Testimony to House Health Care Committee
December 9, 2021
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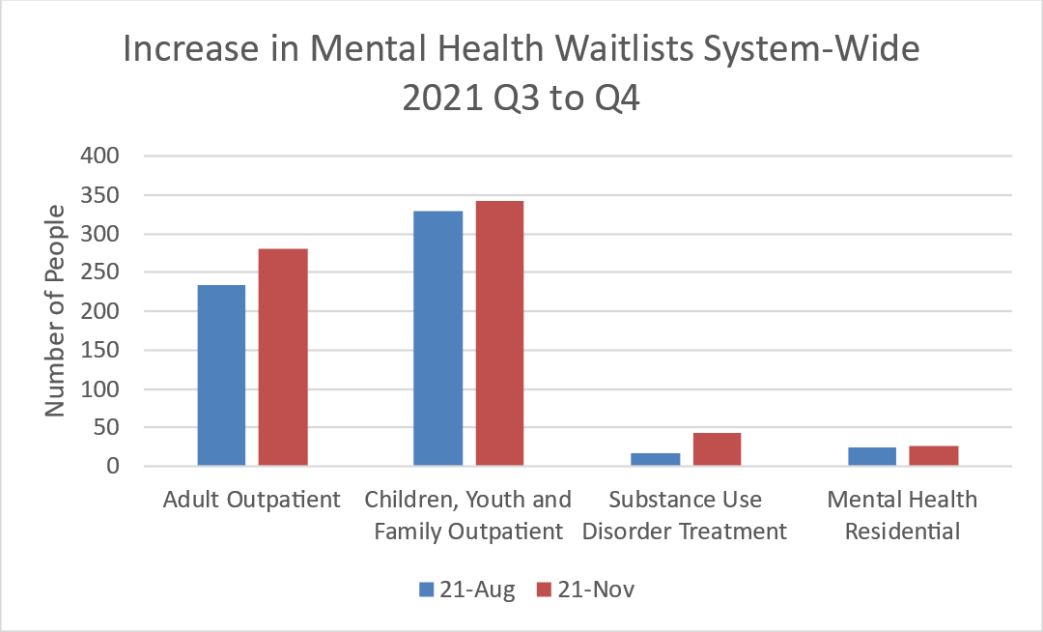
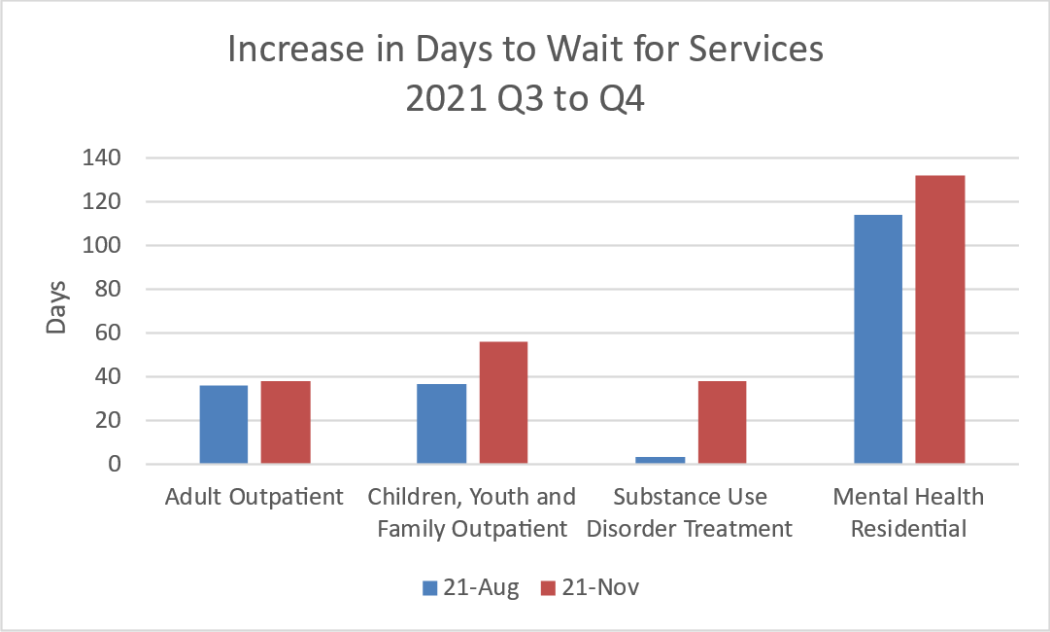
Before sharing the data on waitlists, the point that must be stressed is that we are still in the throes of a rolling disaster. While having intermittent periods of relief during the pandemic, we continue to be challenged by the Covid-19 effect. We are still trying to understand the variables that are affecting our general population; children and adults we serve; and our current, past, and prospective staff. We had hoped to be in recovery mode by now, but anticipate that our situation may worsen further before we move to recovery. The following testimony is designed to share data and patterns experienced by those services within the mental health/developmental services/substance use array and share initial strategic thinking to prevent further deterioration of the system.

