

Vermont Department of Mental Health

2016 Budget Proposal

Paul Dupre, Commissioner

Proposed Agenda

Requested Items – 20 minutes
Department Overview – 20 minutes
Results Based Accountability – 20 minutes
Departmental Budget – 60 minutes

Requested Items

*DMH System of Care
Capacity, Caseload, Expenditures Analysis
Involuntary Transportation:
Total Transports and Estimated Cost*

DMH System of Care

Capacity, Caseload, Expenditures Analysis

Adult Mental Health System of Care: Funding Category Analysis

State Fiscal Year

| 1. Inpatient Services by the following funding categories | | | 2012 | 2013 | 2014 | Utilization Analysis |
|---|---------|-------------|--------------|--------------|------|---|
| A. Level 1 Inpatient Services | | | capacity | 32 | 35 | |
| | CRT | caseload | 23 | 57 | | |
| | | expenditure | \$823,028 | \$4,154,736 | | |
| | Non-CRT | caseload | 46 | 102 | | |
| | | expenditure | \$11,722,979 | \$14,467,207 | | |
| Level 1 VISION payments and settlements | | | \$3,124,555 | \$3,973,100 | | |
| B. Non-Level I, Involuntary Inpatient Psychiatric Services | | | capacity | 116 | 131 | <p>Non-Level 1 involuntary inpatient psychiatric services and voluntary inpatient psychiatric services are provided using the same hospital beds in the system. Non-Level 1 hospital beds typically have a 84% occupancy rate each month.</p> |
| | CRT | caseload | 27 | 29 | | |
| | | expenditure | \$690,892 | \$1,130,415 | | |
| | Non-CRT | caseload | 58 | 59 | | |
| | | expenditure | \$1,047,835 | \$1,178,916 | | |
| D. Inpatient Psychiatric Services for Other Medicaid Patients (Voluntary) | | | capacity | 116 | 131 | |
| | CRT | caseload | 207 | 174 | | |
| | | expenditure | \$3,214,367 | \$2,581,292 | | |
| | Non-CRT | caseload | 1,722 | 1,981 | | |
| | | expenditure | \$18,228,408 | \$24,268,191 | | |
| E. Emergency Department Wait times for an acute inpatient psychiatric bed for minors and adults | | | capacity | | | <p>These longer wait times do not reflect a system-wide experience; it is heavily skewed by a small number of individuals who wait much longer than others in their cohort. This is due to a variety of circumstances such as bed closures due to unit acuity, no bed being readily available, or due to the acuity of the person waiting. On average, a majority of people waiting for inpatient care during the month are placed within 24 hours.</p> |
| | Minors | avg hrs. | | 30 | | |
| | Adults | avg hrs. | 25 | 48 | | |

DMH System of Care

Capacity, Caseload, Expenditures Analysis

| 2. Residential Services by Categories of Service | | 2012 | 2013 | 2014 | Utilization Analysis |
|--|-------------|-------------|--------------|--------------|--|
| A. Intensive Recovery | capacity | 20 | 35 | 47 | Costs from 2012-2014 increased as intensive residential capacity was built across the state. Intensive Residential Programs typically have a 91-95% occupancy rate (FY2014). |
| | caseload | 129 | 114 | 142 | |
| | expenditure | \$8,001,721 | \$13,467,624 | \$16,282,017 | |
| B. Crisis Residential and Hospital Diversion | capacity | 29 | 35 | 39 | Costs from 2012-2014 increased as crisis capacity was built across the state. Crisis programs have a 79% occupancy rate across FY2013-2014, which approaches the target occupancy rate of 80%. |
| | caseload | 380 | 362 | 358 | |
| | expenditure | \$3,732,010 | \$4,480,253 | \$5,460,663 | |
| C. Group Homes (Intermediate Residential) | capacity | 59 | 59 | 59 | Capacity and costs for group homes have remained steady throughout the time period. There was an increase in expenditures in FY2014 related to administrative and personnel services. |
| | caseload | 97 | 99 | 91 | |
| | expenditure | \$3,081,324 | \$3,114,739 | \$3,351,934 | |
| D. Supported Independent Living | capacity | | | | Caseloads represent average numbers served per month by Pathways Vermont with DMH funding. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. |
| | caseload | 98 | 173 | 215 | |
| | expenditure | \$161,521 | \$879,580 | \$1,419,928 | |
| E. Secure Residential | capacity | | 7 | 7 | Numbers based on Middlesex Therapeutic Recovery Residence (MTCR). MTCR opened in June 2013, therefore FY2013 only represents one month of data where MTCR was accepting initial admissions. Expenditures for FY2013 also represent one month of costs. |
| | caseload | | 2 | 15 | |
| | expenditure | | \$332,637 | \$2,922,266 | |

