



DEPARTMENT OF MENTAL HEALTH

FY25 BUDGET

Emily Hawes, Commissioner
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DEPARTMENT OF MENTAL HEALTH

Mission:

To promote and improve the mental health of Vermonters.

Vision:

Mental Health will be a cornerstone of health in Vermont.

People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.



OVERVIEW AND PARTNERSHIPS

Oversight & Designation

- 10 Designated Agencies
- 2 Specialized Service Agencies
- 7 Designated Hospitals

Operation and Care

- Vermont Psychiatric Care Hospital (25 beds)
- River Valley Therapeutic Community Residence (16 beds)

Staff Positions (308)

- 235 at Care Facilities
- 73 at Central Office

Notable Collaborations

Vermont hospitals, forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM, law enforcement, courts, other VT state agencies and departments.

Community Partners

Vermont Care Partners, Vermont Federation of Families for Children's Mental Health, Center for Health and Learning, Vermont Psychiatric Survivors, National Alliance on Mental Illness VT, Pathways, and many others.

MENTAL HEALTH RESIDENTIAL AND CRISIS CAPACITY

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 18 beds
- Adult Intensive Residential: 42 beds

Designated Hospitals

- Adult – Level 1 involuntary: 59 beds
- Adult – Non-Level 1 (involuntary and voluntary): 142 beds
- Children and Youth: 30 beds

Peer Service Agencies

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

State Secure Residential

- River Valley Therapeutic Residence: 16 beds




MENTAL HEALTH SYSTEM OF CARE

Key to Provider Symbols


- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

-  Peer-run Services & Residential Care
-  Department of Mental Health
-  Designated and Specialized Services Agencies
-  Private Providers




Inpatient Hospitalization
229 total beds

<p>Children & Adolescent 1 Facility 30 Beds</p> 	<p>General Inpatient (Adult) 7 Facilities 142 Beds</p> 	<p>Level One Inpatient (Adult) 3 Facilities 57 Beds</p> 
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Secure Residential
16 total beds

<p>River Valley 1 Facility 16 Beds</p> 
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Intensive Residential & Treatment Programs
92 total beds

<p>Youth Residential (PNMI) 5 Residences 45 Beds</p> 	<p>Intensive Recovery Residential 5 Residences 42 Beds</p> 	<p>Peer-run Residential 1 Residence 5 Beds</p> 
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Crisis Supports & Response
56 total beds

<p>Children's Crisis Stabilization Program 1 Facility 6 Beds</p> 	<p>Youth Hospital Diversion Program 2 Facilities 12 Beds</p> 	<p>Mental Health Urgent Care for youth</p> 	<p>Mental Health Urgent Care for Adults</p> 	<p>Adult Crisis Beds 12 Facilities 38 Beds</p> 	<p>Crisis Assessment, Support & Referral Continuing Education & Advocacy</p> 	<p>988 Crisis Lifeline Centers & Mobile Crisis Response</p> 
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Community Mental Health
174 total beds/109 vouchers

<p>Micro-residential (HCBS) 3 Homes 9 Beds</p> 	<p>Youth Group Homes (PNMI) 4 Homes 13 Beds</p> 	<p>Group Residential Homes 19 Homes 152 Beds</p> 	<p>Shelter & Care Vouchers DMH Housing Vouchers</p> 	<ul style="list-style-type: none"> • Individual, family, and group therapy • Clinical assessment • Medical consultation and medication • Service planning and coordination • Community supports & employment services • Schools/PCP/Early care & learning ctrs (youth only) • Peer programming (adults only) • Prevention work (youth only) 
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DMH Residential and Designated Hospital (Inpatient) Beds All Ages by County FY24



BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
DCF	Dept for Children and Families
DMH	Dept of Mental Health
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
HDP	Hospital Diversion Program
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PNMI	Private Non-Medical Institution (residential)
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
SRR	Secure Recovery Residence
UCS	United Counseling Services
UVMC	University of Vermont Medical Center
VA	Veterans Administration
WCMH	Washington County Mental Health



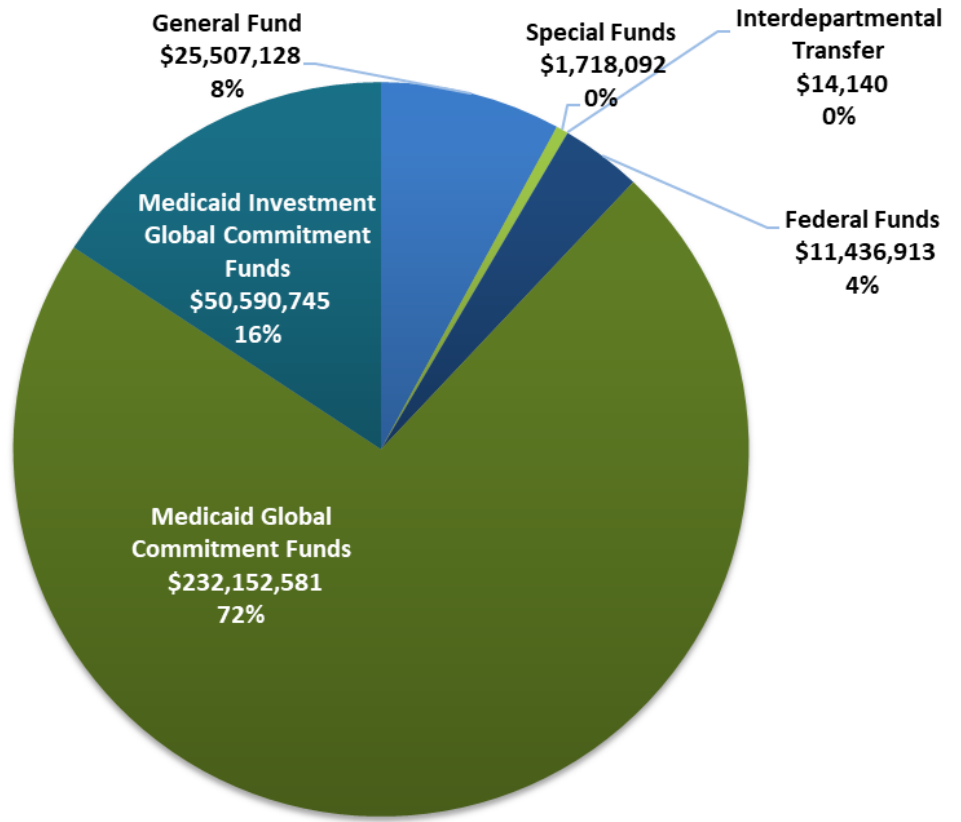
SUMMARY

PROPOSED EXPENSES

BUDGET REQUEST (UPS/DOWNS)

FY25 BUDGET

SUMMARY



- General Fund
- Interdepartmental Transfer
- Medicaid Global Commitment Funds
- Special Funds
- Federal Funds
- Medicaid Investment Global Commitment Funds

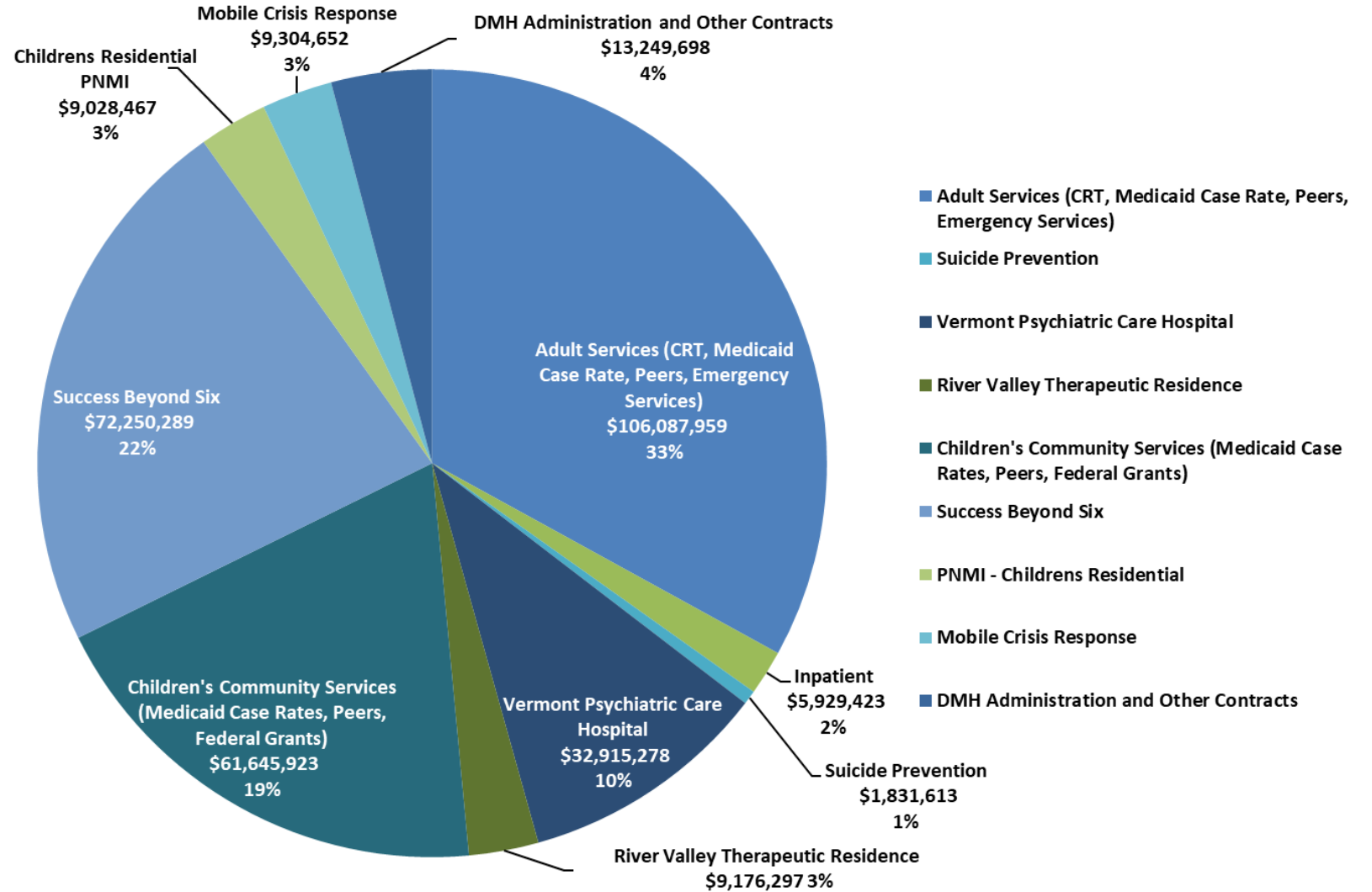
FY25 GOVERNOR'S RECOMMENDED BUDGET \$321,419,599

DMH Budget Ups –

Gross: \$3,890,901 GF Equivalent: \$1,582,080

- Salary and Fringe
- Benefit rate changes, including retirement
- Internal Service Fund Changes
- Psychiatry Contract Increases at Vermont Psychiatric Care Hospital
- Increases to 988 activities
- Private Non-Medical Institution (PNMI) rate adjustment
- Mobile Crisis General Fund Conversion to Global Commitment for uninsured/underinsured
- Vermont Legal Aid additional legal staff

FY25 PROPOSED EXPENSES



BUDGET REQUEST

Salary and Fringe Increases

Gross: \$2,829,864

General Fund Equivalent: \$1,818,874

This is the annualization of the FY24 salary and fringe increases for the department.

