DMH Talking Points

FY 20 BAA Supplement

VPCH – Lost Medicare Revenue Due to COVID Crisis

Amount: ($ 204,369)

This amount represents a reduction in special funds. Due to the low census of hospital patients, DMH is projecting that we may experience a decline in Medicare billing and revenue. With current clientele, all Medicare benefits are exhausted, therefore, no more billing can occur. While it is possible that we may admit a Medicare patient in the coming weeks, the likelihood of being able to bill and receive payment by June 30, 2020 is very low.

COVID 19 Emergency SAMHSA Grant

Amount: $1,073,253

DMH and ADAP jointly applied for a Substance Abuse and Mental Health Services Administration (SAMHSA) grant with only seven business days to complete the grant application; we were notified just four business days later that Vermont received the maximum of $2Million. This grant will contribute to our system for provision of crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. The grant will allow VT to address statewide mental health and substance use COVID-19 associated needs through implementation and expansion of services and supports, and bolstering emergency services and mobile response. It will also increase access to care for healthcare workers with mental disorders.

DMH Priority Areas

1. **Expansion of Emergency Services for SMI Population:** This is the majority of the funding Vermont's SMI population utilizes the emergency services system for support as part of their regular treatment plan and due to the current circumstances, this population will need extra support, taxing the current system. To ensure we have the capacity to meet the needs Vermont is proposing funds be used to increase the capacity of the emergency services system by purchasing technology for the staff to provide telehealth services 24/7. These services would be utilizing evidence-based practices for addressing suicide and severe mental illness. The equipment includes tablets and phones for telehealth, and fax/scanner/printers to ensure legal documents are sent in a timely manner to the court, attorneys and state agencies.

2. **Renovations to Existing Crisis Programs**
Vermont is proposing to utilize funds for renovations to existing MH crisis programs to make space more accessible and private for SMI clients. Some of Vermont's programs do not allow for adequate social distancing and safety for both staff and clients. Although the priority for providing emergency services will be through telehealth, there will be circumstances for which an in-person meeting is necessary with the goal of diverting hospitalization to an already stressed facility and ensuring individuals are safe. Minor renovations are needed at some of the facilities across the state to create these safe spaces. All of the crisis programs in Vermont utilize evidence-based interventions.

3. **Mobile Crisis Van, Sensory Bags, PPE, Equipment to Respond to SMI Clients**

Vermont is proposing to purchase a van to be utilized for a mobile crisis response to individuals with SMI in Rutland County. This van would allow space to comply with social distancing while meeting with individuals who are on the streets and/or homeless. This van could be utilized to make home visits to existing clients and allow a private space to meet with the clinician if needed. The van would be outfitted with **gear such as sensory bags, sanitizing agents, and PPE** to enable outreach with the ability for clients to go to a safe and appropriate place for de-escalation and support.

4. **MH Peer Support Services and Outreach**
   MH peer-to-peer services are an important element of Vermont's mental health system of care. Vermont is proposing funds be used for expansion and extension of these services to provide community support and outreach to vulnerable Vermonters with SMI. Funds would be used to pay for peer support staff to increase services such as the peer support line, peer support outreach, virtual peer support groups and peer support for clients enrolled in the supported employment program. The supported employment program is an evidence-based program providing supports for individuals with SMI to remain gainfully employed. These individuals will be significantly impacted by the effects of COVID-19 including the loss of their jobs and loss of supports to find employment or education because their employment counselors have been deployed to work in other areas. Without a job to go to each day, the structure and purpose of their lives in addition to their income is greatly impacted and is deleterious to their whole health.

5. **Outreach to Individuals with SMI:** As noted above, Vermont has a number of individuals in isolation programs across the state who are homeless, inadequately housed or whose current living situations are not an option for isolation. Vermont is proposing funding for staff time to do outreach to individuals in these facilities suffering from SMI who are not currently engaged in treatment. Increased staff time to respond to the demand for mental health interventions is critical for this high-risk population. Funded staff will be able to connect individuals to evidence-based medication, treatment, and recovery supports.

Estimated Coronavirus Relief Fund Need

VPCH – Lost Medicare Revenue Due to COVID Crisis

Amount: $ 204,369

This amount offsets the reduction in special funds described in the BAA Supplement section above. Due to the low census of hospital patients, DMH is projecting that we may experience a decline in Medicare billing and revenue. With current clientele, all Medicare benefits are exhausted, therefore, no more billing can occur. While it is possible that we may admit a Medicare patient in the coming weeks, the likelihood of being able to bill and receive payment by June 30, 2020 is very low.