DMH System of Care

Capacity, Caseload, Expenditures Analysis

| 3. Community Mental Health Services by Categories of Service | | | 2012 | 2013 | 2014 | Utilization Analysis | |
|--|--------|------------------|----------------|--------------|--------------|---|--|
| A. Community Rehab and Treatment | | | total services | 433,619 | 421,652 | 418,103 | Numbers of CRT clients served has decreased over the time period. The CRT case rates covers a range of levels of care, including levels of service and operating costs, from highly structured service plans to community support. While CRT represents an adult population with SMI, levels of acuity vary across three tiers of intensity. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. |
| | | caseload | 3,107 | 3,008 | 2,927 | | |
| | | expenditure | \$25,319,448 | \$25,136,438 | \$27,021,782 | | |
| B. Crisis Programs (Emergency Services) | | | | | | Costs from 2012-2014 increased as more people accessed emergency services in Designated Agencies. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. | |
| | DA | caseload | 6,743 | 7,493 | 7,362 | | |
| | | DMH expenditure | \$3,031,208 | \$4,623,821 | \$5,694,355 | | |
| | | DVHA expenditure | \$566,514 | \$574,185 | \$553,177 | | |
| | Non-DA | caseload | 5,351 | 5,608 | 4,541 | | |
| | | DVHA expenditure | \$1,401,325 | \$1,251,855 | \$1,140,949 | | |
| C. Adult Outpatient | | | total services | 83,672 | 93,295 | 97,876 | DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. Expenditures, caseload, and total services delivered increased over the time period. |
| | DA | caseload | 7,672 | 8,055 | 8,491 | | |
| | | DMH expenditure | \$8,181,143 | \$7,929,930 | \$9,601,761 | | |
| | | DVHA expenditure | \$2,863,386 | \$2,646,058 | \$2,609,413 | | |
| | Non-DA | caseload | 10,605 | 10,864 | 11,221 | | |
| | | DVHA expenditure | \$8,126,893 | \$8,458,255 | \$10,292,460 | | |
| D. Peer Support Programs | | | capacity | | | | The change in expenditures represent DMH's commitment to invest GC funding made available by tropic storm Irene into upstream, recovery-oriented peer services for the purpose of helping individuals avoid or reduce their use of hospitalization and other acute care services. The increase in expenditures represents an investment of over \$1 million in these types of new peer services. |
| | | caseload | | | | | |
| | | expenditure | \$1,269,229 | \$2,012,199 | \$2,319,565 | | |
| 4. Other Mental Health Support Services and Administration | | | 2012 | 2013 | 2014 | | |
| | | DMH expenditure | \$1,380,238 | \$1,553,492 | \$1,670,191 | Increases from 2012-2014 in staff costs represent the re-establishment of the quality management unit and the hiring of a Mental Health Services Director, as well as annual salary increases. | |

Involuntary Transportation

Total Transports

| | Sheriff Department | | | Total |
|---------------------------------------|--------------------|---------|-----------|------------------|
| | Pilot Programs | | All Other | |
| | Lamoille | Windham | | |
| Total Individuals in Soft Restraints | 3 | 12 | 16 | 31 |
| Total Individuals in Metal Restraints | 5 | 1 | 43 | 49 |
| Total # Transports | 105 | 95 | 129 | 329 |
| Total # Adult transports | | | | 264 - 268 |
| Total # Youth transports | | | | 61-65 |

Estimated Cost

| | Sheriff Department | | | Total |
|---|--------------------|----------|-----------|------------------|
| | Pilot Programs | | All Other | |
| | Lamoille | Windham | | |
| Total Annual Staff Cost of Standard Rate | - | - | \$77,942 | |
| Total Annual Staff Cost at Pilot Rate | \$60,830 | \$75,646 | \$146,615 | \$283,091 |
| <i>Additional Annualized Equipment Cost for Expansion to 14 Sheriff's Departments</i> | | | | \$67,200 |
| TOTAL ESTIMATED COST | | | | \$350,291 |

Departmental Overview

Central Office Organization
Provider Agencies
Departmental Programs

Central Office Organization

OVERALL OPERATIONS

- ▶ Administrative Support Unit
- ▶ Financial Services Unit
- ▶ Legal Services Unit
- ▶ Research & Statistics Unit
- ▶ Clinical Care Management Unit
- ▶ Policy, Planning & System Development Unit
- ▶ Quality Management Unit
- ▶ Children, Adolescent and Family Unit (CAFU)
- ▶ Adult Mental Health Services Unit

Designated Providers

Designated Agencies

- ▶ Clara Martin Center
- ▶ Counseling Services of Addison County
- ▶ Health Care and Rehabilitation Services of Southeastern Vermont
- ▶ Howard Center
- ▶ Lamoille County Mental Health Services
- ▶ Northwest Counseling and Support Services
- ▶ Northeast Kingdom Human Services
- ▶ Rutland Mental Health Services
- ▶ United Counseling Service
- ▶ Washington County Mental Health Services

Specialized Service Agencies

- ▶ Pathways Vermont
- ▶ Northeastern Family Institute

Designated Hospitals

- ▶ Brattleboro Retreat
- ▶ Central Vermont Medical Center
- ▶ Rutland Regional Medical Center
- ▶ University of Vermont Medical Center
- ▶ Windham Center

