

Vermont Department of Mental Health

FY2021 BUDGET PRESENTATION

SARAH SQUIRRELL, COMMISSIONER

MOURNING FOX, DEPUTY COMMISSIONER

SHANNON THOMPSON, FINANCIAL DIRECTOR

Proposed Agenda

DEPARTMENT OVERVIEW

DEPARTMENTAL BUDGET

RESULTS BASED ACCOUNTABILITY (RBA)

Departmental Overview

DEPARTMENT RESPONSIBILITIES

SYSTEM OF CARE

COMMUNITY PROGRAMS

MAP OF SYSTEM BED CAPACITY

Overview

- ❑ Budget \$279M
- ❑ Oversight and Designation with:
 - 10 Designated Agencies
 - 2 Specialized Service Agencies
 - 5 Designated Hospitals
- ❑ Operations of Vermont Psychiatric Care Hospital (25 beds)
- ❑ Operations of Middlesex Therapeutic Care Residence (7 beds)
- ❑ 269 staff, 207 at the facilities, 62 at Central Office
 - ❑ Central Office Units: Administrative Support, Financial Services, Legal Service, Research & Statistics, Clinical Care Management, Operations, Policy & Planning, Quality Management, Child, Adolescent & Family, Adult Mental Health Services
- ❑ 25,000 people served through the DA/SSA system with even more served through Community Outreach, Emergency Services and Inpatient Care
- ❑ Additional programming and supports through grants with community mental health partners

Designated Providers

Designated Agencies (10)

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

Specialized Services Agencies (2)

- Pathways Vermont
- Northeastern Family Institute

Designated Hospitals (5)

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center
- Windham Center (Only Voluntary)

State Secure Residential (1)

- Middlesex Therapeutic Community Residence

Provider Capacity

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 12 beds
- Adult Intensive Residential: 42 beds

Peer Service Agencies

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

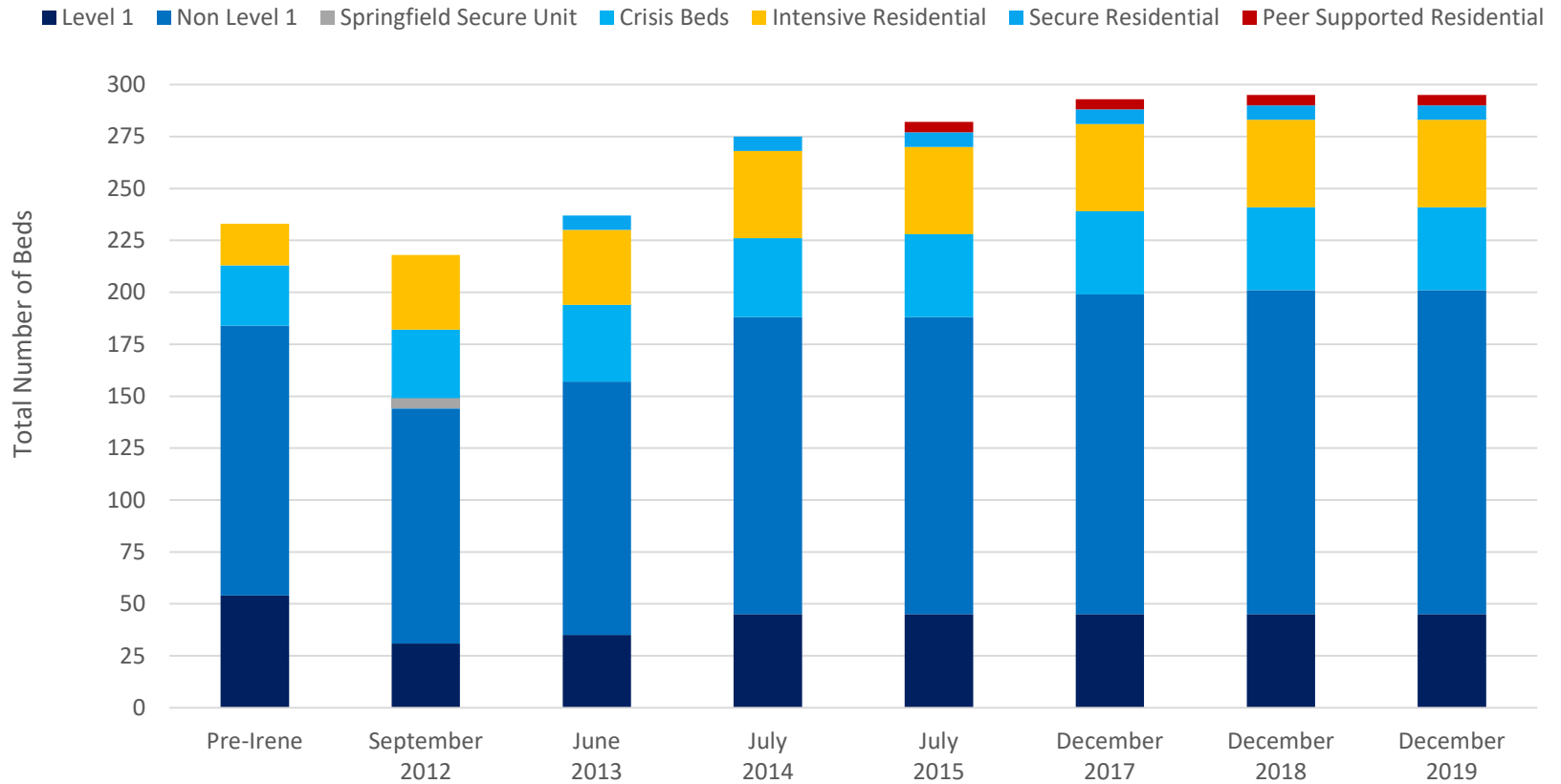
Physically Secure Residential

- Middlesex Therapeutic Community Residence: 7 beds

Designated Hospitals

- Adult – Level 1 involuntary: 45 beds
 - VPCH 25
 - Brattleboro Retreat 14
 - RRMCM 6
- Adult – Non-Level 1 (involuntary and voluntary): 156 beds
 - CVMC 14
 - RRMCM 17
 - UVMCM 28
 - Windham Center 10
 - VA Medical Center 12
 - Brattleboro Retreat 75
- Children and Youth: 30 beds
 - Adolescent 18
 - Children 12

Vermont Department of Mental Health Psychiatric Beds in Adult System of Care



5 temporary beds at Springfield Secure for displaced VSH patients

Adult System of Care

Inpatient Hospitalization

Services for adults at risk of harm to self or others

Level One Inpatient

3 Facilities
45 Beds

General Inpatient

6 Facilities
156 Beds



Secure Residential

Services for adults to support recovery in a secure environment

Secure Residential

1 Facility
7 Beds



Intensive Residential Programs

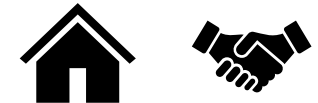
providing additional services to adults recently discharged to support recovery