Part 1 Waitlist Data

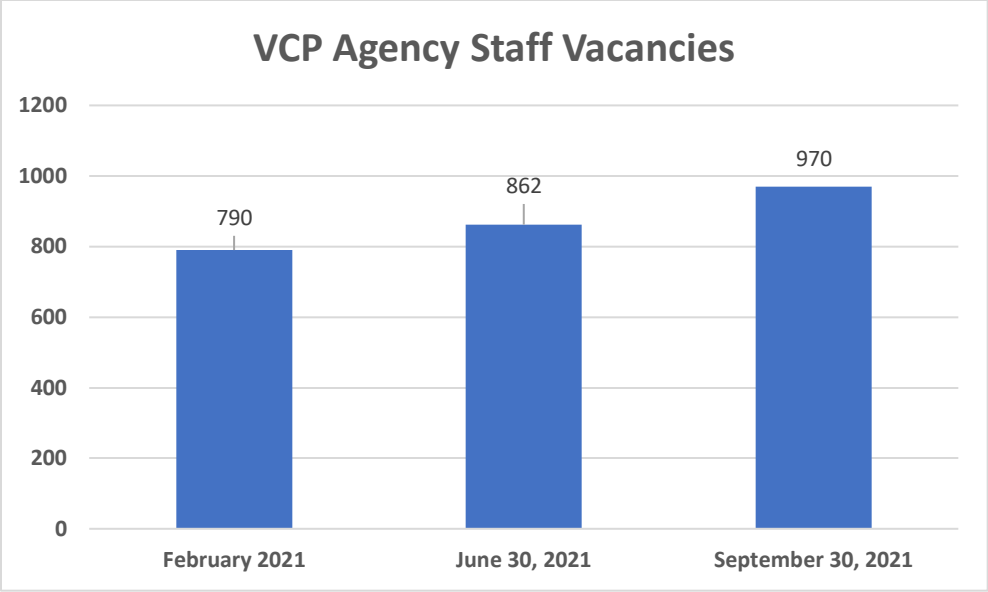




Factors Impacting Growth in Waitlists

- **Growth in staff vacancies**
- **Closure and reduced hours for residential and crisis programs.**
- **Increased mental health needs for Vermonters of all ages**

1. **Increasing Demand, Acuity and Impact**
    a. **Even before the COVID pandemic the demand for mental health services had been steadily increasing and staff vacancies were an issue**
    b. **Since the pandemic substance use disorders and mental health demand has increased even more. We are seeing this with school age children, elders who are isolated, families experiencing increased stress, etc. For example, NFI has 23 youth waiting to access their 9-bed hospital diversion program.**
    c. **With significant short-staffing, client needs become emergent and higher levels of care are sought, impacting emergency room utilization and demand for hospital beds**



