Designated Agency Overview



Vermont Care Partners

Designated and Special Services Agencies

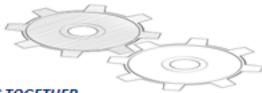
January 2017

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?

- * 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
- * Specialized Service Agencies (SSA's) provide a distinct approach to services or meet distinct service needs
- Many Designated Agencies are also preferred providers of substance use disorder 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



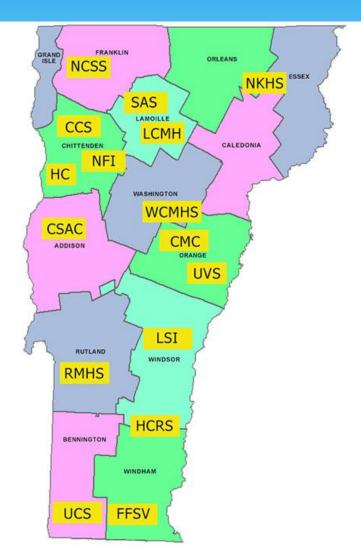
Designated Agencies

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 Heath 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)





- 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



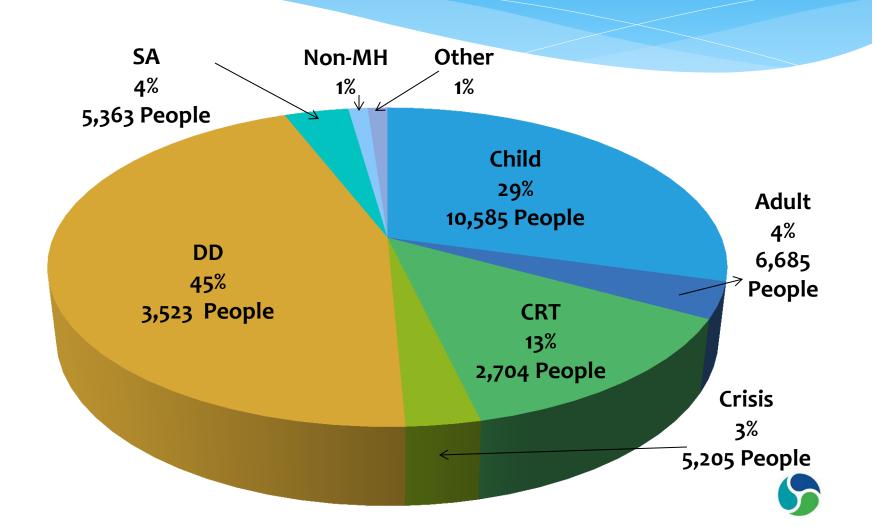
Community Programs

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. Services may include home supports, respite, employment and community supports, clinical services, transportation, and/or family support. Service coordination ties all services and support needed by an individual
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

* Cost Comparisons:

- Cost of hospitalization (RRMC, FAHC, BR) \$530,710/yr
 - Level 1 Daily Rates: RRMC: \$1,484, BR: \$1,424, Average: \$1,454
- Cost of hospitalization (VPCH) \$831,105/yr
 - Daily Rate: \$2,277
- Cost of incarceration \$59,640/yr in Vermont
- *Cost of State Operated Institutions \$255,692 (FY2013)
- Cost of Community Services for CRT Client \$19,389/yr
- 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

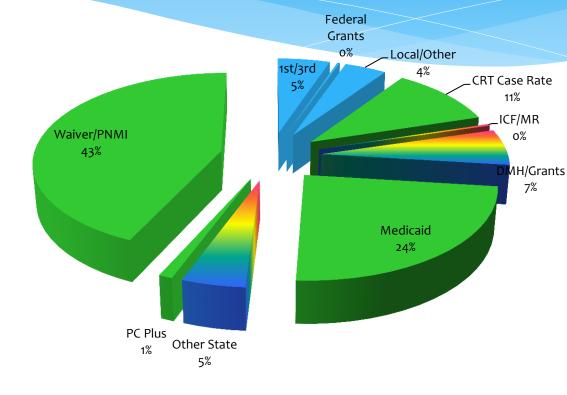
DA/SSA Expenses by Division



DA/SSA Revenues

FY2014

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





11%

0%

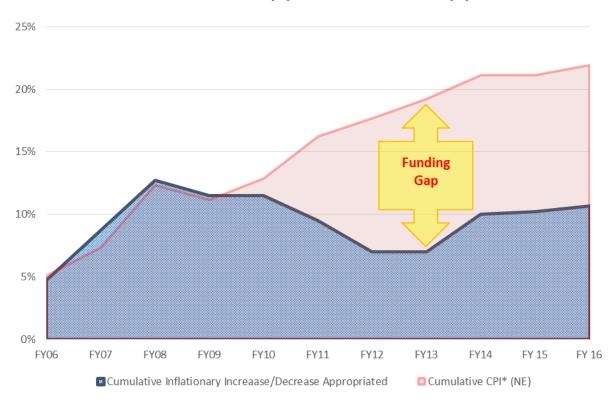
7%

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

The Gap Between inflation and Funding for Designated 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

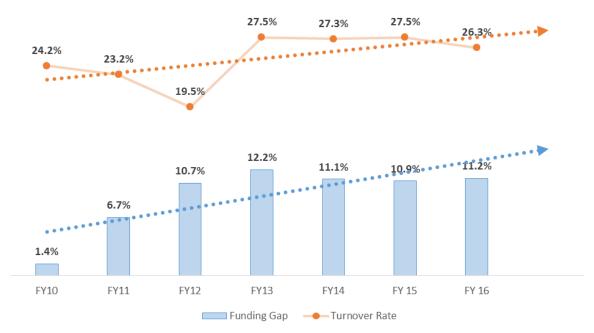


Workforce Challenges

- * 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. Therefor 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

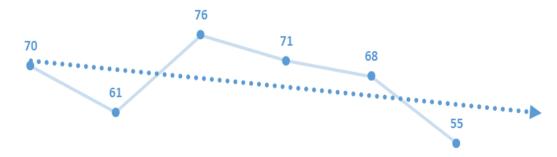




One Example
Impact of
Turnover on
Quality of Care

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







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, including the Medicaid Pathway