Intensive Recovery Residential

5 Residences
42 Beds

Peer-run Residential

1 Residences
5 Beds



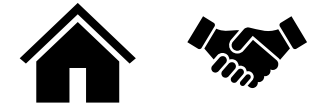
Crisis Supports and Response

Services and supports for adults in crisis

Mental Health Crisis Beds

12 Facilities
38 Beds

- Crisis assessment, support, and referral
- Continuing education and advocacy



Community Mental Health

For adults seeking mental health services

Group Residential Homes

19 Homes
152 Beds

Shelter & Care Vouchers

DMH Housing Vouchers

- Individual, family, and group therapy
- Clinical assessment, medical consultation and medication
- Service planning and coordination
- Community supports & employment services
- Housing and home supports
- Peer programming



Private Providers

Psychiatrists, Psychologist, Nurse Practitioners, Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals



Vermont Department of Mental Health (DMH)

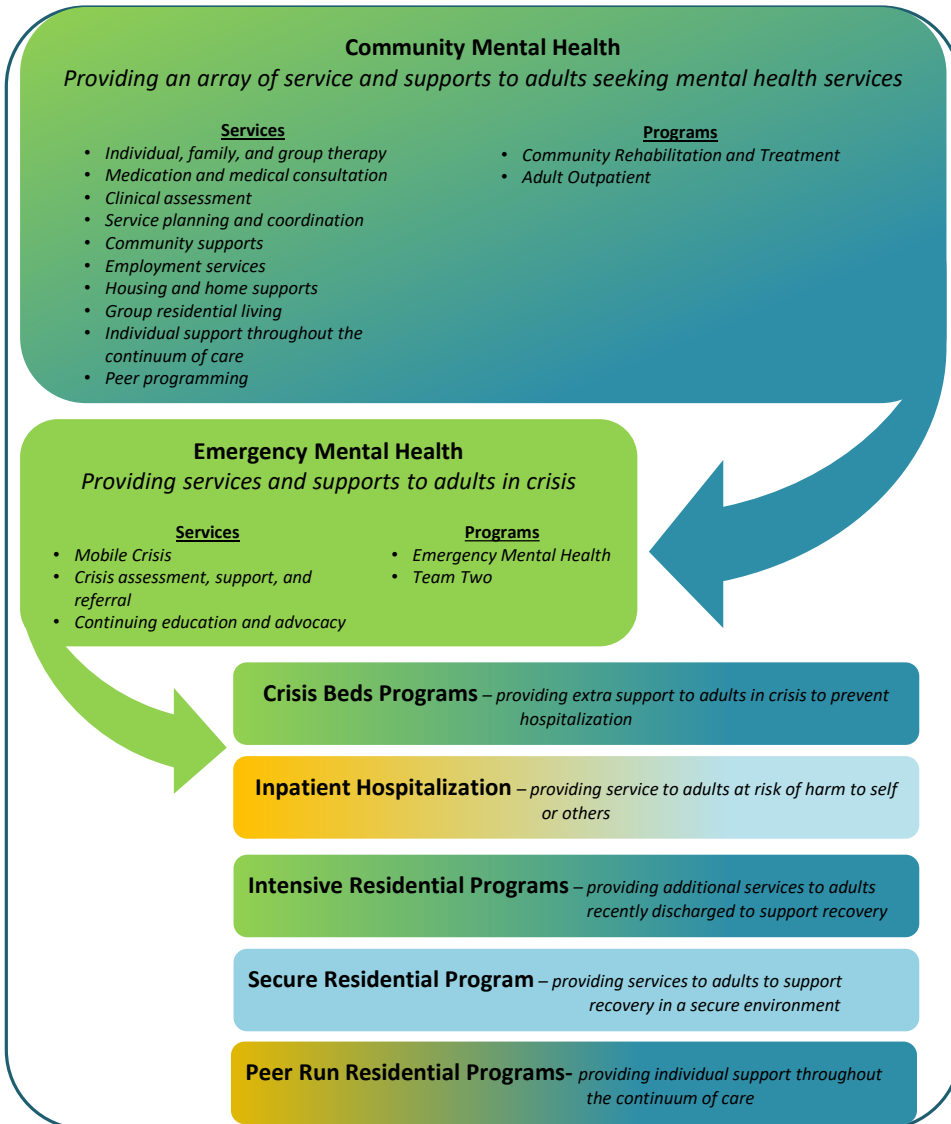


Designated Agencies and Specialized Services Agencies
private, non-profit service providers responsible for program delivery, local planning, service coordination, delivery and monitoring outcomes within their geographic region. SSAs provide a distinctive approach to service delivery or services that meet distinctive individual needs.



Peer-run Services and Residential Care

Department of Mental Health Adult Mental Health System of Care



Color Legend

Department of Mental Health (DMH)

Designated Agencies

private, non-profit service providers that are responsible for ensuring needed services are available through program delivery, local planning, service coordination, and monitoring outcomes within their geographic region.