- Salary & Wages Gross - \$1,209,539
- Health Insurance Gross – \$1,166,838
- Retirement Gross – \$287,692
- Other Payroll Fringe Benefits - \$93,465
- VT Family & Medical Leave Insurance Premium Gross – \$71,330
- Child Care Contribution Gross - \$63,468

Internal Service Fund – Workers Compensation

Gross: (\$62,468)

General Fund Equivalent: (\$54,494)

This is the change in the cost of Workers Compensation Insurance.

BUDGET REQUEST (CONT'D)

Other Personal Services for Class Action Reclassification and Mobile Crisis Positions

Gross: (\$1,242,422) GF: (\$971,220)

In FY 24, DMH requested \$945,767 for RFR and class action reclassification changes for Care Managers, Social Workers and Mental Health Specialists, and \$422,812 to add four (4) Mobile Crisis positions. These costs were allocated under “Other Personal Services”, however, in the FY 25 budget cycle the costs are under the appropriate account codes with the exception of two of the Mobile Crisis Positions that are still under. Therefore, we are reducing this line item.

Psychiatrist Contract with Columbus for Vermont Psychiatric Care Hospital (VPCH)

Gross: \$862,000 General Fund Equivalent: \$862,000

In FY 24, DMH learned that the University of Vermont Medical Center (UVMMC) will no longer contract with the State of Vermont for Psychiatry services. According to the State’s Bulletin 3.5, DMH issued a Request for Proposals (RFP) to cover physician costs at VPCH, RVTR and the DMH Central Office Children’s Medical Director. Columbus was awarded the bid to provide Psychiatrist to VPCH, however, that came with increased cost for VPCH Doctors. This funding request is to cover the increased cost of these services.

Conflict Counsel

Gross: \$25,000

General Fund Equivalent: \$25,000

This is a legislative mandate funded with one-time funds during the FY 22 legislative session under [Act 57 \(2021\)](#). This is a base budget request to include funds ongoing for the anticipated cost of conflict council for DMH.

Internal Service Funds – ISF

Gross: \$245,760

General Fund Equivalent: \$192,308

These amounts represent the internal service fund allocation increases that are distributed to each department by Finance and Management.

- 515010: Fee for Space - \$269,233
- 516000: Insurance Other Than Employee Benefits – **(\$4,933)**
- 516010: General Liability Insurance - **(\$9,818)**
- 516671: VISION/ISD - **(\$58,980)**
- 516685: ADS Allocation Charge - \$42,856
- 519006: Human Resources Services - \$7,402
- 523620: Single Audit Allocation - \$0

BUDGET REQUEST

Maintain 988 Suicide Prevention Line

Gross: \$451,254

General Fund Equivalent: \$190,294

988 is a national initiative to support individuals experiencing a mental health and/or suicidal crisis. Two Designated Agencies (Northeast Kingdom Human Services and Northwestern Counseling & Support Services) have stood up service programs to respond to this challenge. In addition, there is a contract with Headrest to provide backup services.

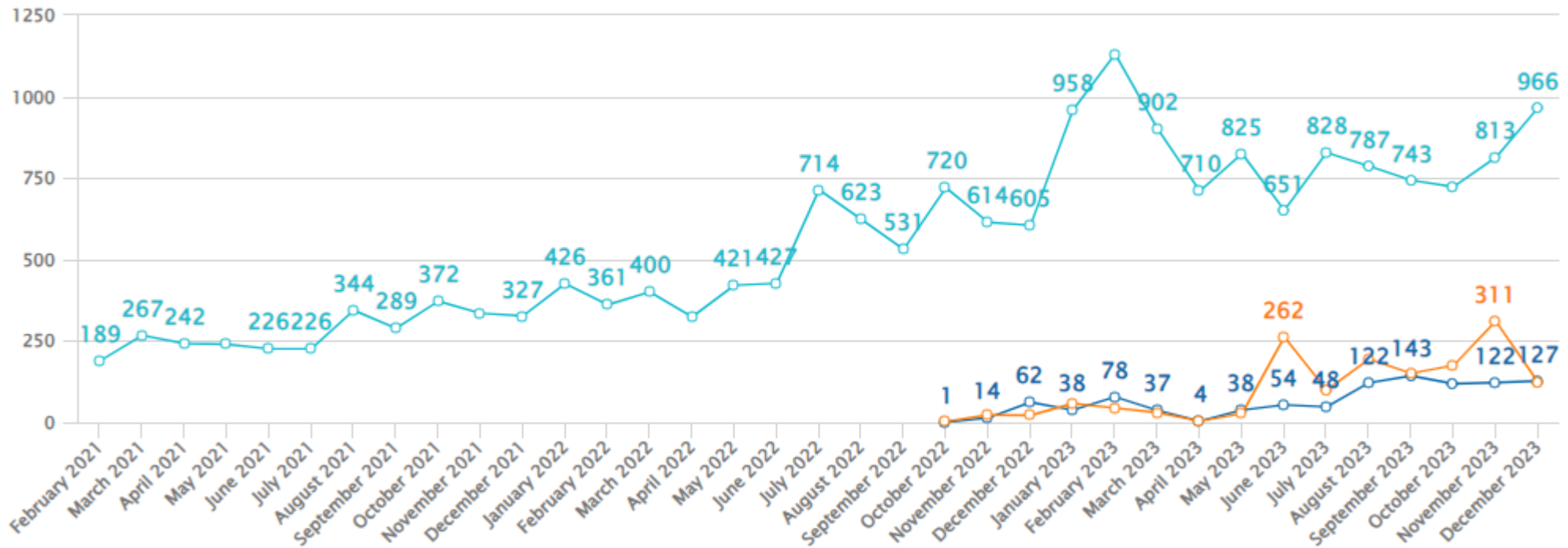
In FY 24, DMH expanded the base services to cover chat and text, as well as increased call volume. The cost of this expansion is currently being covered with a SAMHSA grant, however, that funding will not be available in FY 25. This request is to cover the cost of that expansion in the DMH base budget.

BUDGET REQUEST

988: CALL, CHAT & TEXT VOLUME

Number of Texts to 988 Lifeline - Comparison

Data Source: Vibrant Emotional Health: 988 Broad State Metrics Report for Vermont



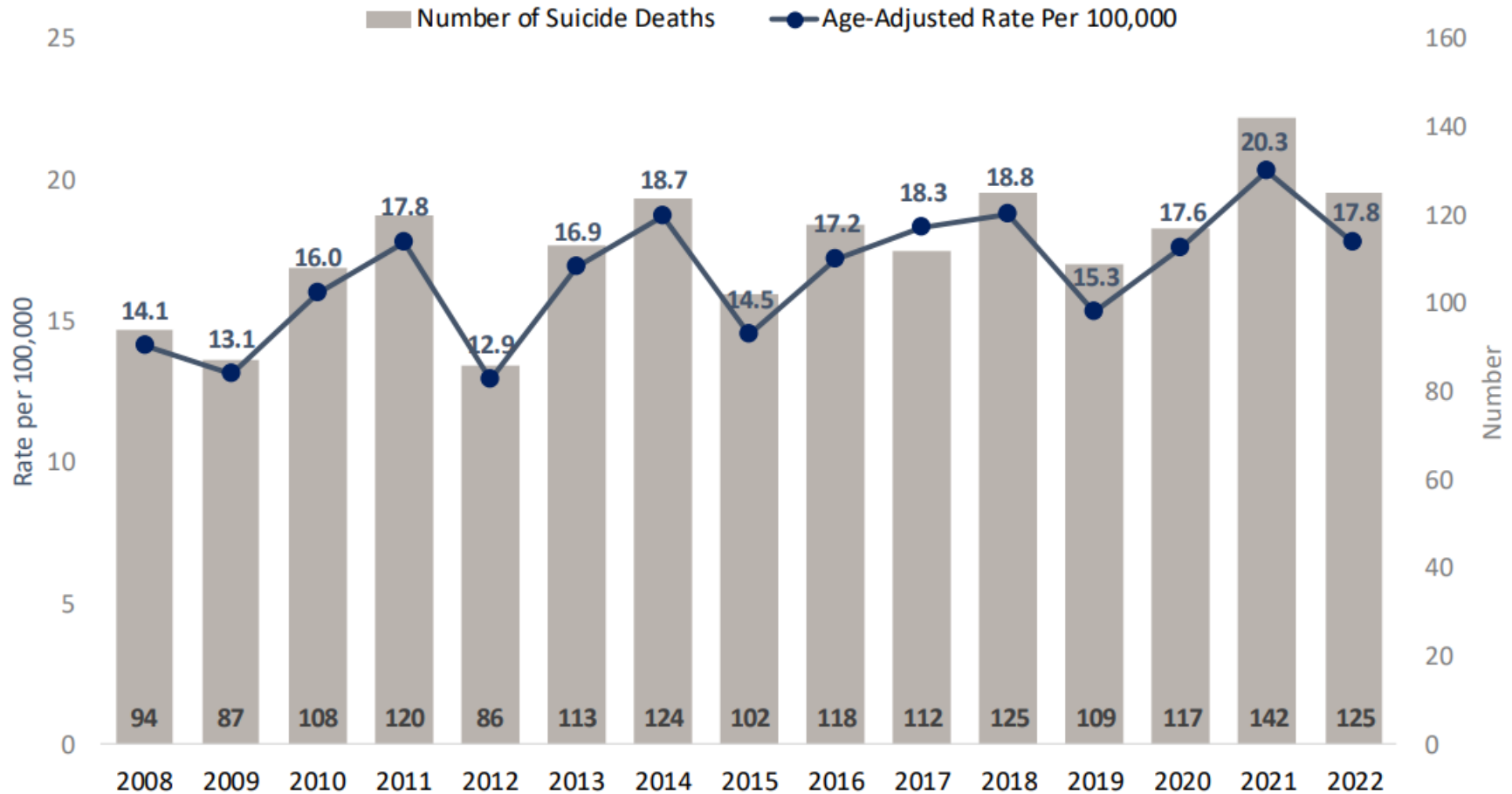
— [How_Much] Number of Texts to 988 Lifeline

