

MEMORANDUM

TO: Senator Jane KitcheI, Chair
Senate Committee on Appropriations

FROM: Harry Chen MD, Commissioner, Department of Health

RE: FY '16 Budget Testimony Follow Up

DATE: March 30, 2015



Here is the additional information requested by committee members during my testimony on the Health Department's fiscal year 2016 budget proposal on March 25.

- 1. Provisions of the Patient Protection and Affordable Care Act (ACA) require each non-profit hospital facility in the United States to conduct a Community Health Needs Assessment (CHNA) and adopt a Community Health Improvement Plan (CHIP). Is the Health Department taking part in these efforts? If the department is providing financial assistance, please identify the source of funding.*

Yes, the Health Department has been taking part in these efforts, and provided funding and technical assistance for the first assessments required in 2011-12. The source of funding was a federal Public Health Infrastructure Improvement grant. That grant has been discontinued and no further financial assistance to hospitals is planned.

Health department staff, usually from our district offices, participates in hospital convened committees in order to encourage a population focus throughout the assessment and improvement planning process. As part of this participation, we encourage use of a consistent set of population health indicators and provide regional data to the stakeholder group.



2. Does the Health Department provide support for an AIDS service organization with offices in Lebanon, NH?

Yes, the Health Department provides financial support to [HIV/HCV Resource Center](#) (formerly known as ACoRN), an AIDS service organization located Lebanon, NH. H2RC provides medical case management for Vermont residents living with HIV along with a variety of HIV prevention activities in Vermont among individuals at increased risk for HIV. Here is the service and funding detail for our FY15 grant award to this organization.

Funded Activity	Award Amount	# served annually	Funding Source
Medical Case Management and support services – case management, housing, food, medical transportation, etc. for HIV + Vermonters	\$86,739K	28 individuals	Federal - Ryan White and VMAP Special Fund
CLEAR! – evidenced based HIV prevention intervention for both HIV- and HIV+ individuals	\$45K	20 individuals	Federal - CDC HIV Prevention
Innovative Testing Project – social networks model HIV testing strategy for highest risk HIV- individuals	\$14,675	Target is 100 tests	Federal - CDC HIV Prevention
Syringe Exchange – HIV prevention strategy for both HIV- and HIV+ individuals	\$14,902	Syringes in: 40,068 Syringes out: 47,157 Members exchanging (includes duplicates): 196 Total member visits: 378	State General Funds (federal funds are prohibited for this activity)



3. *Could the Agency of Human Services provide an update to the committee about the results of the Reach Up's Substance Abuse / Mental Health Initiative to provide mental health and substance abuse assistance to clients to address employment barriers and family well-being for Reach Up participants?*

In a 2015 report to the Legislature, the Department for Children and Families said of this program:

"In 2014, eight additional AHS district offices began the contract for this initiative. All 12 AHS districts now have access to a Reach Up Case Manager with substance abuse and mental health (SA/MH) expertise, contracted through the local mental health designated agency. All 12 AHS districts also have access to additional clinical services for Reach Up participants struggling with these issues. The clinicians provide consultation to the Reach Up team in each district, supervision of the SA/MH case managers, and direct treatment for Reach Up participants. These professionals and their designated agencies provide case management; emergency services; individual, family, and group therapy; intensive outpatient treatment; medication management; and residential substance abuse treatment to Reach Up participants.

"This program also offers an opportunity for three AHS service systems to collaborate in providing integrated mental health and substance abuse treatment for people on public assistance. Research shows that approximately one out of every five Temporary Assistance for Needy Families (TANF) recipients in the US abuses drugs or alcohol. In addition, approximately one-third of TANF recipients have a mental health condition that may interfere with employment. Also nationwide, approximately 50 percent of people with a substance abuse condition have a co-occurring mental health condition.

"Reach Up and the Family Services Division (FSD) recently met to streamline services for Reach Up participants who are also receiving services through FSD. Family Services recently contracted substance abuse screeners to assist with the identification and engagement of clients with substance abuse issues that may increase the risk factors for child abuse and neglect. Six FSD districts are currently working to provide substance abuse screeners. If the subject of the FSD screening is also a Reach Up participant, the FSD screeners and Reach Up SA/MH case managers will coordinate the smooth transfer of the case to the appropriate service provider for ongoing case management services."

Report to The Vermont Legislature: "Evaluation of the Reach Up, Reach First and Reach Ahead Programs". Submitted by Ken Schatz, Commissioner; Department for Children and Families.

<http://legislature.vermont.gov/assets/Legislative-Reports/RU-annual-report-2015.pdf>



4. *Does the Health Department use mobile dispensing clinics to provide medication assisted treatment (MAT) for substance abuse?*

No. This method was used initially in the northeastern part of the state, but now services are provided at fixed clinics in Newport and St. Johnsbury.

5. *What organizations are currently funded to provide services to people in recovery from substance abuse?*

This table lists the organizations and funding levels for recovery services. These services are level funded in the FY 2016 budget proposal.

	FY15 Budget As Passed	FY16 Budget Proposed
Recovery Services Annual Budget	\$1,186,500	\$1,186,500

Recovery Services Provider (Location)	FY15	FY16 Proposed
Turning Point of Franklin County (St. Albans)	\$92,573	\$92,573
North Central Vermont Recovery Center (Morrisville)	\$92,462	\$92,462
Turning Point Center of Central Vermont (Barre)	\$93,800	\$93,800
Turning Point Center of Chittenden County (Burlington)	\$110,190	\$110,190
Turning Point Center of Springfield (Springfield)	\$92,016	\$92,016
Turning Point of Windham County (Brattleboro)	\$95,695	\$95,695
Turning Point Center of Bennington (Bennington)	\$92,685	\$92,685
Turning Point Center of Rutland (Rutland)	\$93,131	\$93,131
Kingdom County Recovery Center (St. Johnsbury)	\$92,016	\$92,016
Upper Valley Turning Point (White River Jct.)	\$99,040	\$99,040
Turning Point of Addison County (Middlebury)	\$92,796	\$92,796
Vermont Recovery Network (Statewide Oversight)	\$84,200	\$84,200
Sub Total: (Centers and VRN Only)	\$1,130,604	\$1,130,604
Vet to Vet	\$25,000	\$25,000
Friends of Recovery-VT (Partial Funding)	\$30,896	\$30,896
Total:	\$1,186,500	\$1,186,500

