

Designated and Specialized Service Agencies

Providing an indispensable community-based system supporting mental health, substance use, and intellectual and developmental disability needs across Vermont



**VERMONT
CARE
PARTNERS**

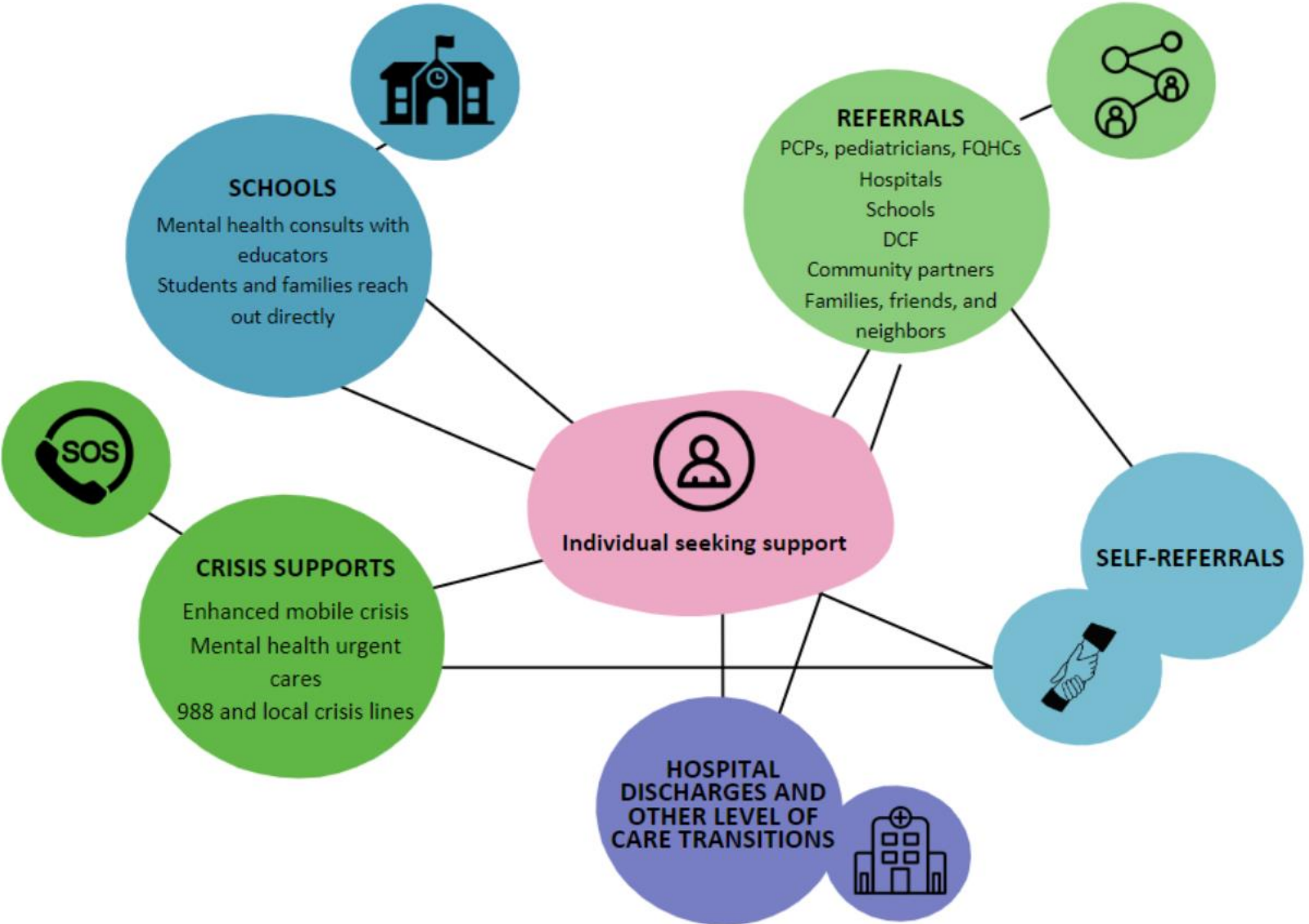
**Testimony for House Committee on Health Care
January 29, 2025**

There are 16 agencies in the Vermont Care Partner Network:

