

NFI Vermont, Inc. Testimony to Senate Appropriations

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Workforce enhancement needs

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Thank you all for what you do and for taking the time to listen. A mother whose daughter was recently served by one of our Hospital Diversion Programs will provide her testimony about the importance of the service to her daughter and their family.

I have spoken to many legislators over the last few months about the fact that NFI, as an SSA needs workforce enhancement funding in the form of increased Medicaid rates for our current DMH and DVHA rates. NFI has not received adequate workforce funding for DA's & SSA's during State Fiscal Years 2018 and 2019. This testimony is similar to that provided in March to the Legislative Community feedback on the FY 2020 Budget. We fully support the priorities of the Vermont Care Partners, which the committee has received. In addition, below is NFI's situation and needs. These are essential for NFI to continue providing all the services we currently do.

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 serves children and adolescents only and we coordinate with the DA system and support the system of care across Vermont, working closely with DMH and as an active Member of the Vermont Council and the Vermont Care Partners.

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

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

This will allow NFI to fill essential staff positions and decrease staff turnover to jobs in physical healthcare, education, and state agencies.

Important facts about NFI:

1. Opened new Adolescent Hospital Diversion beds 4/2018 (called Hospital Diversion South) in Brattleboro. This program is a collaborative with HCRS (local DA).
 - a. Can only admit 3 out of total of 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 bed days at Hospital Diversion South since 4/29/2018 = 79 Admissions
 - 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 as a reduction of Medicaid expenditures (most youth served by NFI Hospital Diversion Programs are funded by Medicaid) related to NFI HD South only is **\$768,580**:

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

5. The staff responsible for this cost savings deserve to be reimbursed adequately to retain their jobs.
6. 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 much higher. Also, this isn't the appropriate setting to effectively treat most youth in a psychiatric crisis.

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."**

Good Afternoon,

My name is Kelly Smith and I am here to talk with you about my family's experience with NFI. I want to encourage all of you to approve the funding requests of this life-changing program.

On December 22, 2018, my 13-year-old daughter attempted to end her life. She took a near fatal overdose of approximately 120 pills. She was admitted to the PICU at UVM medical center where she would spend the next three days. Per Vermont law, she was released to the NFI hospital diversion program in Brattleboro Vermont on Christmas morning. Leaving my daughter at a facility nearly two hours from home on Christmas day with people I had never met was the second worst day of my life. I had no idea what a positive impact her 17 day stay at this facility would have on her life and on our family.

Prior to her release, the staff at NFI prepared a very detailed and well thought-out re-entry plan for her. The re-entry plan covered her return to home and to school. It also outlined a detailed after care treatment plan for her medical and mental health needs. All of the information and guidance we were provided with, made her transition much smoother than anticipated.

At NFI she learned a variety of techniques and strategies to help her cope with stress and anxiety. Most importantly, she learned how to have difficult conversations and not keep things all bottled up.

The program provided her with a binder full of materials that have been invaluable tools as she heals. When old behaviors start to creep in, we go to the binder and she is reminded of all the resources she has to help her cope.

The staff at NFI are extremely well qualified and skilled at what they do. Appropriate funding is crucial to staffing these facilities with this level of professionalism. Unfortunately, mental health issues are becoming extremely prevalent in adolescents. The need for appropriate facilities with qualified staff to provide these services is more important now than ever.

In my professional life, I work with college students. We are seeing more and more students referred for in-patient care following suicidal thoughts and/or attempts. I firmly believe that if more of these individuals received early interventions with the type of care my daughter received, these incidence rates would drop. There are no words that can ever capture the amount of gratitude I have for NFI and all of the staff who worked with my daughter, her school, her medical and mental health providers and my family. This program quite literally saved her life.