



**VERMONT
CARE
PARTNERS**

Overview of Designated and Specialized Service Agencies February 2021

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Vermont Care Partners Role

Supporting Vermonters to Lead Healthy and Satisfying Lives Community by Community

Provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders



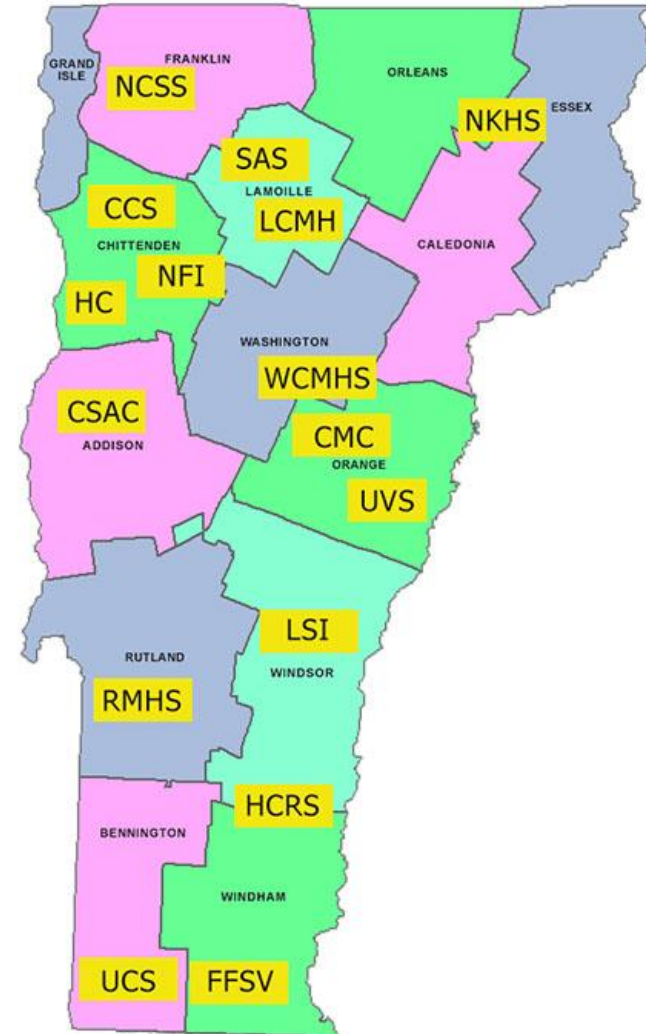
A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

Designated Agencies

Clara Martin Center (MH only)
Counseling Services of Addison County
Health Care and Rehabilitation Services of
Southeastern Vermont
HowardCenter
Lamoille Mental Health Services
Northwest Counseling and Support Services
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Services
Upper Valley Services (DS only)
Washington County Mental Health 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)





Core Functions: Designated and Specialized Service Agencies

- ✓ Provide comprehensive mental health, developmental disability and substance abuse services through out the state
- ✓ Serve high needs mandated populations and crisis services to all with a no-reject policy
- ✓ Respond to the unique needs of communities with community governance
- ✓ Work in collaboration with health partners, schools, human services partners, employers, housing agencies, shelters, law enforcement and blueprint health teams
- ✓ Maintain core competencies and standards of care
- ✓ Contribute to the triple aim of improving health outcomes, controlling costs and promoting access to quality care

Designated and Specialized Service Agencies served 32,000 people in FY20 with 5,000 staff

- **3,104 adults & youth engaged in SUD treatment: school-based prevention & education, outpatient counseling, housing and employment support**
- **3,896 people with Intellectual/Developmental Disabilities received residential, vocational, community support, counseling, crisis intervention & family support services**
- **8,505 people accessed 24/7 emergency services**
- **7,398 adults received mental health treatment, vocational, housing and community supports**
- **11,516 children and youth received therapeutic supports, including counselling, school-based treatment, home visiting, parent education, residential and crisis services**
- **All agencies provide community outreach and education, and respond to disasters**
- **Peer-based services strengthen effectiveness of supports and offer sense of community**

