a face-to-face assessment. If the case management workforce is depleted, emergency services response and high end care goes up even higher. We cannot risk that and you have heard some of the stats on improvements in vacancies and turnover thus far.

Potential for Impact Based on WCMHS ES Screening Data



WCMHS - FY 17Q2 and Q3

- 50% of all screenings originate from the ED
- Of the 50% of screenings occurring in the community, 15% of those screenings are then transferred to the ED; 35% are diverted to other resources or stabilized at home
- 69.9% of screener face to face interventions prevented hospitalization; 30.1% are hospitalized

of screenings will be determined. An individual may be screened multiple times
Assumption: If a clinician with ES screening training works in the Emergency Room during the day, potential for diversion from hospitalization is greater than is currently occurring due to knowledge of community resources and access to immediate referral options.
Diversion targets will be set.

- II. Last year, prior to the infusion of dollars into our system, WCMHS had a 30% vacancy rate in our crisis bed program. We have now plugged that hole and increased our

census from 55% to 70% and are climbing. We are diverting more people from the emergency room through that program. We also have increased our children's diversion capacity.

In Washington County we did a Lean exercise to examine the current system, stressors and gaps, and suggestions. It actually ended up being more of a statewide conversation. The exercise was confirming around steps that have been discussed or were in process.

- For example, WCMHS has been one of the agencies that have had a significant increase in forensic referrals from courts. We agreed that conversations with the Judiciary regarding the process and appropriate referrals would be helpful and are doing that at both a local and state level.
- We also recognized that we do not have a center of truth for our data. This is one of our greatest barriers. We reflected back on the response DAs provided after the flood, finding housing for 12 out of 53 VSH patients immediately in the community and building bridging plans for those who were long term, moving all but one of the patients in that hospital on that day back into the community. The terrain has changed today but we still believe there may be people in hospitals, perhaps even voluntary, that are stuck for various reasons. We need to determine who they are and work with DMH and the Hospital Association toward timely discharge.
- In the Washington County region, we have also been working on a Resource and Referral Hub model to address access and follow-up, care coordination, and timely hospital discharge and believe this model has promise for success in increasing system flow and further reducing emergency room waits. We have no dollars to make this happen.
- All agencies are working with providers throughout the state on care coordination. Our care coordination efforts in Washington County focused this past year on 11 individuals who had heavy emergency room utilization, significant health issues, and difficulty maintaining a primary care provider. With the creation of an Integrated Health Home, we dropped emergency room utilization by 32%. Again, all agencies are involved in this process and we need continued support financial support to stabilize case management.

Lastly, I would like to say that I will find it mind-boggling if we do not find a continued investment in designated agencies in the Governor's budget. We hold back the wall of water that could cause another terrible flood into the system. We need the data to identify the best places to focus dollars and we need dollars to continue to stabilize our workforce in a competitive marketplace, targeting those dollars, as necessary, on system improvements.

Thank you very much for inviting us to give you this update and continuing to allow for focus on community services impact.