

**Department of Mental Health  
FY 24 Budget Submission  
Narrative Talking Points**

**Salary and Fringe Increases**

Gross: \$2,314,613                      General Fund Equivalent: \$1,333,561

This is the annualization of the FY23 salary and fringe increases for the department.

**Shift Differential Changes**

Gross: \$1,033,640                      General Fund Equivalent: \$964,482

This is the cost of changes to shift differentials in the most recent bargaining agreement. For DMH, this impacts direct care staff at Vermont Psychiatric Care Hospital (VPCH), Middlesex Therapeutic Community Residence (MTCR) and River Valley Therapeutic Residence (RVTR).

New Rates for shift and weekend differential are as follows:

- 2nd Shift: \$0.85 increased to \$2.00 per hour
- 3rd Shift: \$1.00 increased to \$2.50 per hour
- Weekend: \$0.75 increased to \$1.50 per hour

**Cost of Impact of Retirement Increases**

Gross: \$238,682                      General Fund Equivalent: \$106,862

This is the cost impact of the FY 24 retirement increase from 25.5% to 26.7% of salaries.

**Overtime – Vermont Psychiatric Care Hospital (VPCH) and Secure Residential Direct Care Staff**

Gross: \$1,251,572                      General Fund Equivalent: \$1,513,370

This represents the cost of overtime for VPCH and Middlesex Therapeutic Care Residence /River Valley Therapeutic Residence (RVTR) Direct Care Staff due to 12-hour shifts. The impact to General Fund is because of the IMD exclusion and the phasing out of Global Commitment.

**Vacancy Savings - DMH**

Gross: **(\$3,574,015)**                      General Fund Equivalent: **(\$1,682,237)**

This is the vacancy savings amount for all divisions within DMH. This savings contemplates a higher vacancy rate for nurses at the DMH run facilities to offset the additional cost of travel nurses in the FY 24 budget request.

### **Request For Review (RFR) and Position Class Action Request Increases**

Gross: \$945,767

General Fund Equivalent: \$825,675

This is the cost of RFRs and position classification action requests that were submitted in early FY 23. DMH has requested class actions for Care Managers in DMH Central Office, Social Workers and Mental Health Specialists at the inpatient facilities. A class action request is a process for classified positions to be reviewed following the collective bargaining agreement. A RFR is based on an individual position and follows Collective Bargaining Agreement guidelines.

### **Travel Nurse Contract Increases (BAA Item)**

Gross: \$5,656,767

General Fund Equivalent: \$5,656,767

This represents the cost of 21 travel nurses. DMH has been utilizing between 26-30 travel nurses at Vermont Psychiatric Care Hospital (VPCH) during the pandemic.

DMH has been working with the Department of Human Resources on recruitment strategies and increasing salaries to become more competitive in the labor market. The hope is that we will be able to recruit some of the needed staff thus reducing our reliance on travel partners. Recruitment continues to be a challenge even with the current efforts due to increases across the entire healthcare system.

### **Contract Increases for River Valley Therapeutic Residence (RVTR)**

Gross: \$1,118,799

GF: \$486,454

This is the annualization of the contract costs for the new secure residential recovery facility (RVTR), which are above the current FY 23 budget.

### **Contract Increases for DMH Psychiatric Services - Current UVMMC Agreement (BAA Item)**

Gross: \$495,802

General Fund Equivalent: \$495,802

This request is to increase the contract amount for psychiatry services at Vermont Psychiatric Care Hospital. During contract negotiations for the FY 23 UVMMC contract, in an effort to maintain or recruit necessary staff there were requests to increase salaries for some of the positions contracted for by VPCH. This is the cost to increase those positions and brings them closer to market value with similar facilities.

The services have since gone out to RFP for a new provider due to UVMMC not renewing the current contract.

### **IMD Investment Phasedown**

Gross: \$0

General Fund Equivalent: \$1,244,712

This is the phase down of Institution for Mental Disease (IMD) expenses moving them from Global Commitment to General Fund.

### **Convert Suicide Prevention Position and Eldercare Outreach from General Fund to Global Commitment**

Gross: \$0                      General Fund Equivalent: **(\$56,520)**

Currently, suicide prevention activities are paid for with General Fund. DMH will apply for a new Medicaid Investment to cover the cost of these suicide prevention activities, thus creating a General Fund savings.

**Internal Service Fund – Workers Compensation**

Gross: \$150,631                      General Fund Equivalent: \$66,228

Cost increases associated with Workers Compensation Insurance.

**Mobile Crisis Response 4 Positions**

Gross: \$422,812                      General Fund Equivalent: \$211,406

Following the completion of the Needs Assessment, Health Management Associate (HMA) identified that oversight and management of Vermont’s statewide mobile crisis would be provided by the Department. The department is requesting four new positions to manager and oversee this new program.