Overtime for 12 Hour Shifts at VPCH during COVID crisis

Amount: $318,173

VPCH worked with the VSEA and the Department of Human Resources to institute 12 hour shifts during the COVID crisis to ensure adequate staffing. All direct care staff, including Nurses and Mental Health Specialists are now working 12- hour shifts. Staff are being paid for 8 hours of regular time and 4 hours of overtime each day worked. Our projection assumes that the 4 hours of overtime will be funded with COVID relief funds.

In addition, this includes the enhancements/benefits provided by the state to pay every employee working face to face per guidance issued beginning April 6, 2020, $2.25 per hour for overtime hours (including the 4 hours of overtime).

The decision to transition to 12s was to preserve and stabilize our workforce with limited impact to safety or care delivery, at both VPCH and MTCR. With up to approximately 1/3 of our workforce unable to work at any one time, the 12-hour shift model reduced the number of employees needed per day to maintain the staffing levels patient care and safety demand. This transition also allowed employees the much-needed flexibility to utilize COVID leave when necessary due to being ill, required to isolate, or required to provide childcare, without significant impact to safe staffing or care quality. This transition also aligned with our primary goal to keep COVID out of the facility by reducing the number of potential nosocomial COVID transmissions per day. A positive case in the facility would be very difficult to contain and it is anticipated that it would have a significant impact on our staffing levels.

We continue to track and trend our active workforce capacity, community contagion, and reopening projections to determine when and how to transition back to our conventional staffing model with minimal impact to safety and care delivery.

VPCH Direct Face to Face Wage Expenses

Amount: $163,447

The state of Vermont issued guidance for enhancements/benefits to state employees who work face to face with members of the public beginning on April 6, 2020 through June 30, 2020. This enhanced benefit will pay each staff member who works in a situation or facility described below $1.50 per hour for every hour of regular time worked.

- assigned to work in a Correctional Facility, regardless of department
- assigned to work in the Vermont Psychiatric Care Hospital, regardless of department
- assigned to work in the Middlesex Adolescent Program, regardless of department
- assigned to work in the Vermont Veterans' Home, regardless of department
- working for Department of Corrections Probation and Parole Division
- working in the Agency of Human Services for actual time spent in direct, in person, face-to-face contact with a member of the public during their work hours
- members of the Vermont State Police for actual time spent in direct, in person, face to face contact with a member of the public during their work hours

VPCH – Additional Travel Nurse Cost During COVID Crisis

Amount: $367,230

This is to cover the increased cost of travel nurses during the COVID crisis. VPCH is experiencing a shortage, about one third, of nurses due to staff leave time and numerous vacant positions. In addition, there has been an hourly rate increase for travel nurses due to working face to face with clients at the Hospital in order to bring them in line with state of Vermont workers on the front line.

In light of the pandemic and the imminent loss of several travelers to higher-paying crisis assignments, we needed to remain competitive in the travel market to retain the travel staff that we rely on to meet our daily care and safety demands. In the event of an outbreak at VPCH we would have required even more support from our travel companies. As part of the amendment it was agreed upon that VPCH could terminate the crisis pay at the determination of crisis resolution. As we continue to track and trend our active workforce capacity, community contagion, and reopening projections, and travel market trends, we are also considering the markers that would indicate termination of this agreement.

VPCH – Hotel Cost for Staff

Amount: $43,575

DMH entered into an agreement with the Hilltop Inn in Berlin Vermont, located near VPCH, to lodge healthcare workers who are working face to face with clients at the Hospital. Direct care staff at VPCH are working 12 hour shifts consecutive days, therefore, DMH wants to have an option available for staff members to sleep if traveling a long distance.

Inpatient Psychiatric Hospital Capacity for COVID Positive – Building Fit Up Cost for 10 Beds in Springfield

Amount: $587,335

The psychiatric unit at the Windham Center (which is a part of the Springfield Hospital) has traditionally treated lower acuity individuals, and for the past year and a half has only treated voluntary patients. The unit requires some modifications in order to be able to manage the variable acuity of this new unit so they will be able to treat both voluntary and involuntary patients. The unit modifications include but are not limited to; ligature resistant hardware on all doors, ligature resistant sinks in bathrooms, an improved fence for the outdoor area for patients, new psychiatric unit furniture and nursing station modification.

Inpatient Psychiatric Hospital Capacity for COVID Positive – Operating Cost for 10 Beds in Springfield

Amount: $1,000,000

This amount represents the projected cost through June 30, 2020. The Department of Mental Health (DMH) convened hospital leadership across the state who manage inpatient psychiatric hospitals and units to assess current risks and to make recommendations to ensure the health and safety of patients. What became clear in the meeting was the need for an alternative inpatient psychiatric facility that had the capacity to care for individuals with significant psychiatric needs who test positive for COVID-19 but have only mild symptoms. This alternative facility would accomplish three main goals:

1. Creates the capacity to provide treatment and care to COVID-19 positive patients who have mild COVID-19 symptoms but significant psychiatric needs. This includes those currently receiving inpatient care or those who may present in an emergency department.
2. Mitigates the spread of COVID-19 in psychiatric inpatient facilities to ensure the health and safety of patients receiving treatment as well as to preserve inpatient capacity.
3. Ensures individuals who require inpatient treatment that are under the care and custody of the Commissioner of Mental Health have access to timely and appropriate mental health care and treatment.

