DMH Talking Points
FY 19 BAA

Reduce Sheriff Supervision

Gross: $145,508 GF: $67,239

This is a reduction for ¼ year to Sheriff Supervision cost. A large portion of the money we pay under the sheriff's contracts is for supervision in emergency departments (ED) vs transportation. We are legally required to provide transport, we are not for supervision – it was something DMH started doing after Irene to help the hospitals. However, it has been an ongoing and increasing cost for DMH's budget. Supervision simply provides an additional body other than hospital staff to keep eyes on a person. A hospital's ability to manage the dysregulated behavior of a patient who is waiting for an inpatient psychiatric bed varies from hospital to hospital. This may be due to the need to maintain a safe surrounding, availability of support resources, or security services at the hospital

Per Centers for Medicare and Medicaid Services (CMS) standards non-hospital personnel may not put hands on, restrain, contain in any way, or otherwise stop a person from leaving the ED. CMS is very clear that patients in the hospital are the sole responsibility of the hospital. Should a sheriff intervene, which unfortunately happens, Licensing and Protection (L&P) can and does investigate. At least two hospitals have had findings against them and one is working on a corrective action plan to avoid losing their CMS certification. Using Sheriffs in EDs continues to expose the hospitals to increased risk of further CMS violations. Should they find the hospital violated CMS standards, the hospital's certification may be at risk. Hospital's will insist this is a necessary service as they are people under DMH custody, but it is not legally required and does nothing more than cost DMH hundreds of thousands of dollars each year to pay sheriffs to simply watch a person in an ED, without being able to actually help in an intervention. Further, some hospitals have built psychiatric-specific supports in their emergency departments allowing reduced reliance on sheriff supervision, which may have contributed in an overall decrease of sheriff supervision use in 2018.

University of Vermont Medical Center (UVMMC) Salary Increases

Gross: $214,558 GF: $99,147

DMH re-negotiated the UVMMC contract this year and with that, UVMMC required salary increases for their Psychiatrists. With the recent retirement of some of the Psychiatrists providing services to VPCH and MTCR, UVMMC has had difficulty hiring into these positions due to the statewide shortage of Psychiatrists. Therefore, it was necessary to increase salaries for recruitment and retention purposes by bringing their salaries more in line with those of hospital psychiatrists in the region. This is to cover the cost of those increases.

Recognition of additional Medicare Revenue for VPCH

Gross: $750,000 GF: $0

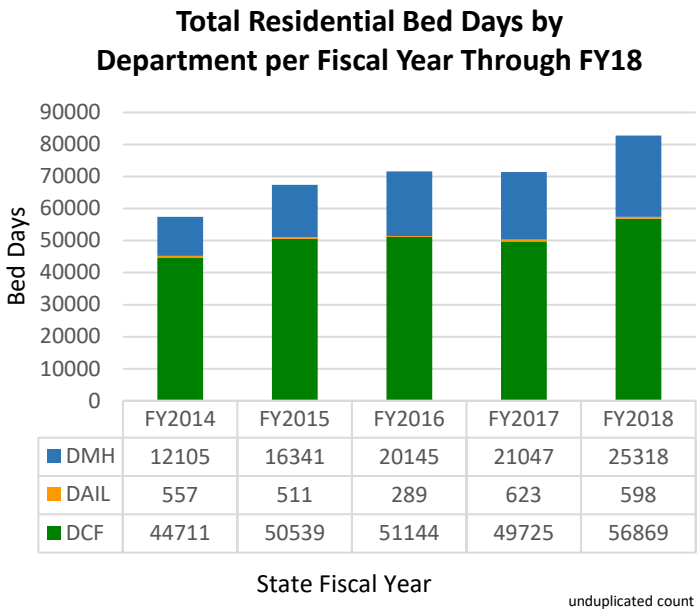
This is to account for additional Medicare revenue beyond what was originally budgeted. Over the last couple of years, DMH has received an average of $1.2M annually, and this will bring our appropriation to ~ $1.184M. These funds are necessary to cover the cost of VPCH operations.