— [How_Much] Number of Chats to 988 Lifeline

— [How_Much] Number of Calls to 988 Lifeline

SUICIDE DATA

The number and rate of suicide deaths over the past 15 years.



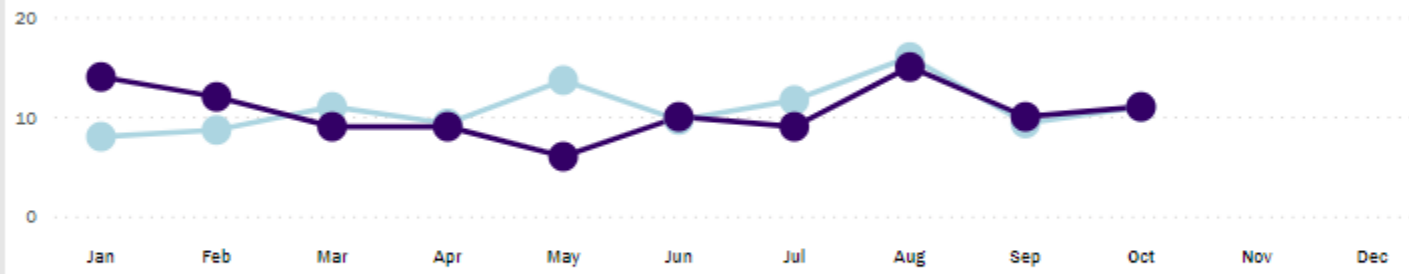
Show data for Vermonters

Statewide

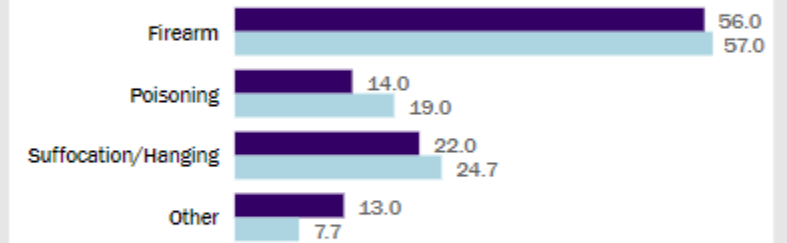
Number of Suicide Deaths Statewide

● 2023 ● 2020-2022

Trend over time 2023 compared to 2020-2022



Method of death



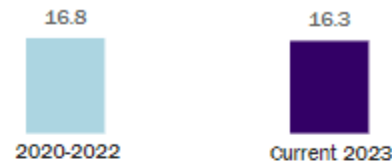
NOTE: There are currently 20 pending death certificates for 2023 statewide. Click to see a monthly breakdown.

PENDING DEATHS

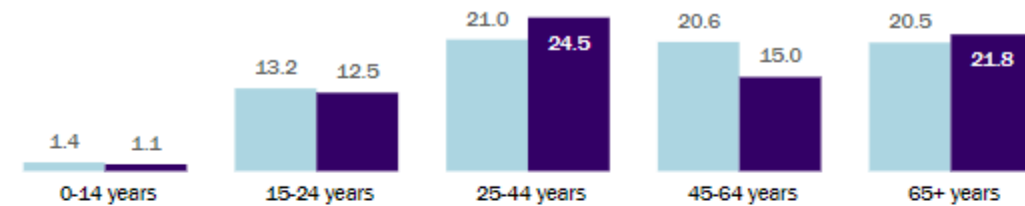
Rates of Suicide per 100,000 Statewide Residents

● 2023 ● 2020-2022

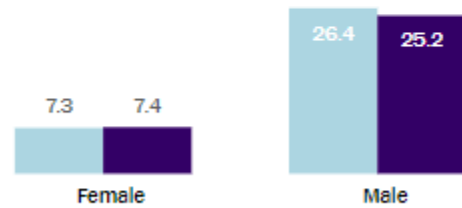
Overall



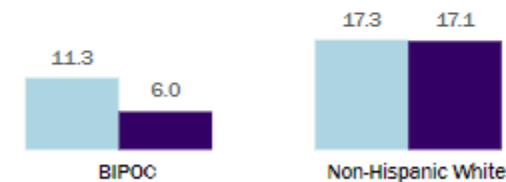
Age



Biological Sex



Race & Ethnicity



Black, Indigenous and people of color (BIPOC) includes Black or African American; Native American, Indigenous, or First Nation; Pacific Islander; Asian; two or more races; and Hispanic.

Source: Vermont Vital Statistics, 2020-2023. Death data is reported with an 8 week lag to minimize changes in numbers. 2023 data is through October and is preliminary.

BUDGET REQUEST (CONT'D)

Private Nonmedical Institutions (PNMI) Increase for Rule Changes

Gross: \$100,800

General Fund Equivalent: \$48,772

DVHA Rate Setting unit is proposing rule changes in an effort to help stabilize the PNMI system. This cost addresses changing three different rules that are being proposed.

Salary Cap: There is currently a rule that states the highest paid staff cannot exceed 7 times the lowest paid wage. This rule has been a limitation for programs with a Psychologist or Psychiatrist on staff when recruiting.

5% VT Medicaid Operating Surplus Recapture: Currently, if a program has more than a 5% operating surplus, that amount reduces the rates for the following year. This proposal will allow the programs to hold onto the surplus revenues for program reinvestment and times of low occupancy.

Reimbursement for closed beds: This proposal allows reimbursement of closed beds for difficult placements. This will support and incentivize programs to take on difficult placements.

Private Nonmedical Institutions (PNMI) Inflationary Increase

Gross: \$343,645

General Fund Equivalent: \$168,325

During the FY 24 budget cycle, the Agency of Human Services embarked on a two-phase initiative to address rule changes requested by PNMI providers. Phase one of this project includes a rule change to building an inflationary adjustment that began in FY 2024. This funding is to add the inflationary factor to FY 2025.

BUDGET REQUEST

Mobile Crisis Response GF Conversion to GC for Uninsured/Underinsured

Gross: \$0.00

General Fund Equivalent: **(\$1,027,273)**

In the FY 23 and FY 24 budget cycles, DMH requested funds for a Mobile Crisis Response program. The allocation to cover uninsured and underinsured individuals who may access this service was originally included in the base budget as General Fund (GF). DMH applied for a Global Commitment (GC) Investment to cover these services, therefore, DMH is reallocating the funding from GF to GC Investment.

Vermont Legal Aid

Gross: \$275,000

General Fund Equivalent: \$275,000

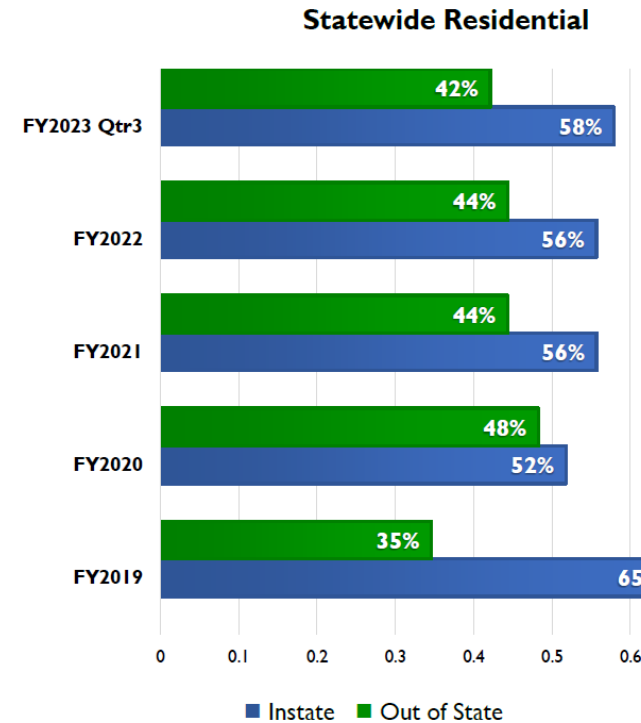
BUDGET REQUEST

This is a legislative mandate funded with one-time funds during the FY 22 legislative session [Act 57 \(2021\)](#). This is a base budget request to include funds ongoing.

This represents the cost of additional legal staff and evaluations at Vermont Legal Aid (\$275,000)

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY: SHARED AHS PROJECT

- Create an in-state option to serve Vermont children with emotional, behavioral, developmental disabilities, and/or mental health needs of youth.
- This type of residential setting is necessary to serve children and youth with high acuity needs.
- Due to a lack of residential capacity in Vermont, the three departments that place children in residential has shifted towards out-of-state placements



Statewide
This chart represent the breakdown of in-state placements compared to out-of-state placements by fiscal year. If a child/youth was placed in more than one program in a fiscal year, they are represented more than once.

