

# WORKFORCE CRISIS

VERMONT CARE PARTNERS

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## DEVELOPMENTAL, SUBSTANCE USE DISORDERS AND MENTAL HEALTH SERVICES



### COVID FUELS DEMAND

During the COVID pandemic, demand for substance use disorder and mental health treatment, including for anxiety and depression, has increased especially for school-age children, people with disabilities, isolated elders, and families. This testimony will focus on services for people with intellectual and developmental disabilities throughout our designated and specialized services agency system of care

### STAFF VACANCY RATE NEARING 20%

- Development Disability staff vacancies as high as 50%
- Some staff working 100+ hours per week
- Entry level wages less than local retail and fast food
- Staff at all levels leaving for higher pay, less risk
- Staff at all levels experiencing burnout and exhaustion



### IMPACT



- Residential programs for children forced to close or reduce hours
- 342 children and 437 adults waiting for services
- 88 people with I/DD waiting for a home
- Loss of 19% service hours to people with I/DD
- Closure and reduced hours for I/DD and MH Crisis Beds Children's Residential Programs
- Increased use of hospital emergency departments and inpatient care
- Closure of an agency serving people with Disabilities
- Students in need not receiving adequate social, emotional and behavioral supports

### THE SOLUTION: SIGNIFICANT RATE INCREASE WITH SUSTAINED INVESTMENT and FLEXIBILITY IN ONE-TIME FUNDING

#### FY22 Budget Adjustment Act

Invest in flexible funds for recruitment and retention bonuses, shift differentials, etc. Each agency needs flexibility to address unique staff-targeted incentives.

Every member of the DA/SSA workforce is essential given workforce shortages. Recent one-time retention bonuses were helpful but cost agencies additional funding to equalize the recognition and importance of each person's contribution: service coordination, case management, community outreach direct service professionals (DSPs), program management, employment assistance, housing assistance, residential home DSPs, peer advocates, clinicians, etc. Support of upstream services is essential to prevent higher level of needs.

Investment in Shared Living Provider payments



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