

AN UPDATE  
AND REQUEST FOR  
SUPPORT

A  
CLARION  
CALL

To our Washington County Legislators ---

I send this to those of you who know us well, understanding the breadth of what we cover. If you wish to share with other Legislators, please feel free.

I am writing this afternoon, taking a break from the 18 hour days of planning and response to COVID-19 here at WCMHS. If there was ever a time to learn why we have made perpetual requests to be brought up into a system of parity with health care, it is now. I write to you with information to let you know what is happening for extremely vulnerable clients/consumers/peers/community – while issuing a clarion call:

Three weeks ago we stood up our Incident Command Center and are operating across all programs. We are grateful that WCMHS led disaster response in this state during Tropical Storm Irene relief efforts and, therefore, knew how to establish necessary organizational steps for a mass response, slow-rolling pandemic, but we are learning more every day. It began on March 5<sup>th</sup> and looks a little like this:

- Educating staff across all divisions on prevention and precautionary measures per CDC guidance
- Agency wide communications from myself and our Director of Nursing twice/week
- Daily phone calls began on March 12<sup>th</sup> to track any staff or clients with symptoms, those in isolation without access to testing, those tests and results, supplies needed, communications needs, areas of concern, statewide counts, training needs, etc. To date:
  - 12 staff tested
  - 11 staff negative for COVID-19
  - 1 awaiting result
  - 1 client, living in residential facility, hospitalized – tested, negative, discharged home
  - 1 client, living alone, symptomatic, tested; on-going support and monitoring
  - 3 staff exposed to people with symptoms, 14 day isolation either complete or in process
- Psycho-education and health education for all clients, especially those in residential
- Environmental Services staff implement deep cleaning protocols as do staff in residential and crisis beds
- Tabletop exercises to guide development of protocols when a client and/or staff becomes ill
- Dissemination of PPE to all residential and community outreach staff
- Implementation of remote access for client contacts, meetings, trainings
- DS established daily e-newsletter to consumers and home providers for activities, interesting stories, educational information

- Only programs closed – 2 congregate day-program settings
- Survey to staff assessing willingness to work in other areas of the agency due to work being cut back or curtailed due to such things as school closures, or face-to-face community supports
  - Statistical modeling done to estimate staffing needs given pace of the virus both statewide and regionally
  - WCMHS Redeployment Center established to move staff into residentials (we have 20 staff-supported residentials for children and adults); special supports for home providers during this time; support to Homeless Shelter; integration with Regional Command Center requests for special trainings and mental health supports to community and to our DS home providers
- Food preparation and delivery to clients who are isolating for safety – up to 200 meals delivered daily by WCMHS staff (which includes peer supports)
- Grocery delivery to clients, which includes peers
- Essential transportation for doctor's appointments
- Establishment of a safe car to transport clients for doctor's appointments and testing
  - Ambulance will not transport until symptoms worsen; we have a car with a shield and identified staff who will transport
- Additional purchases and needs:
  - I-pads for clients and consumers with hot spot set-ups – **we need more**
  - Gloves, gowns, goggles, masks, disinfectants, soap, video training developed by Nursing Staff on donning and doffing of PPE to all 30 sites --- **we need more, but sufficient for the moment**
- Food site established for needy families through our WCMHS school site and Stowe Street café in Waterbury – for those families served by WCMHS; began yesterday
- Preparation of moving DS consumers when home providers become ill, potentially too ill to remain at home; establish special shelter and support 24/7 location within WCMHS building (not yet operational), with staffing, cots and supplies ordered from Vermont's Emergency Ops Center
- Support to the Good Samaritan Shelter which has moved to the EconoLodge in Montpelier; mental health supports; co-occurring groups (remote); training for staff working with individuals who are presenting with mental health and substance use issues
- Continued emergency response, face-to-face when necessary and remote when possible. We have even set up remote connection to the Emergency Room due to the lack of PPE availability
- Supports about to open up to anyone discharged from the ER or PCP who is headed to isolation or quarantine. We will offer telehealth to provide tips for emotional health, coping strategies, relaxation exercises, activities, etc., 1:1 with a clinician
- Next week – planning for opening up of COVID-19 peer line for stress-related issues; all peer staff have also received training from our DoN and have access to nursing staff for consultation should someone call with symptoms
- COVID-19 WCMHS Website page, information on the virus, precautions, CDC and VDH links, mental health tips, etc. Press releases in the works on our remote connectivity and letting our community know that we are open. See: [wcmhs.org](http://wcmhs.org).
- Meetings with DMH/DAIL Commissioners to discuss maintaining all funding streams. As many of you know, Medicaid billings for school based services have made up the difference on costs out-pacing revenues in other Divisions, such as Community Rehab

and Treatment, Community Developmental Services, Intensive Care Services and Out-Patient Therapy Services. While payment reform targets have been forgiven at this time, we are working to see if agreement can be made on a bundled case rate for School based BI services, supporting children and families during this time when 1:1 school contract requirements for all day supports cannot be met. This is essential to our funding streams and was even before we hit the current pressures

