



DEPARTMENT OF MENTAL HEALTH

FY24 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)

Middlesex Therapeutic Care Residence (7 beds)

Will transition to River Valley (16 beds)

Staff (314)

253 at Care Facilities, 61 at Central Office:

Administrative Support, Business Office & Legal Services

Quality, Research and Statistics Teams

Clinical Care Management Team

Operations, Policy and Planning Team

Child, Adolescent and Family Team

Adult Mental Health Services Team

Notable Collaborations

Vermont hospitals, forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM, One Care, 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: 45 beds /57 beds (12 new Linden Lodge level one beds at the Brattleboro Retreat)
- 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



SUMMARY

PROPOSED EXPENSES

BUDGET REQUEST (UPS/DOWNS)

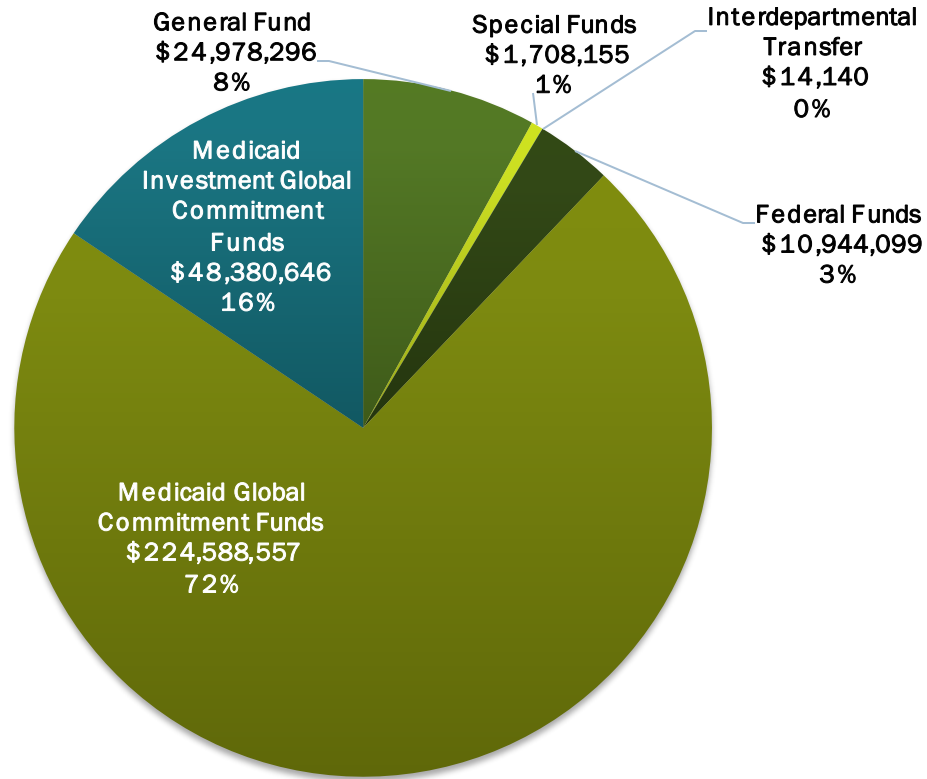
FY24 BUDGET

SUMMARY

FY24

GOVERNOR'S RECOMMENDED BUDGET

\$310,613,893



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

DMH Budget Ups - Gross: \$11,336,565 GF Equivalent: \$11,158,925

- Salary and Fringe (including Shift Differential Increases and Overtime)
- Benefit rate changes, including retirement
- Impact of position classification action requests
- Internal Service Fund Changes
- Contract and operating expenses for new secure residential
- Travel Nurse contract increases
- Psychiatry contract increases
- Positions for Mobile Crisis Response
- Increases to 988 activities
- Private Non-Medical Institution (PNMI) rate adjustment
- Washington County Mental Health (WCMH) Micro-residential increases
- CMC ServicePoint license for housing (\$34k ineligible for Mental Health Block Grant)

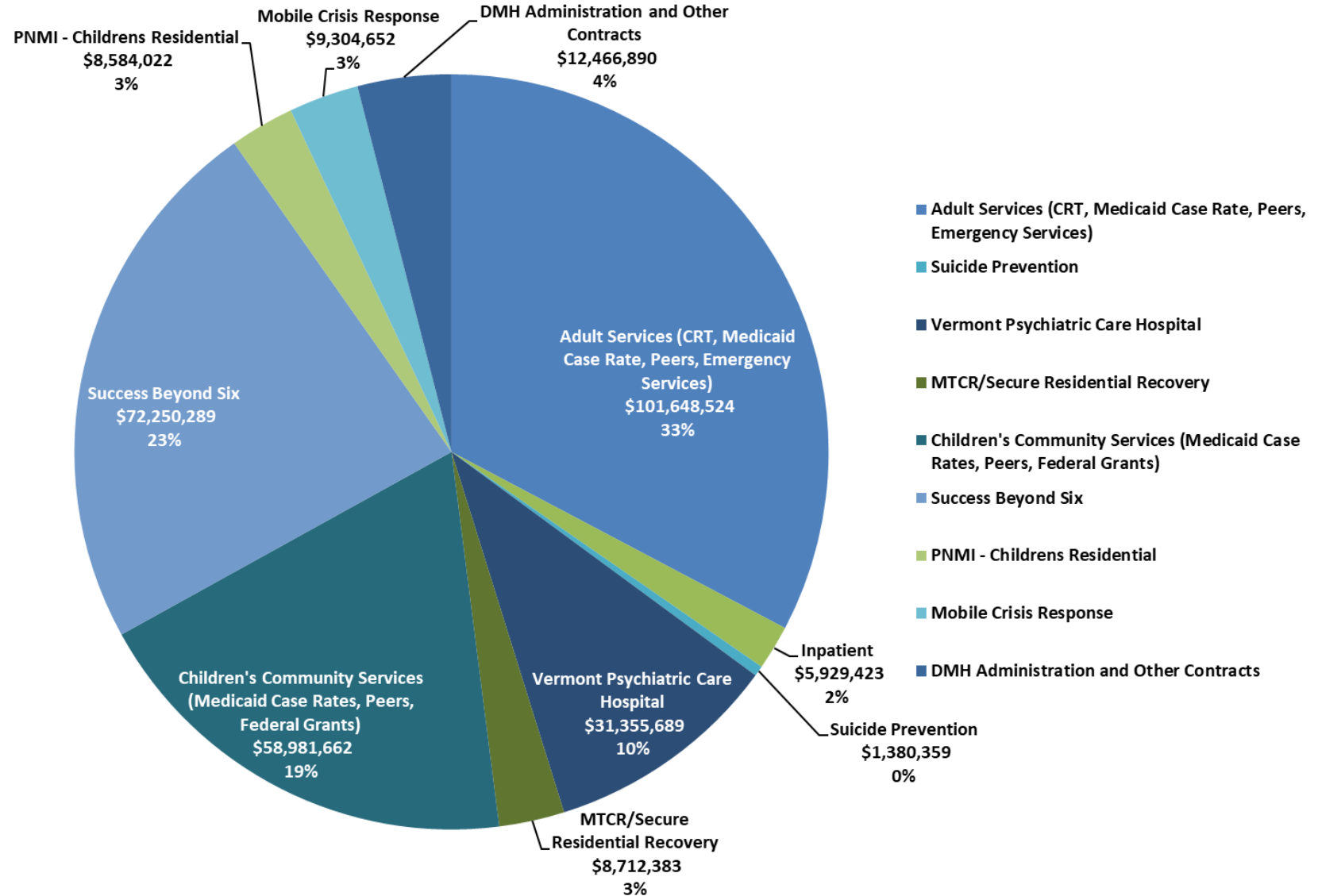
Budget Initiatives – Gross \$4,898,072 GF Equivalent: 1,801,329