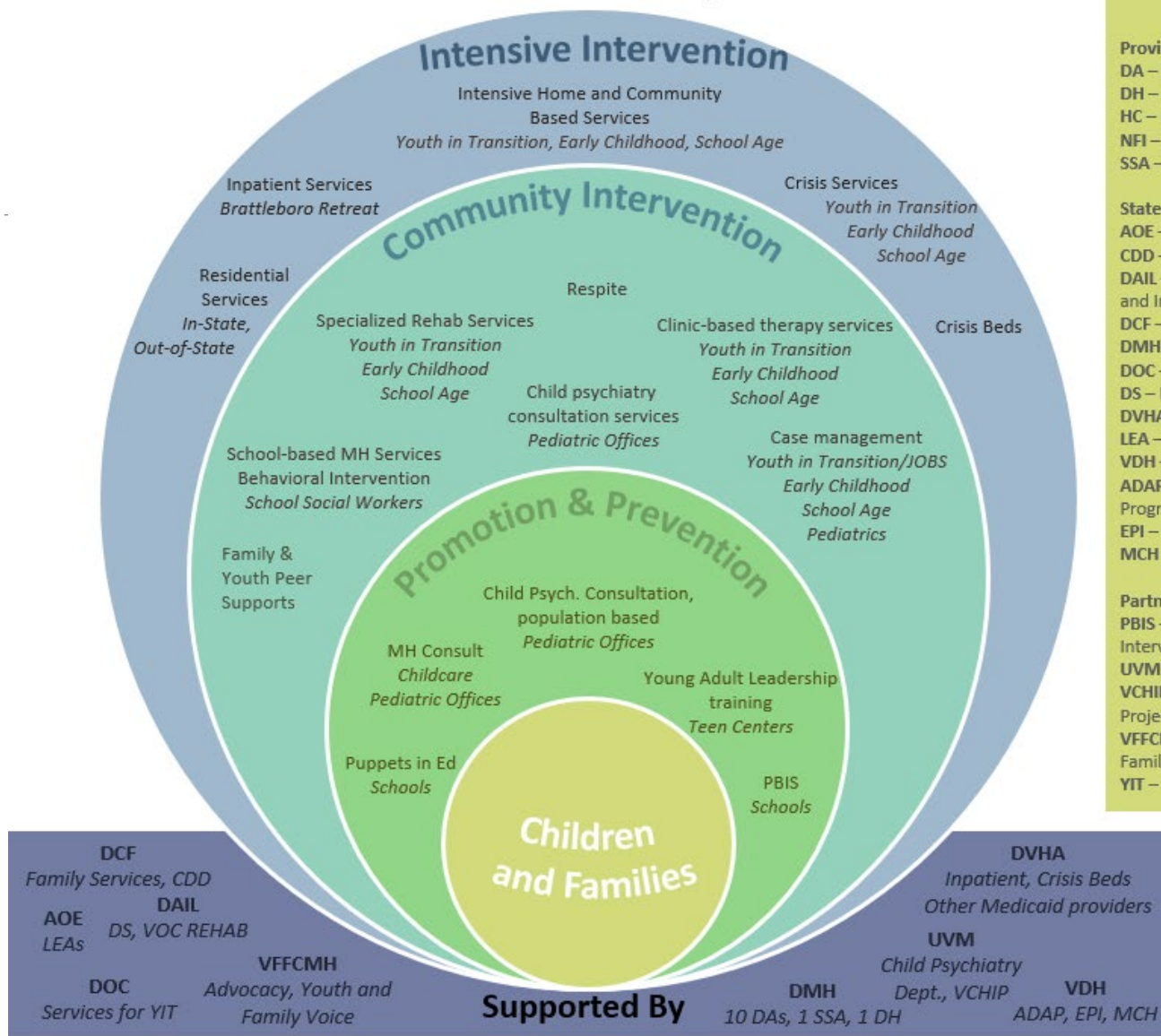
Specialized Services Agencies

private, non-profit service providers that provide a distinctive approach to service delivery and coordination or provide services that meet distinctive individual needs.

Private Providers

Psychiatrists, Psychologist, Nurse Practitioners, Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals

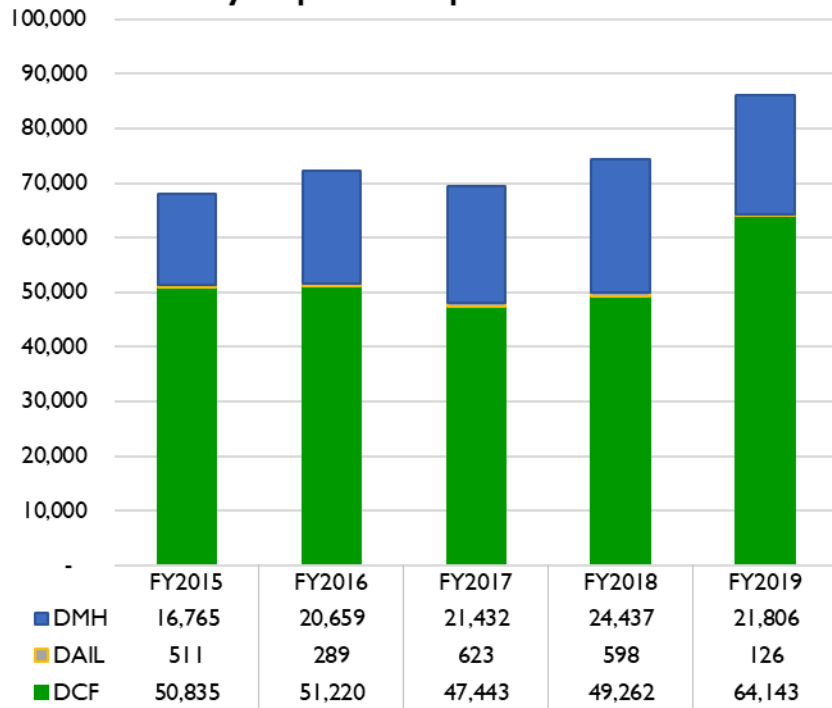
Children's Mental Health System of Care



- ### Acronyms
- Providers**
- DA – Designated Agency
 - DH – Designated Hospital
 - HC – HowardCenter
 - NFI – Northeastern Family Institute
 - SSA – Specialized Service Agency
- State Government**
- AOE – Agency of Education
 - CDD – Child Development Division
 - DAIL – Dept. of Disabilities, Aging, and Independent Living
 - DCF – Dept. for Children and Families
 - DMH – Dept. of Mental Health
 - DOC – Dept. of Corrections
 - DS – Developmental Services
 - DVHA – Dept. of VT Health Access
 - LEA – Local Education Agency
 - VDH – Dept. of Health
 - ADAP – Alcohol Drug Abuse Programs at VDH
 - EPI – Epidemiology at DMH/VDH
 - MCH – Maternal Child Health at VDH
- Partners and Programs**
- PBIS – Positive Behavioral Intervention and Supports
 - UVM – University of Vermont
 - VCHIP – Vermont Child Improvement Project
 - VFFCMH – Vermont Federation of Families for Children's Mental Health
 - YIT – Youth in Transition

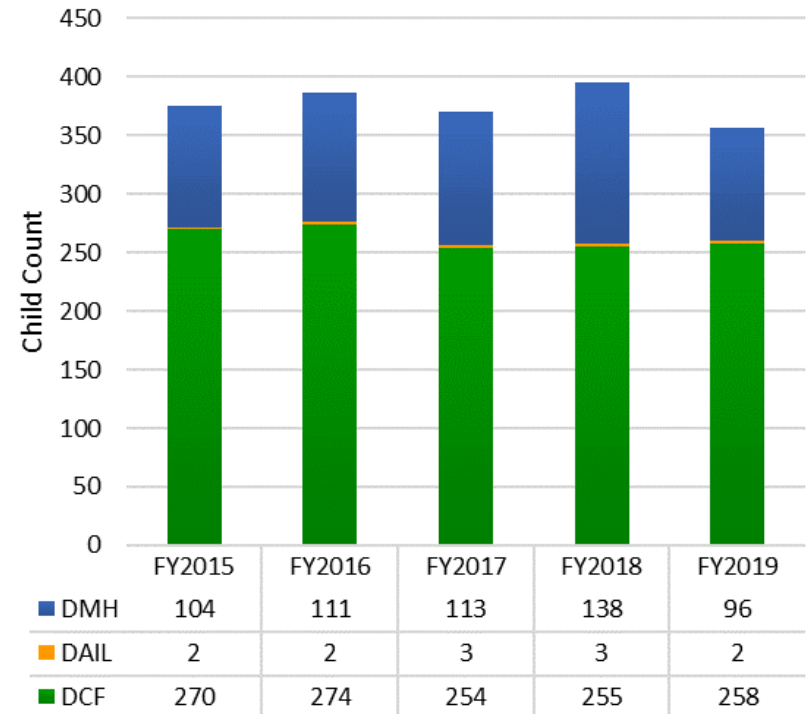
Children and Youth Residential Treatment

