

## Testimony to House Health Care Committee

Elizabeth Sichtler

Champlain Community Services/Vermont Care partners

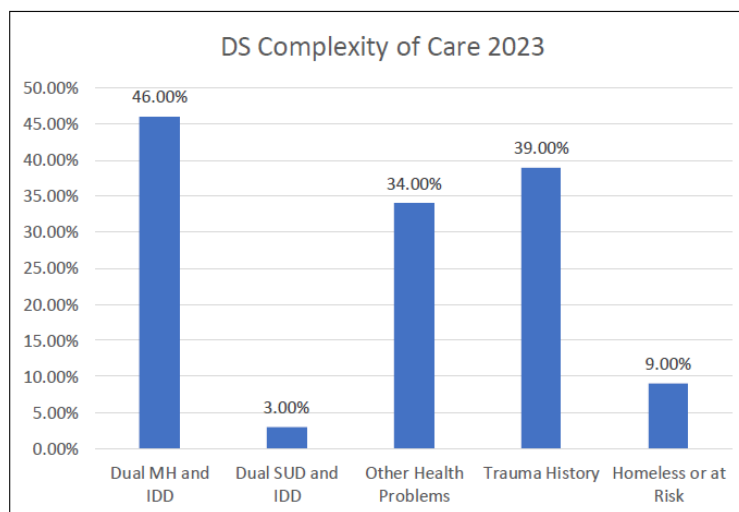
March 29, 2024

Madame Chair and House Health Care Committee Members,

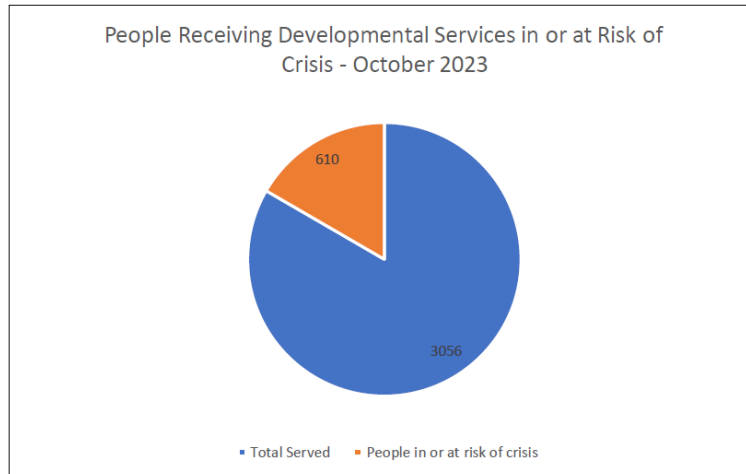
I am Beth Sichtler, the executive director of Champlain Community Services (CCS) in Colchester, Vermont. As an integral part of the 16-member designated and specialized service agency system, CCS is committed to offering comprehensive lifelong support to Vermonters with intellectual and developmental disabilities (I/DD). At CCS, we've witnessed firsthand the profound impact that tailored, person-centered care can have on those we serve. Our broad spectrum of services, designed to meet individual needs, includes clinical support, mental health and crisis interventions. Each day, we are motivated by the difference we make in the lives of individuals and their families, emphasizing the essential role of compassionate and specialized care in their journey.

Today, I'm here to address the **critical intersection between mental health and developmental disabilities in adults**, a topic we've been carefully examining over the past few years. As you are well aware, the mental health needs of Vermonters, including those with I/DD, have reached unprecedented levels. In fact, in 2023, 46 percent of individuals with I/DD also had co-occurring mental health needs. *(DS Crisis Support Survey, October 2023)*