- Mobile Crisis Response Expansion
- Peer Support Credentialing
- Therapeutic Alternatives to Emergency Department in the Northeast Kingdom Region

DMH Budget Downs – Gross (\$153,666) GF Equivalent: (\$107,650)

- Movement of funding to DVHA to support the Brattleboro Retreat Alternative Payment Model
- Movement of funding to DVHA to support Northeaster Family Institute (NFI) Hospital Diversion rates

FY24 PROPOSED EXPENSES



BUDGET REQUEST

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).

SHIFT AND WEEKEND DIFFERENTIAL

- 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.

BUDGET REQUEST (CONT'D)

Overtime – Vermont Psychiatric Care Hospital and Secure Residential Direct Care Staff

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

This represents the cost of overtime for Vermont Psychiatric Care Hospital (VPCH), Middlesex Therapeutic Community Residence (MTCR) and River Valley Therapeutic Residence (RVTR) Direct Care Staff due to 12-hour shifts. The impact to General Fund is because of the Institutions of Mental Disease (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. And is based on an individual position and follows collective bargaining agreement guidelines.

BUDGET REQUEST (CONT'D)

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 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 UVMCM 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 UVMCM 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 Request for Proposal (RFP) for a new provider due to UVMCM not renewing the current contract.

BUDGET REQUEST (CONT'D)

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.

BUDGET REQUEST (CONT'D)

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 as follows:

1. State Crisis Program Director (PG 28): Responsibilities may include:
Program Design, integration, oversight of all state crisis activities, such as Mobile Crisis, 988 and Designated Agency Emergency Services
Alternatives to emergency department, work with community-level law enforcement divergence strategies
Legislative reports, testimony and stakeholder engagement
2. Mobile Crisis Program Operations Manager (PG 27)
3. Training and Curriculum Development Supervisor (PG 26)
4. Mental Health Mobile Crisis Program Mental Health Analyst III (PG25)

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.

BUDGET REQUEST (CONT'D)

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 (CRT) 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.

BUDGET REQUEST (CONT'D)

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 WCMH's 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 Residential (BAA Item)

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

Funding of the WCMH micro residential 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.

BUDGET REQUEST (CONT'D)

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 Global Commitment 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 the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Projects for Assistance in Transition from Homelessness (PATH) annual report. Clara Martin Center is the passthrough provider who contracts directly with Servicepoint for this service.

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 Global Commitment 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 Global Commitment and General Fund. DMH will initiate a request for a Global Commitment Investment for peer services to include the Pathways Support Line.

BUDGET REQUEST (CONT'D)

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

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

When the Northeast Family Institute (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 (CSAC) 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 Request For Proposal (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.

BUDGET REQUEST (CONT'D) AHS/NET NEUTRAL ITEMS

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.

MOBILE CRISIS RESPONSE

In order to continue increasing services available to those who need it and adhere to federal requirements, the Department seeks to add capacity for appropriate oversight and program delivery.

- The Department received funding in FY23 to begin a phased implementation approach
- FY 24 request has additional funding to continue the phase in with programmatic oversight and quality assurances
- Request for Proposal (RFP) recently closed at the end of December 2022. Planning is underway on next steps
- Federal participation is 85% for mobile response options

1. Requires 24/7 mobile response
2. Community based (Emergency Dept disqualifies for service)
3. Two-person response team (one can be telehealth)
4. Peer Support integrated into response team
5. Responds to mental health and substance use crises

Mobile Crisis Supports Communities

- at home, school or other locations
- de-escalation, assessment, planning, resource referral
- follow-up services, case management
 - reduced waiting in EDs