Services where people live, work & play

- **100% of Agencies employ embedded mental health clinicians in primary care settings**
- **91% of supervisory unions have clinicians/interventionists**
- **13% of services were provided in the people's homes**
- **51% of services were provided in agency facilities**
- **12% of services were provided in the community**

Positive Impact on People and Communities

- **28% of people with serious mental illness achieve employment**
- **School-based services help student to thrive**
- **14 independent therapeutic schools have integrated treatment**
- **Outreach to homeless people on the streets, shelter, hotel/motels**
- **Continuum of residential and housing supports are offered**
- **6 agencies have collaborative programs with law enforcement**
- **Mobile crisis programs collaborate with first responders**
- **Piloting collaborations with hospital emergency departments**
- **Crisis beds reduce emergency department and inpatient care**

High Quality Services that make a difference

- **67% of people requesting services were seen within 5 days**
- **64% of people were seen again within 14 days**
- **90% of people served said the services were the right services**
- **87% of people served said the services made a difference**
- **84% of people served said their quality of life improved because of the services they received**
- **90% of people served said staff treated them with respect**

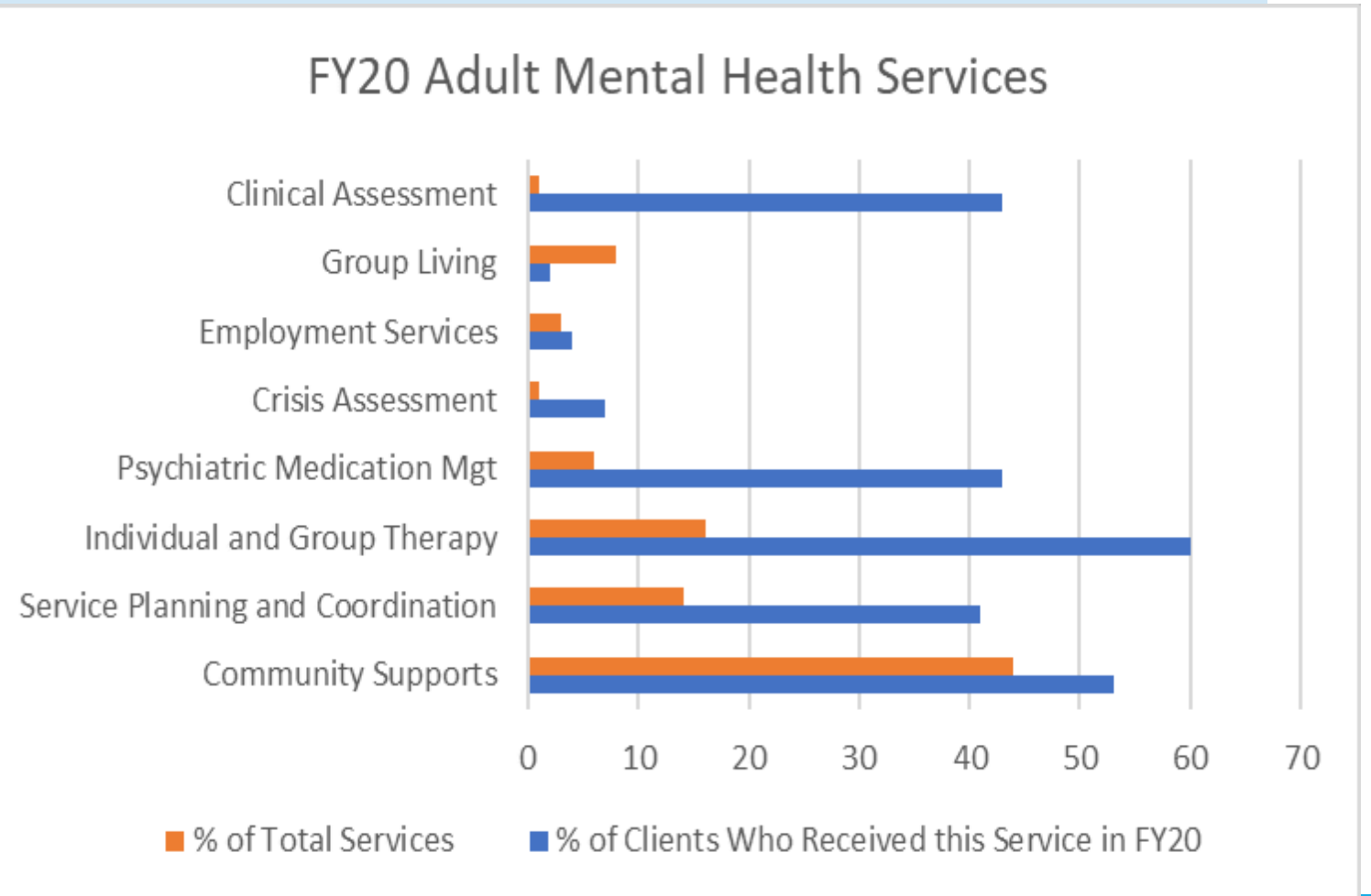
FY 20 Adult Mental Health Services

More than therapy:

comprehensive, trauma-informed, individualized care.

Community supports are foundational to helping people live and work outside of institutional settings

All Agencies offer co-occurring services



Child, Youth and Family Services

Agencies take individualized, family centered approach to address the child and family's therapeutic goals and needs related to social determinants of health