WHAT IS THE DIFFERENCE BETWEEN SVMC & PRTF

Youth Inpatient Facility at Southwestern Vermont Medical Center (SVMC)

- treats adolescents (age 12-17) experiencing mental health conditions that require inpatient care and capable of managing medically-stable co-occurring medical conditions.
- Focused on immediate needs and crisis management
- Length of stay is typically a few days or weeks

Psychiatric Rehabilitation Treatment Facility (PRTF)

- Provides residential psychiatric services to individuals under the age of 21
- Focused on long term recovery and working through the root cause of mental health;
- Length of stay is typically 3-18 months

MOBILE CRISIS

DMH executed the Statewide Mobile Crisis contract with Health Care & Rehabilitation Services (HCRS) effective January 1, 2024.

How is this different from the current crisis and emergency services system?

- client identified crisis
- client identifies where to meet
- includes substance use crisis
- 2-person response including staff with lived experience in the response
- follow-up services to check on safety planning and make sure the crisis is resolved
- rapid response and resolution with a goal of an average of a 60-minute response time



Goal: supporting more people, quick response with trained staff, 2-person allows to be able to support family and other involved in the crisis.

As of January 1, a minimum of 57 mobile crisis responses have been completed in the State. (Updated numbers expected in mid-February report.)

Community Investments

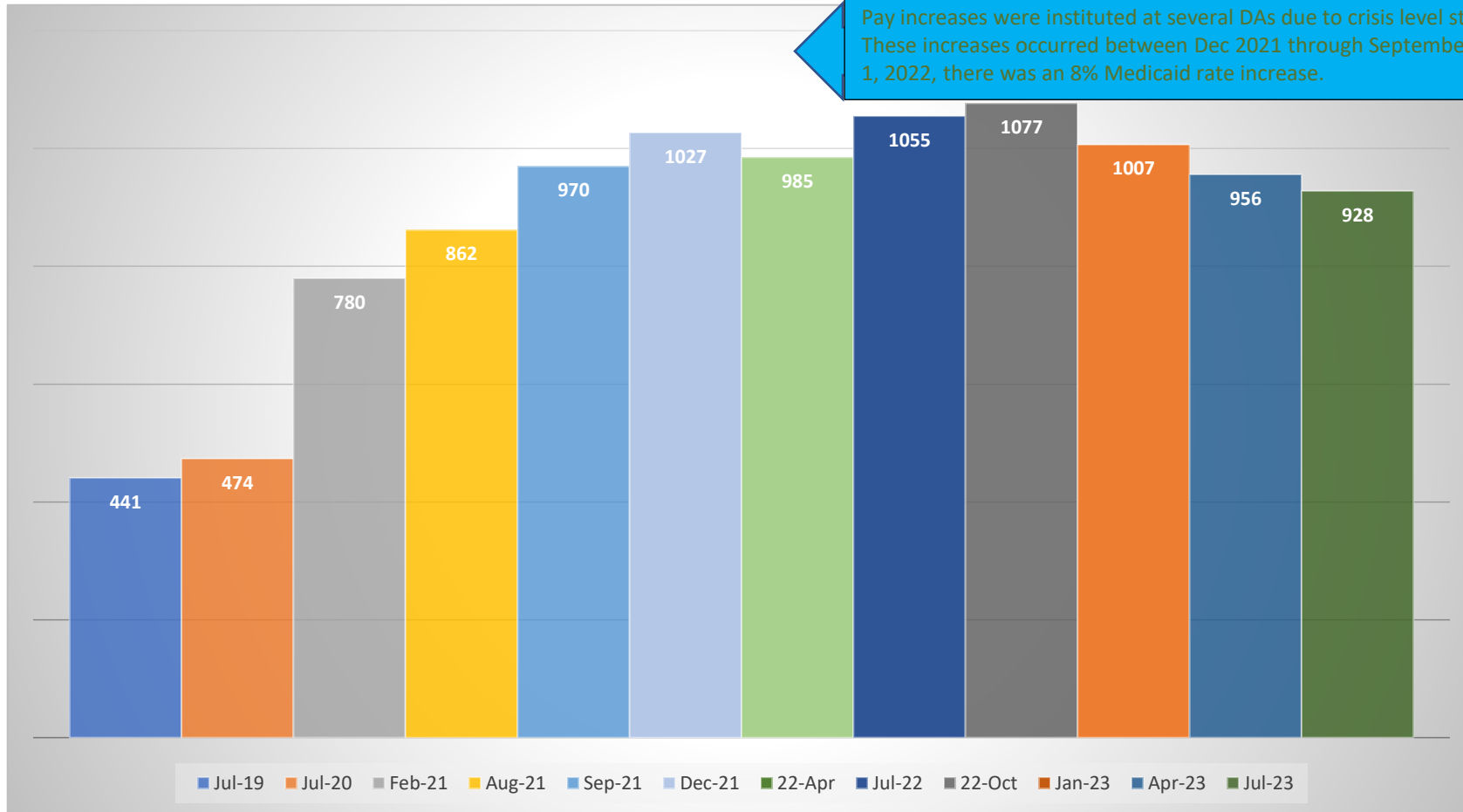
Investment	Allocated Funding	Summary
Community Investment Housing Grants	\$4M American Rescue Plan Act (ARPA)	To make existing housing and community- based service facilities providing mental health services more accessible, safe, and compliant with the Americans with Disabilities Act or to expand capacity in community settings. \$3.95M has been expended.
Community Provider Stabilization Loan Repayment and Tuition Assistance	\$1.25M	Funding to support recovery and stabilization of existing community-based programs. <ul style="list-style-type: none">• \$1.25M – AHS loan repayment and tuition assistance funding allocated to DA/SSAs

Employee Investment Program

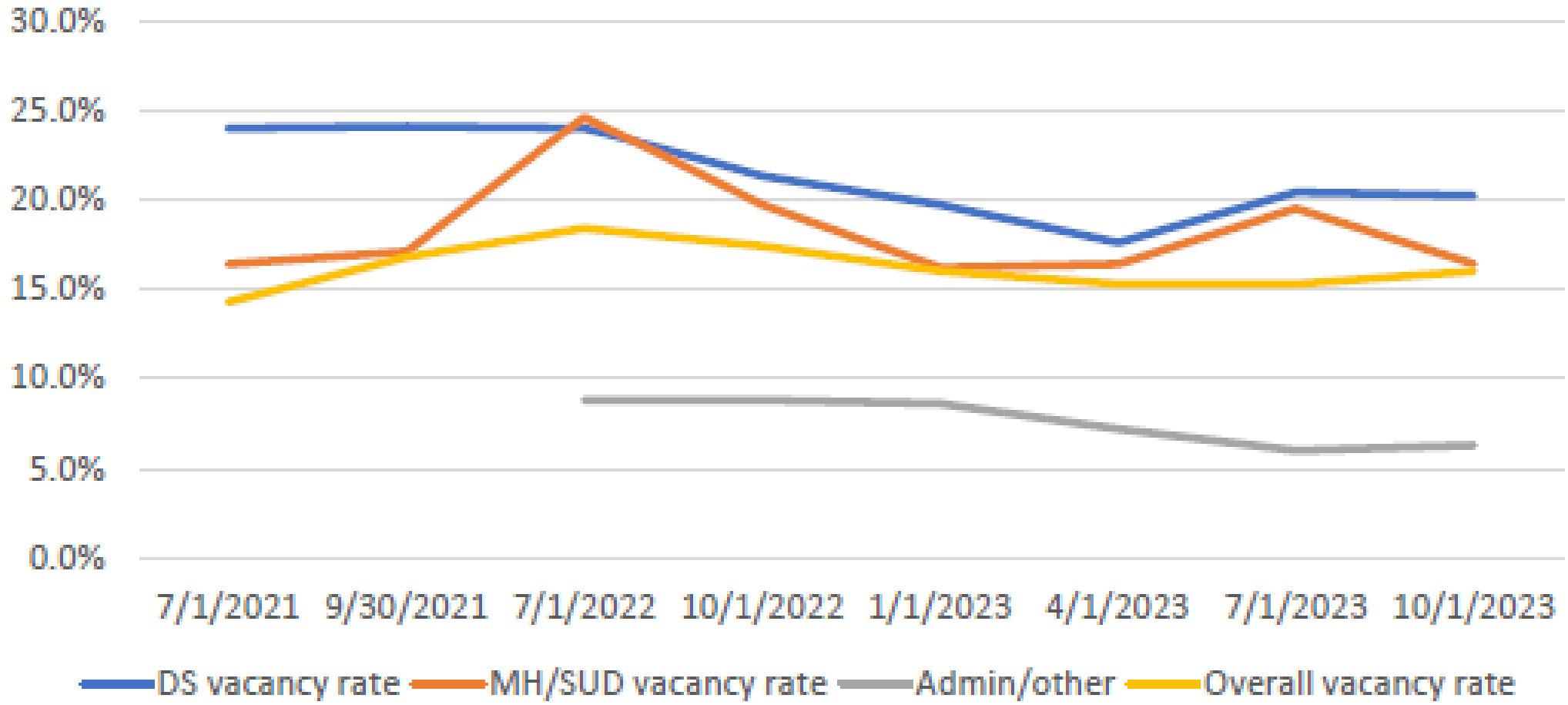
- A General Fund appropriation of \$3M used as matching funds for a total gross GC Investment amount of \$6.9M.
- Approximately **500** staff received a total of \$1.25 million in forgivable loans.
 - 96% of employees who received tuition assistance or loan repayment fulfilled their commitment; this is a 26% increase over prior retention rates.