Community Investments

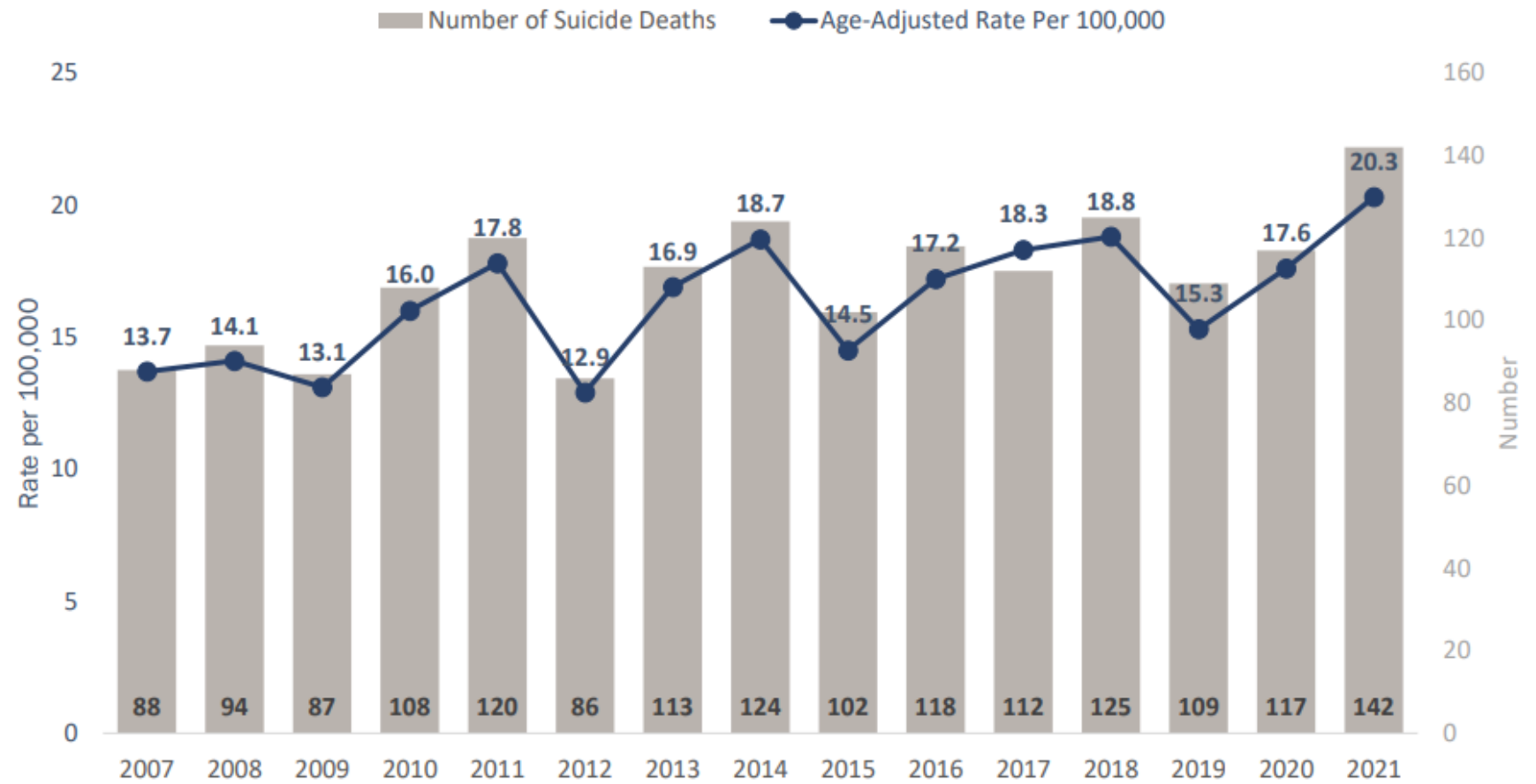
Investment	Allocated Funding	Summary
Community Provider Stabilization COVID Relief for Emergency Services Premium Pay	Total \$14M \$2M COVID Relief \$12M Premium Pay	Funding to support recovery and stabilization of existing community-based programs. <ul style="list-style-type: none"> • \$2M allocated specific to support Designated Agency Emergency Services community programs • \$12 Premium Pay – AHS recruitment and retention funding allocated to DA/SSAs
Community Based Alternatives to Emergency Departments	\$6M HCBS FMAP	RFP Pending – Community based Mental Health Urgent Care and Crisis Response programs aimed at reducing ED utilization and police interventions
Forensic Assertive Community Treatment (FACT)	\$1M Community Justice Reinvestments	Collaboration between the Department of Corrections (DOC), the Department of Mental Health (DMH), and the Vermont Department of Health (VDH), and Pathways Vermont to enhance treatment for individuals involved in the criminal justice system
Community Investment Housing Grants	\$4M 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.
First Responder Wellness Investments	\$150,000- Vermont Center for Responder Wellness General Fund	Training and wellness supports for frontline health care workers to help them meet Vermont residents' current mental health needs, such as training for emergency department personnel responding to an increased demand for crisis services

Community Resilience and Access Investments

Investment	Allocated Funding	Summary
Emergency Community Outreach – Case Managers	\$850,000	Funds to the designated community mental health agencies to hire an additional case manager to provide services to Vermont residents who may not previously have been part of an agency’s caseload but whose lives have been significantly disrupted by the COVID-19 pandemic and who are now urgently in need of these agencies’ supports
Cultural Liaisons	Total \$801,000 \$267,000- Howard Center \$267,000- USCRI \$267,000-AALV Funding source: VDH CDC Grant	Cultural Liaison work to reduce cultural barriers for members of the refugee, immigrant, and resettled community in need of services for mental health, substance use disorders and/or intellectual disabilities, working across home, community, school, and office settings.
Mental Health Language Access Videos	\$50,000- Vermont Language Justice Project Funding source: MHBG	Videos about mental health access and engagement developed in 15 most used languages for refugees and immigrants
Abenaki Cultural Training and Mental Health supports to Abenaki bands in VT	\$106,000- Vermont Care Partners Funding source: CDC Grant	Trainings will provide those who work with individuals from the Abenaki community an understanding of historical and intergenerational trauma and how it is connected to the mental, physical, and social challenges of the Abenaki people. Additionally, to provide an understanding of the many strengths and protective factors that exist in their communities.