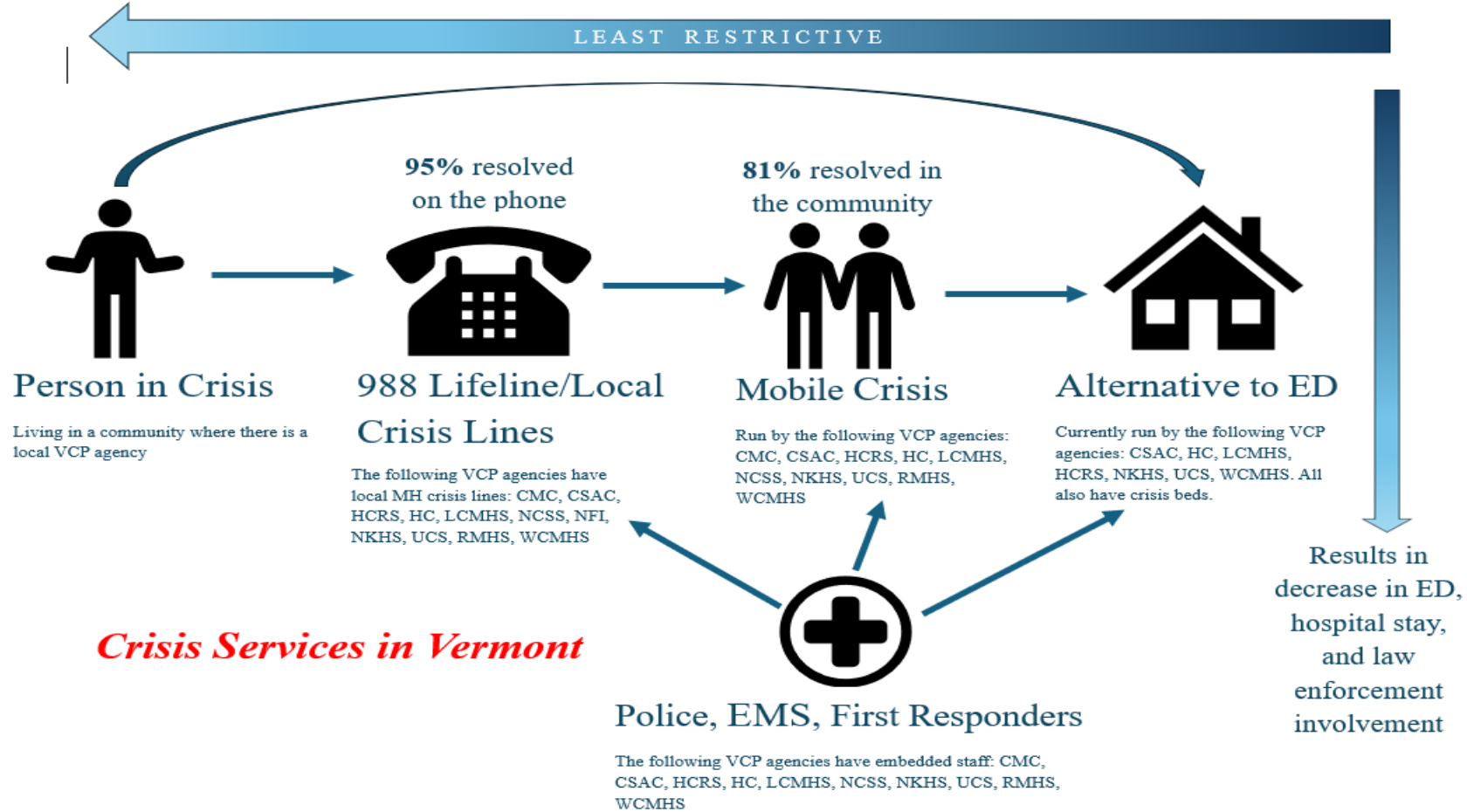
AGENCY	TYPE	SERVICES
Champlain Community Services (CCS)	Specialized Service Agency	Developmental Services
Clara Martin Center (CMC)	Designated Agency	Mental Health, Substance Use Provider
Counseling Service of Addison County (CSAC)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Families First in Southern Vermont (FFSV)	Specialized Service Agency	Developmental Services
Green Mountain Support Services (GMSS)	Specialized Service Agency	Developmental Services
Health Care and Rehabilitation Services (HCRS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Howard Center (HC)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Lamoille County Mental Health Services (LCMHS)	Designated Agency	Mental Health, Developmental Services
Lincoln Street, Inc. (LSI)	Specialized Service Agency	Developmental Services
NFI Vermont, Inc. (NFI)	Specialized Service Agency	Children, Youth, and Family Mental Health Services
Northeast Kingdom Human Services (NKHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Northwestern Counseling and Support Services (NCSS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider (Children/Youth)
Rutland Mental Health Services / Community Care Network (RMHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
United Counseling Service (UCS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Upper Valley Services (UVS)	Designated Agency	Developmental Services
Washington County Mental Health Services (WCMHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider



How Vermonters Enter the Designated Mental Health System of Care



Vermont's Crisis Continuum

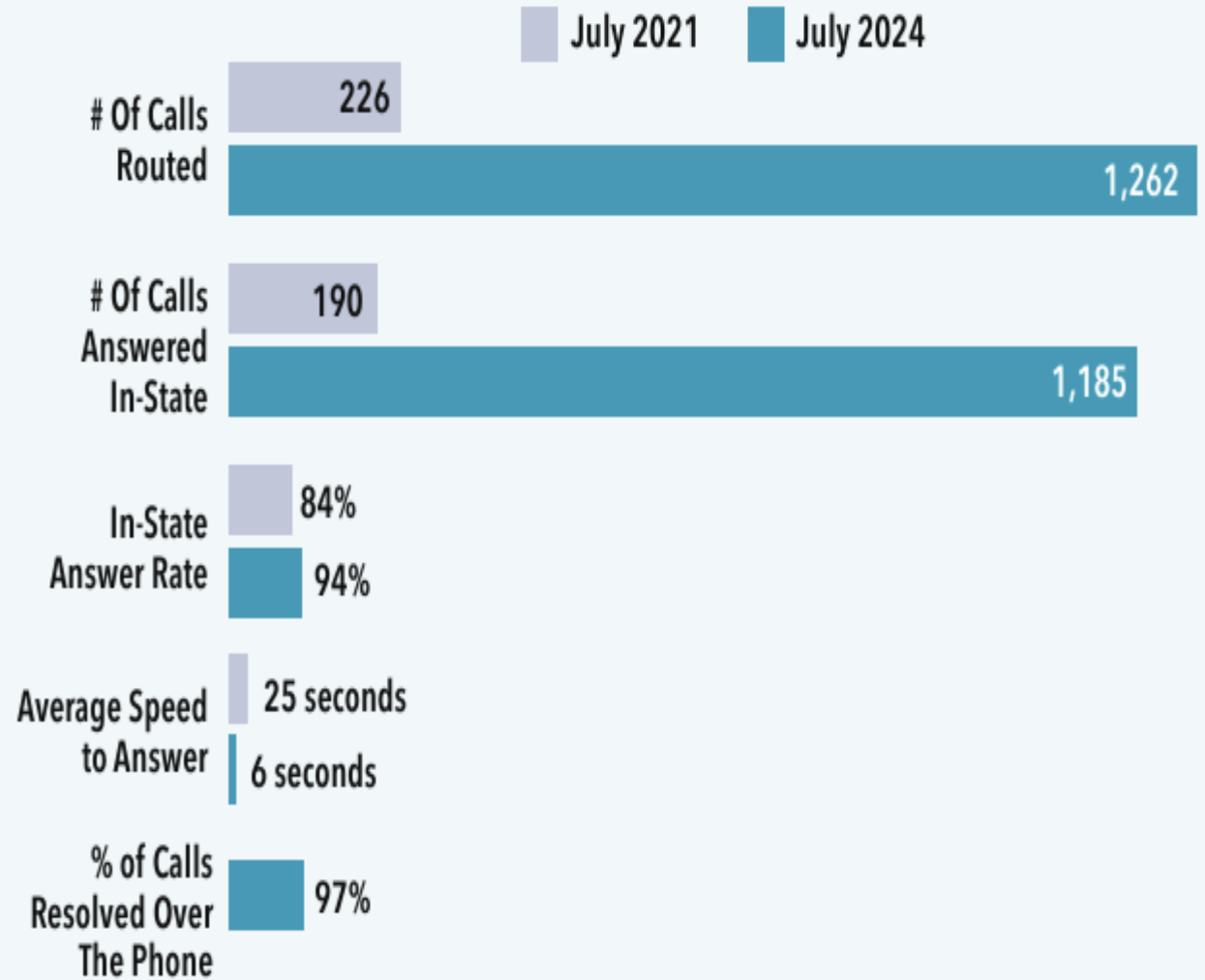


This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.



9-8-8 Suicide Prevention Line

Run by two VCP agencies, the **9-8-8 Suicide Prevention Line** in Vermont is a vital resource offering immediate support to people in crisis. Available 24/7, this confidential service connects callers with trained crisis counselors who provide compassionate listening, guidance, and resources. By promoting mental health awareness and facilitating access to help, the 9-8-8 line plays a crucial role in preventing suicides and supporting the well-being of Vermonters.



Mental Health Urgent Care Programs



Counseling Service of Addison County's Interlude for adults is a mental health crisis alternative space for adults that offers a voluntary, home-like trauma-sensitive space.



United Counseling Service's Hope House includes both their Psychiatric Urgent Care for Kids program that serves children up to age 18 and an Intensive Outpatient Program for elementary school children.



Health Care and Rehabilitation Services harm reduction and crisis stabilization program is an alternative to emergency department use for teens ages 12-18 experiencing mental health crisis.



Washington County Mental Health Services Access Hub is a program to support adults in crisis with immediate, accessible, and flexible services.



Northeast Kingdom Human Services Front Porch Mental Health Urgent Care opened in July, 2024. Open seven days a week, it provides a sanctuary for those experiencing a mental health challenge and seeking immediate care.



Howard Center's Mental Health Urgent Care, in partnership with Community Health Centers, Pathways Vermont, and the University of Vermont Medical Center, just opened October 28, 2024.



Lamoille County Mental Health Services Emergent Psychiatric Intervention for Children (EPIC) Program helps youth ages 6-18 who are experiencing a mental health crisis.

Over 370 people were seen across the state.

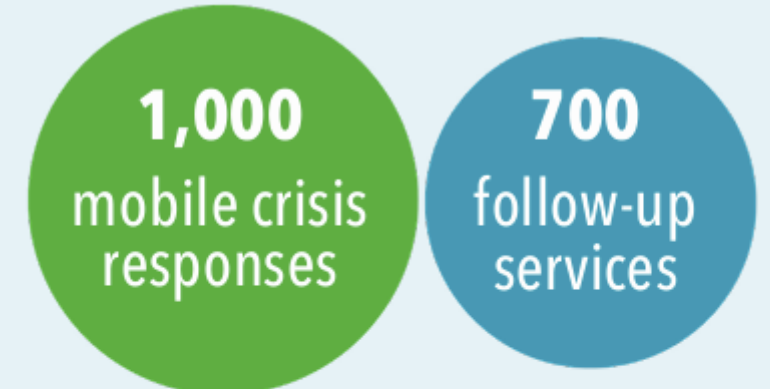
Mental Health Urgent Care programs experienced significant growth in FY24. Even more expansion is anticipated in FY25.