DA & SSA: VACANCY NUMBERS

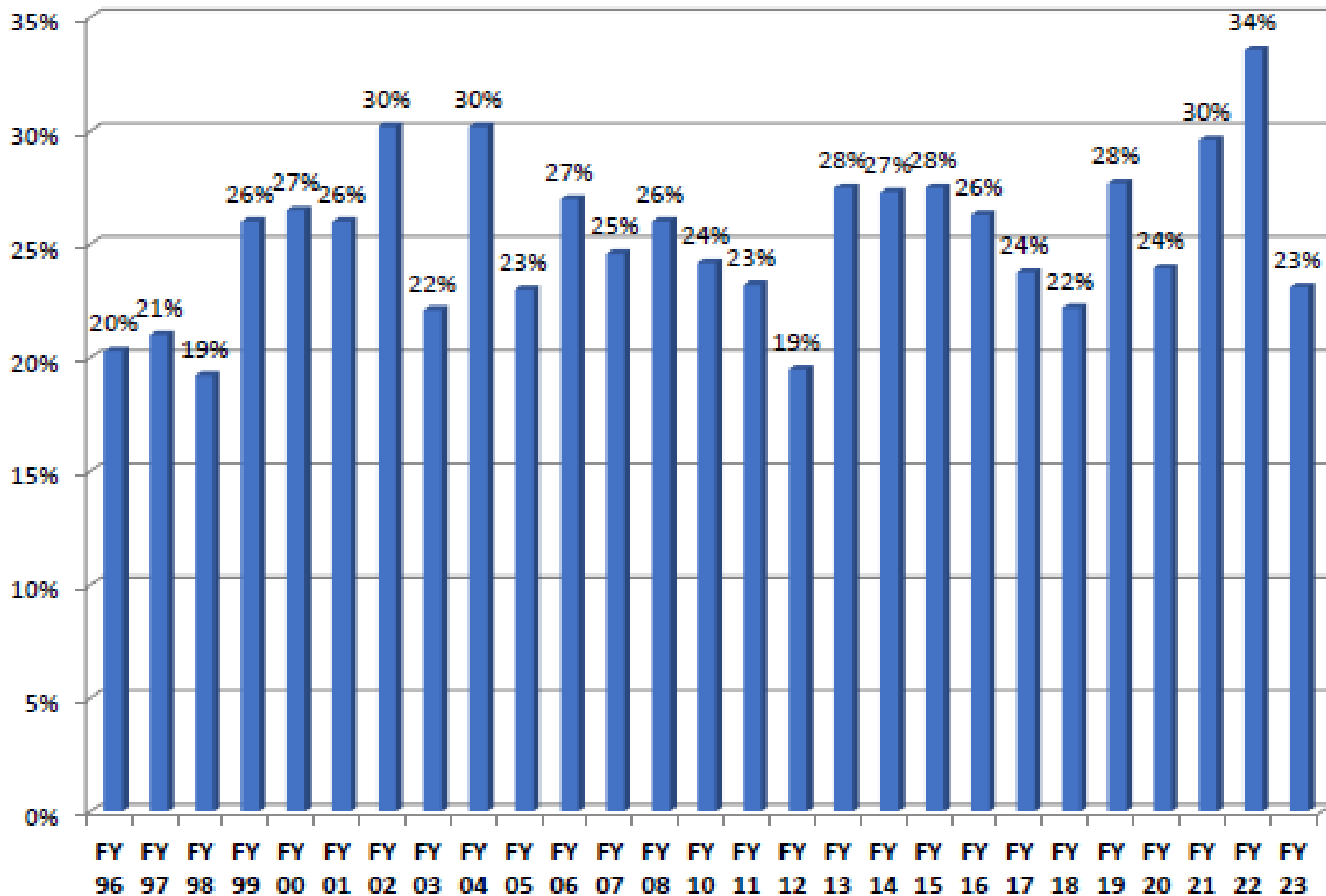
Pay increases were instituted at several DAs due to crisis level staffing issues. These increases occurred between Dec 2021 through September 2022. July 1, 2022, there was an 8% Medicaid rate increase.



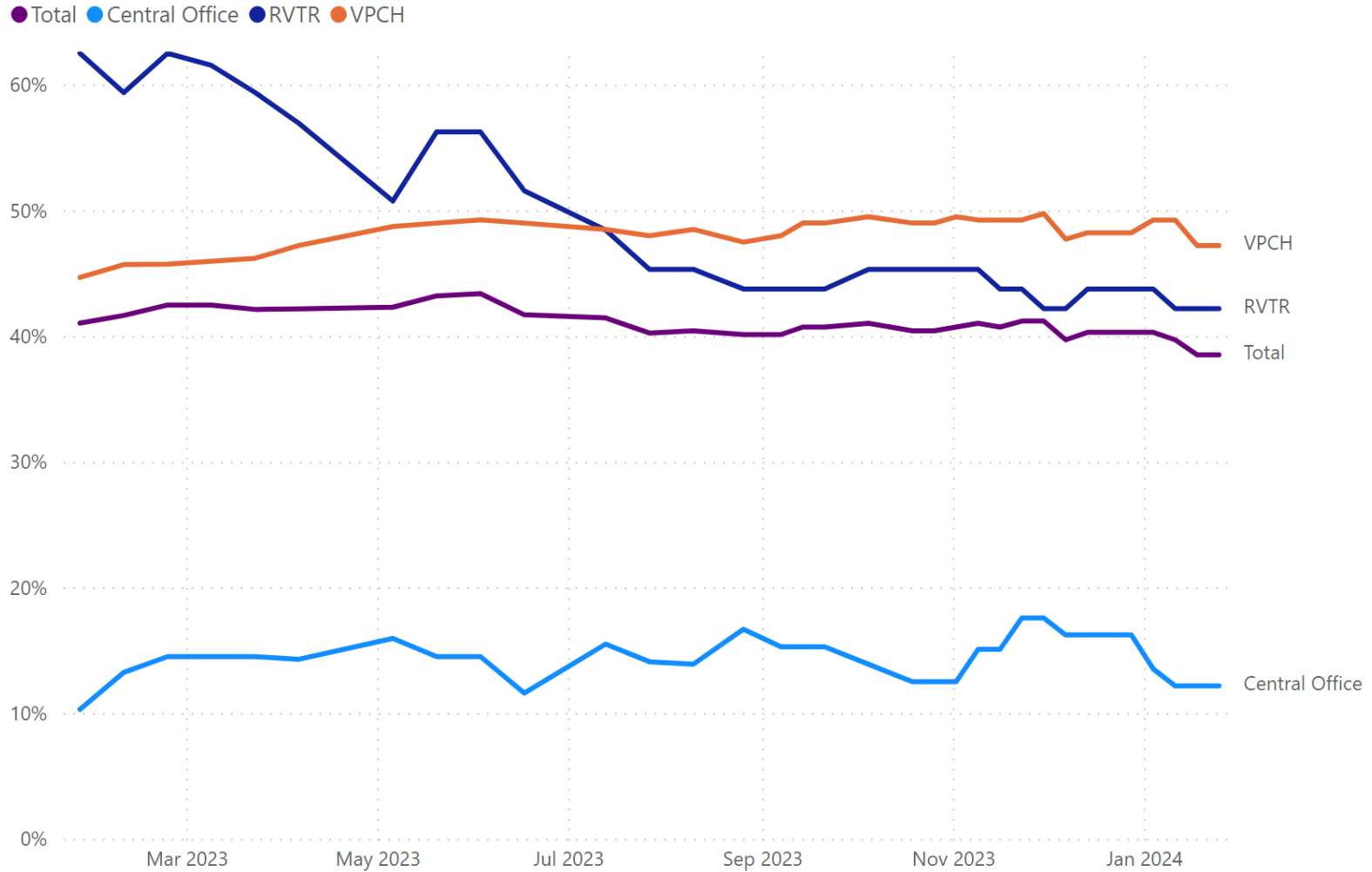
VCP Agency Vacancy Data



VCP Average Statewide Turnover FY 1996-2023



Vacancy Rate by Location



One Year Ago

41.0%
Total
10.3%
Central Office
62.5%
RVTR
44.7%
VPCH

Today

38.5%
Total
12.2%
Central Office
42.2%
RVTR
47.2%
VPCH

DMH Vacancy Data

Community Investments

Investment	Allocated Funding	Summary
NFI Recruitment and Retention at Hospital Diversion Programs	\$150K Global Commitment	NFI HDP staff recruitment and retention to maintain and increase Program capacity to service the adolescent population they serve.
Coordinated Specialty Care (CSC) for First Episode Psychosis	\$500K+ Mental Health Block Grant	Planning for and establishing new peer-run program for the Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP) population in Vermont.
9-8-8 Suicide Prevention and Crisis Lifeline	\$1.66M Substance Abuse and Mental Health Services (SAMHSA)	SAMHSA grants to build and improve local 988 capacity COHORT 1 – Increase capacity within Lifeline Centers to implement chat and text services. COHORT 2 – ensure program operations are seamless between 988 Lifeline Centers, Mobile Crisis Outreach teams and 911 administrators and dispatchers.
Community Based Alternatives to Emergency Departments	\$6M Home & Community Based Services(HCBS) FMAP +\$500K (TTI)	Community based Mental Health Urgent Care and Crisis Response programs aimed at reducing ED utilization and police interventions. (8 initiatives) CAHOOTS – Burlington Police Dept –in final stages of hiring Living Room – CSAC and WCMHS are up and running; NKHS aims to open in Spring (include \$2M capital for building) PUCK – UCS, LCMHS, HCRS MUHC – HC (UVMHC collab) in Burlington by early summer

Alternatives to Emergency Depts Spotlight

Washington County Mental Health Access Program Opened Oct 2, 2023

October – Dec 31st reporting

Services: 124 Services

Ages: 18-75

Hospital Diversion: The Access Hub team diverted individuals from Emergency Depts in 123 out of 124 instances

Referrals: Referrals come from WCMH Community, law enforcement, CVMC, self-referral and community partners such as SASH, Good Samaritan, PRIDE, Inc., and primary care

Housing Status:

Housed	Unhoused	Temporary Housing	CSP Group Home
86	24	8	6

Substance Use: 75% of guests reported substance use

*Only 13 of the 124 services were provided to existing CSP clients

Community Investments

Investment	Allocated Funding	Summary
Designated Agencies	\$77,600 Preschool Development Grant	Supporting training and equipment needs for Designated Agencies to provide Evidence Based Mental Health interventions for young children and their families.
Vermont Family Network and Independent Parent Representatives	\$130,000 Mental Health Block Grant	Provides stipends for parental peer supports for families who have children with complex needs. (Supports Act 264 legislation)
REACH Institute Child/Adolescent Training in Evidence-Based Psychotherapies (CATIE)	\$56K portion of Health Resources and Services Administration (HRSA) Pediatric Mental Health Care Access Expansion grant (FFY23)	Training in evidence-based practices for child and youth mental health needs to community-based mental health providers, including from Designated Agencies and private providers.

