Testimony provided by Mary Moulton, Executive Director, Washington County Mental Health Services
E-Mail address: marym@wcmhs.org
Date: August 11, 2014

During this past legislative session, we have come before you as a designated agency system serving individuals with mental illness, developmental disabilities and substance abuse issues to talk about the importance of continuing to develop out our community and hospital system. When Act 79 was passed, the commitment to the building of a quality mental health system was made. It spoke not just to building out the mental health system toward crisis beds, community support systems, mobile crisis programs, but also to health integration. This most recent effort is extremely important; it is one we as at WCMH and across the designated agency system embrace. While I can't even count the number of times someone has told me in the past year that we need more community mental health services to meet the need, I now fear that with these proposed cuts on the table we will stall on a system that is nearly built out and impede the process moving forward. We also anticipate increased demands for services for people on the autism spectrum and we are all aware of challenges to support those with substance abuse issues.

In speaking to the 1.6% cut to the DA system workforce, I would reiterate what you know. We struggle as a DA system to be competitive in our hiring ranges, which is directly related to our ability to provide services to those who are knocking at our doors. Our goal has been to build toward a reasonable differentiation; to narrow the gap of inequities and achieve parity. If I can offer a person flexibility in schedule, that might offset even a $2-3/hour difference in pay. It won't make the difference, in my area, between the VT Psychiatric Hospital mental health recovery specialist wage of $21.55/hour and the crisis bed recovery specialist program rate of $12.80/hour. It doesn't make a difference when hiring an out-patient therapist at $38,000 versus a school's wage of $50,000 with a pension and equivalent benefits. Yesterday, we had entry accounting candidates telling us they were offered nearly double what we could offer hourly. Our difference in nursing pay is $5.00 per hour under the state base pay rate. And while we are enthused for those health initiatives which are infused with federal dollars to provide an actual cost reimbursement methodology, for our Agency, a missed appointment means no payment; yet, we have to maintain staff to sufficiently cover all people coming through our doors, with innovative ways to reduce wait list times. We also welcome the calls from our partners in health, e.g., Community Health Teams and Federal Qualified Health Centers, who are striving to enhance their

application of such tools as depression screenings, and as a result are reaching out more to us in this new era of collaboration to seek specialty services for their patients. I struggle with meeting the needs presented with 44 positions open in my agency across the board. We are currently behind in providing a competitive wage and falling further.

People in the CRT system, for which there is a proposed cut of $585,000, have met criteria for receiving a case manager and a package of services, including such things as vocational assistance, housing assistance, psychiatry, support staff and transportation assistance. As a state, we are working to develop a care management system regionally that will require change in practice for case managers who might well become care coordinators in particular cases, organizing and building the bridge to the health care team. The proposed cut of $585,000 will affect the current service and inhibit health care reform efforts to coordinate on this high needs population. A segment of individuals who receive CRT services have very intensive needs, including need for better health care (as indicated by the fact that these individuals have an average life span 25 years lower than the general population). A regional care management system requires significant time in coordination hours above and beyond the regular case management workload. As a result of this proposed budget reduction, we erode the ability to help people sustain in less restrictive, more independent settings in the community. The risk is a shift in spending to increased hospital days, increased police involvement, and increased emergency room usage. Cuts would erode the current infrastructure that allows us to move people through different levels of care efficiently and effectively. Maintaining infrastructure (especially residential) costs money even with lower numbers. The Department of Mental Health wants us to keep people moving out of the acute care settings and the recovery residences so the system doesn't get clogged. In order for us to do that, we need to have enough staff to employ a variety of options to offer clients as they have varying needs and levels of functioning.

Although numbers of CRT clients has decreased statewide, the client base needs more outreach. There are less institutionalized settings in the community, like residential care homes, so our clients are living independently in the community and needing a lot more support and outreach to do so. This requires enough staffing to have the flexibility to respond more spontaneously and on the fly. Cuts will decrease our capacity to do this and result in increase hospitalizations.

Staff recruitment and retention in CRT Programs remains a big issue. Further cuts will contribute to more turnover, more open positions, and an inability to recruit qualified staff. This is more costly than having a system that is funded adequately and can continue to work to improve our outcomes in these areas per our strategic plan.

In the face of cuts, we also have requirements in our Master Grant which dictate outcomes. As individual Agencies and as a designated agency system, we have developed statewide outcomes, which some of you have seen. More staff time is going to meet administrative demands placed on us as a result. No one has suggested, with these cuts, that the current requirement be reviewed and reduced. So if we are to make cuts in CRT, how do we decide that it is Voc we might cut, when that is an area where we receive penalties if we don't achieve the standard. How do we decide that we will cut the support worker who delivers medication that help individuals maintain mental and emotional stability; how do we decide whether we cut nursing, which is providing us with prevention and wellness opportunities.

Within Developmental Services, there is a proposed cut of one-time funds. To give you an idea of the importance of these funds for our consumers at Washington County Mental Health: In FY14 we received $67,326 in one time dollars. With that money we funded 72 requests ranging from $100 for glasses to $5000 for a ramp that was built at a person's home that prevented her from going to a nursing home.

In FY15 our budget was reduced to $52,087 and we have already funded 27 people and only have $8000 left for this entire fiscal year.

One time dollars are critical to maintain because they purchase items for people at are not covered by Medicaid such as glasses and dental work, environmental modification, and consumer damage during a crisis situation.

We have no other funding stream to cover these costs.

The bottom line is that these cuts affect our consumers and families in profound ways, leaving a very vulnerable population without the level of assistance needed. I thank you for your consideration of my comments as you make this difficult decision.