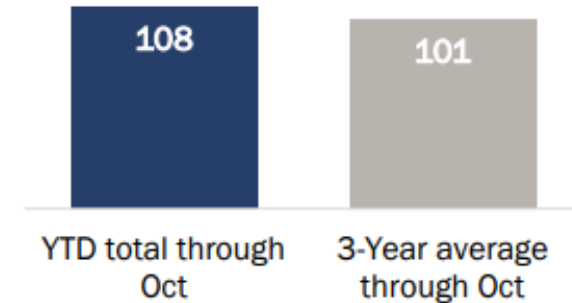
SUICIDE DATA

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



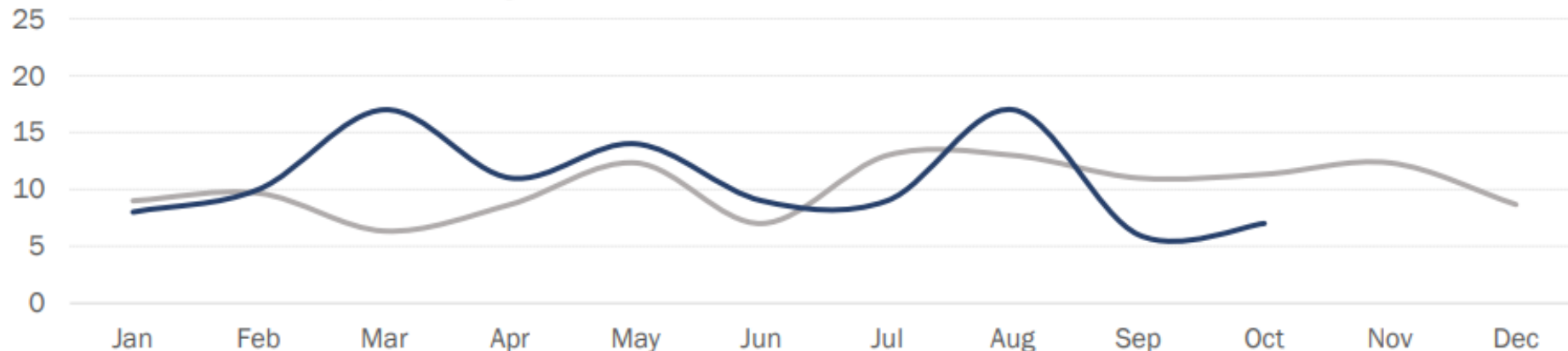
Summary of 2022 Suicide Deaths (to date):

- As of the end of October, the number of suicide deaths in 2022 is higher compared to previous years, but it is not statistically significant.



The number of Vermonters who have died by suicide this year is higher than previous years.

Suicide deaths in **2022** and **3-year averages** by month among Vermont residents*



Source: Vermont Vital Statistics, 2019-2021. 2021 and 2022 data are preliminary.

*Previous years represent the 3-year average of the number of deaths during 2019 to 2021.

Please note there is an 8-week lag in reporting suicide death. An 8-week lag minimizes the changes in numbers posted. Suicide deaths through the end of October are included in this report. There are 20 pending death certificates in 2022.



RESULTS BASED ACCOUNTABILITY

LEADS A COMMON LANGUAGE

PROGRAMMATIC PERFORMANCE MEASURES

QUALITY AND PERFORMANCE MEASURES: DMH SCORECARDS

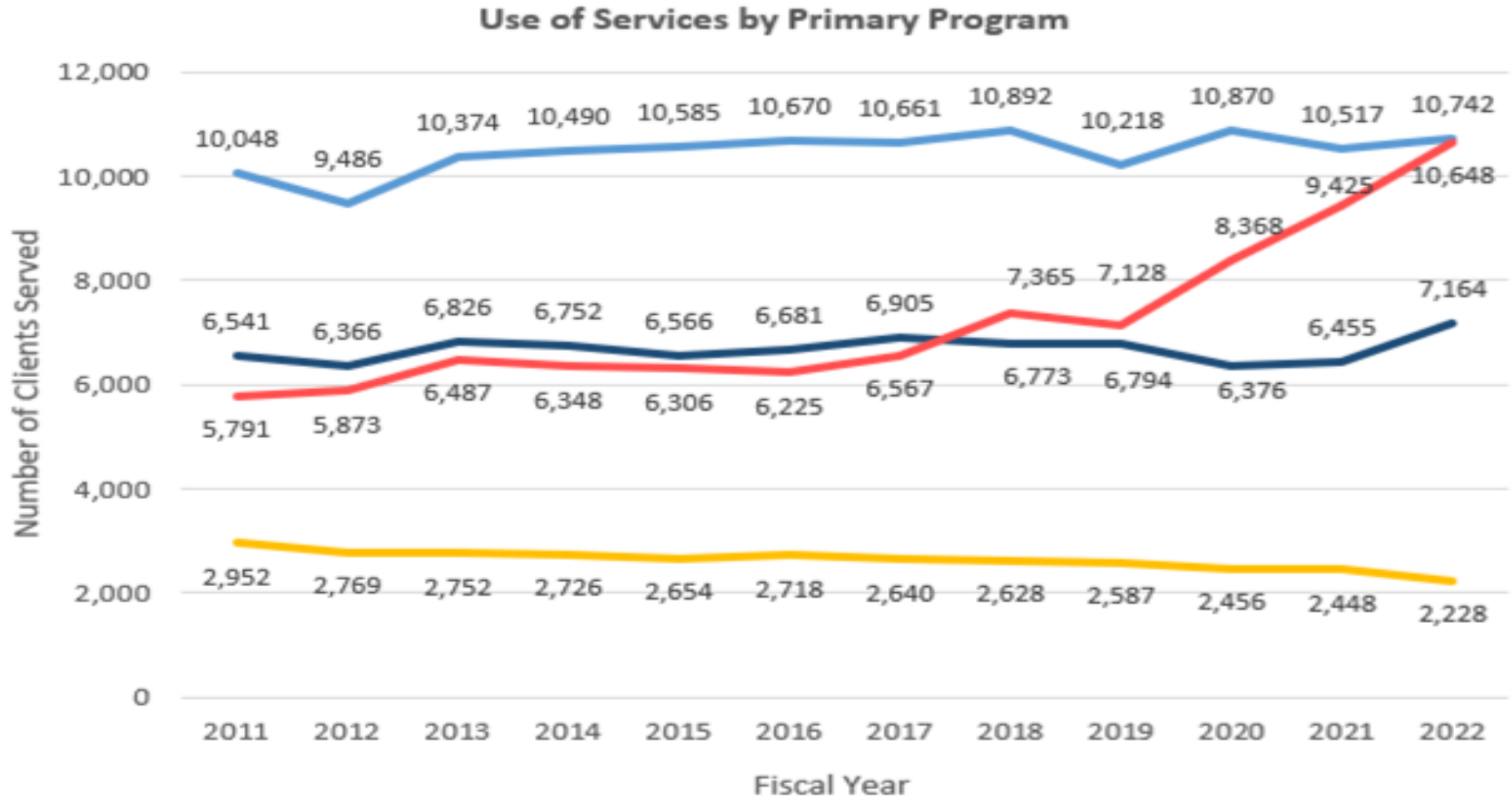
Updated quarterly or annually.

