

**DEPARTMENT OF MENTAL HEALTH  
FY14 BUDGET REQUEST**

**NEW SYSTEM OF CARE ITEMS:**

**DMH System Oversight Staff: (care managers, utilization reviewers, QA Team)**

(\$95,547) Gross (\$21,136) GF

DMH has added 16 new positions to provide care management and ensure system integrity and effectiveness. Total amount appropriated for these positions was \$1,473,684. Projections are slightly less.

**DMH Psychiatric Services for the Care Management System:**

\$ 128,720 Gross \$ 65,171 GF

DMH will reallocate two contracted Psychiatrist from the VSH to provide professional expertise to the Care Management, Utilization, and Quality Assurance programs. Savings from the reduction in the existing DMH psychiatrist (below) will offset this budget increase.

**Peer Services:**

\$0 Gross \$0 GF

\$1M was appropriated in fy13 and \$1 M is the fy14 projected.

- Funding to develop community and hospital outreach (including peer teams in Rutland and St. Johnsbury), mental health and health wellness coaching, peer crisis respite, statewide warm-line, development of community and social networks, transportation, and workforce development and training.
- Includes targeted funding for veterans, young adults, individuals who are transitioning out of a hospital or corrections, and individuals with co-occurring mental health and substance abuse issues who are seeking support at Turning Point Recovery Centers.

**Enhanced Community Supports:**

\$0 Gross \$0 GF

\$8M was appropriated in fy13 and \$8 M is the fy14 projected.

- Mobile Crisis Teams
- Non-categorical case management
- Urgent follow-up and short term case management post crisis
- Supports for high utilizers of service
- Crisis care centers (emergency services diversion)
- Expansion of health integration initiatives
- Trauma treatment programming

**Crisis Beds:**

\$411,101 Gross \$179,076 GF

- Funding for 2, 2 bed crisis programs was added to the fy13 DMH appropriation, in the amount of \$1,000,000.

DMH has supported the development of 8 additional crisis beds:

- 2 operated by Lamoille County Connections,
- 2 by the Clara Martin Center,
- 2 by Healthcare and Rehab Services of SE VT, and
- 2 by Rutland Mental Health Services.

Cost for these programs came in just over \$1M more than was appropriated in fy13. DMH now has crisis beds in each VT County, bringing the total to 37.

**Peer Supported Residential (Soteria):**

\$200,000 Gross \$87,120 GF

Consumer-directed and peer run alternative support program as an alternative to traditional “medical model” psychiatric stabilization. This program may allow diversion of some psychiatric hospitalizations and serve to step-down individuals from inpatient psychiatric care. Planning and development was funded in fy13, \$300,000, and this amount will add to that to fund 6 months of operations.

**Housing Vouchers:**

DMH

FY 14 Budget Request Testimony

\$647,579 Gross

\$0 GF

Funds will be used to provide housing subsidies to individuals living with or recovering from mental illness for the purpose of fostering stable and appropriate living conditions. Funds, \$500,000, were appropriated as GF in fy13, but were converted to GC as housing is identified as part of client's treatment plans. This program will provide approximately 170 vouchers. GF impact for this increase is \$0.

**Intensive Residential Recovery Programs:**

\$447,586 Gross

\$194,968 GF

- \$3.2M was appropriated in fy13 for 23 beds in NW and Central or SW VT
- 8 beds in Westford (NW, VT) are scheduled to open in April, 2013 with an annual cost of \$2.575M.
- Second Spring in Williamstown currently has additional capacity of 8 beds, and will reduce that to 2 once the Westford facility is online. Annual cost is budgeted at \$450k.
  
- \$2.4M appropriated for 8 IRR beds in Southeast Vermont (Hilltop).
- Hilltop House, in Westminster has been open since August of 2012, and is coming in on budget.
- \$622K is requested for the 4-bed IRR in Rutland, with an estimated opening of Fall 2013.

**Psychiatric Inpatient for Level I patients:**

(\$8,334,626) Gross

(\$3,630,563) GF

- Just over \$19M was appropriated in fy13 for Inpatient Services.
- DMH has partnered with Fletcher Allen, the Brattleboro Retreat, and Rutland Regional Medical Center to provide care for Level I patients who would have been served at the VSH.
- RRMC will have a 6 bed capacity on their PICU, BR will have 14 beds with overflow capacity, and FAHC is estimated to have an average of 7 beds. Once the new Berlin hospital is open, it is expected that FAHC will have reduced capacity for Level I care.
- A reduction in the estimated cost to provide care and an increase in other payors (Medicare, for example) has reduced the overall cost for this population.

**Middlesex State Run Secure Residential Recovery:**

\$1,092,330 Gross

\$475,819 GF

\$877,000 Gross (HAC)

\$382,021 GF

- The DMH operated SRR will open in April, 2013 with 7 beds. A SRR is a therapeutic recovery residence for individuals requiring security and observation in a locked setting.
- Funding is requested for 12 months of operations during fiscal year 2014 (with HAC increase).

**Pathways:**

\$0 Gross

\$0 GF

. Community support team services using a "Housing First" treatment model to offer structured, daily assertive treatment and support service to persons; and securing stable housing as a core treatment component. \$373k was appropriated and is projected for this program

**Green Mountain Psychiatric Care Center (GMPCC):**

\$6,880,052 Gross

\$2,996,951GF

- GMPCC, located in Morrisville, opened the first week of January with 8 beds and serves Level I patients.
- GMPCC will go offline with the opening of the Berlin hospital. Funding is requested for 9 months of operations.

