

WASHINGTON COUNTY MENTAL HEALTH SERVICES

ASK US ANYTHING

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EMERGENCY SERVICES AT WCMHS

- Mobile crisis team of 9 – Team Two Model of Response
- 24/7 services
- 14,000 calls/year
- 2,081 individuals served
- Intersect with: community, hospital psych units, police, courts, schools, doctor's offices, DCF, homes; housing programs, etc.
- Entry door to services
 - Urgent Care and Access for Children and Adults
 - Phone and Face-to-Face Support
 - Assessment for mental health and substance abuse crisis
 - Out Patient Services/Wellness Collaborative; Hospital Diversion (Crisis)
 - Beds; Brief Treatment Case Management
 - Community Education

ELDER CARE SERVICES

- Outreach and in-home counseling with licensed mental health counselors and social workers
- Referrals from Council on Aging, SASH, Home Health
- All services are trauma-informed
- Geographical area for this project encompasses Washington, Lamoille, and Orange counties
- Community Support Programs and Developmental Services provide long term case management and a full array of services to elders within their programs
- Developmental Services provides residential supports, palliative and hospice care with nursing oversight

WASHINGTON COUNTY MENTAL HEALTH SERVICES

SNAPSHOT OF EMERGENCY SERVICES AND ELDER CARE

Emergency Services		Eldercare	
Revenue - FY16		Revenue - FY16	
Self Pay Charges	\$ 395,609	Self Pay Charges	\$ 10,728
Self Pay write off	\$ (396,052)	Self Pay write off	\$ (7,013)
Medicaid	\$ 679,858	Medicaid	\$ 97,690
Medicaid write off	\$ (104,694)	Medicaid write off	\$ (25,065)
Third Party Insurance	\$ 84,030	Third Party Insurance	\$ 98,462
Third Party write off	\$ (44,258)	Third Party write off	\$ (48,057)
DMH Grants	\$ 679,791	DMH Grants	\$ -
Other Local Contracts	\$ 131,337	Other Local Contracts	\$ 41,677
	\$ 1,425,621		\$ 168,423
Expenses - FY16		Expenses - FY16	
Personal Services	\$ 1,492,866	Personal Services	\$ 158,459
Operating	\$ 235,494	Operating	\$ 33,948
CRT Exp Transferred Out	\$ (345,718)		
Admin	\$ 136,422	Admin	\$ 18,925
	\$ 1,519,065		\$ 211,332
Gain/(Loss)	\$ (93,443)	Gain/(Loss)	\$ (42,910)

CRISIS BEDS

- Home Intervention – 4 beds licensed as therapeutic community residence
 - Maple House – 1 Peer Operated Crisis Bed
 - Average census between 2 programs: January 85%
 - This past year we have been as low as 40% when we were experiencing a sustained 30% vacancy rate
 - Statewide average throughout 2016: 70-75% (low of 64% in most recent quarter)
 - Outcomes focus on savings over higher levels of care; acuity upon admission and discharge; client satisfaction
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PEERS

Peer Co-facilitators for out-patient wellness groups

Peer Crisis Bed Program

Warm Line

Peer Supports at Home Intervention (Crisis Program)

Peer Teaching Peers within our DS Division

Green Mountain Self-Advocates (DS)

The Lighthouse Peer Program (Sober Bed Program)



TRANSITIONS OF CARE

- Emergency Room to Hospital In-Patient Care
- Discharge from Hospital Emergency Room to Home
- Discharge from Hospital Psychiatric Unit to Home
- Discharge from Hospital Psychiatric Unit to Long Term Care
- Hospital Diversion to Home
- Intensive Residential/Secure Residential to Home
- Considerations for Smoother Transitions: funding mental health needs appropriately, e.g., salaries to stabilize workforce; resources for streamlining upon transition; geriatric psych beds; incentivize timely discharge; role back Supreme Court decision to Peck decision; secure residential/intensive residential design to meet need; emergency room wait work group