Always publicly available at <https://mentalhealth.vermont.gov/>

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](#)

How Much? PEOPLE SERVED BY PROGRAM



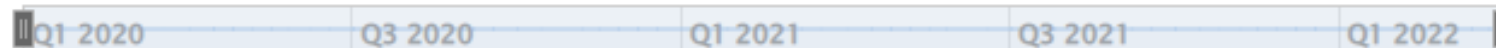
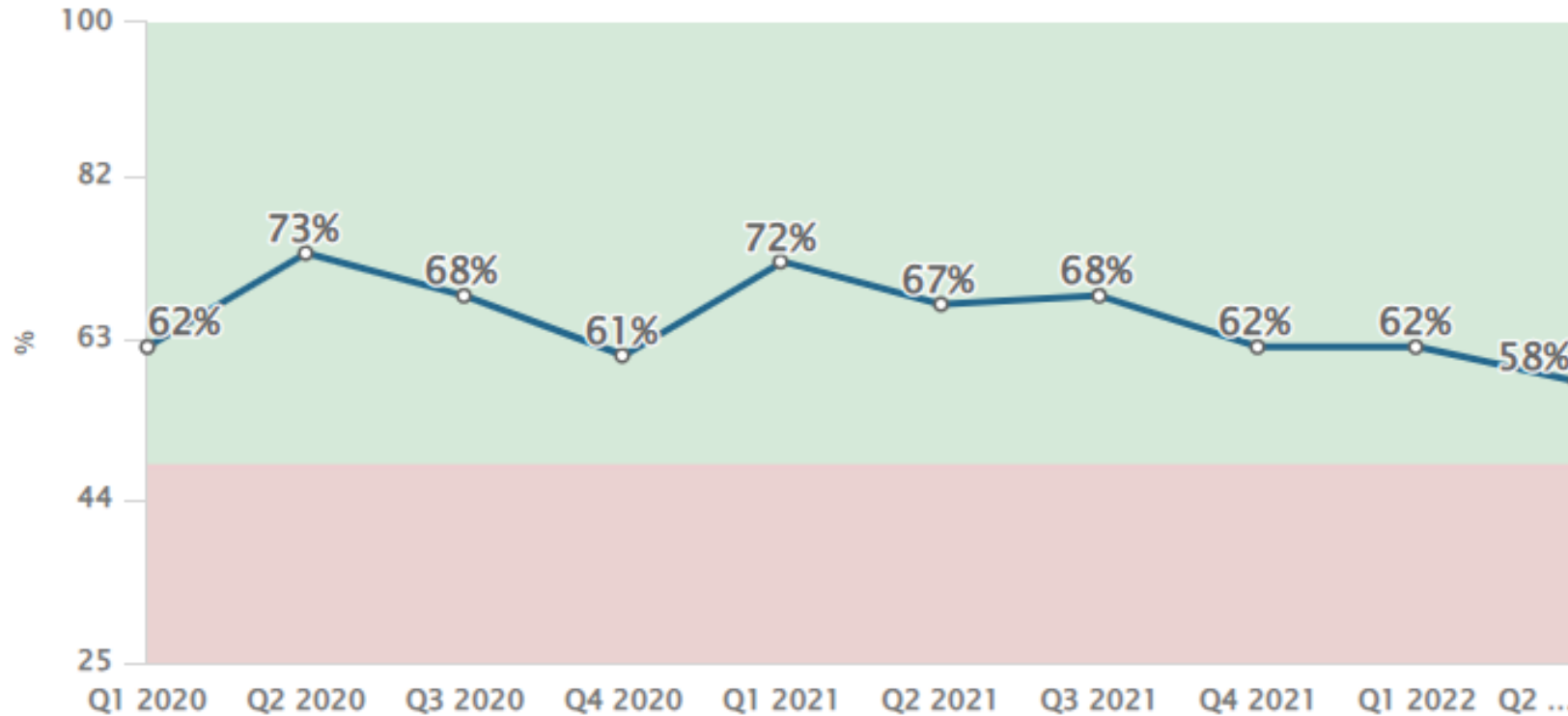
How Well?

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

Percentage of clients offered a face-to-face contact within five calendar days of initial request