**Total Residential Bed Days
By Department per Fiscal Year**



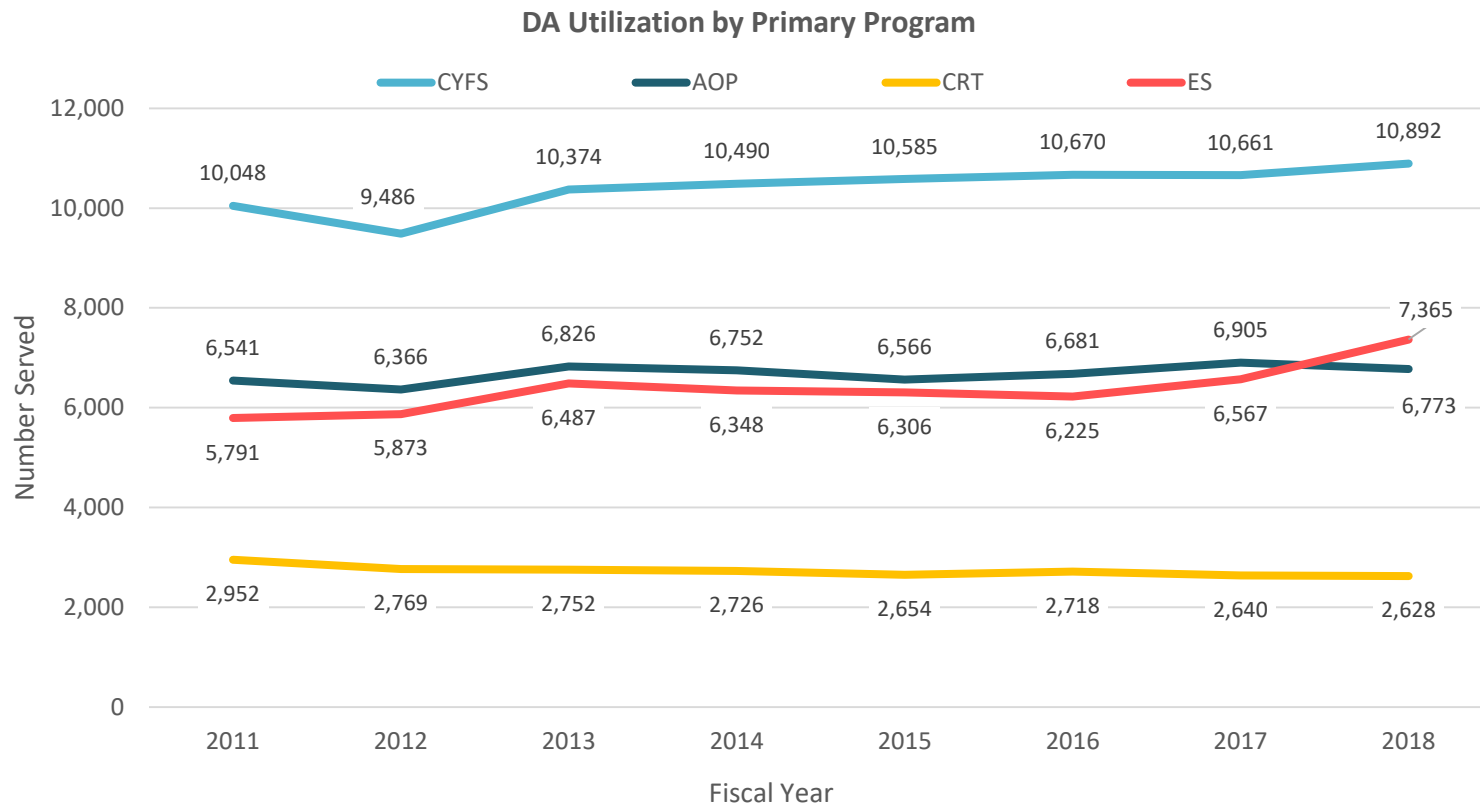
unduplicated count

**Total Child Count in Residential
By Department per Fiscal Year**



unduplicated count

People Served by Program



DMH Residential and Designated Hospital (Inpatient) Beds

All Ages by County
FY19



BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
UCS	United Counseling Services
VA	Veterans Administration
WCMH	Washington County Mental Health

*NFI HDP-S Capacity 6, Currently only 4 open beds

**Residential programs that are primarily utilized by DCF, but accessible to DMH in rare circumstances

Departmental Budget

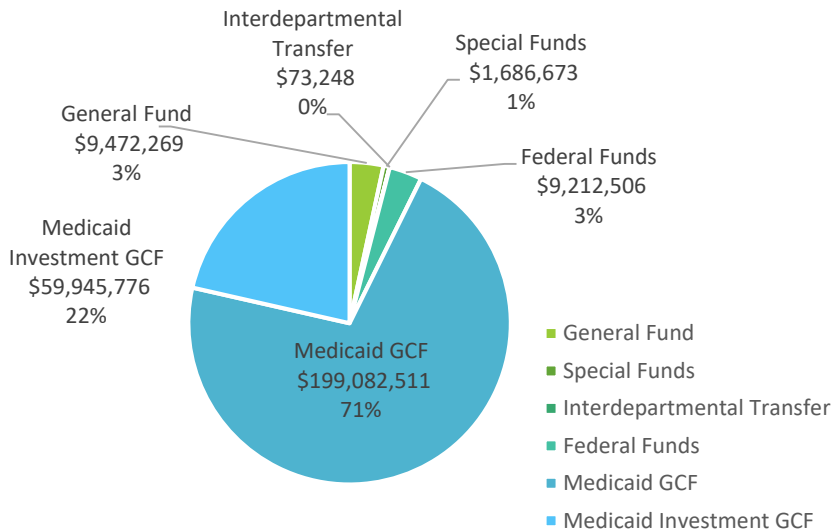
SUMMARY AND HIGHLIGHTS
FY21 PROPOSED EXPENSES
FY21 BUDGET REQUEST (UPS/DOWNS)

Agency of Human Services, Department of Mental Health FY 2021 Governor's Recommend Budget

MISSION: to promote and improve the mental health of Vermonters.

Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Governor's Recommend Budget Department of Mental FY 2021 (\$279,472,983)



FY 2021 SUMMARY & HIGHLIGHTS

DMH Budget Ups - Gross: \$8,059,134 GF Equivalent: \$4,300,360

- Salary and Fringe
- Forensic Contract Increases
- Internal Service Fund Changes
- Children's Residential Cost and Case Load
- Room & Board Phasedown
- Inpatient – Level 1 Cost Increases
- CRT Cost Increases
- 12 New Level 1 Beds
- CHIP FMAP Change

DMH Budget Downs – Gross (\$479,276), GF Equivalent: (\$454,621)

- DMH Contract Savings
- UVM Psychiatric Fellowship Grant Savings
- Additional VPCH Revenue
- Eliminate one Admin Position
- True up of Legislative Medicaid Funds to DAs

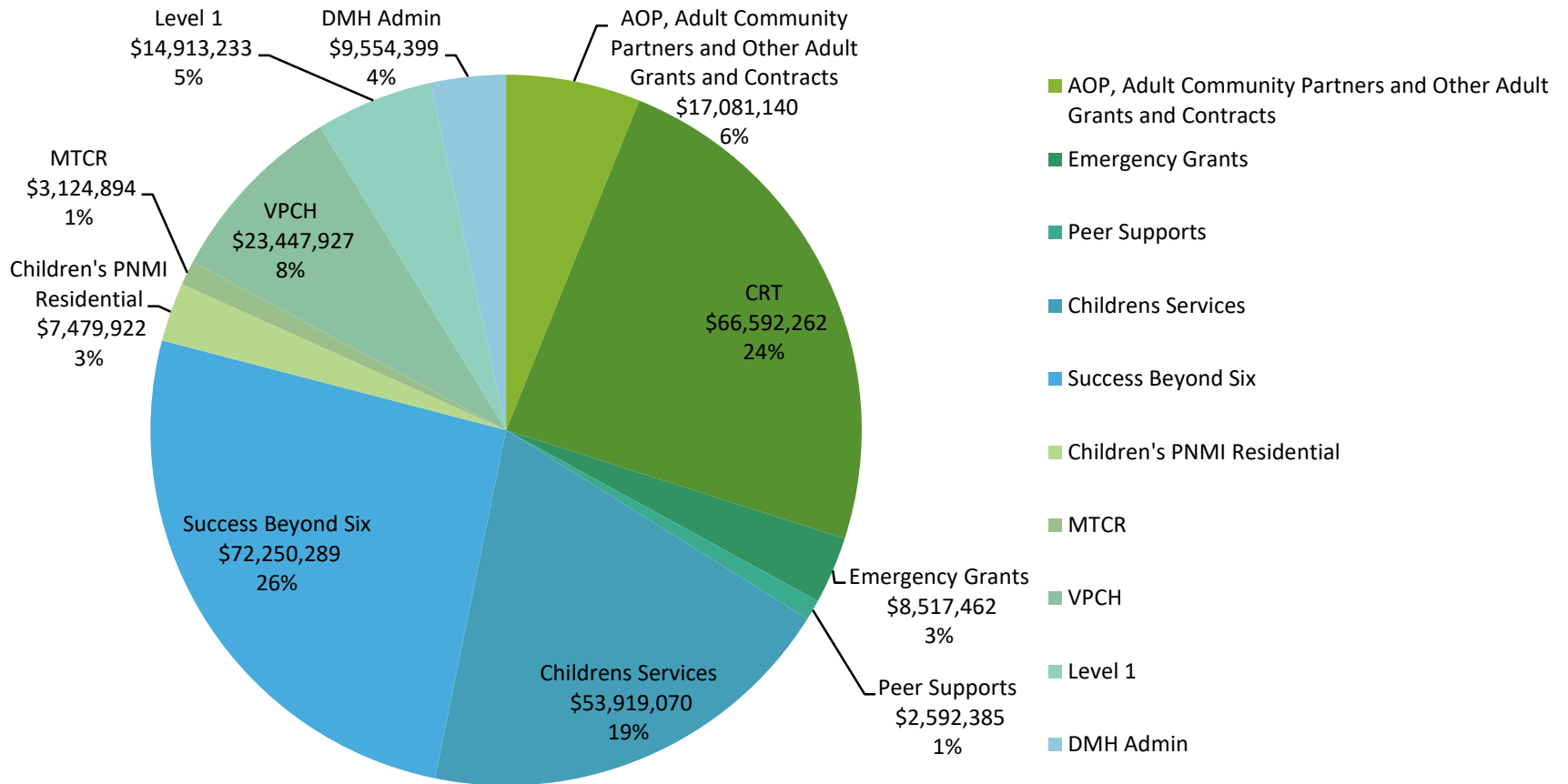
Other Initiatives – Gross \$575,000, GF Equivalent: \$575,000

- Suicide Prevention

One Time Funding – Gross \$600,000, GF Equivalent: \$600,000

- Implementation of Mobile Response & Stabilization Services (one region)

FY21 Proposed Expenses



FY 2021 NOTABLE HIGHLIGHTS

FY21 Budget

- Increased funding for **children's residential** (PNMI – private non-medical institutions)
- Increase Funding to Brattleboro Retreat for Level 1 and CRT
- Annualization of Funding for the operation of **12 new level 1 beds** at the Brattleboro Retreat
- **Implementation of Mobile Response & Stabilization Services**
- **Investment in Suicide Prevention**

Current Capital Budget Projects

- Replacement of the current Middlesex Secure Residential with a 16 bed Physically Secure Recovery Residence
- Construction of 12 new Level 1 Beds Brattleboro Retreat

Other Notable Highlights

- Successful realization and implementation of **grants** advancing integration of mental health, health care and collaboration with public education, suicide prevention
- **Establish Community Outreach Team in Washington County (Collaboration with Public Safety)**
- Implementation of **Mental Health Payment Reform** – children and adults (Jan 2019)
- Release of DMH 10-Year Plan | Vision 2030: An Integrated and Holistic System of Care

FY 2021 Budget Ups and Downs

Salary and Fringe Increases

Gross: \$672,100

GF: \$225,985

Annualization of the FY20 salary and related fringe changes (salary, FICA, life, retirement, health, dental, EAP, LTD).

Retirement Cost Increases

Gross: \$121,666

GF: \$56,024

Annualization of the FY20 retirement plan increases

Forensic Evaluation Cost Increases (BAA Item)

Gross: \$55,000

GF: \$25,086

The cost of psychiatric forensic evaluations has increased significantly since FY 18. DMH is statutorily required to provide Forensic evaluations as ordered by the court and the volume of these requests has increased over the past year by 24%.