Embedded Clinicians: Local and State Police

AGENCY	TOTAL EMBEDDED POSITIONS	STAFF LOCATIONS
Counseling Service of Addison County (CSAC)	1	Vermont State Police New Haven
Howard Center (HC)	12	Throughout Chittenden County / local Vermont State Police
Health Care and Rehabilitation Services (HCRS)	11	Vermont State Police Westminster Vermont State Police Royalton Bellows Falls / Windsor Police Department Hartford Police Department Springfield Police Department Brattleboro Police Department Wilmington Police Department
Lamoille County Mental Health Services (LCMHS)	2	Morrisville Police Department Vermont State Police Williston
Northwestern Counseling & Support Services (NCSSS)	4	St. Albans Police Department Vermont State Police St. Albans
Northeast Kingdom Human Services (NKHS)	5	Newport Police Department Vermont State Police St. Johnsbury Vermont State Police Derby
Rutland Mental Health Services / Community Care Network (RHMS)	3	Rutland City Police Department Vermont State Police Rutland
United Counseling Service (UCS)	2.5	Vermont State Police Shaftsbury Bennington Police Department
Washington County Mental Health Services (WCMHS)	3	Barre Police Department Montpelier Police Department

Enhanced Mobile Crisis: 2-Person Response



In six months, agencies provided over 1,000 mobile crisis responses and over 700 follow-up services statewide for youth and adults combined.

Designated Services Provided

Community Rehabilitation Treatment (CRT)

Children Youth & Family Services

Emergency Services

DS Waiver Services



Upstream Supports for Prevention and Stabilization

Social drivers of health supports

Housing/ Employment services
Food assistance/Community outreach

Education and training

Suicide Prevention/Crisis and Law
Enforcement/School-based

Developmental services community supports

Residential/Employment/Respite/Family support

Community-based perinatal supports

Support groups/Perinatal and labor/delivery
Perinatal mental health supports
Screening and assessment
Referrals/Connection to resources
Grief and loss support

Harm reduction and pre-prevention

Medication Assisted Treatment (MAT)
Overdose prevention
Education and awareness
Substance use treatment and recovery services

Peer supports throughout



Holistic Supports: Effective Intervention

School-based services and education

Masters-level clinicians, case managers, and
behavioral interventionists embedded in
schools

Adult Outpatient and Substance Use Disorder (AOP/SUD)

Case management
Individual, family, and group therapy
Screening and assessment
Community support

Community Rehabilitation and Treatment (CRT)

Service planning and coordination
Psychiatry/Medication management
Medication assisted therapy
Supported employment
Supportive residential programming

Eldercare

Personalized care plans
In-home assessment
Counseling/ Care coordination

Early childhood intervention

Peer based supports
Residential programming
Supportive Housing



Community Crisis Response

988 suicide prevention line

Local crisis lines

Enhanced mobile crisis

Transitional and crisis beds

Mental health urgent care

Embedded clinicians with local and
state police

Embedded clinicians in emergency
departments

Disaster response

Strengths: Agencies Working Together to Drive Affordable High-Quality Care

WORKFORCE

Committed and dedicated staff working together through VCP network groups across the spectrum
Enhanced training opportunities (VCP Leadership/co-occurring/mobile crisis)
Collective work with the state and universities and colleges to strengthen workforce

PROGRAMMING

Depth and breadth of programming
Care across the lifespan (early childhood to eldercare)
Strategic community and state partnerships to meet community need
Accreditations such as CARF, NCQA, Centers of Excellence, SAMSHA
Ongoing quality improvement efforts to improve care
Robust business operations and infrastructure to support programming

SHARED SERVICES

Back-end services (ARIS/UEMR/Financial and IT services between agencies, VCP repository etc.)
Shared coverage (Crisis, Success Beyond Six, substance use)
Continued exploration for enhanced data collection, outcomes development, additional shared services

COMMUNITY EDUCATION AND INVOLVEMENT

Continued expansion suicide prevention trainings (MH CPR, MHFA statewide instructor pool)
Established community education with films, discussions, work in schools etc.

Challenges Agencies are Facing

- **Complexity and acuity** of client presentations and layering of psychosocial needs
- Eligibility **criteria changes**
- **Aging population** with complex medical needs
- Need for long-term, stable supported **housing options** for individuals with mental health, medical, and behavioral support needs
- **Increase in referrals** from families with commercial insurance for in-home family work — often not reimbursable under their insurance programs
- **Chronic homelessness and economic challenges**; difficult to be well with focus on meeting basic needs
- School systems are struggling to meet the **needs of our students** with the most intense challenges
- **Limited childcare and afterschool programming** for children with challenging behaviors
- Need for predictable, flexible, and sustainable **funding**
- **Reimbursement rates** that do not match cost to provide services
- **Workforce and recruitment challenges** across program—some programs more challenging to recruit 24/7 residential; crisis; interventionists
- Clinical staff leaving for private practice due to **compensation and administrative burden**
- Administrative burden of **paperwork**: demographics, outcomes, documentation; extremely difficult when client in crisis
- Lack of available **housing** for both clients and new staff

DA/SSA System of Care Opportunities

- **Moving toward state's vision for an integrated health system**
- **Focus on Prevention and Early Intervention**
- **Continued Expansion of Crisis Services**
- **Address Housing Instability**
- **Increased Funding and Advocacy**
- **Continued Telehealth Expansion**
- **Creative Solutions to Workforce Challenges**
- **Collaborative and transparent policy development and implementation**
- **Support Older Vermonters**
- **Work Collaboratively to Support Kids and Families in Community Based Settings**