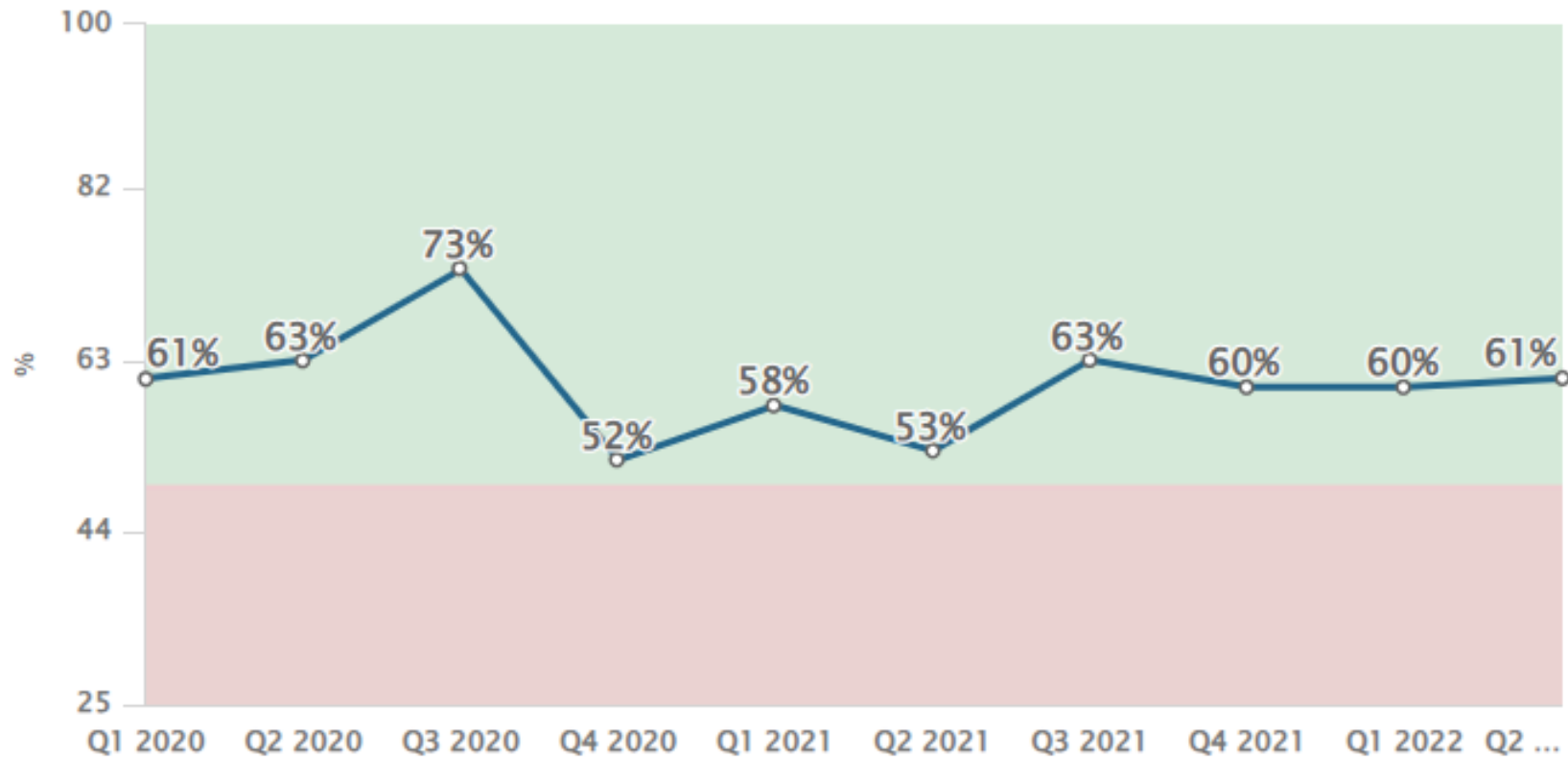
Data Source: DA/SSA Report



ACCESS TO CARE CONTINUED

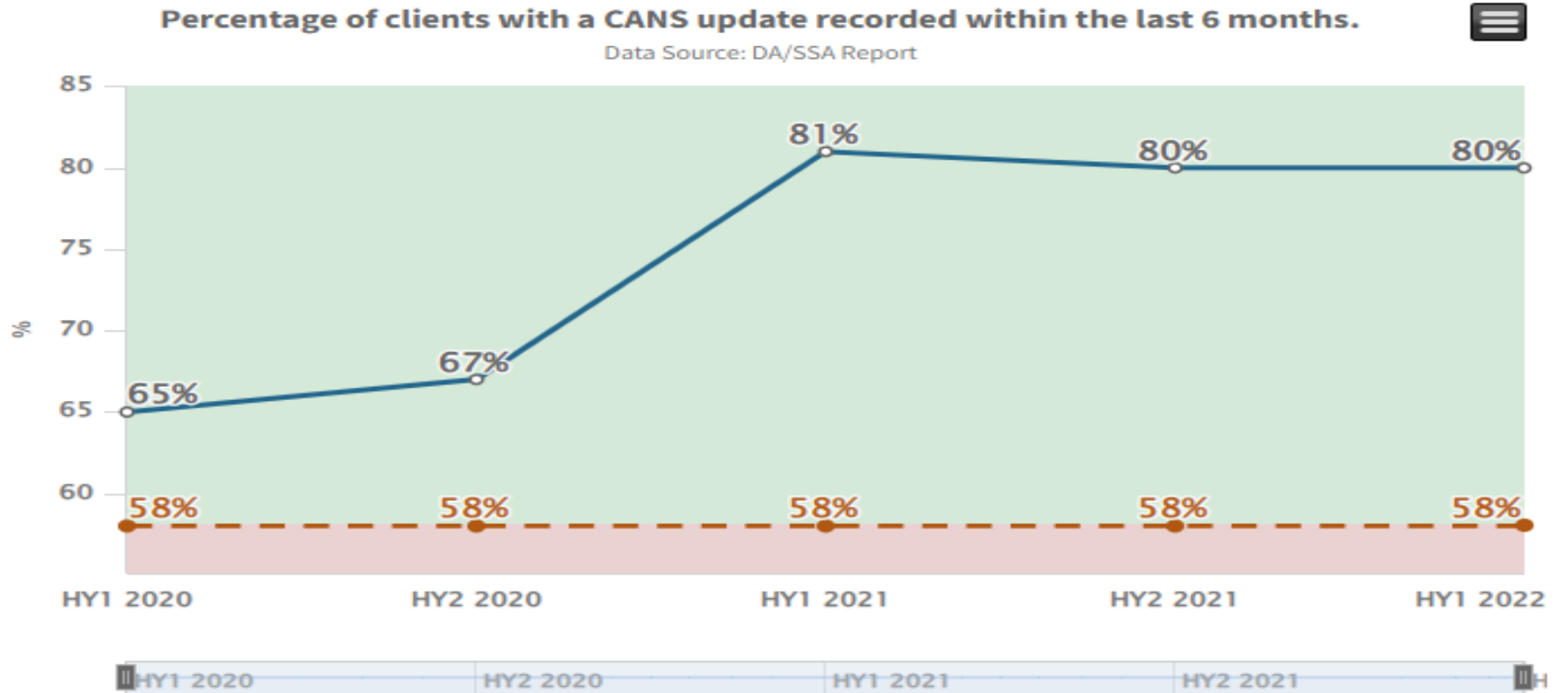
Percentage of clients seen for treatment within 14 calendar days of assessment

Data Source: DA/SSA Report



How WELL?

