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Discussion: What do Legislators need to know from us?

(1) Workforce Development

Strengthen support resources for graduate students, retention of workforce, how prepared are graduates, keeping people in Vermont salaries

(2) More Housing Options and resources in general, need funding to be preventative.

- a. hotels, transportation issues especially in rural areas, hotel managers don't want emergency services on site
- b. Sears Lane as an example

(5) Why are mental health needs increasing, what is the impact of pandemic

(7) Funding with mental health counseling and obstacles with access to services

(16) Mental Health Integration – MH in schools, primary care, treat the whole person

Wcmhs Outpatient: The Center for Counseling and Psychological Services (CCPS)

I thought I'd give you a flavor of our outpatient services and look at some of the issues that are taking place statewide through the lens of one agency:

Outpatient Services at WCMHS has changed dramatically in the 10 years since Hurricane Irene and Act 79. We had an opportunity to develop community services due to Act 79 funding and we did.

Today we consist of psychotherapy for children adults and homebound elders; Community based services including case management, Treatment Court and a Residential. In total we have nine separate programs. They are office based, such as Adult or children's outpatient, in primary care and pediatric practices, in the courts, in people's homes, at the shelter and hotels, and in our re-entry residential. We have a wonderful Wellness program that offers both groups and individuals and a trauma treatment program that is evidence informed and provides a comprehensive array of services to people who have been impacted by trauma. We try to assist people in

getting housing as one cannot engage in psychotherapy or any process of change without secure food and housing

- a. Hotel issues; need for creativity some efforts clearly not meeting need. hotels, transportation issues especially in rural areas, hotel managers don't want emergency services on site
- b. Sears Lane as an example

We have around 35 staff, one psychiatric resident and two interns providing services to over a thousand clients. Our case loads are high with more than one clinician/case manager with caseloads of 40-50 clients.

We are also a training center for interns and unlicensed clinicians offering individual, group, topic specific supervision to those coming into the field. This is a very important role we play in the state and I think, an underrepresented one. (dif between private prac sup and da sup)

I am tremendously proud of the system we have developed. We exceed the requirements of the master grant because this is what our community needs and deserves.

You know the funding issues: I will not belabor them here except to make a couple points. We have at least a 10% uninsured population, and 15-20 are underinsured. Many have Medicare or insurance that is basically catastrophic care and doesn't cover outpatient services.

Our salaries are so low that we lose clinicians to private practice and to state positions that are often 10-20 thousand more a year and impossible to compete with.

This year I can't keep positions stable for the first time. we have 4 vacancies, which sounds small until you think of only 35 staff.

And our waiting list. Outpatient has always had a waiting list as we don't meet capacity due to funding. However, that use to be 20 or even 30 clients and with two weeks wait. Since August the waiting list has skyrocketed. In August we had 140 people in the adult program and 30 in the children's outpatient program. Today the adult waitlist is 121 with 29 of those engaged in additional services such as urgent care, or groups. The waitlist for individual psychotherapy is 4 weeks in both programs. I believe this a response to the pandemic, in August we thought we were done, we had a post pandemic surge, which is predicted in the disaster literature. However, the pandemic did not go away, stretching all of us past our limits.

We cannot hire new positions because we cannot get additional funding. The private sector has 'closed' and is overwhelmed. We are not meeting the communities needs, though we are certainly trying.