Community Investments

Investment	Allocated Funding	Summary
VT Child Psychiatry Access Program (VTCPAP)	\$400K portion of HRSA grant (FFY21-26); \$250K private foundation grant to CHC	Federal and private foundation matching funds for the VT Child Psychiatry Access Program to provide telephone consultation services to VT primary care providers regarding pediatric mental health conditions. VTCPAP is team of licensed clinical social workers and board-certified child and adolescent psychiatrists who provide recommendations to primary care providers for appropriate screening, treatment and available referral resources to address child and youth mental health concerns.
Disordered Eating workforce development and public messaging	\$101K portion of HRSA grant (FFY24)	Training opportunities targeted for primary care, mental health providers, and educators to increase awareness, recognition and identification of disordered eating; impact of language; and effective interventions. Public messaging about eating disorders, how to prevent, identify, and seek help early.
Project AWARE: Advancing Wellness and Resilience in Education	\$334K Portion of SAMHSA 5-year grant	SAMHSA's Project AWARE supports three Local Education Agencies and their partnering Designated Agency to improve social, emotional and mental health approaches in schools. Funding to 3 DAs for school mental health consultants; additional funds will support workforce development for LEAs, DAs, communities.
Starting Over Strong Vermont (SOS VT)	\$3.12M FEMA/SAMHSA DR4720	July Flood Recovery - Crisis Counseling Program Two rounds of funding (Immediate Services Program; Regular Services Program) Combined total award, short-term, limited use funding to support flood survivors. Will not be able to expend it all based on program draws and restrictions, but program will continue in the 9 declared counties through July 2024.



RESULTS BASED ACCOUNTABILITY

LEND A COMMON LANGUAGE

PROGRAMMATIC PERFORMANCE MEASURES

QUALITY AND PERFORMANCE MEASURES: DMH SCORECARDS

Updated quarterly or annually.

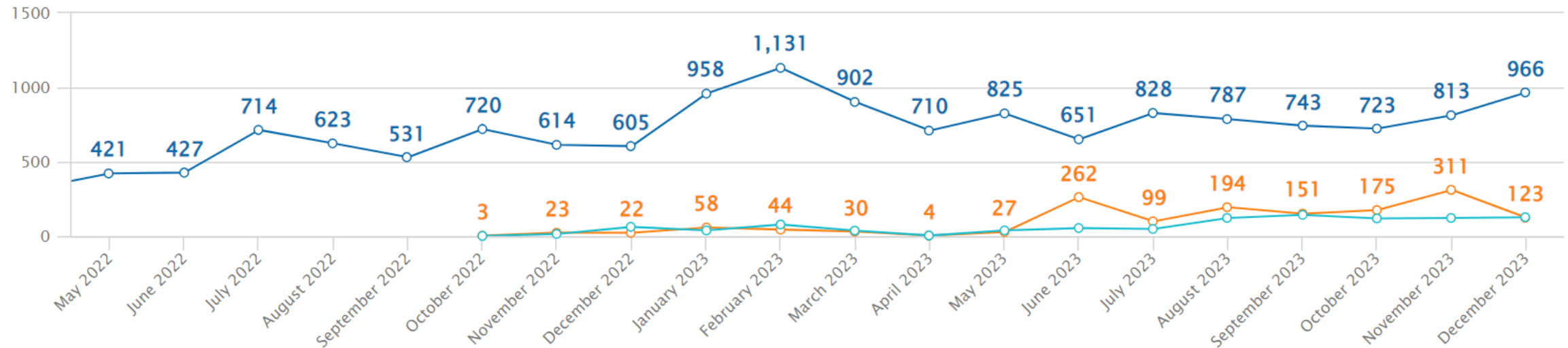
Always publicly available at: <https://mentalhealth.vermont.gov/reports-forms-and-manuals/reports/results-based-accountability>

Aligned with federal and state requirements, and agency-wide goals.

- The Department of Mental Health (DMH) Scorecard
- Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals
- Vermont Psychiatric Care Hospital (VPCH) Outcomes
- Integrating Family Services (IFS)
- DMH System Snapshot
- DMH Continued Reporting
- 988

988: CALLS, CHATS, AND TEXTS

Data Source: Vibrant Emotional Health: 988 Broad State Metrics Report for Vermont



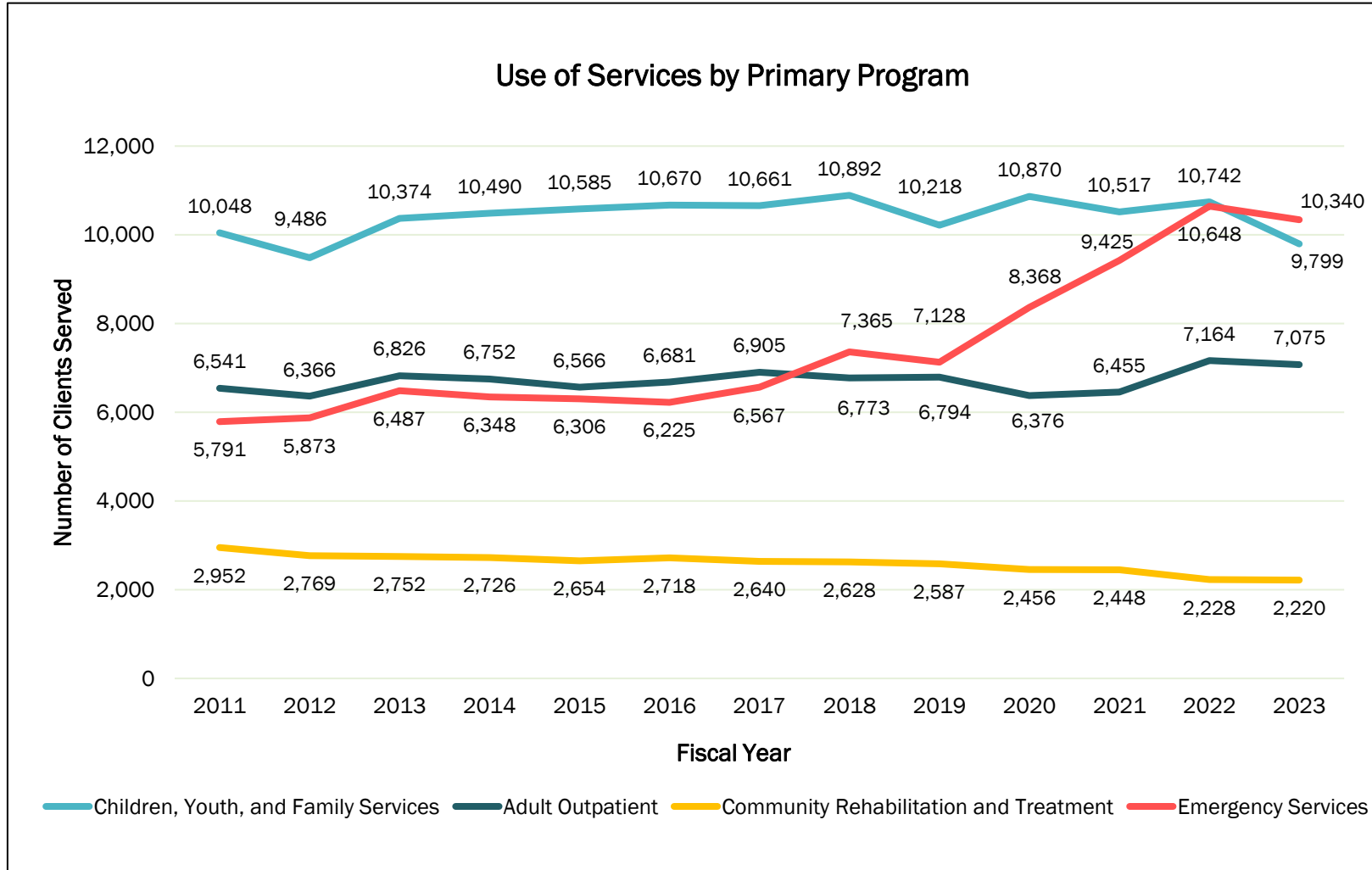
— [How_Much] Number of Calls to 988 Lifeline

— [How_Much] Number of Chats to 988 Lifeline

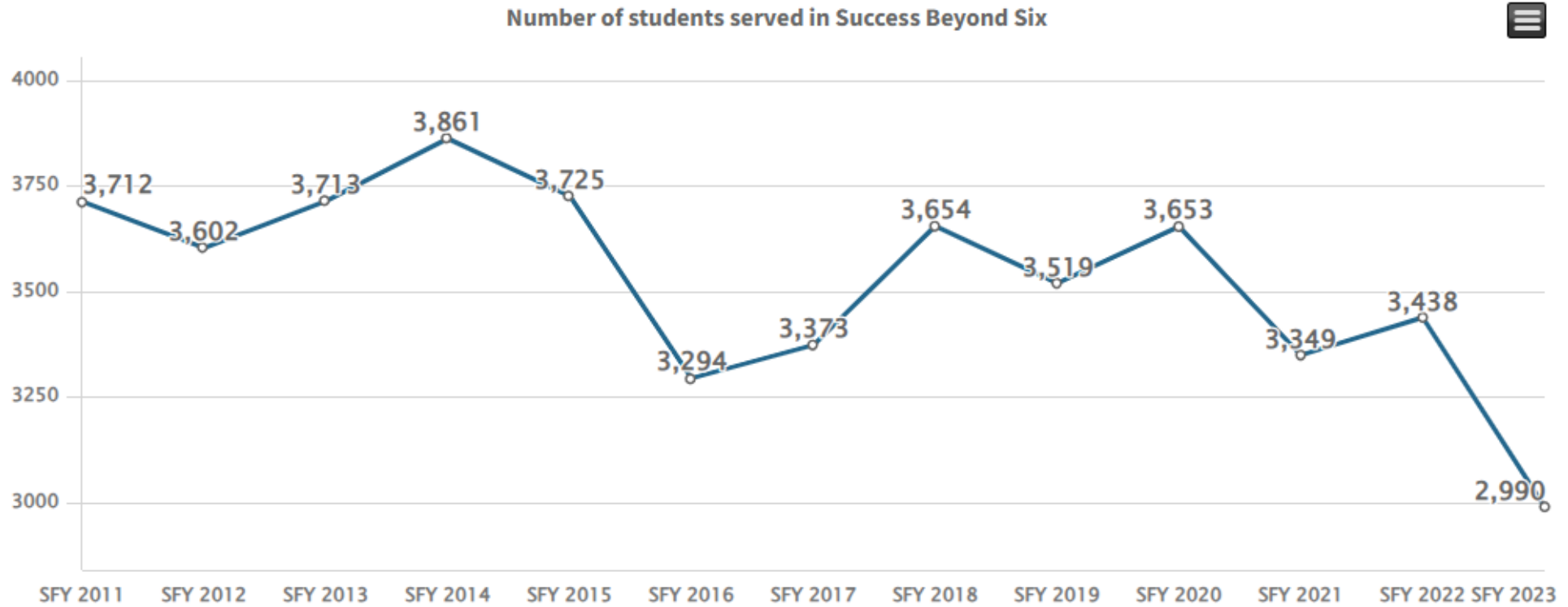
— [How_Much] Number of Texts to 988 Lifeline

How Much?

