



DEPARTMENT OF MENTAL HEALTH

FY25 BUDGET

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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> 	<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) </p> 
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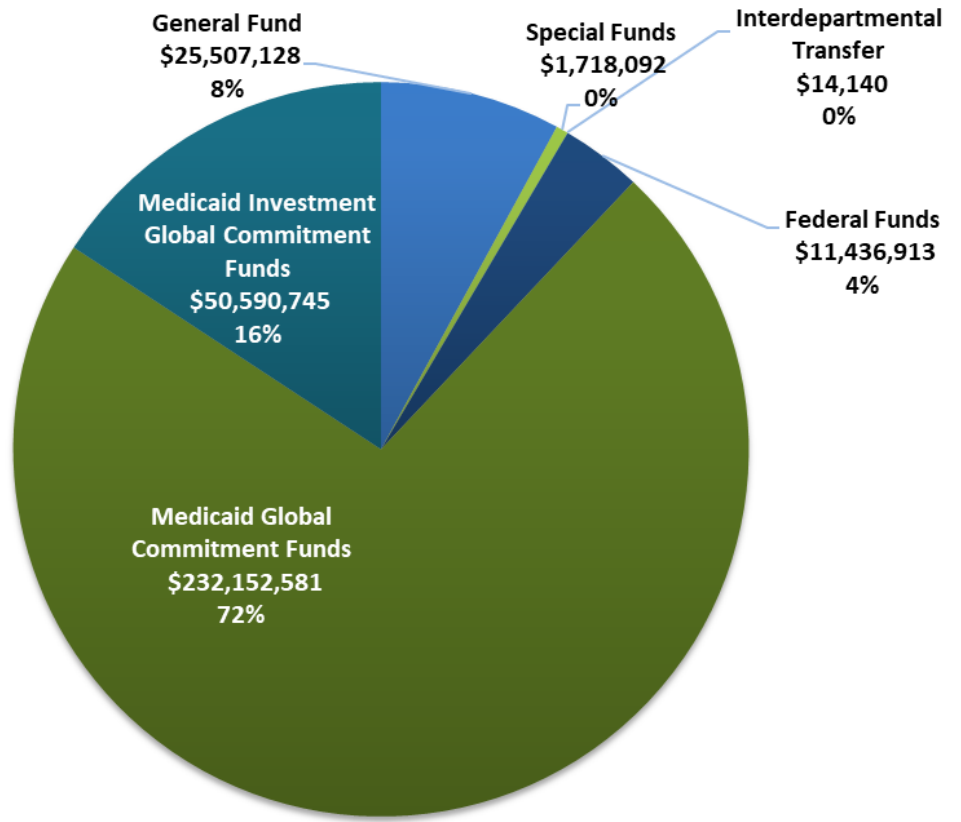
SUMMARY