**State run psychiatric inpatient hospital, Berlin:**

\$4,292,844 Gross

\$1.869.963 GF

The new psychiatric hospital in Berlin will have a 25 bed capacity. It is expected to open in April, 2014. Funding is requested for 3 months of operations.

**OTHER BUDGET REQUEST ITEMS:**

**Staffing, Operating and Internal Service Fund Items, MH:**

Regular Salary and Fringe changes due to regular turnover and rate changes, insurances, and internal fund adjustments.

**-Changes in Salary/ Fringe (payact) and Vacancy Savings:**

\$65,784 Gross \$ 28,167 GF

**-Fee For Space:**

\$172,541 Gross \$ 73,984 GF

**-VISION:**

\$ 13,122 Gross \$ 5,626 GF

**-Dept of Human Resources:**

(\$21,227) Gross (\$ 9,089) GF

**-General Liability:**

\$1,655 Gross \$704 GF

**-All other Insurances:**

\$ 324 Gross \$ 140 GF

**-DII:**

(\$10,322) Gross (\$ 4,426) GF

**Worker's comp:**

\$150,183 Gross \$65,357 GF

**VSH Retirement Incentives:**

\$79,526 Gross \$79,526 GF

**Child Trauma (Federal) Grant - ending:**

(\$70,000) Gross \$0 GF

Personal Services and Operating costs eliminated with the ending of the Child Trauma Grant.

**DMH Psychiatric Services**

(\$70,000) Gross (\$62,660) GF

The Children's Psychiatrist was changed to half time with the other half of the position providing services to DCF.

**AHS GF net neutral items:**

**Youth Suicide Prevention – AHS Net Neutral:**

\$50,000 Gross

Funds for the Youth Suicide Prevention mental health initiative was appropriated to the DCF administrative appropriation. This transfer moved the funding to the Children's Mental Health division for implementation.

**Addison County Intensive Family Services – AHS Net Neutral:**

\$2,229,652 Gross

This is a transfer of GC funding from DCF, DAIL, and DVHA for the Addison County Children's bundled rate pilot. Providers involved are CSAC and the local Parent Child Center.

**Children’s Personal Care Services (CPCS) – AHS Net Neutral:**

\$6,006,476 Gross

This is a transfer of personal care funds from DVHA to DMH for non-categorical services provided by the designated agencies.

**Children’s Personal Care Services (CPCS), Respite – AHS Net Neutral:**

\$2,142,052 Gross

This is a transfer of personal care respite funds from DVHA to DMH for non-categorical respite services provided by the designated agencies.

**Success Beyond Six (Locally matched):**

\$2,000,000 Gross

Overall program growth for the SBS program, which includes behavioral interventionists, school-based clinicians, and funding for specialized schools, is anticipated to be approximately \$2M more than the fy13 base appropriation, bringing the program total to \$40.8M. Match is paid for by the local schools.

**Other DMH requests/appropriation changes:**

**Child Trauma (Federal) Grant - ending:**

(\$300,000) Gross \$0 GF

**Jail Diversion (Federal) Grant - ending:**

(\$200,000) Gross \$0 GF

**Severely Functionally Impaired supports:**

\$1,275,000 Gross \$555,390 GF

Individualized support service plans to reduce incarceration bed days and decrease recidivism for individuals returning to the community from DOC. This brings the DMH appropriation for this population to \$1,475,000.

**Housing Vouchers:**

\$229,568 Gross \$100,000 GF

Funds will be used to provide housing subsidies to individuals living with or recovering from mental illness for the purpose of fostering stable and appropriate living conditions.

**3% Medicaid Rate Increase:**

\$3,091,175 Gross \$1,346,516 GF

Rate increase will increase funding for CRT, Emergency, Adult Outpatient, and Children’s services. Inpatient psychiatric (non-level I) and forensic evaluations will also see a rate increase.

**Adult Suicide Prevention:**

\$50,000 Gross \$21,780 GF

This funding is a first-time request for the development of suicide prevention programming for the adult population. Current initiatives focus on the children’s population through the Suicide Prevention Resource and Training Center. DMH will exam the most efficacious utilization of funding based on current suicide data in Vermont. Public announcement campaigns, community education, and primary care provider initiatives are considerations.

**Chittenden County Streetworker, HCHS:**

\$39,244 Gross \$17,095 GF

This highly successful program provides outreach workers, actively working on the streets of Burlington. The program works largely off of state, community, and Burlington business community funding. This is a contribution to a program whose performance measures prove intensive outreach reduces hospitalization and enhances resources for at risk individuals with mental health and substance abuse issues.

- The current contribution to the cost of the 3.5 FTEs is \$107k, and this increase will bring the DMH share to \$146.5k

**Court Diversion Program, WCMH:**

\$117,000 Gross

\$50,965 GF

The Washington County Mental Health Court Diversion program was initiated through a one-time Judiciary grant, which is no longer in existence. This growing program funds a street interventionist working closely with law enforcement to divert a person from legal charges and connect with services. Additional clinical resources are funded for assessment at arraignment for those who have been charged with a crime and have mental health and substance abuse issues. Appropriate candidates are then referred to a part-time treatment court or and/or referred to outpatient services.

**PNMI Caseload increase:**

\$1,437,009 Gross

\$625,961 GF

This is an increase in the children's PNMI (Private Non-Medical Institute) program caseload. This will provide services for estimated 12-18 children.

**Duxbury Intensive Residential:**

\$750,000 Gross

\$326,700 GF

This residential home has been operating since November, 2012 when the state hospital, located at Springfield Correctional facility, was closed. This program has been highly successful in caring for one of our most highly vulnerable patients, now a member of the community. The plan is to transition the operation to a community provider this spring and annual costs are expected to decrease significantly.