1. **State Crisis Program Director** (PG 28): responsibilities may include:
  - a. program design, integration, oversight of all State Crisis activities, such as Mobile Crisis, 988, and Designated Agency Emergency Services, Alternatives to EDs, work with community-level law enforcement divergence strategies (CAHOOTS, embedded social workers).
  - b. legislative reports, testimony, and stakeholder engagement.
2. **Mobile Crisis Program Operations Manager** (PG 27): responsibilities may include:
  - a. contract/grant management with mobile crisis provider(s),
  - b. federal program compliance,
  - c. writing/maintaining the Mobile Crisis Provider Manual
  - d. Facilitate inter-agency steering committee for mobile crisis (as this crosses DAIL, VDH-DSU, DCF also).
  - e. Participate in Medicaid rate setting activities, including collaborating with commercial and other payers.
3. **Mental Health Mobile Crisis Program Mental Health Analyst III** (PG25): responsibilities may include:
  - a. design and implementation of the data and reporting items for federal, state, and other reporting requirements.
  - b. Participation in the rate model development, revisions, ongoing rate setting activities.
  - c. Responds to leadership, legislative, media requests for data analytics.
  - d. Mange MMIS/IT system changes, including acting as a liaison to Gainwell, DVHA, and providers through the MMIS/IT build (for example, bundled rates, pay-for-performance, zero-paid encounter claims, etc.)
4. **Training and Curriculum Development Supervisor** (PG 26) Responsibilities may include:
  - a. designing and developing training curriculum and materials for state crisis programs such as Mobile Crisis, 988, and Designated Agency Emergency Services, Alternatives to EDs, work with community-level law enforcement divergence strategies (e.g., CAHOOTS, embedded social workers)

- b. Integration of state/federal compliance, general business operations into a comprehensive training program.
- c. Capable of training delivery in a variety of medium (webinar, in person, etc.).
- d. Strategic planning for program improvement activities through training and technical assistance to providers.
- e. Accessible material development for leadership, legislative updates, and media response

**Operating Increases to Support River Valley Therapeutic Residence (RVTR)**

Gross: \$92,732                      General Fund Equivalent: \$40,319

This is the annualization of operating cost for RVTR.

**Internal Service Funds – ISF**

ISF ADS	Gross: \$3,754	General Fund Equivalent: \$1,823
ISF DHR	Gross: (18,522)	General Fund Equivalent: (\$8,995)
ISF Fee for Space	Gross: \$206,369	General Fund Equivalent: \$90,569
ISF VISION	Gross: \$24,876	General Fund Equivalent: \$12,080
ISF General Liability	Gross: \$236	General Fund Equivalent: \$105
ISF Property/Commercial Insurance	Gross: (\$1,013)	General Fund Equivalent: (\$453)

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

**Transfer Funding To DVHA for Community Rehabilitation and Treatment Dental**

Gross: (\$80,000)                      General Fund Equivalent: (\$34,784)

Currently, DMH pays for dental services for CRT clients through a Medicaid Investment. These services will now be paid for as Medicaid program services as of July 1, 2023. This represents moving the funding that DMH currently uses to pay for dental work for this population to DVHA to pay as a Medicaid service.

**Private Nonmedical Institutions (PNMI) Increase (BAA Item)**

Gross: \$420,000                      General Fund Equivalent: \$209,392

This is an inflationary increase to PNMI facilities while the Agency engages in cross stakeholder discussions to adequately address funding needs.

**Washington County Mental Health (WCMH) Micro Residential Increases (BAA Item)**

Gross: \$97,070                      General Fund Equivalent: \$42,206

The Department is requesting funds targeted to support salary increases at WCMHS’ micro residential. Micro residential play a major role in facilitating discharges from youth inpatient, impacting patient flow.

Rate study on salary – lowest paid staff  
Target population – youth  
Rate increase - did not address the full gap

This assumes that WCMH is able to recruit staff and be fully operational by January 1, 2023.

**Receive Funds From DCF for WCMH Micro Residentials (BAA Item)**

Gross: \$97,070                      General Fund Equivalent: \$42,206

Funding of the WCMH micro residentials is a partnership between DMH and DCF. This is to receive funds from DCF to support these facilities as part of the DMH case rate.

**Maintain 988 Suicide Prevention Line**

Gross: \$275,200                      General Fund Equivalent: \$119,657

The budget includes the base cost to cover services, following the initial request in the FY 23 budget cycle and expenditure of the COVID Supplemental Mental Health Block Grant.

Two agencies (NKHS / NCSS) have stood up service programs to respond. 988 is a national initiative and aligns with the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

988’s successful implementation is a critical first step for the coordinated long-term vision for mobile crisis dispatching from 988.

**Convert 988 Suicide Prevention Line FY 23 Base Funding from GF to GC**

Gross: \$0                              General Fund Equivalent: (\$248,778)

This program was originally funded with General Fund, and will now be funded with Medicaid GC Investment.