2. **Staff vacancies and their impact**
    a. **Salaries are not competitive. The average salary for direct support professionals is just $15.72/hour.**
    b. **Workforce vacancies are a key factor in reduced services. One program director provided this analysis to describe impact of FTE vacancies:**
    …The single most impactful factor appears to be staff turnover and hiring challenges. A review of leave time and FMLA leave, resignations and subsequent vacancies suggests that between July[2020] and the end of January, 2021, we lost the equivalent of 2.2 FTE's plus 1.5 FTE's frozen in the budget reductions. Estimated caseloads for those positions (most of whom are office-based with higher caseloads), suggests that we lost the capacity to serve approximately 55 youth with the vacancies/leave time; and if we were to include the frozen positions, that would have been about 80 youth. With staff vacancies growing, this factor would be multiplied.
    c. **Recruitment and retention are affected for a multitude of reasons:**
        i. **People are examining their commitments and re-thinking their values and work goals. WCMHS exit interview responses:**
            A. **Retiring early**
            B. **Fearing too much direct contact and exposure**
            C. **Childcare expenditures and value of family time**
            D. **Unwilling to do community outreach and high intensity work for the hourly rates (residentials at $15-16/hour)**
            E. **Extreme fatigue**
            F. **Want remote work**
            G. **Family & Medical Leave**
            H. **State and federal subsidiesx**
    d. **Vacancies have led to closure of residential programs and reduced hours at crisis intervention programs. One crisis-overnight program can only stay in operation M- F because it's impossible to recruit staff for weekends.**

e. **Some people simply are not getting the full array of services they need. In Developmental Services the level of support provided statewide averages 20% below (VCP data) the level before the pandemic.**
f. **88 people are currently waiting for a shared living provider home placement, in the interim a few are camped out in hotels with staff support.**
g. **Increased numbers of individuals with mental illness, substance use disorders, and developmental/intellectual disabilities are without housing**

3. **Actions by Agencies**
   a. **Agencies are paying shift differentials and overtime to encourage staff to work weekends, evenings, and overtime; and asking staff to work new duties in addition to their current job. Many staff are going without vacations or breaks**
   b. **Agencies are asking supervisors and managers to fill in to cover direct services.**
   c. **Recruitment and Retention bonuses are being offered, if affordable. These are usually small increases, e.g., $300-$500 referral from existing staff in hiring new staff**
   d. **Agencies are resorting to waitlist and doing what they can to support families and individuals waiting for needed services and supports**
   e. **Agencies are building teams with schools to assist with overall school population**
   f. **We are partnering with other community services like food shelfs, peer organizations, shelters**
   g. **We have increased job shares, remote work and other flexible staffing options, when possible and appropriate**
   h. **We are Increasing the use of more peer services, e.g., housing supports, crisis beds, community outreach**

4. **First Phase Recommendations and Solutions To Date:**
   a. **The State should support upstream home and community-based services to achieve the most person-centered service delivery system possible within our system of care**
   b. **Agency-by-agency examination of recruitment and retention strategies, with continued State partnership – finding the key to this new workforce**
   c. **Knowing that we cannot compromise on community outreach and 1:1 supports:**
      i. **Sustainable funding to bring Direct Support Professional salaries up to $20/hour and address compression of other staff salaries.**
      ii. **Funding should enable all staff to be paid at comparable market rates**
      iii. **Annual COLAs are required to avoid the backslide to our current crisis, along with a major investment in our current system, through Medicaid rate increases, to achieve the goals above**
      iv. **Need for expansion of payment reform bundle for targeted positions in our current system of care, e.g., non-categorial case managers working across divisions serving the adult population**
      v. **Expansion of tuition assistance and loan repayment for staff**
   d. **In the short-term the State should allow greater flexibilities and reduce administrative burden: examples include easing up on home inspections to allow minor variances that don't impact health and safety, not requiring COVID tests to be reported as critical incidents, etc. We are discussing some of these suggestions currently with state authorities; a larger discussion would be to allow waitlists for those needing Intellectual and Development Disabilities services**
   e. **The planned short-term infusion of funds $2 million will help - it equals $400/staff**

f. **Consideration of shift from payment reform to Certified Community Behavioral Health Centers (federal term – CCBHCs) - a prospective payment system**

5. **Second Phase, new initiatives, should only be considered when the system stabilizes and/or is agreed upon change in model. Discussion of any such strategic models should be done with provider partners.**

Thank you!