Increase in Medicare Revenue (BAA Item)

Gross: (\$0)

GF: (\$228,050)

VPCH has several funding sources. One of those sources is Medicare and other insurance billings. These funds are accounted for in a special fund that is not specifically Medicaid, Federal or General Fund. In FY 19, DMH was able to recognize a significantly higher amount than originally projected.

FY 2021 Budget Ups and Downs CONT.

DMH Contract Savings

Gross: (\$122,740)

GF: (\$59,685)

The Department of Mental Health has several contracts that provide critical services to ensure the day to day operations of Central office, the Vermont Psychiatric Care Hospital and the Middlesex Therapeutic Community Residence. To obtain savings, DMH has identified contracts that may be reduced or eliminated.

Eliminate Position 840056

Gross: (\$71,542)

GF: (\$36,900)

This position was responsible for receiving, tracking pre-authorizing and coding all the adult special service funding requests that came in from the Designated Agencies CRT program. In addition, this position worked with the Care Management Director and the Business Office to process invoices for transport/supervision of persons on involuntary status with the Designated Hospitals, as well as ensuring that the information is entered into the database for Research and Statistics. The duties of this position have been distributed to other administrative staff in the department.

Workers Comp Increases

Gross: \$319,062

GF: \$147,019

Increased cost for Workers Compensation.

FY 2021 Budget Ups and Downs CONT.

Internal Service Fund Increases

Gross: \$225,335

GF: \$106,489

Increased cost for Insurance, VISION, Human Resources, ADS, Fee for Space and Desktop Cloud.

ADS Service Level Agreement

Gross: \$38,379

GF: \$18,831

Increased cost for ADS Service Agreement

Children's Residential (BAA Item)

Gross: \$477,808

GF: \$228,914

DMH has an ongoing pressure in PNMI (private non-medical institutions – residential treatment for children). This pressure is due to many factors, but primarily DMH has seen an increase in the acuity of clinical need for children and youth and the daily rates for programs have increased (in-state and out-of-state).

FY 2021 Budget Ups and Downs CONT.

Room & Board Phase Down

Gross: \$0

GF: \$612,717

CMS is requiring the State of Vermont to phase down our payments toward room and board beginning on January 1, 2019 by 1/3 of the total each calendar year through 2021. This amount represents 1/3 for six months and 2/3 for the remaining six months of the fiscal year.

UVMHC Psychiatric Fellowship Grant Savings (BAA Item)

Gross: (\$45,000)

GF: (\$20,525)

DMH grants funding to support an innovative training program in child psychiatry administered by the Vermont Center for Children, Youth and Families of the University of Vermont's College of Medicine and The University of Vermont Medical Center. DMH has been working with Dr. Hudziak around how UVMHC can assist in supporting this effort, and that work has resulted in the University agreeing to increase its ongoing funding of the program by \$45,000.

Inpatient – Level 1 Cost Increases (BAA Item)

Gross: \$1,175,302

GF: \$536,055

RRMC: \$799,206

BR: \$376,096

Act 79 requires "reasonable actual" reimbursement of costs for the Level I hospitals. There have been inflationary factors such as contracted Doctors and Nurses which have significantly impacted the daily cost of the Level 1 units at both Brattleboro Retreat and Rutland Regional Medical Center. This does reflect the revised Level 1 rates based on previous cost settlements, as well as a retroactive increase for Level 1 at Brattleboro Retreat.

FY 2021 Budget Ups and Downs CONT.

Inpatient – CRT Rate Cost Increases (BAA Item)

Gross: \$1,032,450 GF: \$470,900

DMH is responsible to ensure the payment and inpatient care for those individuals who are identified and eligible for Community Rehabilitation Treatment (CRT) services. This funding reflects a rate increase to align with other adult inpatient rates paid through DVHA. The DVHA rates were increased in FY19, however the CRT Inpatient Rates were not increased.

Annualization of New Level 1 Beds at Brattleboro Retreat

Gross: \$3,942,032 GF: \$1,797,961

In FY 20, Legislature appropriated \$1,084,281 for 12 new Level 1 beds at Brattleboro Retreat to open in the fourth quarter of FY 20. The amount is being updated to account for the annualization of the beds as well as the actual expenditures as cost settled in their calendar year ending December 31, 2018. Renovations are in process and additional bed capacity is expected to be on-line in late spring - early summer 2020.

CHIP FMAP Change

Gross: \$0 GF: \$74,380

This is due to the change in the Federal participation rate for the children's CHIP program.

Suicide Prevention

Gross: \$575,000 GF: \$575,000

Expand, strengthen and bring to scale Vermont's suicide prevention efforts. This request is to expand ZERO SUICIDE statewide in Vermont, Expand Vermont's National Suicide Prevention Lifeline, as well as programs and supports for older Vermonters and Veterans.

FY 2021 Budget Ups and Downs CONT.

AHS/AOA changes:

Adjustment to DA Increase – Move Funds to DAIL (BAA Item)

Gross: (\$239,994)

GF: (\$109,461)

In FY 20, Legislature appropriated funds to increase payments to the Designated Agencies and Specialized Service Agencies. This increase was provided with a 50%/50% split between DAIL and DMH with the intention of allocating the funds proportionally to each department. This is to redistribute the funds appropriately.

One-Time Initiatives:

Implement Mobile Response & Stabilization Services (MRSS)

Implementation in 1 Region of Vermont:

Gross: \$600,000

GF: \$600,000

Implement a Mobile Response team as a pilot in Rutland, Vermont. This would include the core components of Mobile Response including face-to face mobile response to the children's home, school or other location; on-site/in home de-escalation, assessment, planning and resource referral; follow-up stabilization services and case management; and data tracking and performance measurement reporting.

Initiatives & Opportunities

Inpatient Capacity

- Funding for **12 new level 1 beds** at the Brattleboro Retreat
- \$5M in funding allocated towards the **replacement of Middlesex Secure Residential**
- UVM Health Network – **development of additional in-patient capacity at CVMC**

Community Capacity

- Build on and expand community supports and program that include **community outreach, Pre-ED Diversion, mobile crisis**
 - Peer respite
- Expand **short term and long term supported housing options**
 - Physically secure residential, Intensive Recovery Residence, Group Homes & independent housing opportunities
- **Geriatric psychiatry** statewide capacity
- **Mobile response** for children & families