- **Over 9,500 children and youth served in FY20**
- **56% received care coordination**
- **30% were served at home; almost 50% in the community; 20% at school**

During late June, 40% of U.S. adults reported struggling with mental health or substance use^{*}

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE[†]



^{*}Based on a survey of U.S. adults aged ≥18 years during June 24–30, 2020

[†]In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

Impact of COVID from the DA/SSA view

- Individuals and families under stress: housing, food insecurity, job loss, social isolation, loss of loved ones
- **Trauma will outlast pandemic** - SUD/mental health acuity children, youth adults and older Vermonters
- Increase in staff retirement, staff on medical/family leave
- Staff stretched thin, asked to use PPE/hygienic practices, testing, and take risks in serving those at-risk or testing positive, fill in for co-workers – Thank you for recognition
- Growing waitlist for outpatient services, more urgent care
- More demand for nursing, case management and crisis beds

COVID INCREASED DEMAND AND ACUITY

2449 Vermonters sought access to mental health services between October-December 2020

- On average, 816 Vermonters requested mental health services per month;
- 52% of these requests were for children, youth, and families; and

Network agencies fielded **5,510 calls for crisis** mental health supports and emergency assessments October-December 2020

- Agencies offer 24/7 crisis lines to respond to this need immediately;
- 73% of these calls were for adults; 27% for children and youth.

602 Vermonters reached out for substance use disorder treatment October-December 2020

- An average of 201 Vermonters each month sought access to treatment
- All Agencies report **increased acuity of children, youth and adults** due increased isolation, stress, loss of job and day supports/activities, etc.