ALL PAYER WAIVER

- Transformation grant dollars – not in AHS budget
 - DA targeted Transformation dollars – not in AHS budget
 - Transformation projects for system build-out in our region
 - ACES/Pediatrics project creating bridging positions between office and community (WCMHS/Family Center of Wash Cty/Medical Practice)
 - Dual Licensed (mental health and alcohol/drug) clinicians full time in Emergency Room
 - Centralized clinical supervision model (CVMC/WCMHS)
 - Centralized Referral and Brief Treatment Service for patients in transition (CVMC/WCMHS)
 - Continued placement of mental health counselors in primary care practices
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INTEGRATING WITH HEALTH AT WCMHS

Counselors in six primary care practices

Regional Learning Collaborative Coordination

Integrated Health Home

Cancer Pre-Screening Supports

Early Childhood Case Management Coordination with OB/GYN Office

Doula Program

Emergency Services within Emergency Rooms /Psych Units/PCP Offices

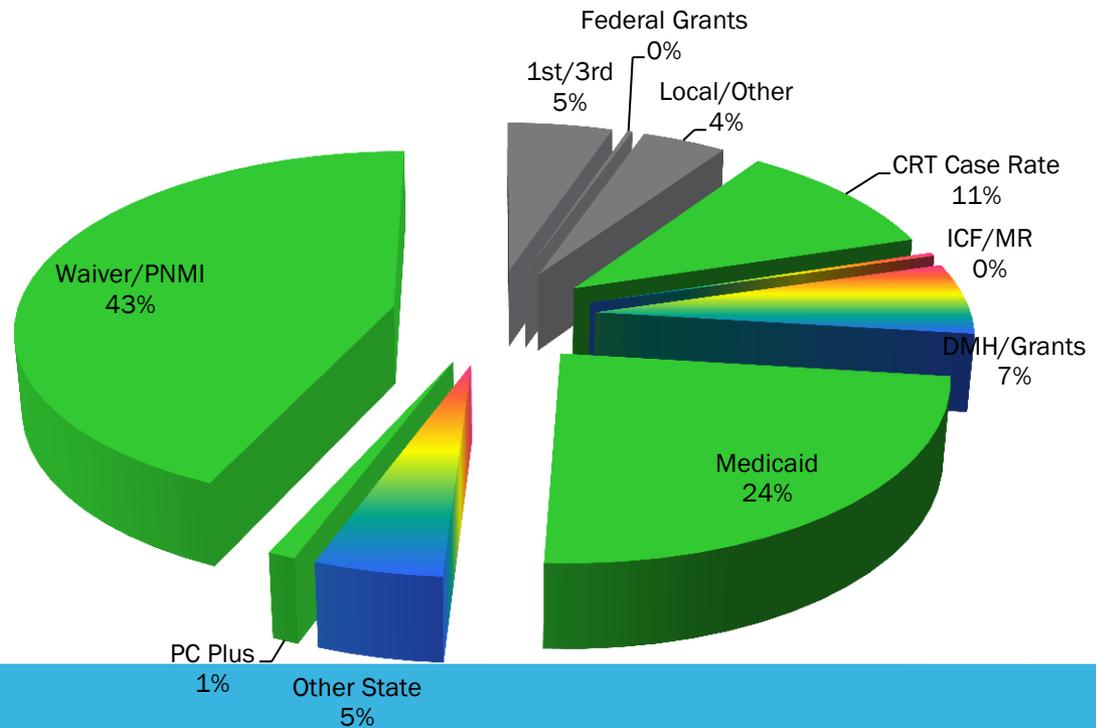
Development of Centralized Regional Referral System w/Brief Treatment Case Management (early planning phases)