UTILIZATION OF SERVICES BY PROGRAM



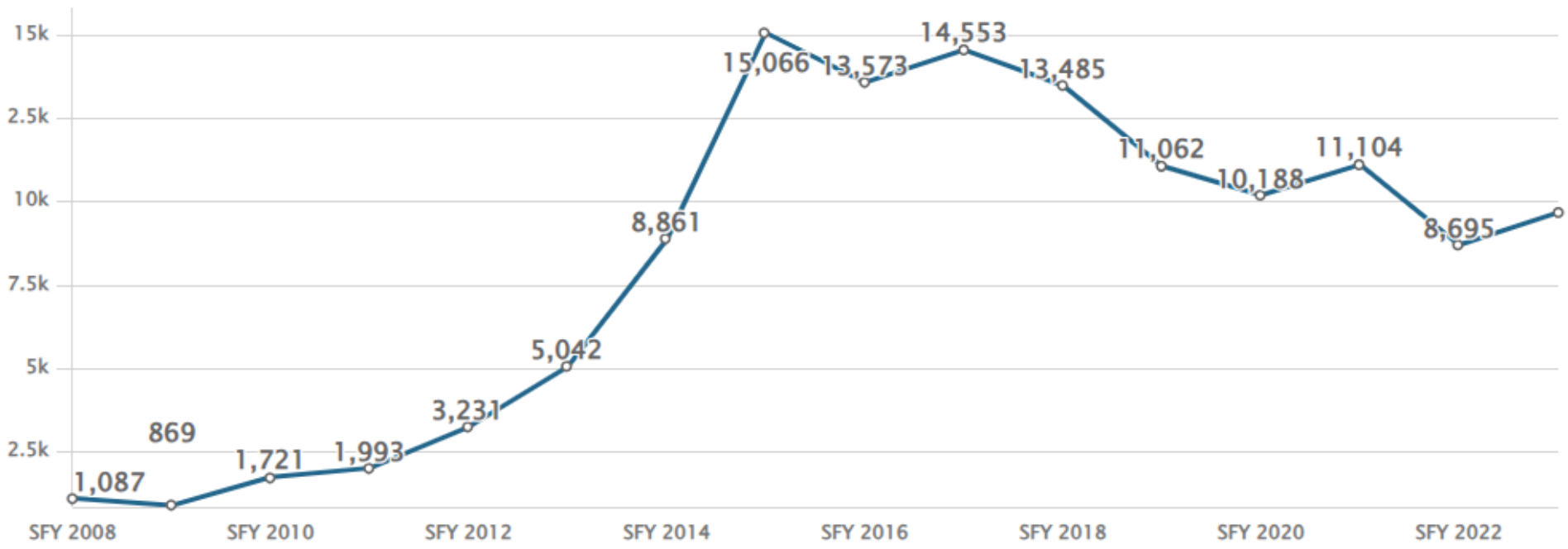
NUMBER OF STUDENTS SERVED IN SUCCESS BEYOND SIX



ADULT OUTPATIENT CHANGES

Number of Case Management Services by Adult Outpatient Programs

Data Source: Monthly Service Report (MSR)

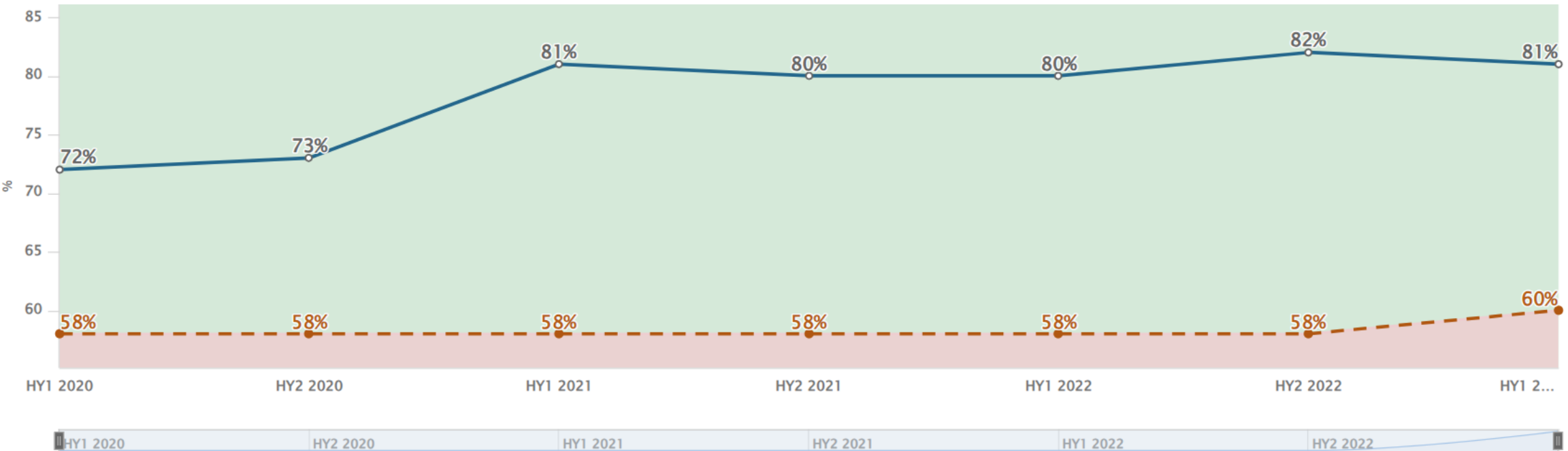


How Well?

COMPREHENSIVE ASSESSMENTS AND PROGRESS MONITORING: DA / SSA PERCENTAGE OF YOUTH CLIENTS WITH A CANS ASSESSMENT

All DAs % of clients with a CANS assessment

Data Source: DA Report



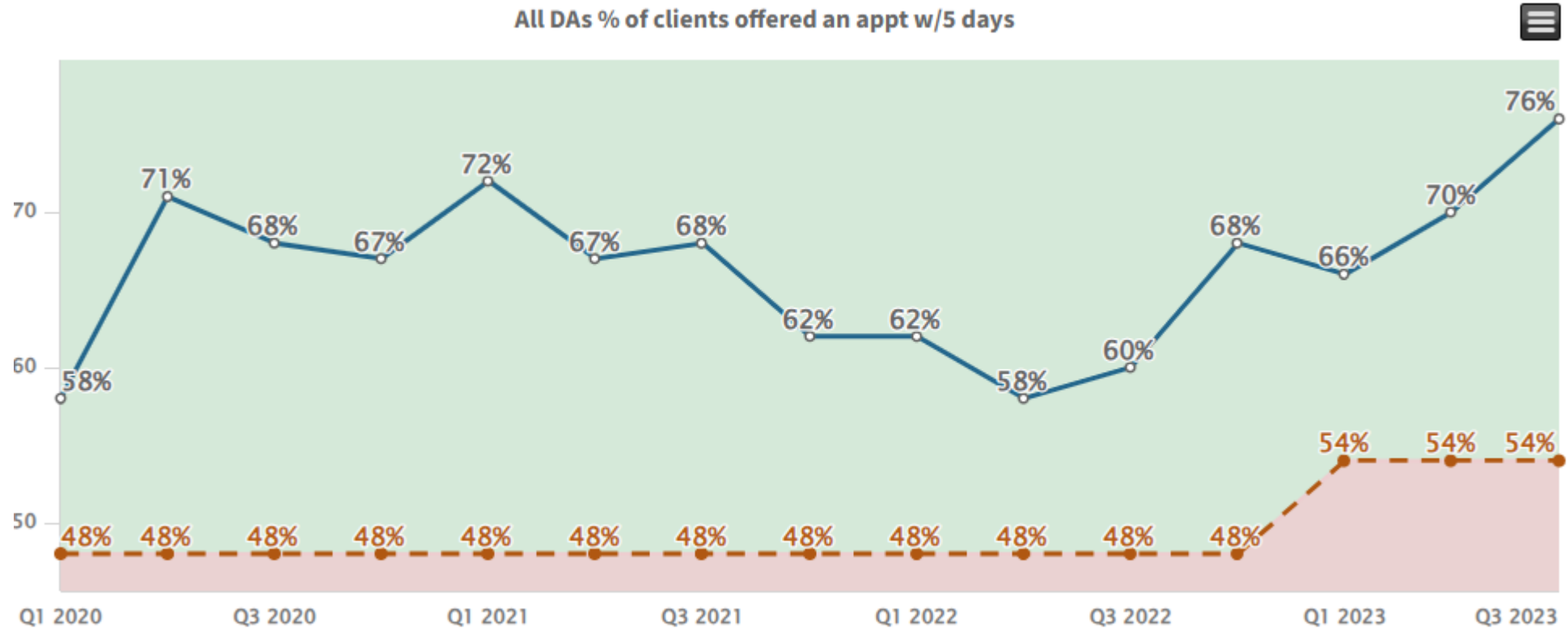
CANS = Child and Adolescent Needs and Strengths assessment

ANSA = Adult Needs and Strengths Assessment; 29% implementation in 2022

How Well?