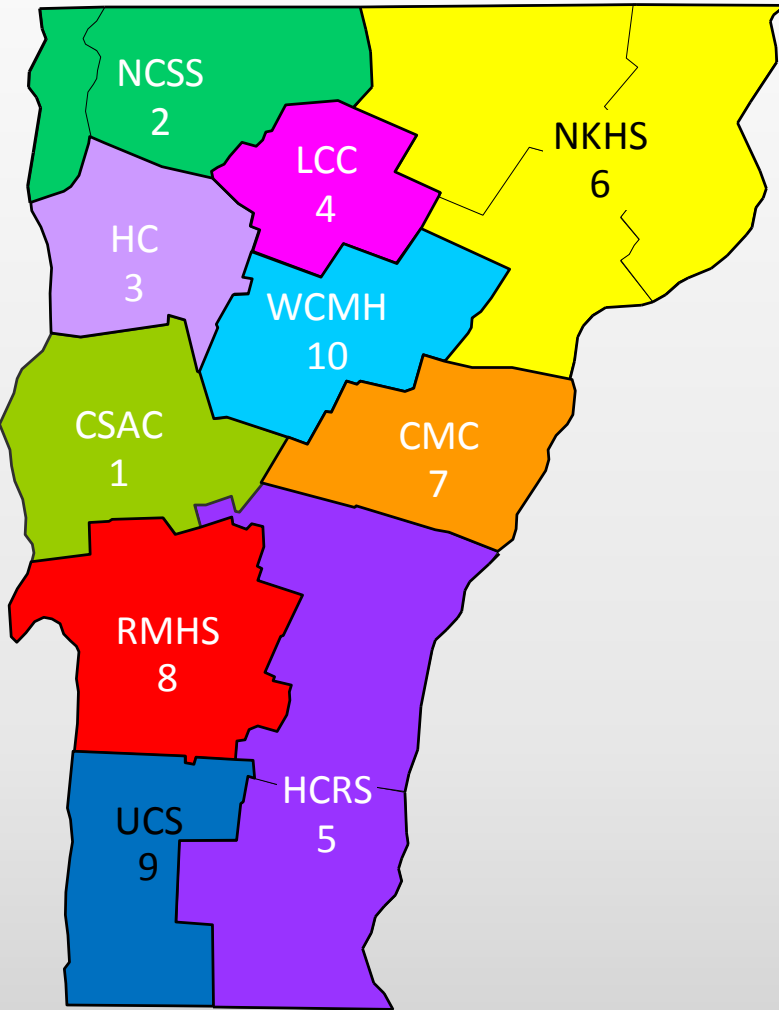
State Psychiatric Hospital

- ▶ Vermont Psychiatric Care Hospital

State Secure Residential

- ▶ Middlesex Therapeutic Community Residence

Designated Providers

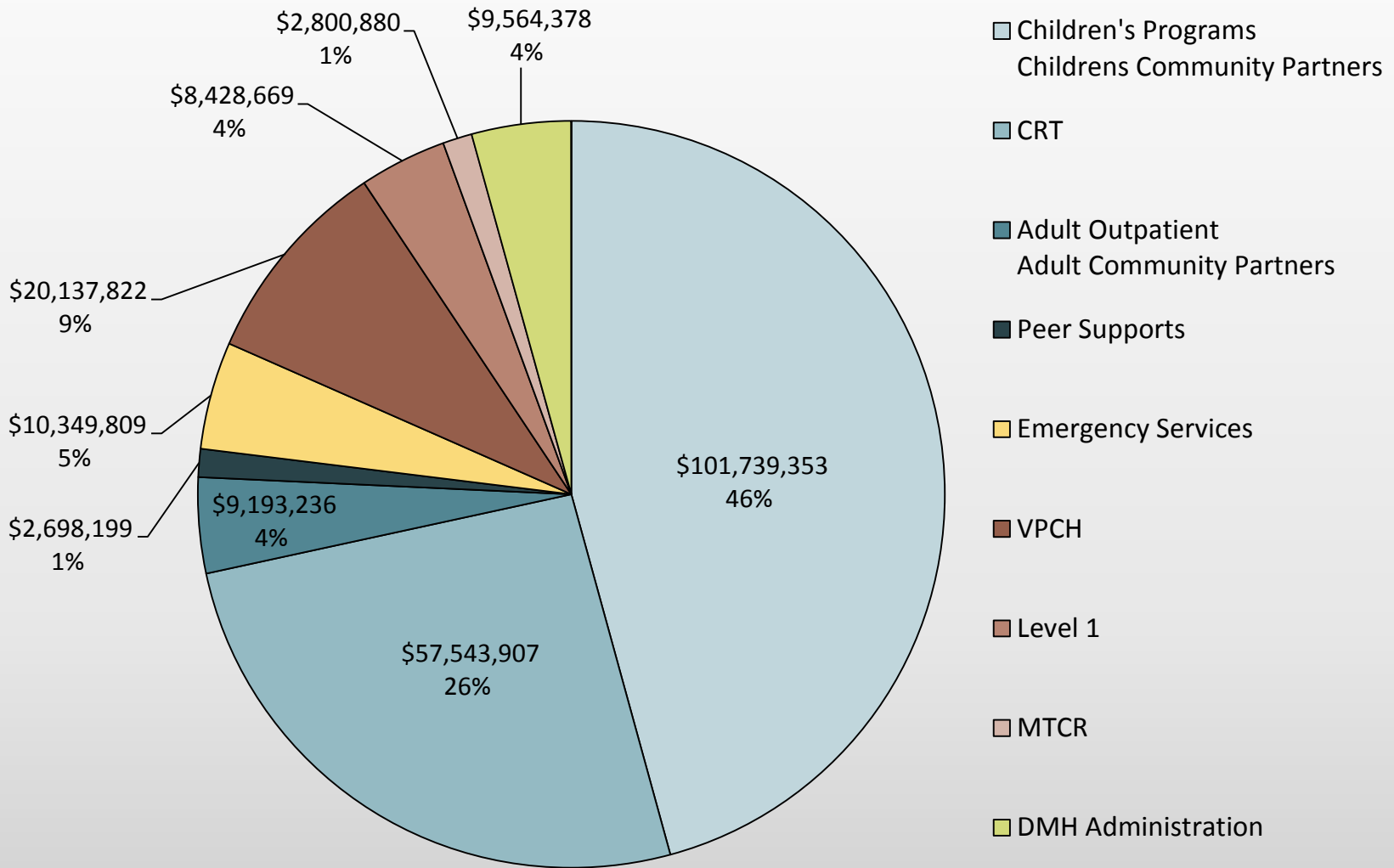


| | |
|--------|---|
| (CMC) | Clara Martin Center |
| (CSAC) | Counseling Services of Addison County |
| (HCRS) | Health Care and Rehabilitation Services of Southeastern Vermont |
| (HC) | Howard Center |
| (LCMH) | Lamoille County Mental Health Services |
| (NCSS) | Northwest Counseling and Support Services |
| (NKHS) | Northeast Kingdom Human Services |
| (RMHS) | Rutland Mental Health Services |
| (UCS) | United Counseling Service |
| (WCMH) | Washington County Mental Health Services |

