

Vermont's Mental Health System

- Barriers & Gaps
- Workforce Challenges



AUGUST 17, 2017

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Overview



- Vermont Care Partners (VCP) and the designated and specialized service agencies (DAs, SSAs) work in collaboration with other providers
- We are part of a larger health care system
- We arose from Vermont's commitment to community based care
- 2004 PHPG study made clear recommendations on funding
- VCP Workforce White Paper highlights the impact of turnover on clinical outcomes
- Recommendations hold true today
- We are committed to a partnership that provides funding levels to achieve desired outcomes

Importance of System



- \$420 million system of care
- Significant impact of social determinants of health
- Comparatively low cost of services
- Successful cost avoidance of more expensive care
- Vermont's opiate crisis
- Addressing child abuse and neglect
- Reduces criminal justice system costs
- Helping people achieve and maintain employment

Continuity of Care



- Data needs - analyzing impact of transitions on client outcomes
- Care coordination - reducing transitions
- Staff turnover
- Geropsych needs

Funding Needs



- COLAs received for last 10 years are less than New England CPI
- System needs to be stabilized
- Paradigm shift - services ARE essential and have demonstrated their value
- Student loan forgiveness for master's level clinicians

What has Changed?



- Increasing demand for services
 - Shift balance from high-cost acute care to health promotion and prevention
- DS program cost increases are due to new services - costs remain below national average
- More babies with disabilities now survive
- People with disabilities are living longer
- Increases in some health conditions: Autism, Alzheimer's, addictions, mental health challenges
- Opiate crisis

Impact of Under-Funding Services



- Staff recruitment and retention challenges
- Increasing gap between DA/SSA staff and similar State positions
 - \$40 million salary gap
- Turnover:
 - Impacts quality of care
 - Impacts staff productivity
 - Impacts client access
 - Is estimated to cost \$4,160 in additional costs per position
 - Creates a significant loss of revenue
 - DAs/SSAs operating with hundreds of vacancies - reducing access to services
- Lack of consistent increases limits ability to plan and communicate
- DAs/SSAs aren't able to cost shift to commercial insurance

Barriers to and Gaps in Service



- Restrictive payment streams reduce ability to provide appropriate services
 - Limited treatment options for Medicare clients
 - Limited menu of services for commercial insurance
- Restrictions on funding increases ties our hands
- Inconsistent expectations of staff credentialing
- Higher standards for licensure and credentialing bar
- 5 year Psychotherapy Roster limitation

\$14 Minimum Wage



- Improve staff recruitment and retention
- Creates compression for other positions
- Not yet implemented statewide

85% of Market Rate for Crisis Staff



- A positive impact is expected
- Improve crisis staff recruitment and retention efforts
- Reduce crisis staff turnover rates
- Not yet implemented statewide

Urgent Timeline



- Analyze DA/SSA positions compared to State positions
- Balance physical health care funding with DA/SSA system
- Change how funding is allocated in the Blueprint
- Address under-funded and unfunded mandates
- Integrate mental health, substance abuse, and developmental services into All Payer Model
- Re-energize the analysis, design, and implementation of value-based payment models and flexible service delivery systems

Evaluating System Improvements



- Is the solution client focused?
- Does it allow a client to remain connected to a known treatment team?
- Does it prioritize continuity of care for the client?
- Does it increase the amount an individual needs to visit multiple settings?
- Does it take into account the need for a strong therapeutic relationship?

Conclusion



- Community mental health has adapted in Vermont for over 50 years
- We provide collaboration and partnerships throughout our communities
- Success and recovery is built on relationships with our partners and those we serve
- Continuity of care is foundational to community mental health and future solutions

Questions

