

House Health Care Testimony

February 11, 2022

Good afternoon Committee members and interested parties. I appreciate the opportunity to provide testimony about the gaps and obstacles that are negatively impacting access to developmental, mental health, and substance use disorder treatment in Vermont. My name is Jena Trombly. I am the Director of Human Resources & Compliance at the Clara Martin Center, located in Randolph. My organization provides mental health and substance use disorder treatment and support services to people in the central Vermont and Upper Valley regions. I have worked at the Clara Martin Center for the past 30 years, with roughly half of that in my current role, and half as a direct care Case Manager, Therapist, Clinical Supervisor, and Program Director.

Six years ago, I joined my fellow Human Resources Directors of the Designated and Specialized Service Agencies (DA/SSA) of Vermont Care Partners, to sound the alarm on the fragility of the DA/SSA workforce in Vermont. The report stated that "chronic underfunding of the DA/SSA system, if left unaddressed, would be devastating". At that time, we could not imagine continuing to keep our doors open without an immediate and sustained infusion of adequate and reliable funding to support our workforce. Some of you were on this committee at that time, and you may recall that comprehensive paper, including essential recommendations needed, to keep our community based system of care intact. At that time we urged decision makers within State departments and the Legislature to act swiftly. While we acknowledge and appreciate the support we have received, the challenges continue to grow.

Here are a few examples of what we are experiencing:

- One year ago my organization had 11 positions open for recruitment. Today we have over 40 open positions, many of which we simply cannot fill, primarily due to wage gaps with other employers. The impact of so many open positions means that we have been able to accept fewer referrals for our independent school, which serves students who need a higher level of care than a traditional public school can provide. It means we cannot provide necessary one on one behavioral interventionists to support students in their public school classrooms. It means clients who come to our buildings to be seen in person must wait outside while direct care staff balance providing care to clients, while also filling in for vacant administrative assistant positions. It means we've been unable to provide support and recovery based services to clients who need them. It means we have many staff who have picked up additional responsibilities, extra shifts including overnights as weekends, and are exhausted by working longer hours with no end in sight.
- We have been advertising for a Clinical Supervisor to oversee our Medication Assisted Treatment program for over a year, with barely a handful of applicants. The position has offered a \$10,000 recruitment & retention bonus for months with little to no applicants. The only serious candidate who considered the position was employed at a Vermont hospital, making considerably more than we could offer them.
- This same program has half of the Counseling position open, leaving the remaining Counselors with caseloads of 100 or more adults, all of whom are addicted to opiates, and in dire need of both medication and counseling.

- One month ago my Agency made a formal job offer to a qualified candidate for the position of Emergency Clinician. The candidate was Bachelor level and was currently employed by the State of Vermont within the Department of Child and Family Services. Our offer was \$23,000 less than their current salary at DCF. This is not an uncommon situation, as we continue to experience a widening gap between the salaries we are able to offer, and what applicants are able to receive elsewhere.
- Fully staffed, my Agency would employ roughly 190 - 200 people. In calendar year 2021, 75 staff left our Agency, with the majority citing a job offer with higher wages. When positions turn over, client relationships are interrupted, the burden of training new staff increases, and the team members who remain take on more work to help fill the void.

In addition to compensation challenges, our clinicians are increasingly hampered by a growing demand for additional clinical documentation, data gathering and recording, and other administrative tasks that take them away from spending time providing care to clients. In the past 3 months, we have had 2 long time, licensed clinicians resign from their full time Therapist positions with us citing excessive clinical documentation as the primary reason for leaving. We need our State leaders to reconsider documentation requirements, to minimize the gathering of data and excessive documentation, on the clinician / client relationship.

As you consider options for providing resources to our system of care, please consider that while our agencies offer many similar services and programs, we have unique challenges, different benefits packages, and in some cases are negotiating salary and benefits changes with different unions. I respectfully urge you to allow maximum flexibility with any additional resources you are able to provide. My organization is exceptional at being creative and stretching our resources to do the most we can with what we have. Restrictions on how funds can be used will narrow our ability to put new resources to the best, most necessary use, to recruit and retain staff where we need them the most. Such guidelines may be well intended, but added eligibility guidelines, or length of service commitments that are unenforceable, tie our hands and put up barriers to our ability to apply additional resources where each of us need them the most.

An additional obstacle to consider, are rules related to reimbursement, clinical licensing and supervision requirements, that restrict certain licensed staff from supervising other licensed staff, and impede new clinicians from seeking and obtaining licensure. The rules we create to set standards and benchmarks cannot be so stringent, that the average masters prepared clinician is driven away from seeking licensure, or cannot find an appropriately licensed supervisor to work with them in the licensing process. We are currently working with State leaders to request reconsideration of a requirement for Licensed Drug and Alcohol Clinicians (LADC), to seek an additional credential to provide mental health counseling. Currently, the LADC credential is accepted by private, third party insurance for this service. Having a higher bar for Vermonters with State sponsored insurance is a barrier to access, and would force LADC's to seek additional licensure to continue providing mental health care.

On a positive note, one month ago my Agency launched a Tuition Assistance & Loan Repayment benefit that was funded by the Legislature from Tobacco Settlement funds. We had 31 / 106 eligible staff apply, with several more asking to be included after the posted deadline for applications. 9 staff

applied for Tuition Assistance to support their coursework, representing 8 different colleges & universities. 22 applied of loan repayment, with many staff showing evidence of significant student loan balances they are working to pay off. The portion of the funds my Agency received will likely support two-thirds of the applications we received. We anticipate that more staff will be interested in this program as awards are applied & word spreads. To make this program an annual ongoing benefit to retain staff year to year, would require 2-3 times the amount received in this initial offering. If the benefit were expanded to include developmental services, the needed amount would be even higher. I look forward to reporting back to you in a year, on the impact on this new benefit on retention at my organization. I recognize and thank the committee, and especially the committee Chairman, who has been a shepherd of this program to bring it to fruition.

In my role as a Human Resource Director, my ability to recruit and retain staff has a direct impact on our ability to serve clients. Our Agency's mission is to take care of others. My participation in sounding the alarm on our workforce crisis in 2016 was an ethical duty to inform decision makers and State leaders of the growing challenges that stem from many years of inadequate funding. The message is simple; if we want a community based system of care in Vermont, that provides necessary developmental, mental health and substance use disorder services, then **we must provide adequate funding** to support that to happen. It is as simple as that.

In closing, this committee has a proven record of success in strengthening health care policy and improving access to health care services. I commend the committee for its work on access to therapy and other services via telemedicine. That legislation has been essential to our ability to provide treatment to clients over the past 2 years. Further legislation to fortify our workforce would have a direct impact towards ensuring Vermonters have access to services both by telemedicine, and in person.

Thank you for your time, and for your consideration on this important topic. I welcome your questions and I am available to provide additional information at your request.

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