DA/SSA Hazard Pay– Face to Face Contact with Clients during COVID Crisis

Amount: $3,034,942

DMH and DAIL received a request from the Designated and Specialized Service Agencies for funding to support hazard or incentive pay for staff who work face to face with clients for a period of twelve weeks. This document is to outline the request and our recommendation, including options that we considered during our review.

Based upon review of the information provided the State has determined that the most consistent and justifiable methodology to determine an appropriate hazard pay response should be aligned with the hazard pay response for state employees. That package includes a $1.50/hour increase for face to face time and a 20% increase for face to face work time with COVID-19 positive individuals.

Using staffed worker data provided to DMH and DAIL by the DA's and SSA's a staff sample review indicated that state workers' average hourly rate is approximately 24% higher than staffed DA/SSA face to face workers.

Methodology

In calculating the amount of funding to distribute to the DS/MH providers the State increased the average DA/SSA hourly wage for those face to face staff (data provided to DAIL/DMH by VCP) by 24% before adding an additional $1.50 and an estimated 20% increase for positive COVID-19 face to face time based on the recommendation by the DAs and SSAs that 10% of the staff may work with this population over an 8 week period. The total amount to be distributed to DA's and SSA's to cover a 12-week period for incentive/hazard pay for direct care staff is **$4,817,006**. The DMH portion of this funding is $2,986,932

Increased Funding for Shared Living Providers

The DA's and SSA's financial relief and stabilization request in Phase 2 included a request for financial support for Shared Living Providers (SLP). That support was to address the additional care they are currently providing during the 'stay home, stay safe' order and the potential for care of an individual who might be COVID-19 positive. The State has approved additional relief at $500 per month, per SLP provider. We encourage our Agencies to use that additional funding in concert with the opportunity DAIL has provided for conversion of unused respite or SLP-managed funds to increase SLP stipends based on individual needs. Those are funds not associated with agency staff, infrastructure, or operations. The total new amount to be distributed based on the $500 per Shared Living Provider count for three months is **$2,190,000**. The DMH Portion is $48,000.

Total Relief Package

The total relief payment for hazard/incentive pay and home provider increases is **$7,007,006** (DMH Portion - $3,034,932) and was paid to the DA's and SSA's via lump sum Exhibit payouts by DMH and DAIL.

DA/SSA – Financial Relief for COVID crisis

Amount: $2,458,276

The amount above represents Phase 2 of DMH's effort to provide fiscal support and stability the DA/SSA network. DMH and DAIL recognize that DA's and SSA's are grappling with additional fiscal pressures and revenue losses due to COVID-19 beyond the initial stabilization of their revenue and funding streams and hazard pay/SLP increases.

Phase 2 of the financial relief and stabilization strategy called for DA's and SSA's to submit documentation outlining fiscal pressures and/or revenue loss due to COVID-19 not remedied by the stabilization strategies outlined in Phase 1. Fiscal relief related to the DA/SSA providers need to provide hazard/incentive pay to direct care staff as well as additional resources for shared living providers was prioritized and executed in an expedited manner as noted in the DA/SSA Hazard Pay section of this document.

Phase 1 financial relief strategies for our Designated and Specialized Service Agencies to stabilize programming, services and supports within existing payment methods and funding available were executed in March 2020. This included:

- Maximizing the flexibility of the current Mental Health Case Rate model of which DA/SSA providers are paid monthly for case rate services on a prospective basis using an annual budget and adjusting the reconciliation process to reflect changes in practice and utilization due to COVID19
- Providing a temporary revised rate methodology for PNMI that provides assurance of payment and expedited EFR process
- Expedited payments for EMR implementation
- Adjusting minimum thresholds for Success Beyond Six services and implementing an emergency case rate for fee for services programs

- Flexibility within Developmental Services Daily Rate Billing – DAs/SSAs bill for Developmental Disability Services based on individualized rates, on a bi-monthly basis. Requirements to actively manage billing and adjustments to reflect service provision have been suspended, and agencies may bill the daily rate consistently to provide stability for the agency
- Early release of one-time funding to Developmental Services providers with enhanced flexibility related to use

DMH and DAIL are committed to supporting the fiscal stability for our designated community mental health agencies and specialized service agencies. DMH and DAIL will continue to work in good faith with the DA/SSA providers to ensure continued access and capacity with our system of care.