

NFI Vermont, Inc.
Workforce enhancement needs
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I have spoken to many legislators over the last few months. This is additional testimony to the Legislative Community feedback on the FY 2020 Budget. Thank you all for what you do and for finding the time to listen. We support the priorities of the Vermont Care Partners. In addition, below is NFI's situation and needs. These are essential for NFI to continue providing the services we do.

Workforce funding for DA's & SSA's in State Fiscal Years 2018 and 2019 hasn't gotten to NFI. NFI is a designated Specialized Services Agency serving the mental health needs of adolescents and their families throughout the state. We are similar to but different than DA's (Designated Agencies), but still contract directly with the Department of Mental Health. NFI is the only Mental Health SSA that coordinates with the DA system and supports the system of care across the state of Vermont by actively participating with the Vermont Care Partners and DMH.

The increase NFI needs to continue is **\$357,000** total Medicaid increase.

The state general fund equals **(42%) \$149,940**.

This will allow NFI to fill needed staff positions and decrease the likelihood that staff take higher paying jobs with physical healthcare, education, and state agencies.

Important facts about NFI:

1. Opened new Adolescent Hospital Diversion beds 4/2018 (called Hospital Diversion South).
 - a. Can't admit all 6 kids because of open staff positions.
 - b. NFI is totally financially at risk for this program.

2. Started Child and Parent Psychotherapy (CPP) to help with the opiate epidemic.
 - a. NFI identified CPP as a highly desirable model because it is evidence-based, family focused, community based, and cost effective.
 - b. NFI convinced DMH and DCF to contribute.
 - c. NFI contributed in-kind resources and funding to ensure the first training collaborative happened with Easter Seals.

Youth utilizing Hospital Diversion South beds have already saved the state \$768,580, since April 29, 2018! Cost savings occur in several ways when NFI Hospital Diversion beds are utilized.

1. The Length of stay for NFI HD = 9. For the other HD or hospital acute units = 14. Therefore there is a 5 day savings of days paid for when youth are served in the NFI HD beds than other providers.
 - a. 715 Admissions to Hospital Diversion South since 4/29/2018 = 79
 - i. 79 admissions with 5 fewer days per admission = 395 bed days not used because of youth referred to NFI HD.
 - ii. 395 bed days at the daily rate of \$1,200 = \$474,000
2. Also the daily rate for acute care residential for youth and adolescents is \$1,200/day for some providers. The daily rate for NFI HD's is \$788. That is a savings of \$412 per day.
3. For the 715 bed days of the HD South Program only the "per daily rate" savings totals \$294,580.
4. Total savings experienced by the system of care related to NFI HD South only is below:

395 fewer bed days =	\$474,000
Lower daily rate savings =	<u>\$294,580</u>
Total NFI HD South savings =	\$768,580

5. Youth are referred from hospital Emergency Department which are the most expensive settings for behavioral health treatment. If the savings relate to youth not staying in the Hospital Emergency Department is included the savings to the system of care is even greater. An overnight stay at a Hospital Emergency Department is greater than the \$1,400 per visit fee. Meals, services by physicians and multiple other staff drive the cost higher. Also, this isn't the appropriate setting to effectively treat most youth.

Potential language might be to the effect that... **"Legislature authorizes DVHA and DMH to increase the rates for all mental health related rates total state general funds totaling \$149,940 to be matched with federal Medicaid funding to totally at least \$357,000 for state fiscal year 2020. These funds will be used by Specialized Services Agency(ies) providing residential children's residential crisis stabilization services called Hospital Diversion and receiving referrals from Hospital Emergency Departments, as well as from other sources, with admissions generally being screened through DMH screening resources."**