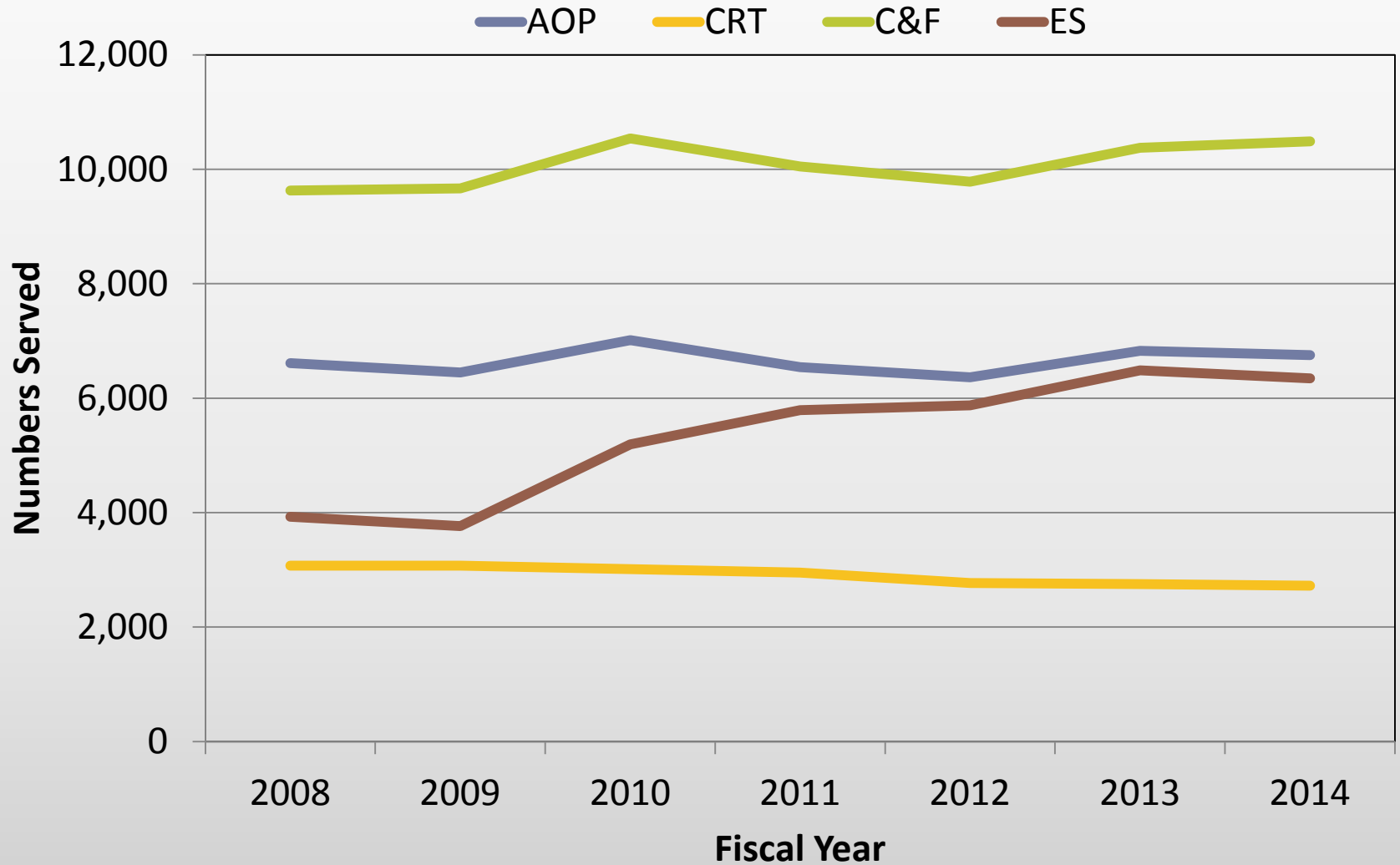
Community Programs

| Program | Description |
|---|--|
| Adult Outpatient (AOP) | Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention |
| Community Rehabilitation and Treatment (CRT)* | Provides services for adults with severe and persistent mental illness |
| Children and Families (C&F)* | Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. |
| Emergency Services | Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed. |
| Advocacy and Peer Services | Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery |

FY16: Program Expenses

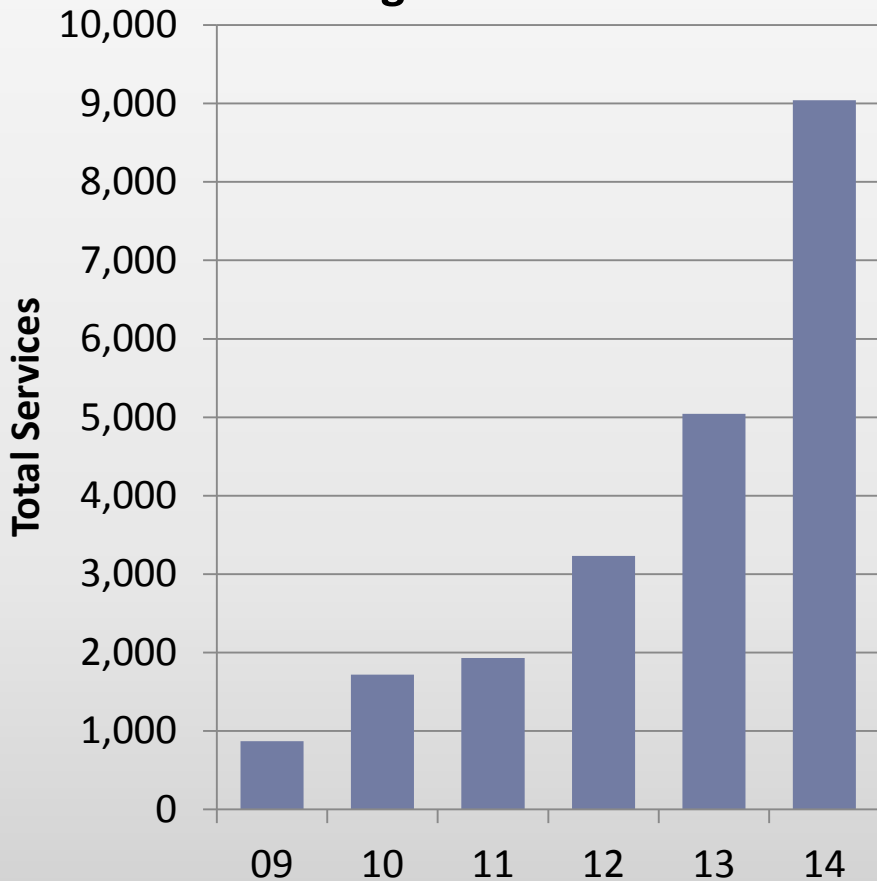


People Served by Primary Program

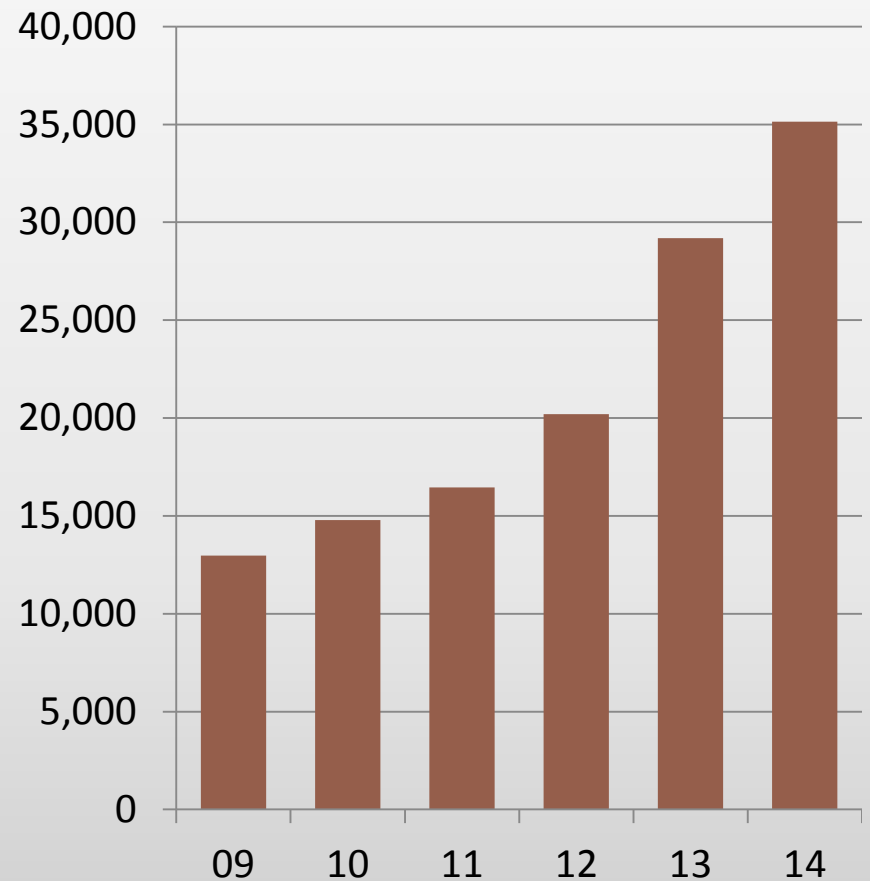


Services by Program (FY)

**Adult Outpatient
Non-Categorical Case