THE ENVIRONMENT: SYSTEMS REFORM AND TRANSFORMATION

ACT 167: WYMAN REPORT

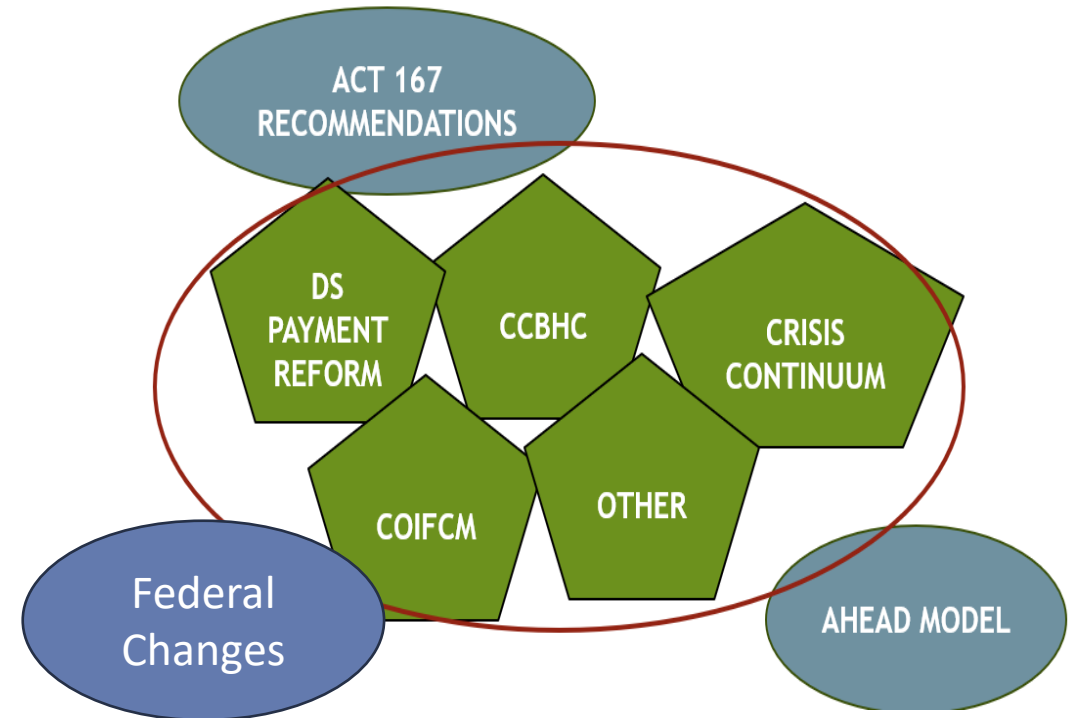
AHEAD MODEL

CONFLICT OF INTEREST FREE CASE MANAGEMENT

DS PAYMENT REFORM

CCBHC

CRISIS CONTINUUM: ENHANCED MOBILE CRISIS, URGENT CARE,
988



Threats to our System of Care

- **Kids and Families are in Crisis**
- **Workforce Shortages**
 - We continue to experience a shortage of mental health professionals, including psychiatrists, psychologists, and social workers. This creates long wait times for individuals and increases the pressure on the existing workforce, leading to burnout and reduced quality of care.
- **Systemic Underfunding of Programs and Rates**
 - Despite increased advocacy for mental health funding, Vermont’s mental health system still faces budget constraints.
- **Numerous Federal/State Reforms Being Rolled Out – Potential for Client and Provider Instability**
- **No Reject Policy for Designated Agencies**
- **Insufficient Investment in Prevention and Early Intervention and “over-reliance” on Crisis-Based Care for Long Term Impact**
- **Housing and Homelessness Issues:**
 - Mental health issues are often intertwined with housing instability. Vermont faces challenges with homelessness and a lack of affordable housing, making it difficult for individuals with mental health challenges to maintain stable living situations and follow through with treatment.

Staff Supporting Vermonters

Types of Positions

- Case Managers
- Clinicians
- Psychiatrists
- Nursing staff
- Peers
- Direct Care Staff
- Behavioral Interventionists
- Direct Support Professionals
- Admin Staff
- Care Coordinators
- Recovery Coaches

Where Staff Provide Care

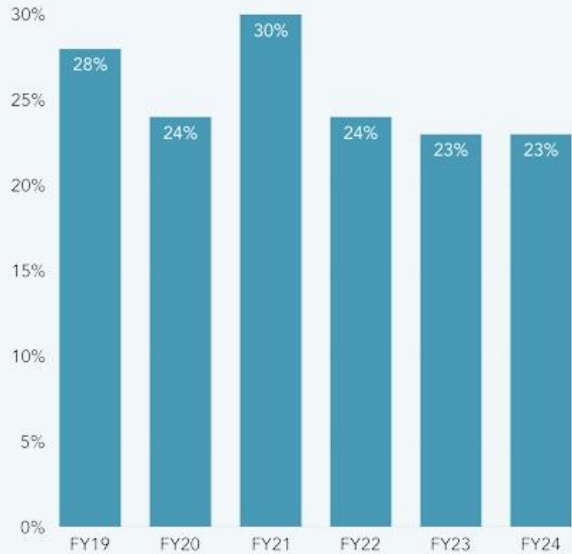
- Home
- Community
- Schools
- Residential/Crisis Beds
- Primary Care/Peds offices
- Emergency Department
- Police Barracks
- Homeless shelters
- Street Outreach
- MH Urgent Care

Gaps in Staffing

- Direct care – weekend and nights
- Mobile Crisis – especially in rural areas
- Psychiatry/Child Psychiatry
- School-based staff
- Licensed Clinicians
- Admin staff