ACCESS TO CARE: DA /SSA MENTAL HEALTH CASE RATE SERVICES

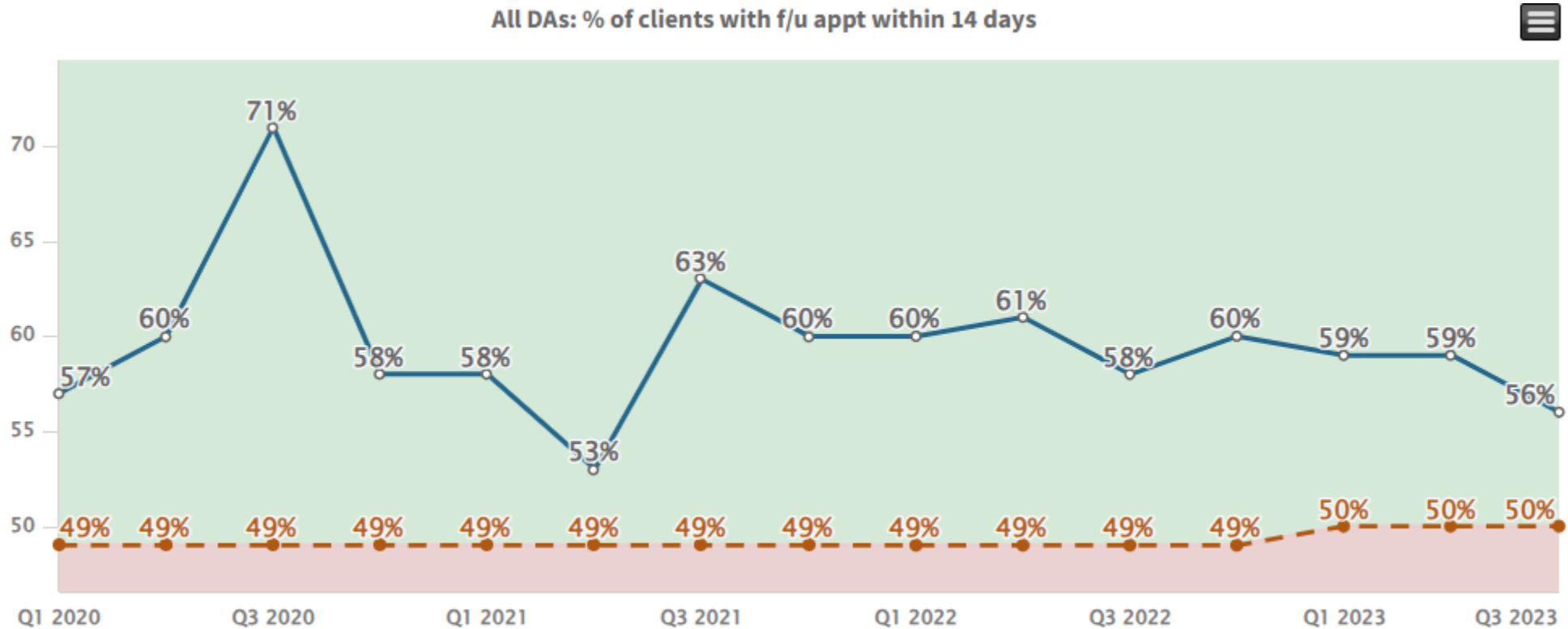
PERCENTAGE OF CLIENTS OFFERED AN APPOINTMENT WITHIN 5 DAYS



How Well?

ACCESS TO CARE: DA / SSA MENTAL HEALTH CASE RATE SERVICES (CONTINUED)

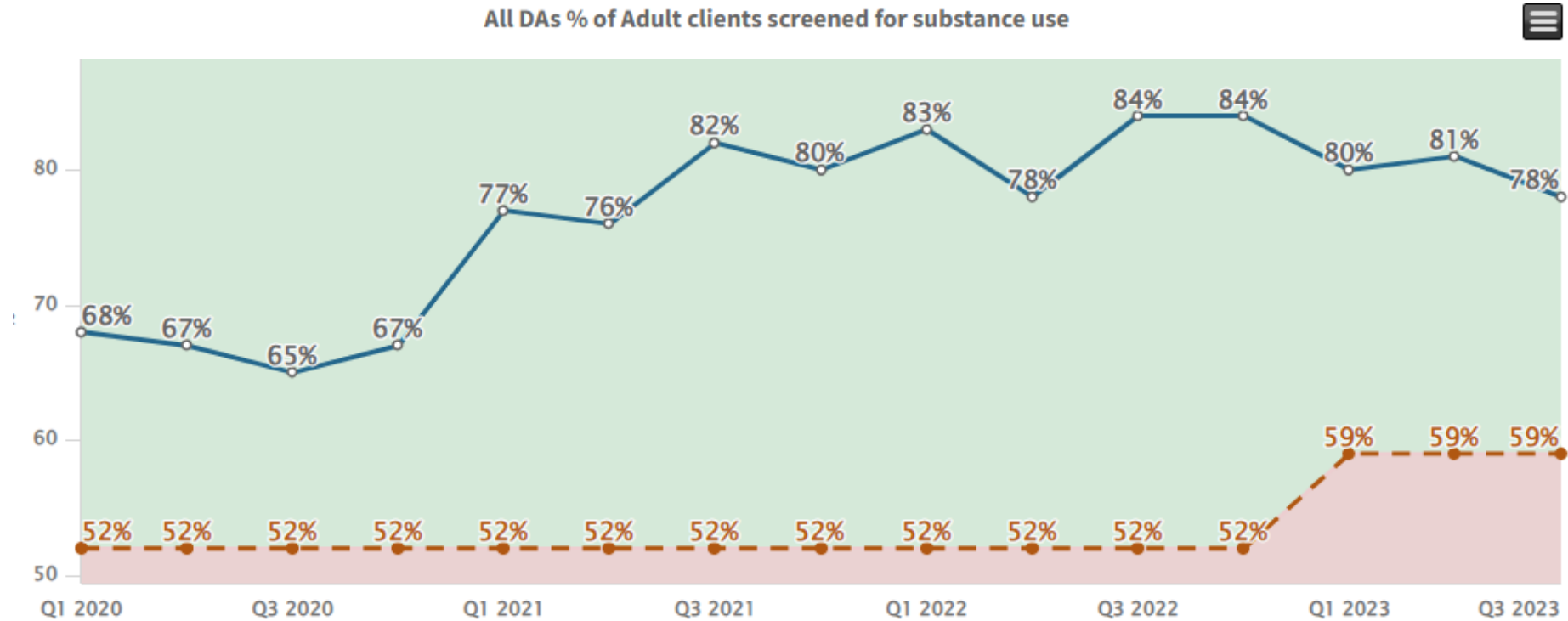
PERCENTAGE OF CLIENTS WITH FOLLOW-UP APPOINTMENT WITHIN 14 DAYS



How Well?

QUALITY OF CARE: DA / SSA MENTAL HEALTH CASE RATE SERVICES

PERCENTAGE OF CLIENTS SCREENED FOR SUBSTANCE USE NEEDS



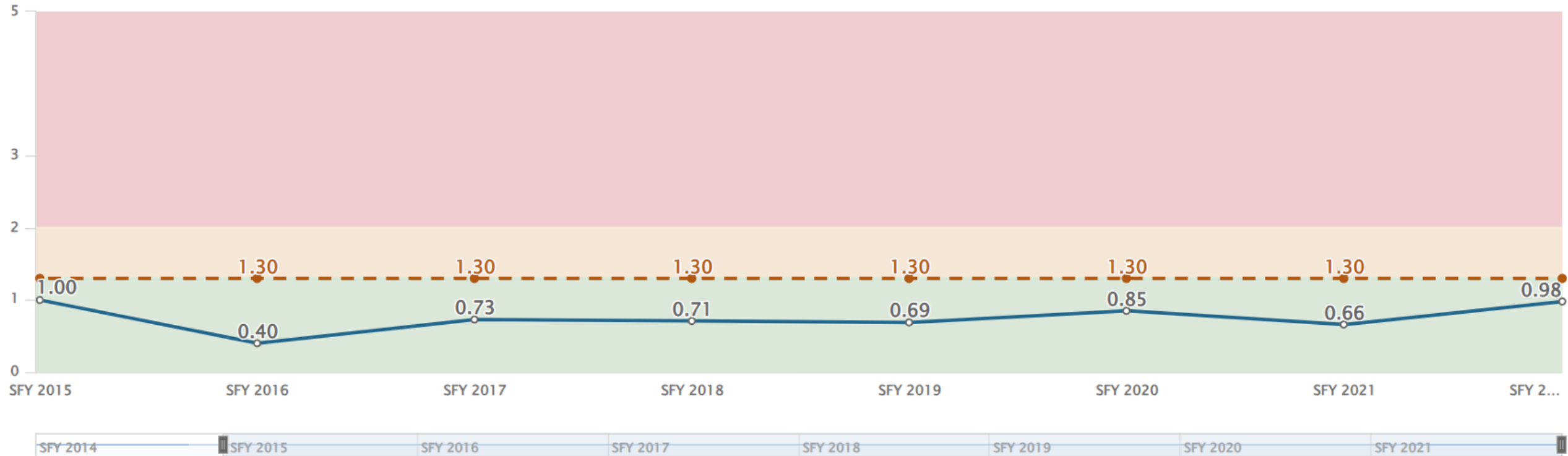
How Well?

LEAST RESTRICTIVE TREATMENT: VERMONT PSYCHIATRIC CARE HOSPITAL

NUMBER OF HOURS OF SECLUSION AND RESTRAINT PER 1,000 PATIENT HOURS

Number of hours of seclusion and restraint per 1,000 patient hours

Data Source: VPCH Health Records





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