COMPREHENSIVE ASSESSMENTS AND PROGRESS MONITORING: DA /SSA

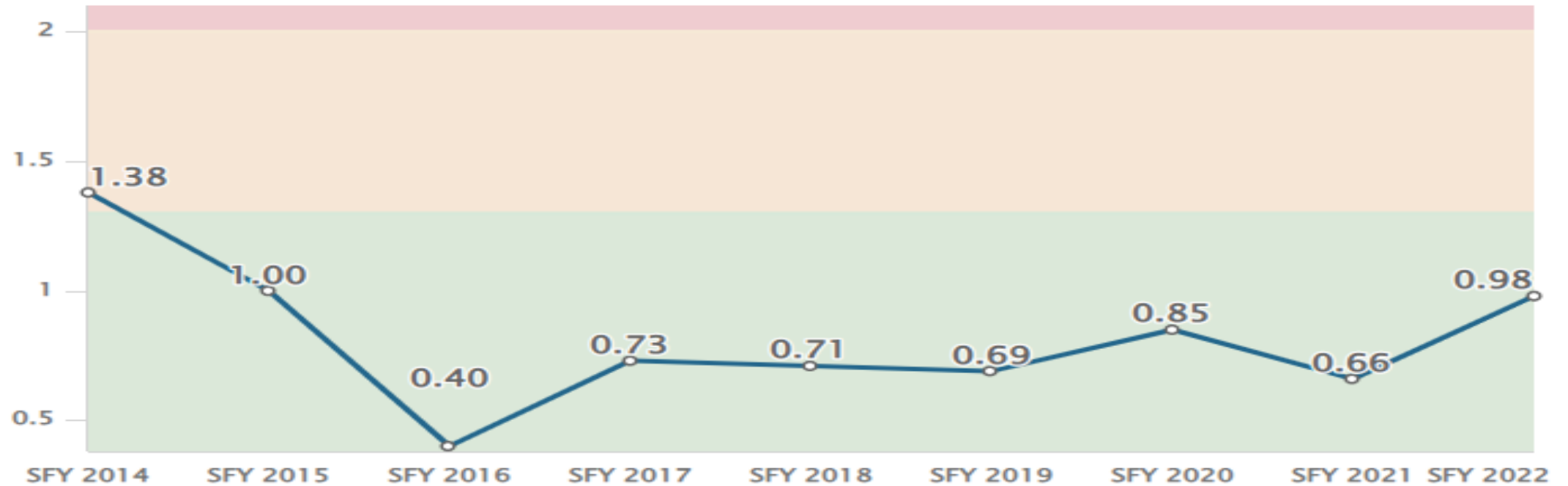


How Well?