Management Services**

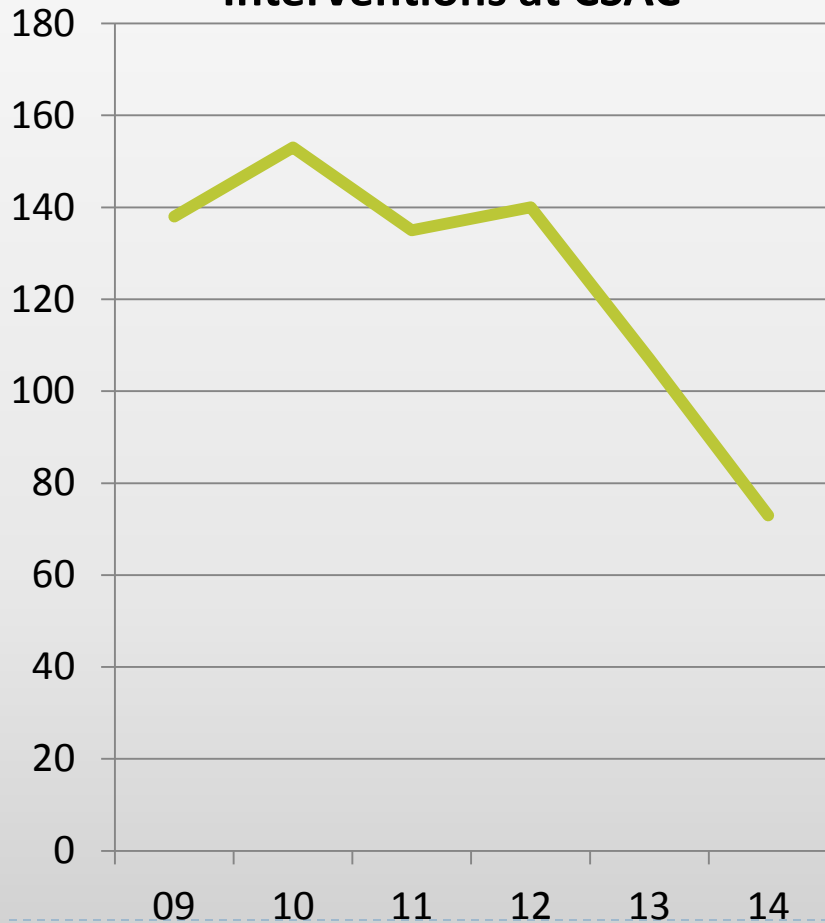


**Emergency Services
Emergency Crisis Services**



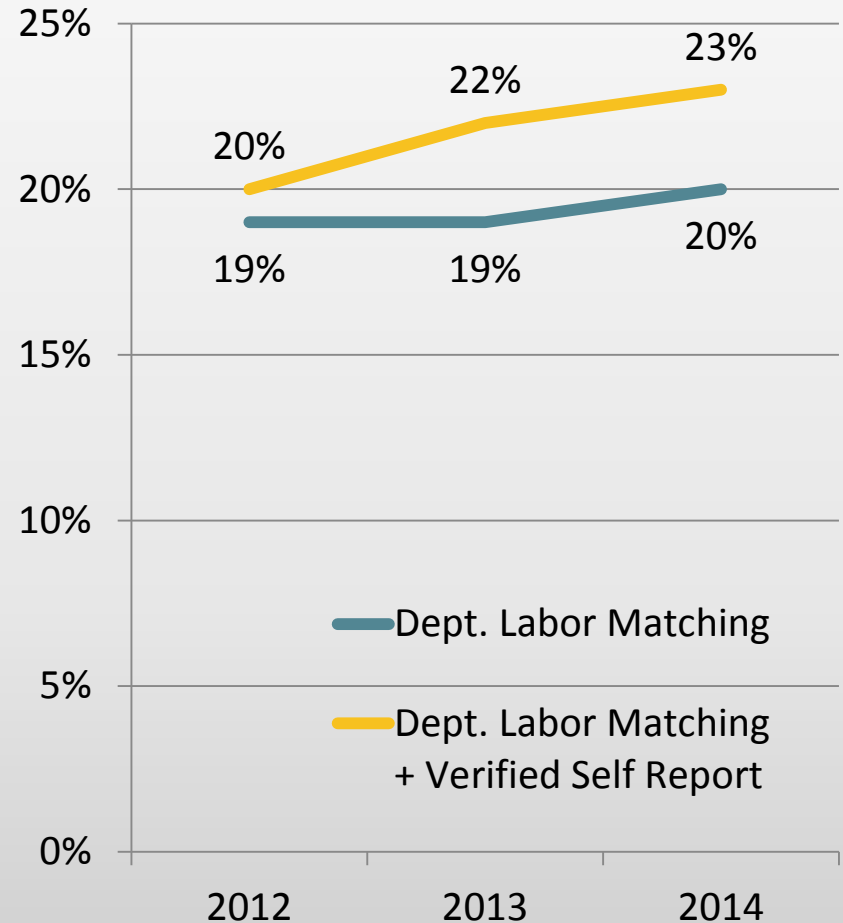
Outcomes for Programs (FY)