Promotion, Prevention & Early Intervention

- Early Childhood & Family Mental Health (ECFMH) & school-based mental health

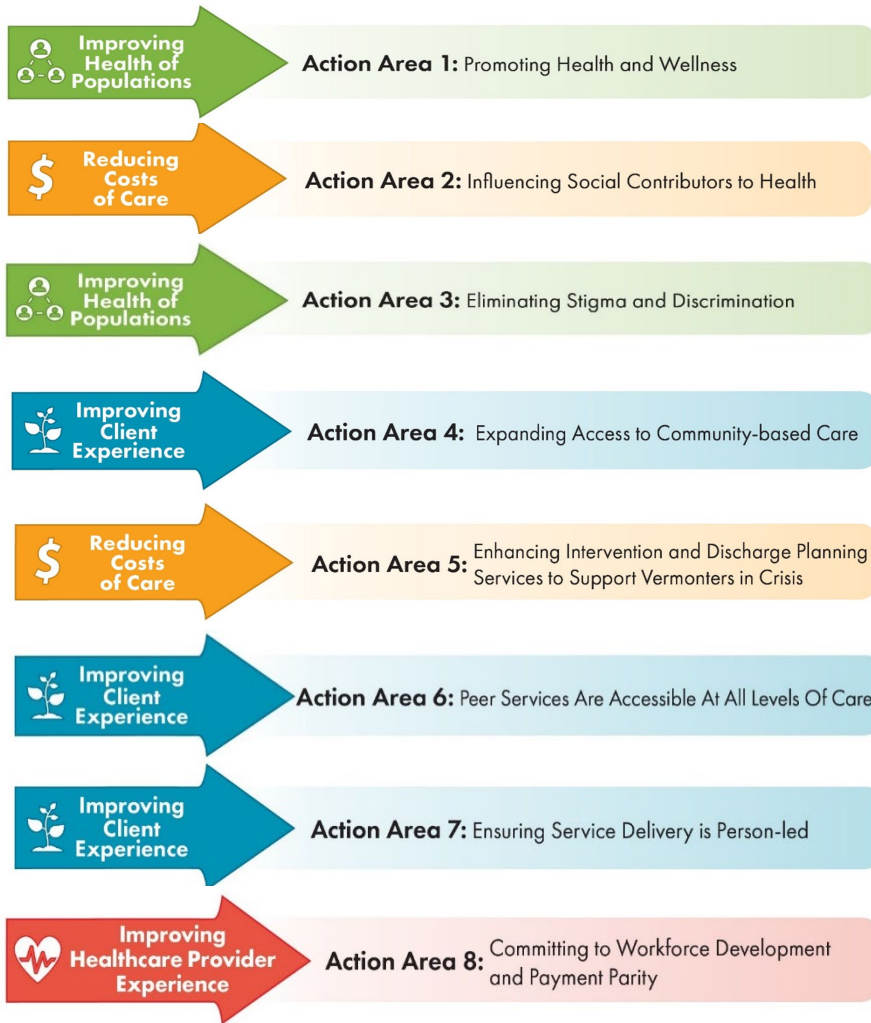
Systems & Finance

- Successful implementation of **Mental Health Payment Reform** – children and adults (Jan 2019)
- DMH 10 Year Plan | Vision 2030: 10 Year Plan for an Integrated and Holistic System of Care

Vision 2030

A 10-Year Plan for an Integrated and Holistic System of Care





8 ACTION AREAS

Results Based Accountability

COMMON LANGUAGE
PROGRAMMATIC PERFORMANCE MEASURES

Performance Measures

2018 Act 186 Outcomes

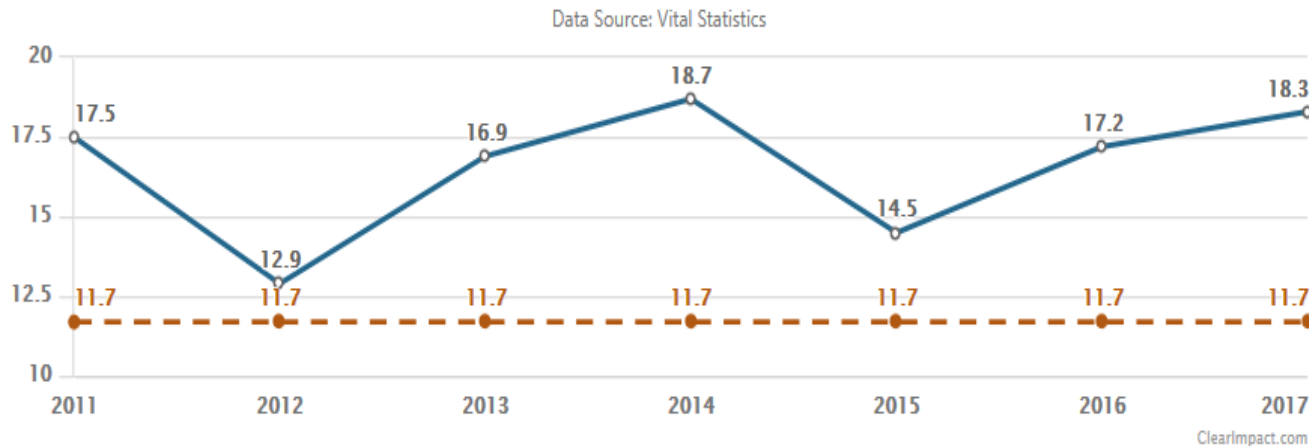
	Time Period	Current Actual Value	Current Trend
All Vermonters are healthy			
Rate of suicide deaths per 100,000 Vermonters	2017	18.3	2
# of Vermonters trained in Mental Health First Aid	2019	5,825	6
% of Vermont adults with any mental health conditions receiving treatment	2017	58%	1
Rate of community services utilization per 1,000 Vermonters	SFY 2017	37 per 1,000 people	2

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Suicide Rates

0 All Vermonters are healthy

1 AHS Rate of suicide deaths per 100,000 Vermonters



Time Period	Current Actual Value	Current Trend
2017	18.3	↗ 2
2016	17.2	↗ 1
2015	14.5	↘ 1
2014	18.7	↗ 2
2013	16.9	↗ 1
2012	12.9	↘ 1
2011	17.5	↗ 2
2010	15.8	↗ 1
2009	13.0	↘ 1

Story Behind the Curve

Partners

Strategy

Why Is This Important?