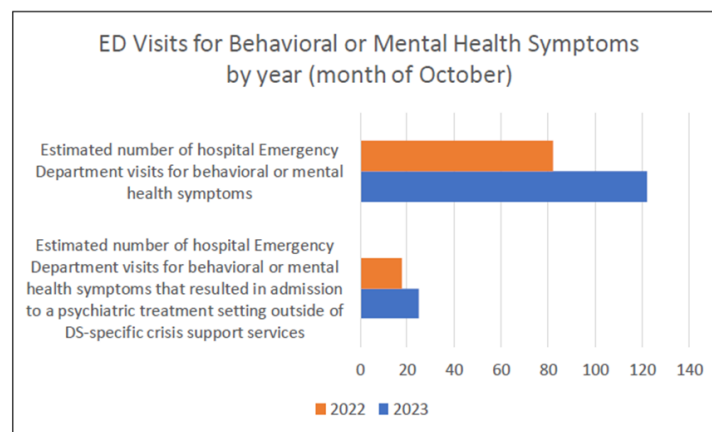
To better understand the complexity of care required by individuals in our system, we initiated an annual **Complexity of Care Survey in 2021**, focusing on five key areas: co-occurring mental health diagnoses, substance use disorder, complex health issues, trauma history, and risk of homelessness. This survey, conducted annually, has provided invaluable insights into the challenges our community faces. *(DS Crisis Support Survey, October 2023)*



In further response to these challenges, the **DS Crisis Supports Workgroup** was established in September 2022, following the recommendation of the short-term Crisis Stabilization Task Force. This group aims to enhance the crisis support system for individuals with developmental disabilities. The inaugural **DS Crisis Support Survey conducted in October 2023** shed light on the number of individuals at risk of crisis within our network, confirming provider’s experience.



Another pressing issue we've encountered is the increasing **acuity** of individuals in our services. Several factors may contribute to this trend, including changes in entrance and evaluation criteria, an aging population with heightened needs, and broader societal factors such as health issues and isolation. However, measuring acuity accurately remains a challenge that we continue to address. One way we’ve considered this is by looking at Visits to Emergency Departments for behavioral or mental health symptoms, below is an estimate gathered from the network. (*DS Crisis Support Survey, October 2023*):



Regarding mental health resources for individuals with I/DD, our network relies on medical directors, staff or contracted psychiatrists, experienced staff and practitioners, and network crisis beds (Notably VCIN) to provide essential support. Each agency has a crisis or On-Call team that responds to crisis and can access mental health practitioners, if needed. Some teams in DAs are integrated, others are not. However, there is a shortage of clinicians and staff experienced in working with this population, highlighting the need for expanded resources. Additionally, a

recent support for clinical trainings and evaluations (via Dartmouth Health Care) is being provided by the Vermont Developmental Disabilities Services Division.

The issue of forensic care for individuals with I/DD has been particularly contentious, and it's important to understand why. The history of people with I/DD in forensic facilities is grim – and is part of the reason that we have a community-based system in Vermont. While there has been reluctance within our network to include individuals with I/DD in forensic units, the lack of adequate clinical care for those with high acuity needs underscores the urgency of resources for people served in Vermont with very high clinical needs. For a small number of individuals, the support provided in the community is not the right level of care. Challenges such as insufficient trained staffing and housing options, coupled with limited access to qualified clinicians, exacerbate the issue. We must continue to work together to make sure that Vermonters with high clinical needs are also getting the person-centered and trauma-informed mental health care they need.

Funding for clinical support, along with crisis and enhanced staffing for developmental disabilities services, is incorporated into our bundled Medicaid rate. We are closely monitoring the support mechanism in the evolving funding model, a development spurred by finance reform. Recently, we received the outcomes of a rate study initiated last autumn. The findings from this study will shape future funding models. However, there's a growing concern that the implementation of conflict-free case management and the broader finance reform might erode already limited rates.

The intersection of mental health and developmental disabilities presents multifaceted challenges that demand urgent attention and collaborative solutions. Vermonters with intellectual disabilities and mental health needs must receive the comprehensive support and care they deserve. We urge you to continue to support mental health and I/DD funding which is crucial for advancing the care and support for Vermonters.

Thank you for allowing us time to highlight this important topic.

Beth Sightler,  
Champlain Community Services