Children & Families
Number of Crisis
Interventions at CSAC



CRT

Percent Employment of Clients



Results Based Accountability

*Common Language
Performance to Population
Departmental Scorecards*

Results Based Accountability (RBA)

RBA is a framework that helps programs improve the lives of children, families, and communities and the performance of programs because RBA:

- ▶ Gets from talk to action quickly
- ▶ Is a simple, common sense process that everyone can understand
- ▶ Helps groups to surface and challenge assumptions that can be barriers to innovation
- ▶ Builds collaboration and consensus
- ▶ Uses data and transparency to ensure accountability for both the well-being of people and the performance of programs

Results Based Accountability (RBA)

2 – kinds of accountability

- ▶ Population accountability > Population Indicators
 - ▶ Whole populations: Communities – Cities – Counties – States – Nations
- ▶ Performance accountability > Performance Measures
 - ▶ Client populations: Programs – Agencies – Service Systems

3 – kinds of performance measures

- ▶ How much did we do?
- ▶ How well did we do it?
- ▶ Is anyone better off?

7 – questions, from ends to means

- ▶ Turning the curve

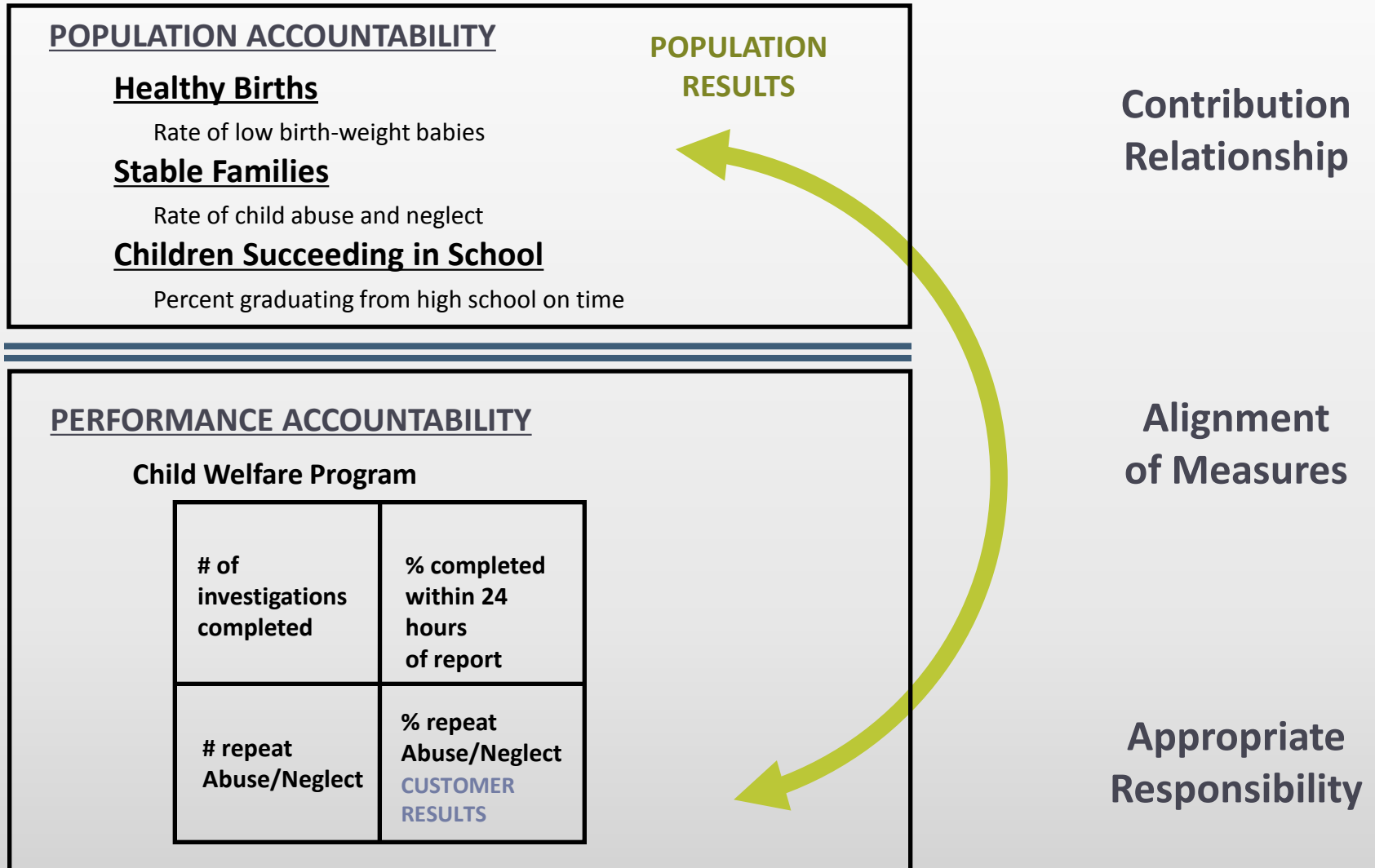
Common Language

Population
Accountability

Performance
Accountability

| Term | Framework Idea |
|----------------------------|--|
| Outcome | A condition of well-being for children, adults, families, or communities (a whole population) |
| Indicator | A measure that helps quantify the achievement of an outcome |
| Strategy | A coherent set of interventions that has a reasoned chance of working (to improve an outcome) |
| Goal | The desired accomplishment of staff, strategy, program, agency, or service system |
| Performance Measure | A measure of how well a program, agency, or service system is working |
| Quantity | <i>How much are we doing?</i> Measures of the quantity or amount of effort, how hard did we try to deliver service, how much service was delivered |
| Quality | <i>How well are we doing it?</i> Measures of the quality of effort, how well the service delivery and support functions were performed |
| Impact | <i>Is anyone better off?</i> Measures of the quantity and quality of effect on customer's lives |

Performance to Population



Departmental Scorecards

Developed Scorecards

- ▶ Department of Mental Health Scorecard
- ▶ 2014 Act 186 Scorecard
- ▶ AHS Strategic Plan
- ▶ VPCH Vantage Pilot
- ▶ Vermont Psychiatric Care Hospital Outcomes

In Development

- ▶ AHS Master Grant
- ▶ Department of Mental Health Snapshot