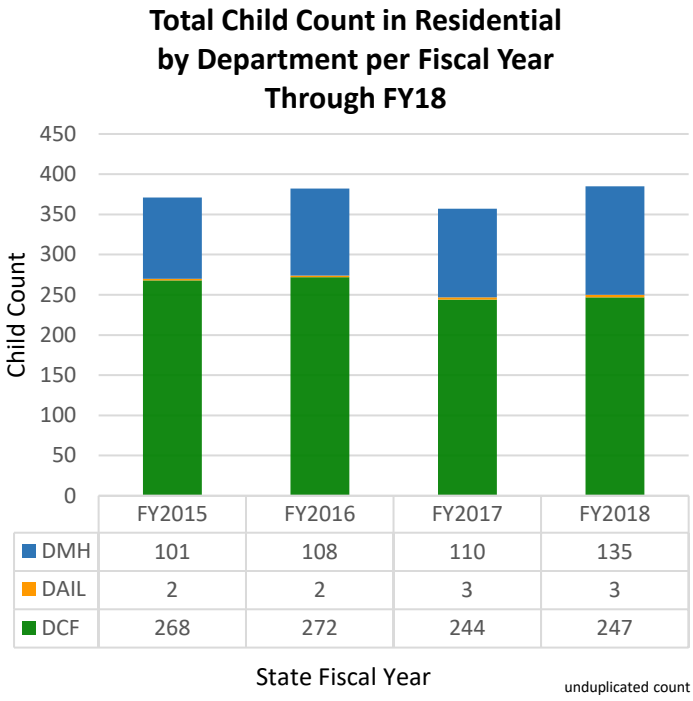
Child/Youth Residential

Gross: $1,548,085 GF: $751,478

DMH has an ongoing pressure in PNMI (private non-medical institutions – residential treatment for children). Due to many factors, but primarily increased family challenges (including adverse family experiences such as opioid use, parental MH, and difficulty managing a child/youth's challenging behaviors), decreased access to community-based services due to staffing challenges, and decreased risk tolerance in communities due to threats of violence, the demand for residential has increased. DMH has seen an increase in the acuity of clinical need in the children and their families. When the community-based array of clinical and support services has not been able to adequately address the clinical needs, children are referred for residential treatment.

Our children's clinical care management team uses clear procedures and guidelines with clinical criteria to determine medical necessity for residential treatment and provides technical assistance with expecting schools, communities, families and Designated Agencies (DAs) to work together to explore options to meet the needs of the child in the community. When children or youth are determined to meet the medical necessity criteria for residential treatment, the DMH is required to provide that level of care under the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Determinations adverse to the request of the family are sometimes met with appeals. In order to fulfill the EPSDT mandate to provide medically necessary services to address or ameliorate a child/youth's identified mental health needs, we fund the necessary residential treatment for children in programs in-state and out-of-state. While DCF has seen a reduction in their residential utilization rates, DMH's experience is that children and their families still have very high needs that are addressed through the DMH system (see charts below).





Lastly, while our request is in response to the increased need for residential assessment and treatment, PNMI also funds the local short-term crisis beds at Howard Center; however, these are accessed by local crisis teams following specific protocol. DMH does not approve the initial placement; crisis teams are authorized to approve up to 10 days in this setting. This represents around $1M of the DMH PNMI spending and is often impacted by Howard Center's requests for extraordinary financial relief which DMH is unable to budget for in advance.

Additional Mental Health Block Grant (MHBG) Funds

Gross: $339,204 GF: $0

DMH received notification that our block grant funds increased in FY 19.

The majority of the mental health block grant funding goes towards efforts to support children and adolescents who are experiencing a severe emotional disturbance or adults with long-term mental illness to successfully remain in the community and avoid out-of-home and community placements. The remaining funds are allocated based on current needs of the system informed by recommendations from an advisory council with members from AHS, the community and individuals with lived experience. These investments generally include support for evidence-based practices, peer operated initiatives, psychiatric survivors, housing infrastructure and suicide prevention.

Transformation Transfer Initiative (TTI) Grant

Gross: $116,667 GF: $0

DMH has applied for grant funds through the Substance Abuse and Mental Health Services Administration (NASMHPD) to establish and expand comprehensive, crisis psychiatric bed registry programs.

The Vermont Department of Mental Health's current contract for an E-bed board expires in the next year. The Department's proposal is to leverage funds offered through the Transformation Transfer Initiative to perform an evaluation of Vermont's E-bed board functionality against current and future business needs and to provide a gap analysis based on currently available resources to meet the business needs. The evaluation results will be the basis for an E-bed board RFP and a determination to perform maintenance, update or replace the current electronic bed board system.

- One of Vermont's goals for the E-bed board is to expand current functionality so that it can better support individual's transitions in care and enhance and manage flow in our mental health system and improve discharge data and analytics.
- In addition, the evaluation of the current E-bed board will assist with near and long-term planning regarding the collection of additional encounter data about services provided for individuals in residential or crisis bed setting.
- Finally, the Department is seeking to align the E-bed board functionality to the extent practicable with planning underway by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs. The Vermont Department of Health will use STR and SOR funds to develop a centralized intake/call center that will support consumers and providers accessing timely care for addiction treatment. The core elements of the system are expected to include a resource website, a call center for information, referral and appointments; education supports, outreach and case management, and marketing. Additional capacity through the TTI grant will assist the Department of Mental Health and others in the State of Vermont to align resources for ease of access to individuals, families, providers and payers.

The total grant proposal is $150,000. DMH estimates that we will expend $116K of that in FY 19 if this grant is awarded.