Data from 90% of designated agencies and one specialized services agency

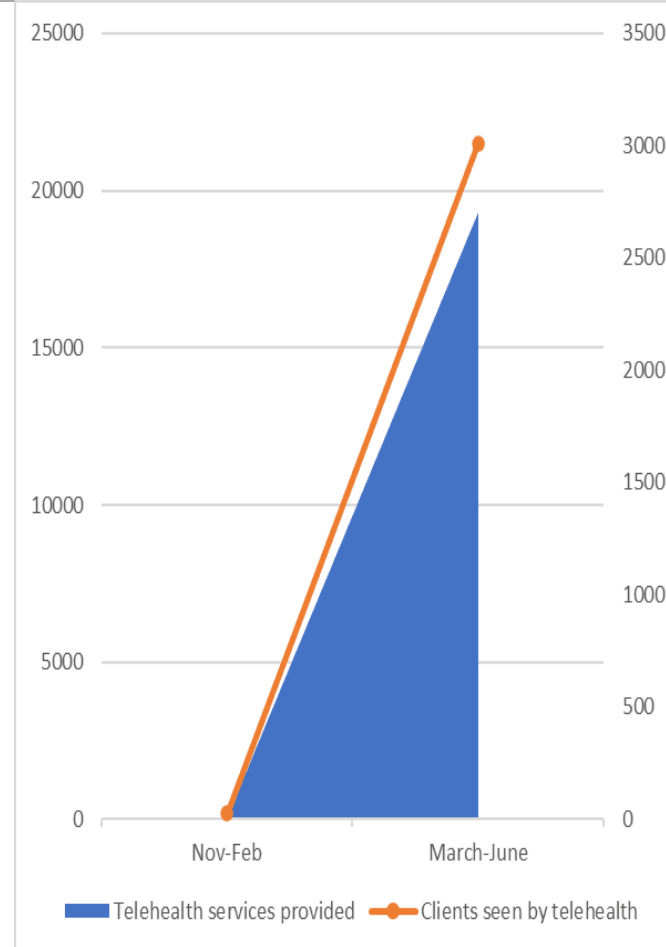
Creative Services and Supports during COVID

- Warmlines to combat social isolation
- Food, medicine, educational and activity supplies delivered to homes
- Distribution of tablets and IT to enable education, communication
- Temporary housing in hotels for those in crisis or with housing instability
- Outreach to individuals and families living in hotel/motels
- Virtual telehealth and support services by Zoom and audio-only
- Public education, including COVID Support VT, FEMA crisis counseling
- Wellness activities for people served, staff and communities

PIVOT TO TELEHEALTH DURING COVID

Telehealth services grew from 28 services to 24 Vermonters between November and February to 19,308 to 3,008 Vermonters between March and June of 2020.

**80% said services were helpful
60% said as good as in-person**



Response Requested to Address Pandemic

Respond to the surge in demand for community-based mental health, developmental and substance use disorder services due to COVID

- Invest in mental health and substance use disorder services to address increases in acuity and demand for outpatient clinical care, case management, nursing, crisis intervention, residential and housing supports.
- Invest in the workforce to reduce nearly 500 staff vacancies and high staff turnover by achieving market rate compensation and building predictable scheduled rate increases aligned with state employees, healthcare, or education sectors.
- Develop educational opportunities for workforce – trauma-informed care
- Increase funding for non-categorical case management for: elders, homeless, outreach activities, people involved in criminal justice system.