- ▶ 2012 Act 79 Scorecard



Department of Mental Health

Departmental Budget

Key Fiscal Year Issues and Highlights

FY16 Revenue and Expenses

FY16 Budget Request

Key Fiscal Year Issues and Highlights

- ▶ Operations of the new 25 bed Vermont Psychiatric Care Hospital (VPCH)
- ▶ Medicaid Rate Increase
- ▶ Planning for permanent secure residential recovery
- ▶ Electronic Health Record at VPCH

FY16 Budget Request

Operating / Personal Services

| Request | Gross | General Fund |
|---|-------------|--------------|
| Rescission Items | \$1,878,374 | \$837,655 |
| Annualized Pay Act | \$1,009,291 | \$453,059 |
| Workers Comp Insurance | \$381,629 | \$171,599 |
| VPCH/MTCR Savings | \$162,490 | \$73,072 |
| MTCR Food Service | \$129,984 | \$58,454 |
| Lease at Harvest Lane, Williston | \$43,511 | \$19,450 |
| Electronic Health Record – VPCH Placeholder | \$500,000 | \$224,850 |
| Client Revenue | \$0 | \$2,176 |
| Insurances | \$18,193 | \$8,198 |
| VISION, DII, FFS, HR Internal Service Charges | \$38,781 | \$17,082 |

FY16 Budget Request

Grants / Programs

| Request | Gross | General Fund |
|---|---------------------|--------------|
| Pathways to Housing | \$850,000 | \$382,245 |
| Soteria House | \$500,000 | \$224,850 |
| Youth in Transition Federal Grant Ending | (Federal) \$264,920 | |
| Housing Vouchers | \$500,000 | \$224,850 |
| Vermont Psychiatric Survivors | \$200,000 | \$89,940 |
| WCMH Collaborative Solutions Integration Project | \$135,610 | \$60,984 |
| HCRS Sparrow | \$188,801 | \$84,904 |
| Non-Categorical Children's Services | \$381,255 | \$171,450 |
| Wellness Workforce Coalition | \$20,000 | \$8,994 |
| Alyssum – Budget Utilization | \$10,000 | \$4,497 |
| Meadowview and Hilltop – Budget Utilization | \$525,000 | \$236,093 |
| Enhanced Family Treatment Variance | \$35,000 | \$15,740 |
| Medicaid Rate Increase | \$1,687,126 | \$758,701 |

FY16 Budget Request

AHS Net Neutral

| Request | Gross | General Fund |
|---------------------------------|-------------|--------------|
| Reach Up CHSLV Share to VDH | \$87,832 | \$53,813 |
| ISB – DCF Transfer | \$1,233,233 | \$554,585 |
| Children’s ABA Services | \$3,671,648 | \$1,651,140 |
| IFS – Transfer to DMH from DAIL | \$100,000 | \$44,970 |

SUMMARY

| Item | Gross | General Fund |
|-------------------------------|--------------------|------------------|
| DMH Request | \$6,592,876 | \$3,066,097 |
| AHS Net Neutral | \$4,917,049 | \$2,196,882 |
| Balance of DMH Request | \$1,675,827 | \$869,215 |

Contact Information

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