Mental Health First Aid and Youth Mental Health First Aid Courses

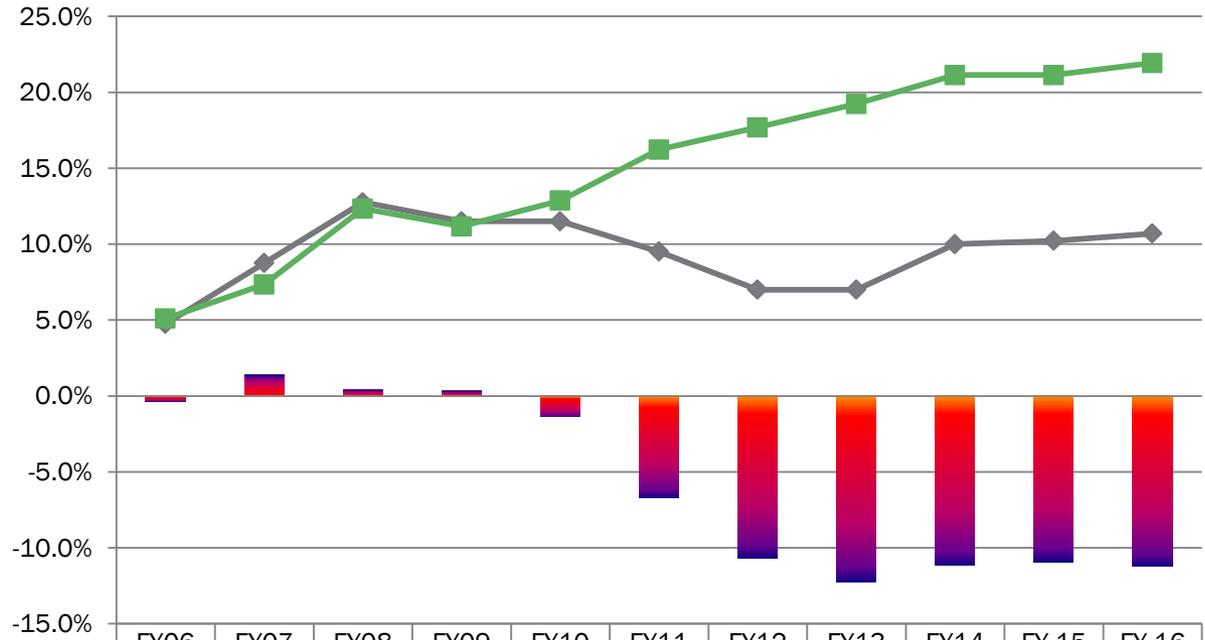


DA/SSA REVENUES

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



GAP BETWEEN THE NEW ENGLAND CONSUMER PRICE INDEX AND INFLATIONARY FUNDING FOR THE DA SYSTEM FY06-FY16



Funding Gap	-0.3%	1.4%	0.4%	0.3%	-1.4%	-6.7%	-10.7%	-12.2%	-11.1%	-10.9%	-11.2%
Cumulative Inflationary Increase/Decrease Appropriated	4.75%	8.75%	12.75%	11.50%	11.50%	9.50%	7.00%	7.00%	10.00%	10.22%	10.70%
Cumulative CPI* (NE)	5.1%	7.3%	12.3%	11.2%	12.9%	16.2%	17.7%	19.2%	21.1%	21.1%	21.9%



DA WORKFORCE TURNOVER

THE BIGGEST RISK TO THE SYSTEM

Staff Turnover in FY2016 was 27.5% Statewide. A significant driving factor is low, non-competitive salaries.