**Clara Martin Center (CMC) ServicePoint License for Housing**

Gross: \$34,000                      General Fund Equivalent \$34,000

This funding is to cover the cost of Servicepoint, a program which collects data that DMH needs to submit to SAMHSA for the PATH annual report. Clara Martin Center is the passthrough provider who contracts directly with Servicepoint for this service.

The SAMHSA Homeless Branch funds DMH to outreach and engage homeless mentally ill each year through PATH grants. In turn, DMH funds six non-DA community service providers to do this work: Community Health Center of Burlington, Rutland Homeless Prevention Center, Good Samaritan Haven Barre, Groundworks Brattleboro, Northeast Kingdom Community Action, Hope in Middlebury.

Each funded provider is required to submit data on individuals outreached and engaged for an annual report required in federal statute. *The required complete data report is in Servicepoint.*

**Convert Suicide Prevention Grant from General Fund to Global Commitment**

Gross: \$0                      General Fund Equivalent (\$146,952)

This program was funded with General Fund, but will now be funded with Medicaid GC Investment

**Convert Pathways Support Line from General Fund to Global Commitment**

Gross: \$0                      General Fund Equivalent (\$236,819)

Currently, Pathways Support Line is funded with a combination of GC and GF. DMH will initiate a request for a Global Commitment Investment for peer services to include the Pathways Support Line.

**Transfer Funding To DCF for NFI Room and Board (BAA Item)**

Gross: (\$73,666)                      General Fund Equivalent: (\$73,666)

When the NFI Medicaid case rate was developed, DCF issued funds to DMH in partnership to fund that effort. It was recently discovered that room and board cost was included in that case rate, therefore, these funds are being removed and returned to DCF ensuring that room and board is paid for with General Fund. Room and board is not a Medicaid eligible expense.

**Receive Funds From DCF for CSAC Intensive Family Based Services (IFBS) (BAA Item)**

Gross: \$29,723    General Fund Equivalent: \$29,723

Since 2012, the Counseling Service of Addison County has been providing Intensive Family Based Services (IFBS) through funding from DCF that is a part of CSAC’s Integrating Family Services budget. CSAC has provided quarterly invoices to the Interagency Planning Director at DMH who then forwards them to the DCF business office for payment. Shifting these funds through an interdepartmental transfer will create a more efficient and streamlined process for DMH, DCF and CSAC.

**Expand Mobile Crisis Response**

Gross: \$2,934,843                      General Fund Equivalent: \$939,149

This funding is to expand mobile crisis services to additional regions throughout the state. Currently, DMH has funding for 5 regions, however, we are anticipating a slower than originally projected roll out during FY 24.

DMH issued an RFP in the fall of 2022 requesting proposals to cover all 10 regions. We are currently reviewing proposals with the intent of issuing agreements in the coming months with implementation in the fall of 2023.

**Peer Support Credentialing**

Gross: \$375,000

General Fund Equivalent \$187,500

Vermont is one of only two states that does not have Medicaid coverage for peer supports. In order to receive Medicaid reimbursement, a credentialing process must be established.

The first step to accessing peer supports services is a standardization and professionalization of the workforce through a Peer Supports Credentialing Program.

Vermont will be pursuing a State Plan Amendment for Medicaid reimbursement, VDH's peer recovery coaches would also be eligible. Departments will determine and align minimum qualifications through the Peer Supports Credentialing.

### **Therapeutic Alternatives to Emergency Department in the Northeast Kingdom Region**

Gross: \$1,588,229

General Fund Equivalent \$690,562

This is A collaboration between community advocates the Barrett family, Northeastern Vermont Regional Hospital, local legislators, and Northeast Kingdom Human Services to provide a specialized mental health treatment facility and programming, specifically for individuals experiencing suicidal ideation or in a mental health crisis in the Northeast Kingdom with expanded availability to other community members, statewide.

This facility will provide a community-based option for those in crisis and divert individuals experiencing a mental health crisis away from emergency departments. In doing so, this facility will provide a more person-centered and therapeutic setting for stabilization, interventions, treatment, and referrals for follow-up care. This program would fill a substantial gap in the current continuum of care and mitigate the strain on other community partners like hospitals, emergency responders, and law enforcement. It also aligns with Northeast Kingdom Human Services' other established programs, like the 988 Crisis Call Center, Mobile Crisis, and CRT programming, which would improve the overall efficacy of already established community services.

There has long been a need for expanded mental health supports in the Northeast Kingdom specific, but not limited to, suicide prevention. Current services for acute stabilization and treatment are limited. When people in crises seek support in this region, they often call 911, where first responders currently have no option but to transport them to the local hospitals' emergency department. Hospital employees are not adequately prepared to treat suicidality or mental health crises, and the environment in emergency rooms is neither therapeutic nor adequate and can often traumatize, escalate or worsen the situation. A designated mental health crisis center would provide mental health-specific supports by trained professionals in a therapeutic environment.