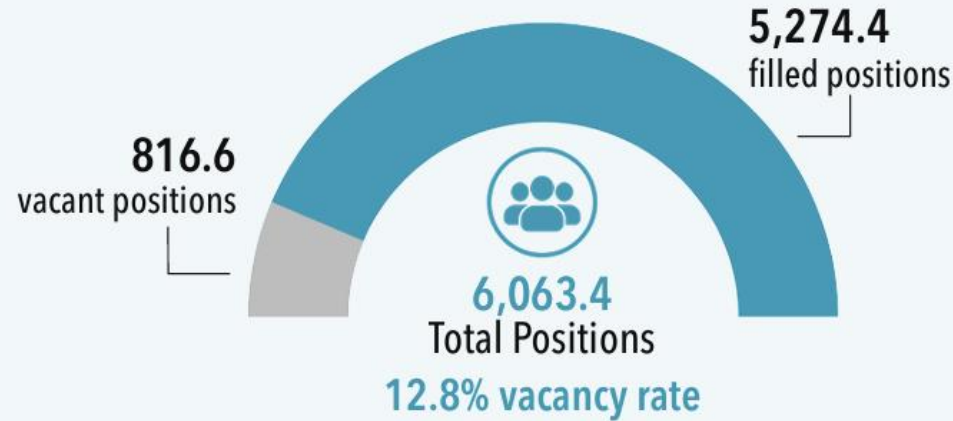
VCP Average Statewide Turnover FY19-24

The current turnover rate is 23%, which has trended lower over the past 5 years.



Vacancy Rates

The average vacancy rate on July 1, 2024, across all VCP member agencies was **12.8%**, with 816.6 positions out of 6,063.4 open. The vacancy rates by agency ranged from a low of 5% to 23.3%.



★ The staff are the reason we exist, they make the difference by providing direct community care. In FY24, network agencies implemented numerous policies that have resulted in increased rates of hire.



Variables that impact vacancy rates:

- Wages
- Burnout
- Childcare Access
- Food Deserts
- Available Transportation
- Affordable Housing Stock
- Competition

Workforce Barriers & Impacts

WAGE

- Salaries need to empower people to meet their basic needs
- Reluctance in taking positions that cannot guarantee any kind of predictable increase.
- There is an imbalance between workload and compensation

BURNOUT

- Jobs in the mental health, substance use, and I/DD field are difficult and demand a lot
- burnout and empathy fatigue are real - people who care for others need to be cared for
- When other staff leave often the workload is shifted to already maxed out staff.

ADMINISTRATIVE BURDEN

Studies consistently show that physicians [and mental health workers] spend twice as much time on electronic documentation and clerical tasks compared to time providing direct patient care. - Colicchio et al., 2019, Shanafelt et al., 2016

Unintended Consequences of Underfunding A Critical System of Public Care

Staffing Shortages	Impact
Reduced staff capacity for community-based wraparound supports	Increased risk of homelessness and need for acute services such as ED utilization, inpatient, and private residential
Reduced residential bed capacity	Increased risk of homelessness and need for inpatient care
Reduced crisis bed capacity	Increased ED use, longer wait times, larger burden on emergency services
Reduced school-based community integration and family respite staff	Increased referrals for therapeutic schools and/or out-of-state residential placements and ED usage

CCBHC

Agencies:

- Clara Martin (July 2025)
- RCMHS (July 2025)
- NKHS (July 2026)
- HCRS (July 2026)
- NCSS (July 2026)
- Howard (July 2026)
- The remaining orgs will submit applications during the next open round