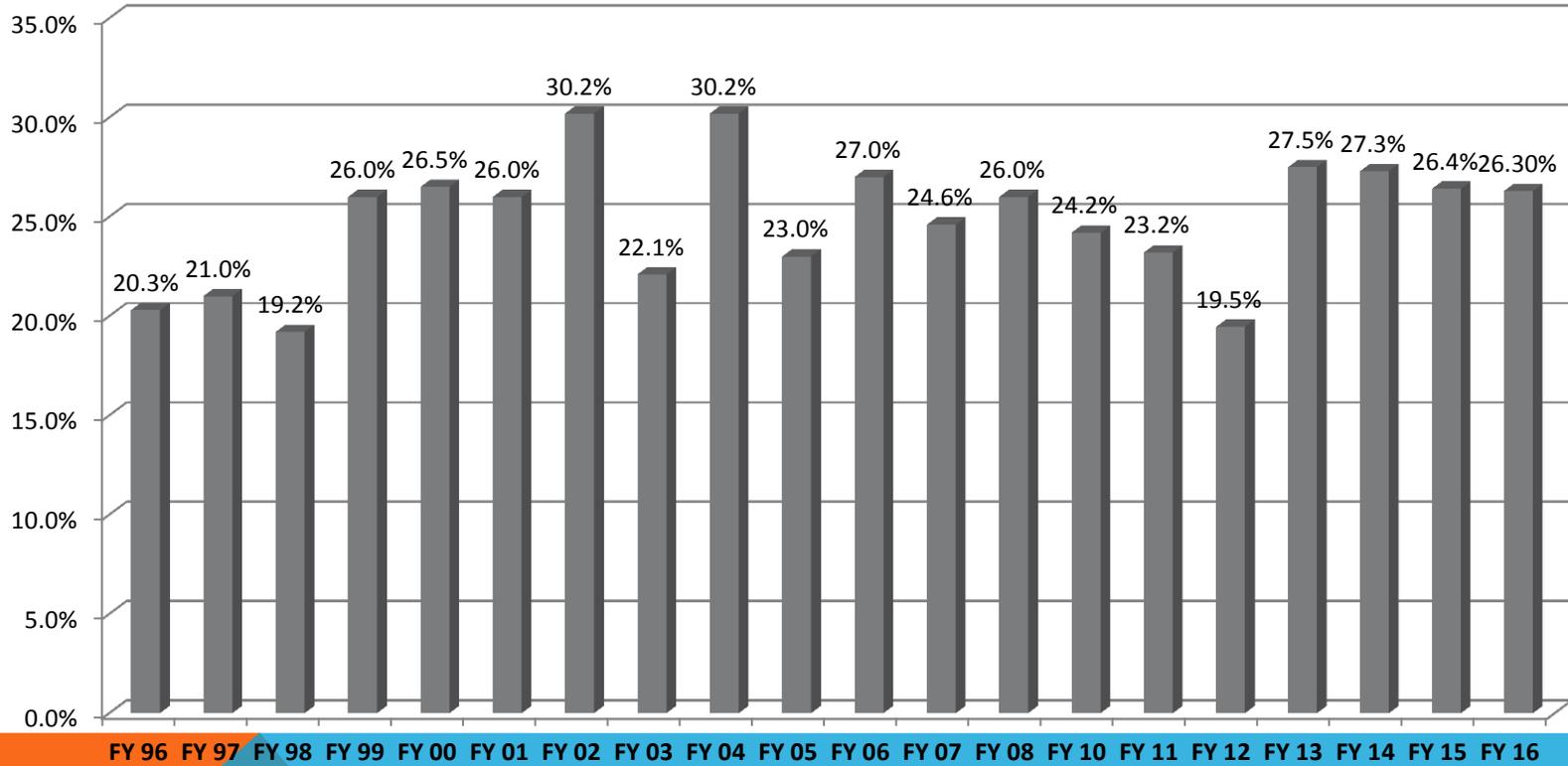
- WCMHS = 19%, annual turnover rate - approximately 113 staff leave each fiscal year.
- WCMHS = 12% vacancy rate - approximately 91 job openings, 73 under active recruitment, 18 'on hold' due to funding concerns/inability to recruit, train, and retain staff.
- B.I. rate is 33% below market (\$13.19/hr)
- Case managers are 16% below market (\$16.55/hr)

Impact on Quality and Access:

- Disruption in Continuity of Care
- Decreased Access to services
- Increased expenses for recruitment and training



VT Council Average Statewide Turnover FY 96-16



Turnover Rate by Tenure FY 16