Allocation of AHS-wide Grants reduction plan (AHS net-neutral)

Gross: ($1,032,921) **GF: ($477,313)**

This is an AHS-wide grant reduction initiative to implement best practices around grant management. DMH continues to monitor and ensure accountability in spending that align with performance measures and outcome goals of grant recipients, and to complete the objectives of the grant funds being utilized. DMH is committed to continuous quality improvement of grant oversight and monitoring critical metrics of progress towards outcomes.

AHS/AOA changes:

Vermont Department of Health (VDH) Memorandum of Understanding (MOU) for Maternal Health grant

Gross: $26,624 GF: $0

This funding is to support .5 position for ½ year beginning January 1, 2019. This position will work with the Department of Health on a project to expand early identification of maternal depression and provide access to mental health and substance use disorder screening, treatment and referral. This project is funded by the Health Resources and Services Administration (HRSA) through a grant program approved by the Joint Fiscal Committee via JFO # 2708.

The Health Department will collaborate with the Department of Mental Health on this five year project. The Health Department is the federal grantee, and Department of Mental Health costs will be funded through a transfer of grant funding.

Agency of Digital Services (ADS) true-up from AHS Central Office

Gross: $394,134 GF: $197,067

This is a true-up of ADS cost associated with the Department of Mental Health.

VDH MOU for Opioid Overdose Prevention

Gross: $270,000 GF: $0

This is a grant received by VDH and will be handled through interdepartmental transfer. The expected work activities are to support DMH and DMH's community partners' and designated agencies' efforts to address opioid related fatalities with the individuals they serve. Funding can be used to support DMH staff time associated with managing this work and/or can be provided to designated agencies and community partners for implementing prevention services to reduce deaths related to opioid overdose.

The overall goal of the ADAP funds being granted to DMH is to address ways to reduce the number of deaths related to opioid overdose among adults supported by the DA's CRT programs.

In order to achieve this goal, as well as increase the number of people engaging in substance use disorder treatment for opioid use, community mental health staffs' knowledge, skills, and competence will be increased around evidence-based practices for supporting people with co-occurring opioid use and mental health challenges. Staff will also be knowledgeable about all the local resources and organizations with whom to collaborate to best support the individual with the complex needs associated with recovery.

DA's and preferred provider organizations will be supported to develop improved coordination around clinical treatment planning to ensure it is better individualized and person-centered for individuals receiving both SUD and MH services.

Expert training and consultation activities will be part of implementation activities and ongoing sustainability efforts

Success Beyond Six (SBS) - Locally matched

Gross: $16,200,000 GF: $7,486,020 (locally matched)

Overall program growth for the SBS program, which includes behavioral interventionists, school-based clinicians, and funding for specialized schools, is anticipated to be approximately $16.2M more than the fy19 base appropriation, bringing the program total to just over $70M. Match is paid for by the local schools.

The children's system is experiencing pressures in community-based, inpatient, crisis stabilization, and residential treatment programs, so the needs for children and families appear to be increasing across our system, including within schools. Youth Risk Behavior Survey (YRBS) data indicates that 19% of middle school students show signs of depression and 18% have had serious thoughts of suicide; 25% of high school students show signs of depression, 16% have hurt themselves on purpose, 11% have made a plan and 5% attempted suicide. Although overall student enrollment has decreased, VT has the highest rate of identified SED in the nation and schools are requesting mental health supports so that students can remain in the classroom and school setting, while also bringing MH expertise and consultation to their school-wide efforts to address all students' needs.

Move Children's Individual Service Budget (ISB) Funds back to DCF (BAA Item)

Gross: ($750,000) GF: ($346,575)

With the DMH payment reform effort, the Medicaid services being provided by the DA system for the children and youth in DCF custody will be included in the Medicaid bundles. This includes the Micro-residentials as well as individual fee for service. The remaining funding is being returned to DCF for a direct contract to Laraway for services similar to those previously provided through ISBs.

Brattleboro Retreat (SFY 18 Carryforward funds)

Gross: 1,045,496 GF: $483,124

In FY 18, DMH had a surplus that was in part due to Brattleboro Retreat Billing issues at both Children's and Adult programs. Because of these billing issues in FY 18, the funds will be expended in FY 19. Therefore, DMH was allowed to carry forward the funds.

Applied Behavior Analysis (ABA) funding back to DVHA for NCSS

Gross: ($697,100) GF: ($322,130)

This funding was added to the NCSS (Integrating Family Services) IFS bundle over a three-year period beginning in FY 16. DVHA has created a bundled payment structure to pay for all ABA services beginning July 1, 2019. This is a net neutral transfer to DVHA.

DVHA to DMH for Payment Reform

Gross: $2,796,026 GF: $1,271,432

This is the cost associated with Mental Health services currently being paid to the Designated Agencies through DVHA. DMH has gone through an extensive payment reform effort, which began on January 1, 2019 to bundle adult and children's mental health services. Included in these bundles is the dollars associated with the DVHA spend for mental health services through the designated agencies.