Decreased wait for services

Increased patient-centered treatment options

Care coordination activities

Expanded services

Expanded evening/weekend hours

EHR Development

HIT Interoperability with healthcare providers

Focus on evidence-based practices

Projected competitive market rate salaries

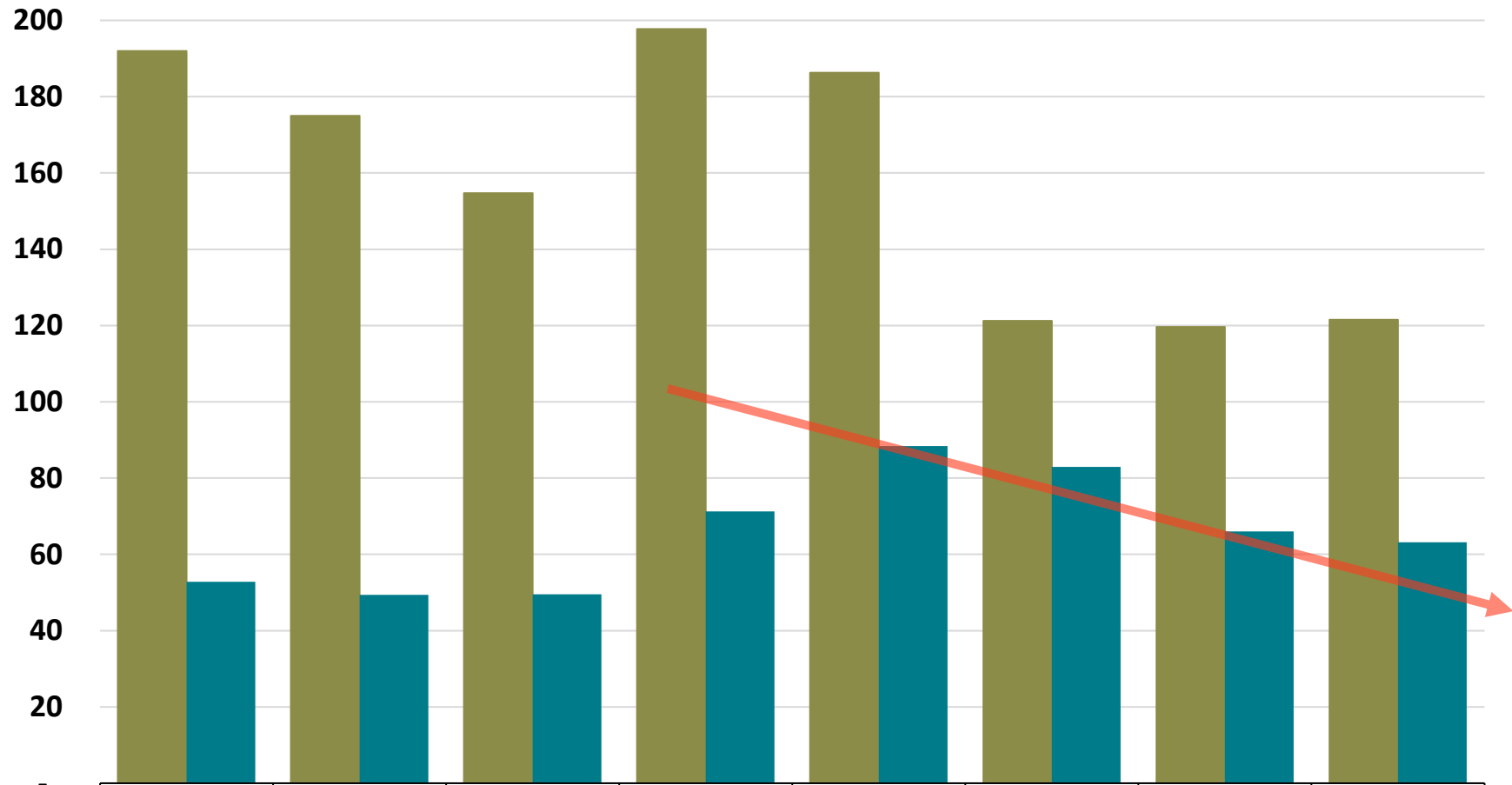
Community needs assessments

New England Consumer Price Index vs AHS DA/SSA Inflationary Increases

	CPI Calendar year	Inflationary Appropriation, DMH/DAIL	Variance bet/ DMH,DAIL and CPI	Inflationary Appropriation, DSU	Variance bet/ DSU and CPI
FY08	5.00%	4.00%	-1.00%	0.00%	-5.0%
FY09	-1.17%	-1.25%	-0.08%	0.00%	1.2%
FY10	1.70%	0.00%	-1.70%	0.00%	-1.7%
FY11	3.36%	-2.00%	-5.36%	0.00%	-3.4%
FY12	1.45%	-2.50%	-3.95%	0.00%	-1.5%
FY13	1.55%	0.00%	-1.55%	0.00%	-1.5%
FY14	1.90%	3.00%	1.10%	1.50%	-0.4%
FY 15	0.00%	0.22%	0.22%	0.20%	0.2%
FY 16	0.80%	0.48%	-0.32%	0.00%	-0.8%
FY 17	1.50%	2.00%	0.50%	0.20%	-1.3%
FY 18	2.60%	2.10%	-0.50%	0.00%	-2.6%
FY 19	1.60%	3.80%	2.20%	0.00%	-1.6%
FY 20	1.60%	2.29%	0.69%	0.00%	-1.6%
FY 21	3.92%	0.00%	-3.92%	0.00%	-3.9%
FY 22	6.97%	3.00%	-3.97%	3.00%	-4.0%
FY 23	3.18%	8.00%	4.82%	5.00%	1.8%
FY 24	3.33%	3.00%	-0.33%	4.25%	0.9%
FY 25	3.33%	3.00%	-0.33%	3.00%	-0.3%
Cummulative	42.62%	29.14%	-13.48%	17.15%	-25.47%

Days Cash on Hand

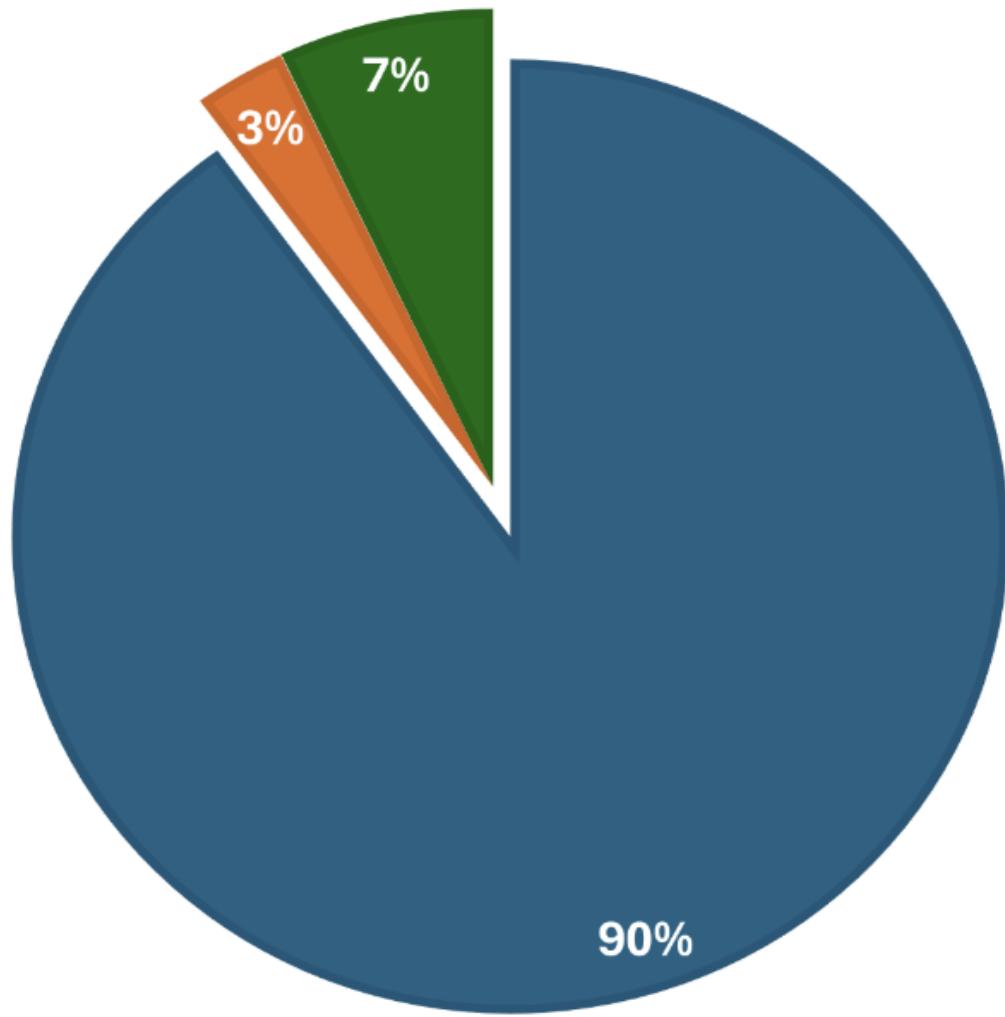
■ Vt. Community Hospitals ■ DA System Average