One-time Investments to Address COVID

One-time/short-term Investments to respond to surge in demand due to COVID

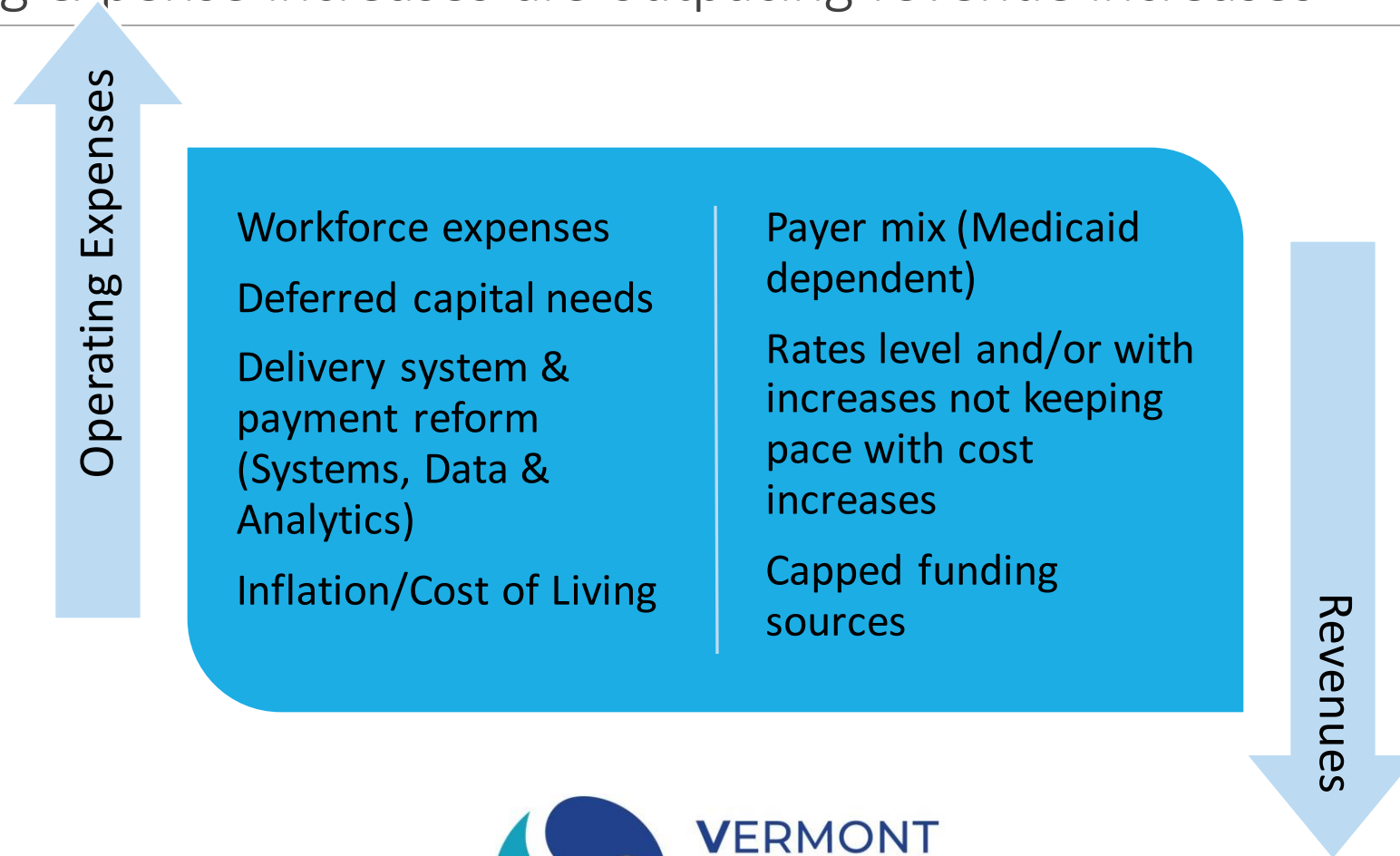
- **fund motel/hotel outreach, non-categorical case management, and room and board expenses for individual prior to SSI eligibility**
- **Invest in training on trauma-informed care and wellness support for staff**
- **Investment in crisis stabilization programs with reduced census and increased costs due to COVID**
- **Address one-time COVID expenses not covered by federal resources – HVAC systems, equipment, facility improvements and testing**

Additional Legislative Priorities

- Fully fund mental health workers to serve in all 10 State Police Barracks
- Continue flexibilities granted during the pandemic inclusive of telehealth and audio-only telehealth
- Strengthen investment in home and community-based services in All Payer Model
- Prioritize current or anticipated gaps in services for investments
- Educate on ADAP plans for payment reform and require transparency and Stakeholder involvement in payment reform process
- Expand funding for peer support programs both within DA/SSAs and at peer-run organizations
- Expand Access to affordable housing
- Address mental health needs of individuals in the criminal justice system