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

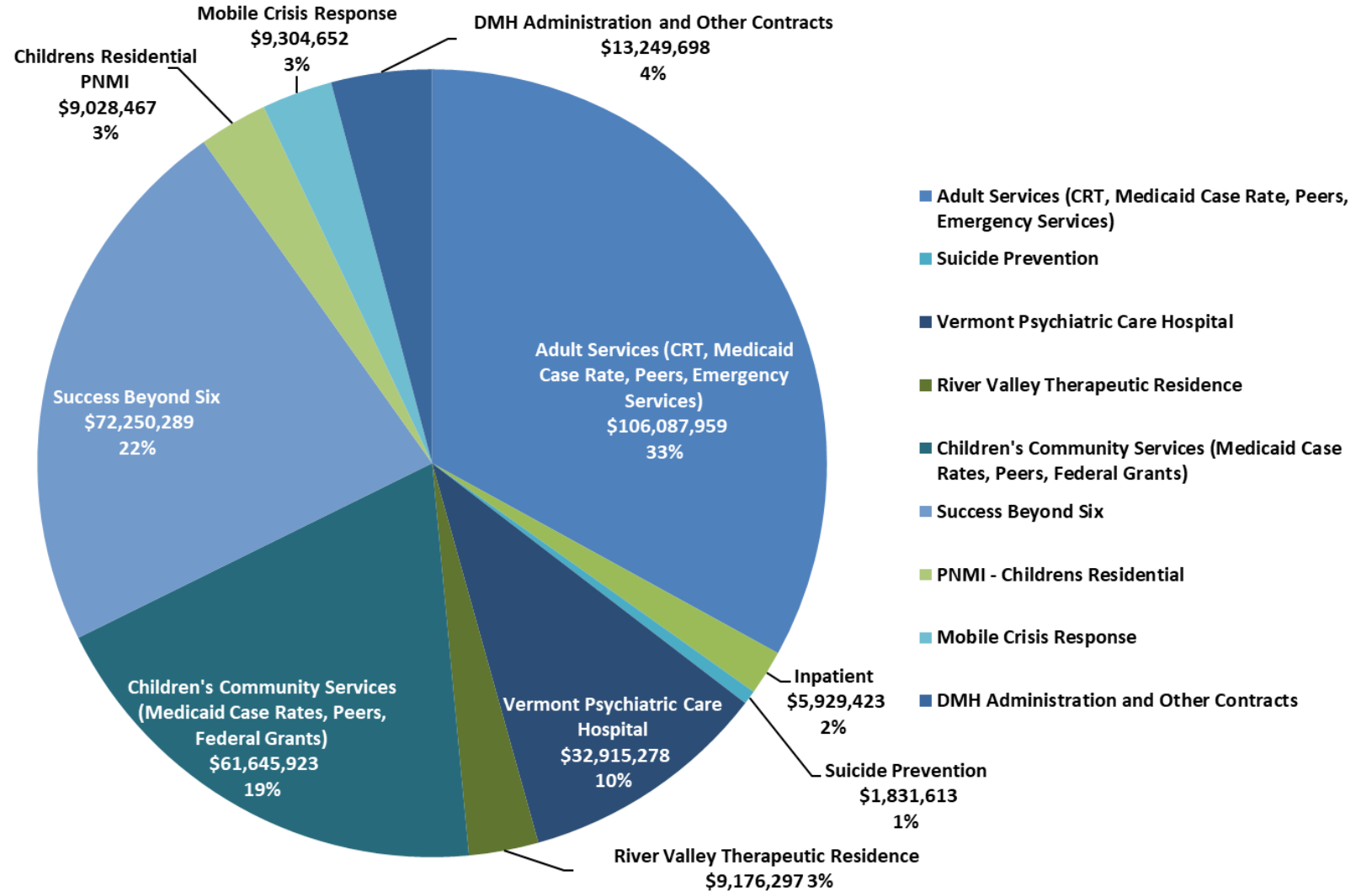
FY25 GOVERNOR'S RECOMMENDED BUDGET \$321,419,599

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 VPCH
- Increases to 988 activities
- Private Non-Medical Institution (PNMI) rate adjustment
- Mobile Crisis GF Conversion to GC 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 (UVMCMC) 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, MTCR/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 due to S.3

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 S.3. 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 and aligns with the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. Two Designated Agencies (NKHS / NCSS) 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

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.

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 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

This is a legislative mandate funded with one-time funds during the FY 22 legislative session Under S.3. 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)

BUDGET REQUEST

BUDGET REQUEST

Summary of Changes:

	Total	General Fund Equivalent
Personal Services/Contracts:	\$2,474,442	\$173,654
Operating Expense:	\$245,760	\$192,308
Grant Expense:	<u>\$1,170,699</u>	<u>(\$344,882)</u>
Final Total:	\$3,890,901	\$1,582,080

Community Investments

Investment	Allocated Funding	Summary
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. \$3.95 has been expended.
Community Provider Stabilization Loan Repayment and Tuition Assistance	Total \$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.

Community Investments

Investment	Allocated Funding	Summary
NFI Recruitment and Retention at Hospital Diversion Programs	\$150K GC	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+ MHBG	Planning for and establishing new peer-run program for ESMI/FEP population in Vermont.
9-8-8 Suicide Prevention and Crisis Lifeline	\$1.66M 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 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 (FMAP+TTI) Living Room – CSAC and WCMHS are up and running; NKHS various snags but hoping to open in Spring (include \$2M capital for building) PUCK – UCS, LCMHS, HCRS MUHC – HC (UVMHC collab) in Burlington by early summer (FMAP+TTI)

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 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.
VT Child Psychiatry Access Program (VTC PAP)	\$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. VTC PAP 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.

Community Investments

Investment	Allocated Funding	Summary
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.
UVM Child Psychiatry Fellowship Training Program	\$105K each FY State funds	Support for an innovative training program in child psychiatry administered by the Vermont Center for Children, Youth, and Families (VCCYF) of the University of Vermont's College of Medicine and The University of Vermont Medical Center. The program trains the child psychiatric fellows in a model which works with the entire family, emphasizes health promotion, prevention, and family-based intervention, and should lead to decreased reliance on psychopharmacologic interventions in children. Fellows from child psychiatry frequently choose to stay in the region after graduation.
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.



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