	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Vt. Community Hospitals	192	175	155	198	186	121	120	122
DA System Average	53	49	50	71	88	83	66	63

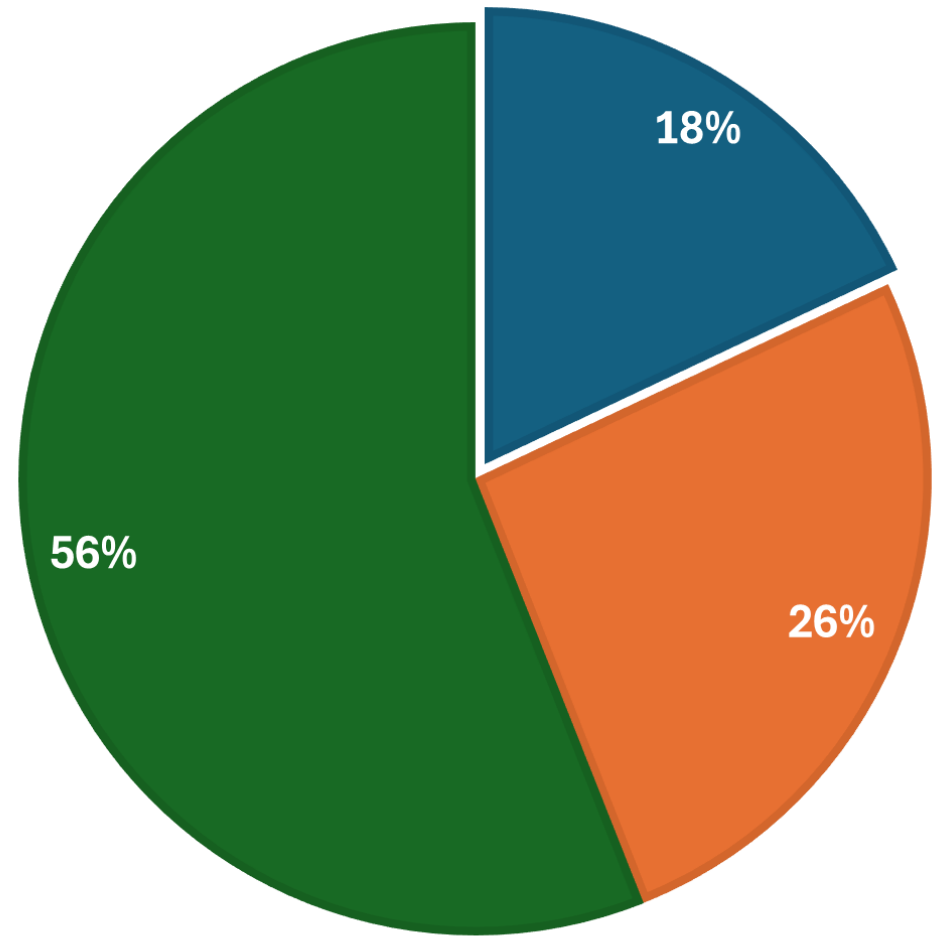
DA SYSTEM PAYER MIX

■ Medicaid ■ Medicare ■ Private/Other



HOSPITAL SYSTEM PAYER MIX

■ Medicaid ■ Medicare ■ Private/Other



Support for VCP = Support for Vermonters

FY26 General Fund Need: \$13,950,000

A 6.2% Medicaid rate increase is needed to provide essential services to Vermonters (this is a 5.2% increase overall)

- Each 1% increase would require \$2.25M in State GF, using the FY26 match rate of 41.2%

The analysis was completed by all network CFOs and based on:

- A 4.8% salary increase based on the U.S. Bureau of Labor Statistics;
- An average projected health insurance increase of 13.5%;
- An average projected increase of 6.2% for other fringe;
- General/liability/auto/property insurance projected to increase an average of 6.5%; and
- All other operating projected to increase 3.3% based on New England CPI, updated through November 2024.



2024 Impact
Report



Amy Johnson – Director of Government Affairs
amy@vermontcarepartners.org / (269) 873-1207