Problem: DA/SSA Financial Sustainability

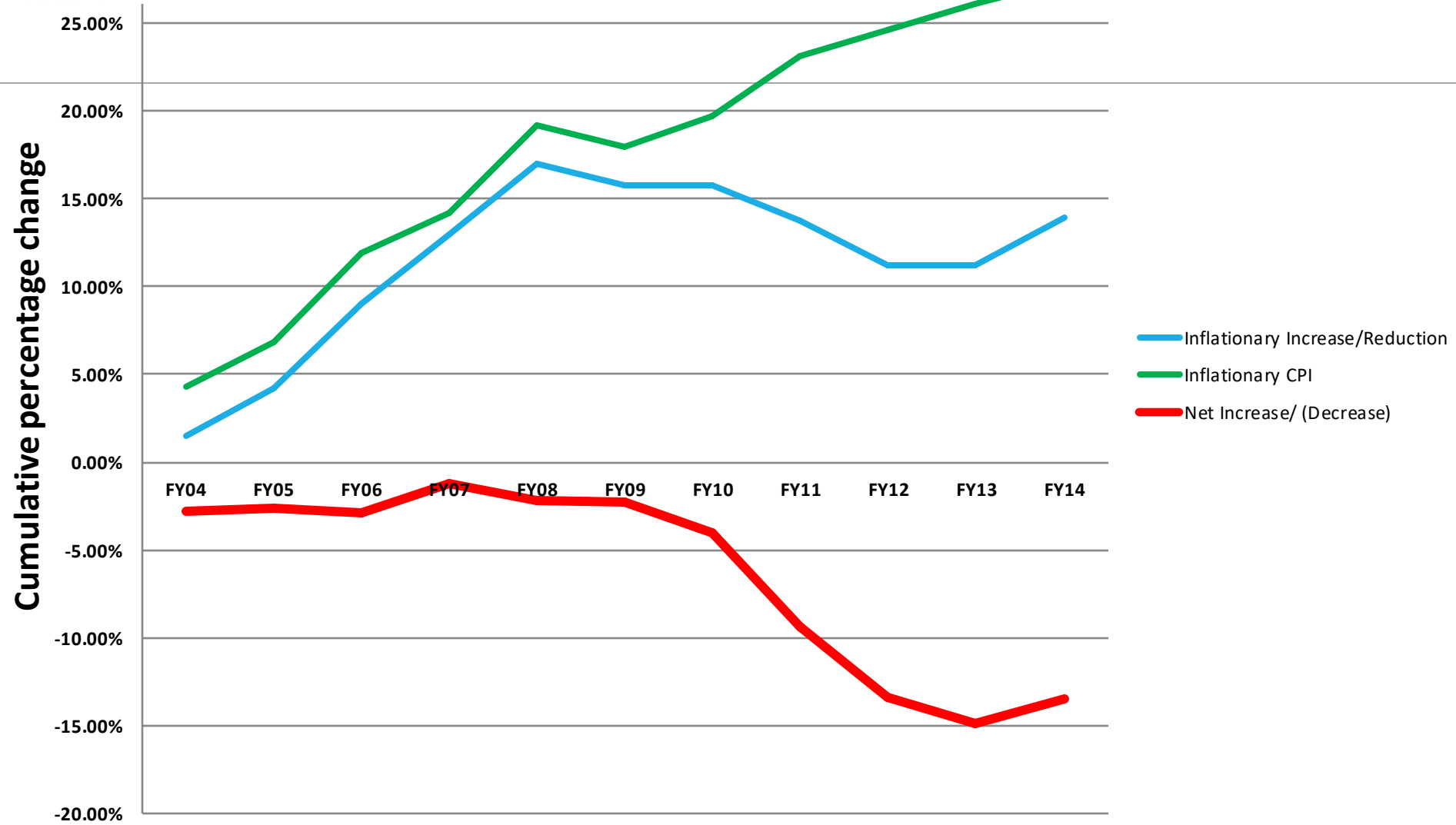
Operating expense increases are outpacing revenue increases



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FY04-FY14 Designated Agency COLAs compared to CPI



Adequate Funding and Financial Sustainability

By statute, "Vermont's mental health system shall be adequately funded and financially sustainable to the same degree as other health services."

18 V.S.A. § 8914 Rates of payments to designated and specialized service agencies (Act 82, 2017)

(a) The Secretary of Human Services shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing rates of payment for designated and specialized service agencies, the Secretary shall adjust rates to take into account factors that include:

(1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and

(2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.

(b) When establishing rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State. (Added 2017, No. 82, § 11, eff. June 15, 2017)