- Voluntary lay-offs offered to those in compromised categories of work and life (effects about 30 currently), maintaining health benefits through April 30<sup>th</sup> when we reassess pace of the virus
- The push to take people out of psychiatric hospital (VPCH particularly) came this week due to growing staffing shortages (20 staff leaving positions last week, reportedly, at VPCH); the State is reaching out to us for workforce. Given all we are doing in the community we do not believe we can redeploy to the state at this time but we know they will be coming forward to request “hazard pay,” which we need to do within our residential and we need to start it soon or we may not have coverage, placing people at grave risk.

And while I could go on, I will stop. In the face of truly compromised health for some, child care issues for those who are primary parent, and valid fears they cannot overcome, we have held onto the bulk of our workforce. This will change daily.

While the state is preparing to set up Goddard College dorms, 161 beds, for those who are recovering and do not have enough support, we were also called to establish mental health supports in Plainfield. I do not know how we will do that when we have so much to manage on the ground with our own clients, but we will try to do something remotely. As you read above, DMH called for assistance. DAIL has called for the same. Both DMH and DAIL Commissioners have been exemplary in their voiced support of our system and assuring us we will be made whole. Secretary Smith has also attended one call with us and was supportive. But we need to have assurance, with actual \$\$\$ backing, and will be presenting them with our cost overrun projections tomorrow.

HowardCenter is moving (or has moved) to time and a half for people working residential, double time for working with client diagnosed with COVID 19, and HCRS and Rutland to X ½. They are hearing the State say that we will be made whole. I am a bit trepidatious; I need to know that we will be covered and that I am not, unknowingly, burying my Agency. **Our examination of this cost for WCMHS for 12 weeks is an additional \$1.4 million - \$1.9 million. Our continued need for supplies will grow. The supply chain is beginning to move. Our additional expenditures in supplies last week was \$8000 alone.**

We have maintained a workforce due to strong cultural commitment and we will have to move forward with an overtime and enhanced salary proposal by mid-week. The unemployment package from the feds needs to be unpacked and I have not had time to do that yet. If there is a provision for unemployment to be paid at level of salary, along with \$600 on top of that, **we will lose a portion of our workforce.** Our attorney believes it will be unemployment rate plus \$600 but, of course, the State has not set the rates yet. Again, if that amount for any given staff exceeds what we pay them for straight time, **we will lose a portion of our workforce.** Some people will weigh the risks and stay home, leaving us with not enough staff to support and treat our residents.

For those who are willing to stand with us, I want to offer X ½ and double time. We are going to need your help to be sure that the dollars in the federal package come to community mental health centers and that we are not left out when it comes to state dollars. This is crucial. We cannot be on the bottom of the pile in this situation. Or in the middle. We must be on the top along with health care and the federal package, at least at first glance, did not identify community mental health other than the likely grouped state dollars provided; in this pandemic, we need these dollars to save lives for the most vulnerable served by community outreach and with community living staff – **WE ARE ESSENTIAL STAFF**. I don't know what Home Health is needing to pay right now, but those folks are on the front lines with us. Hospitals, Home Health, and any services for our elders responding directly are on the front lines. If there is a portion of any of this you can tackle at the State level, I plead with you to help us. Our offices are all still open; our people are working and the requests are now pouring in for people stressed under quarantine situations. I know you have asked and wondered what it looks like for us out here in the community. I can now say – this is it. This is what it looks like. And as soon as we get our first case, it will begin to morph.

Thank you for your consideration and your assistance in answering our clarion call. I will be sending a slightly different version of this to our Commissioners and Secretary Smith.

*Mary*

Mary D. Moulton,  
Executive Director  
Washington County Mental Health Services, Inc.

*"Where Hope and Support Come Together"*

(802) 229-1399, Ext. 795 (office)

(802) 505-5527 (cell)

---

Any clinical information contained in this e-mail is confidential and intended only for the professional use of the intended recipient. The privacy of this information is protected by law. If you have received this in error, please notify the sender and delete this e-mail from your computer. Do not forward. Thank you.