LEAST RESTRICTIVE: VERMONT PSYCHIATRIC CARE HOSPITAL

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

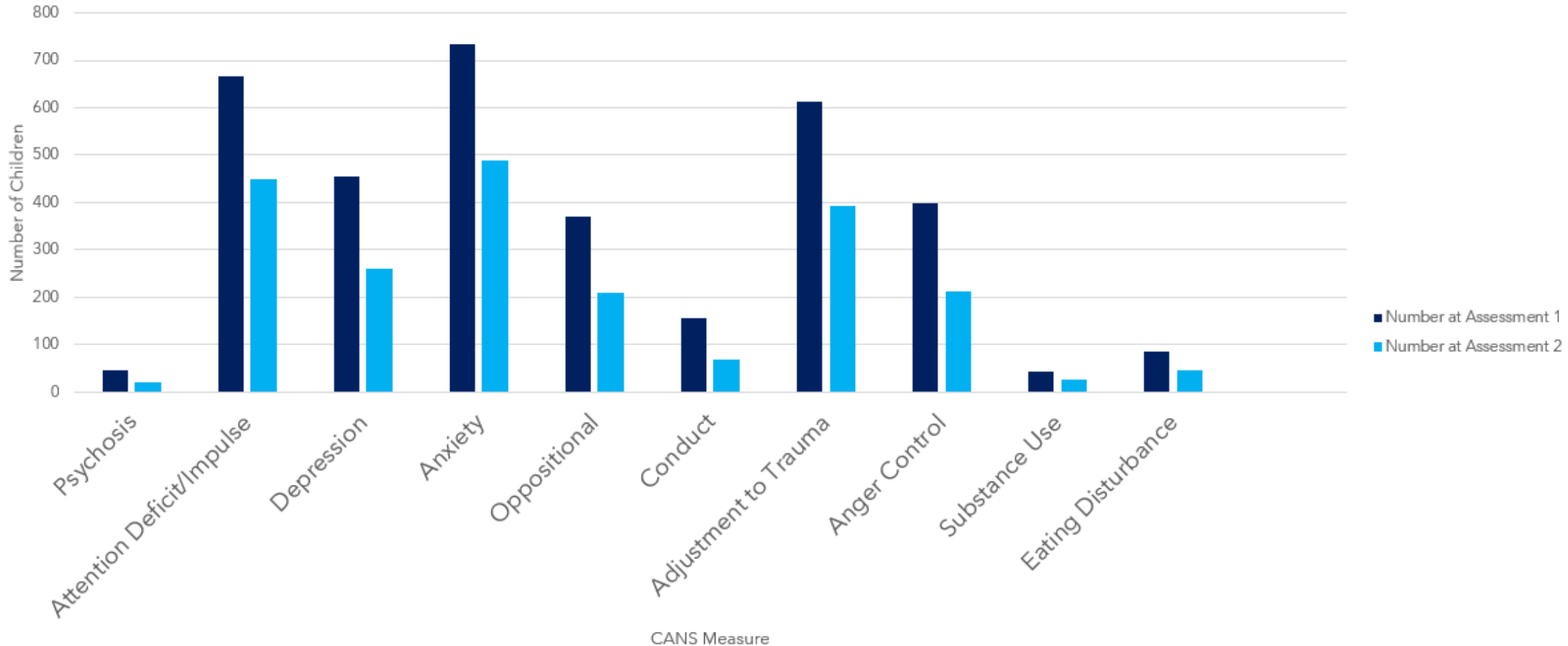
Data Source: VPCH Health Records



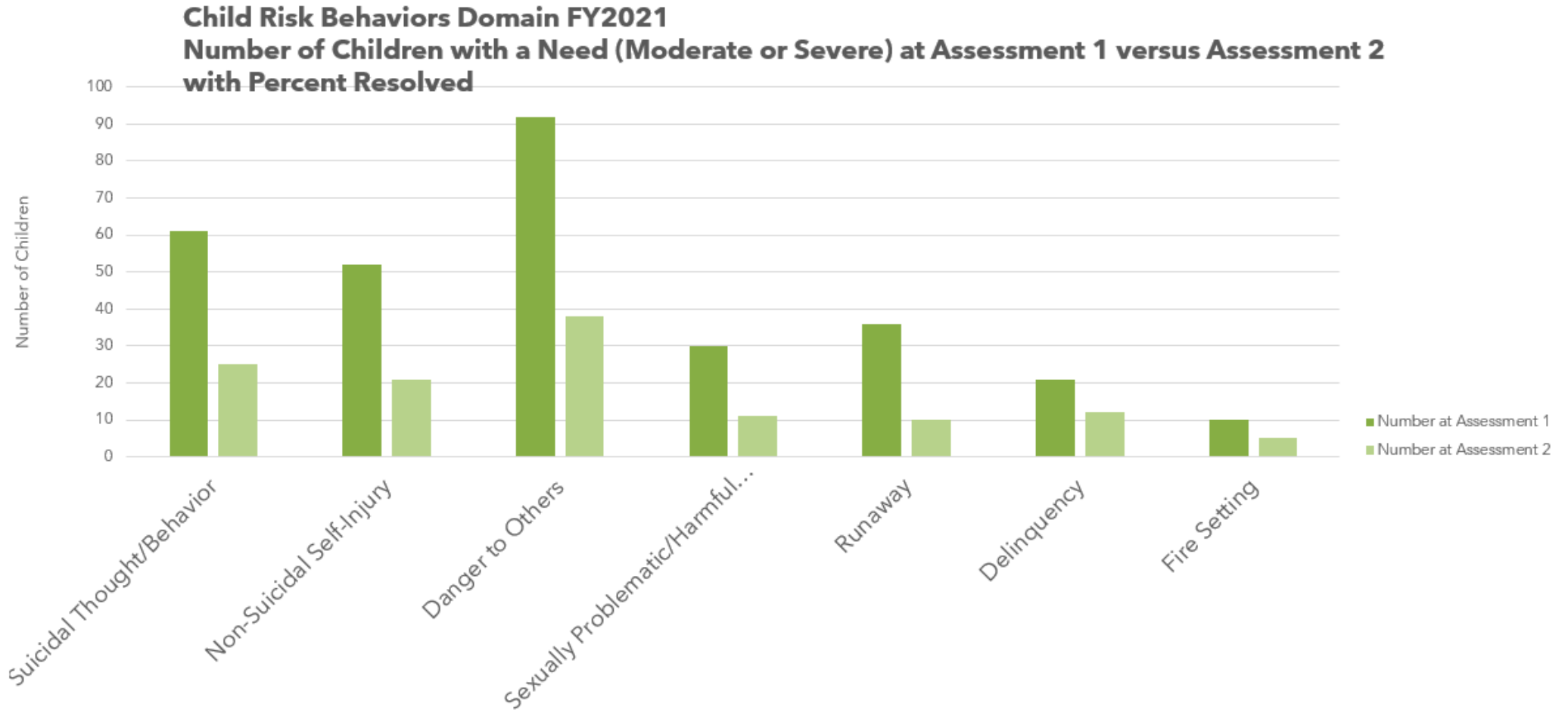
IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – EMOTIONAL/BEHAVIORAL NEEDS OUTCOMES

Behavioral/Emotional Domain FY2021

CANS Students FY2021 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved,



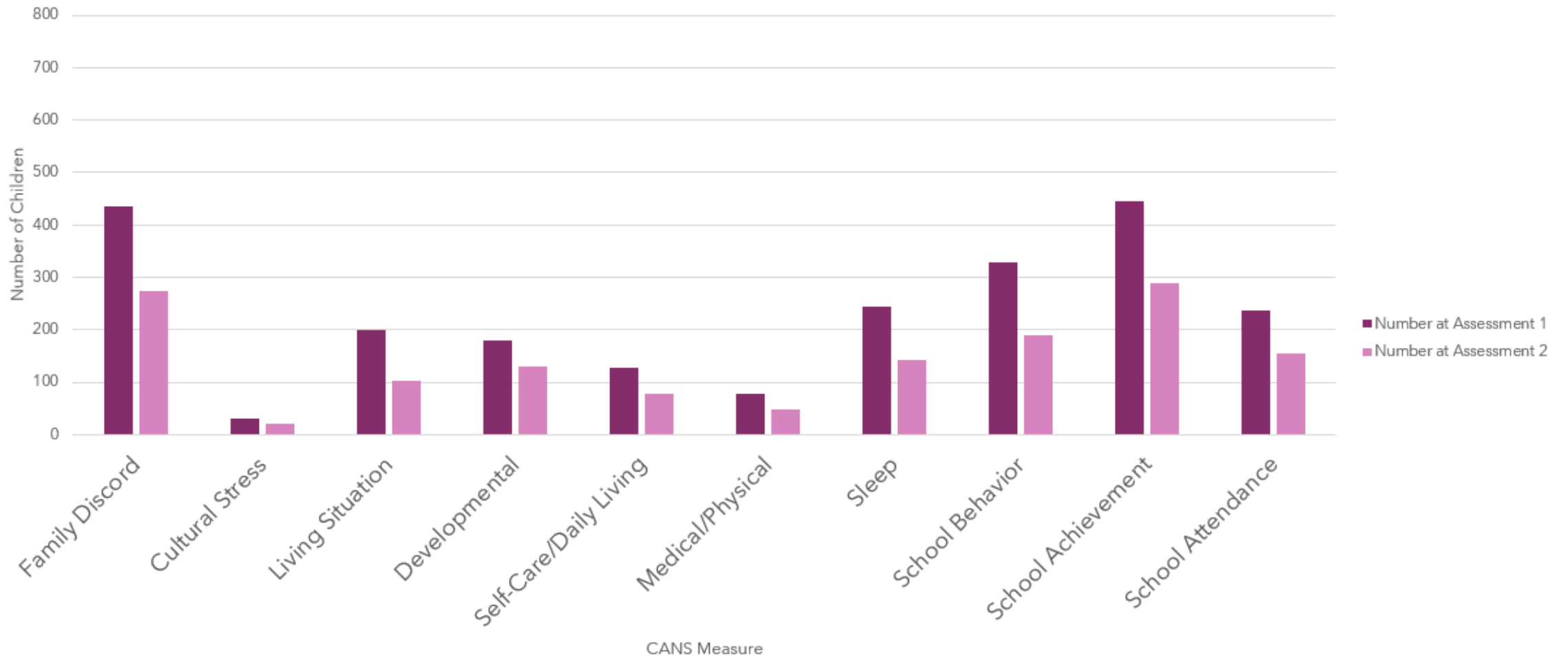
IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – RISK BEHAVIOR OUTCOMES



IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – RISK BEHAVIOR OUTCOMES

Life Functioning Domain FY2021

CANS Students FY2021 Report: Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2





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