Notes on Methodology

More »

Community Rehabilitation and Treatment

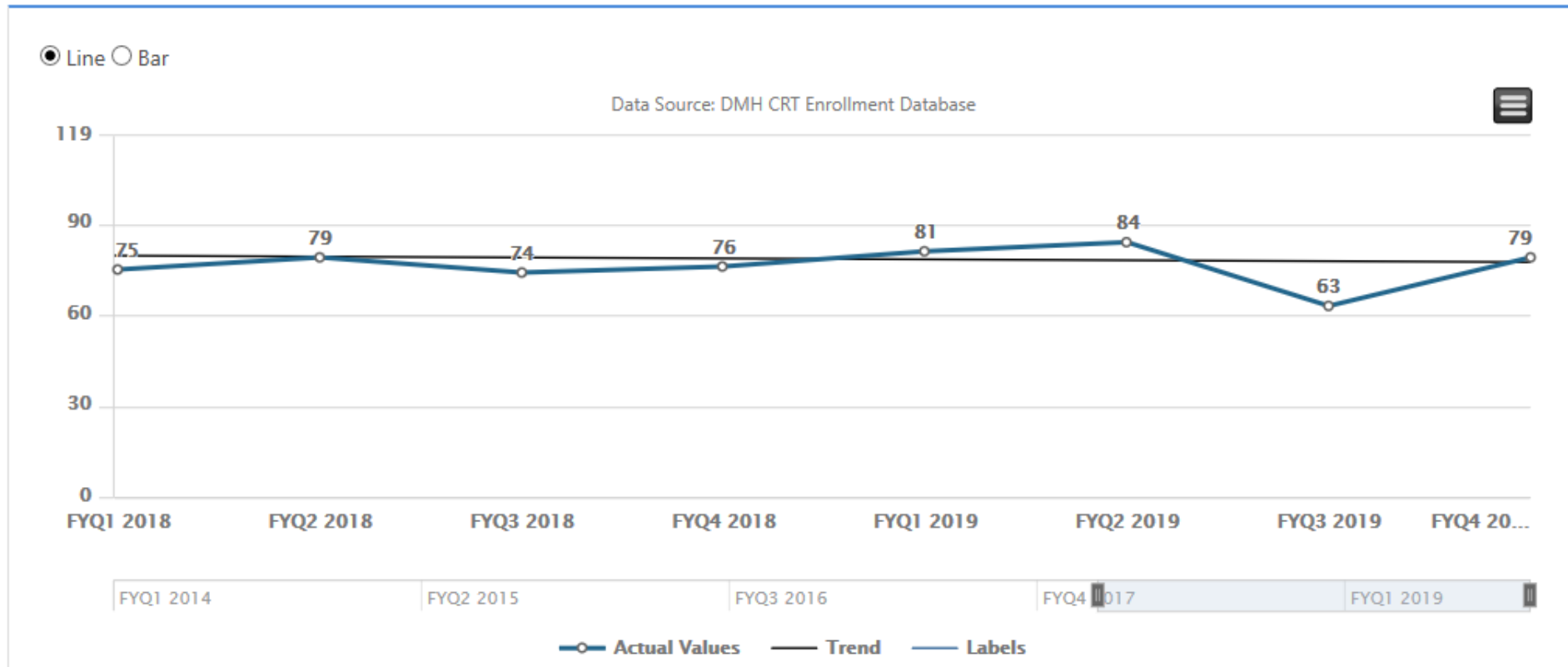
CRT Community Rehabilitation and Treatment (CRT)		Time Period	Current Actual Value	Current Trend
	# served in CRT	SFY 2019	2,587	1
	# of new CRT enrollees	FYQ3 2018	74	1
	# of inpatient psychiatric bed days for CRT clients	FYQ1 2018	3,522	1
	% of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge	SFY 2018	82%	1

Community Rehabilitation and Treatment (CRT)

of new CRT enrollees

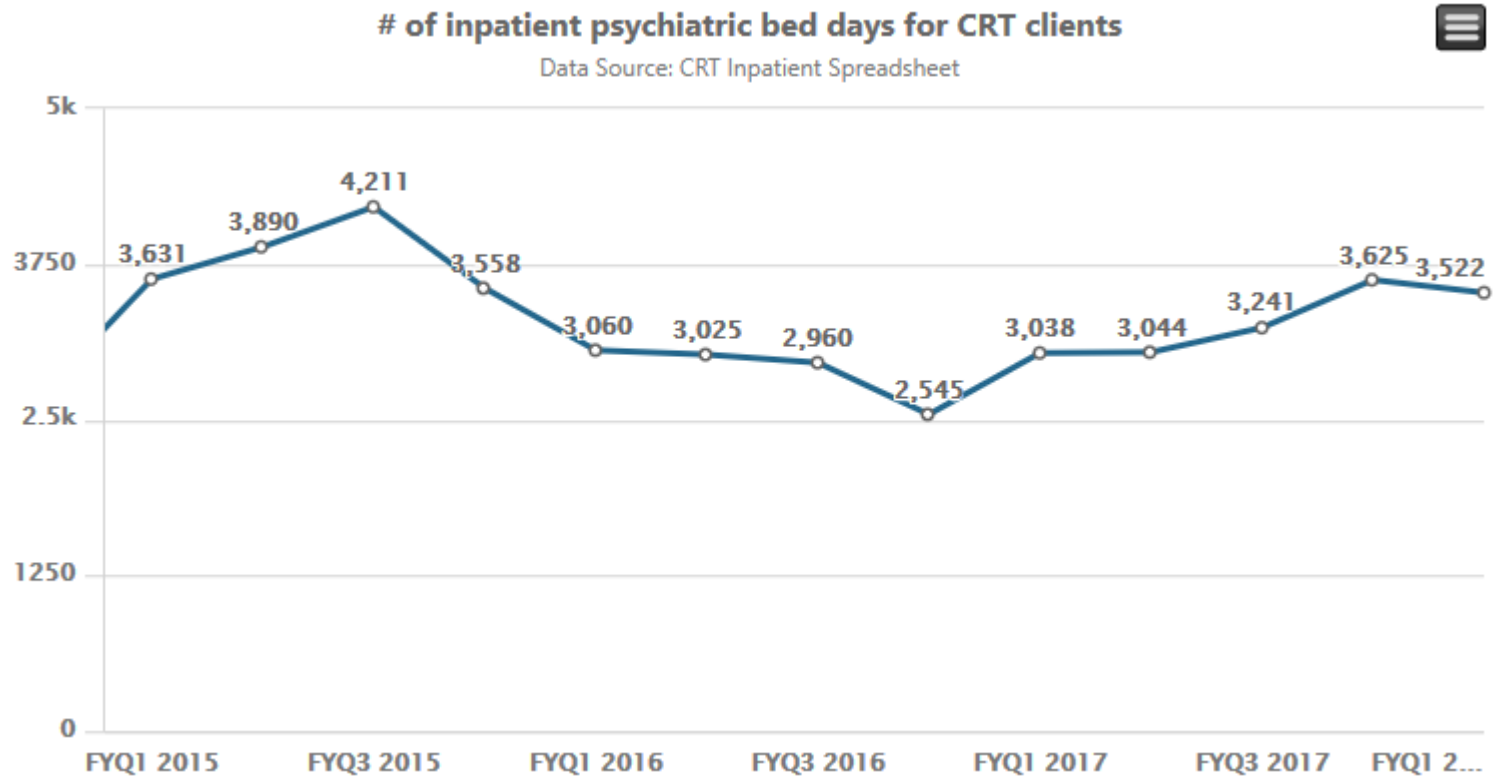
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FYQ4 2019



<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Community Rehabilitation and Treatment (CRT)



Vermont Psychiatric Care Hospital

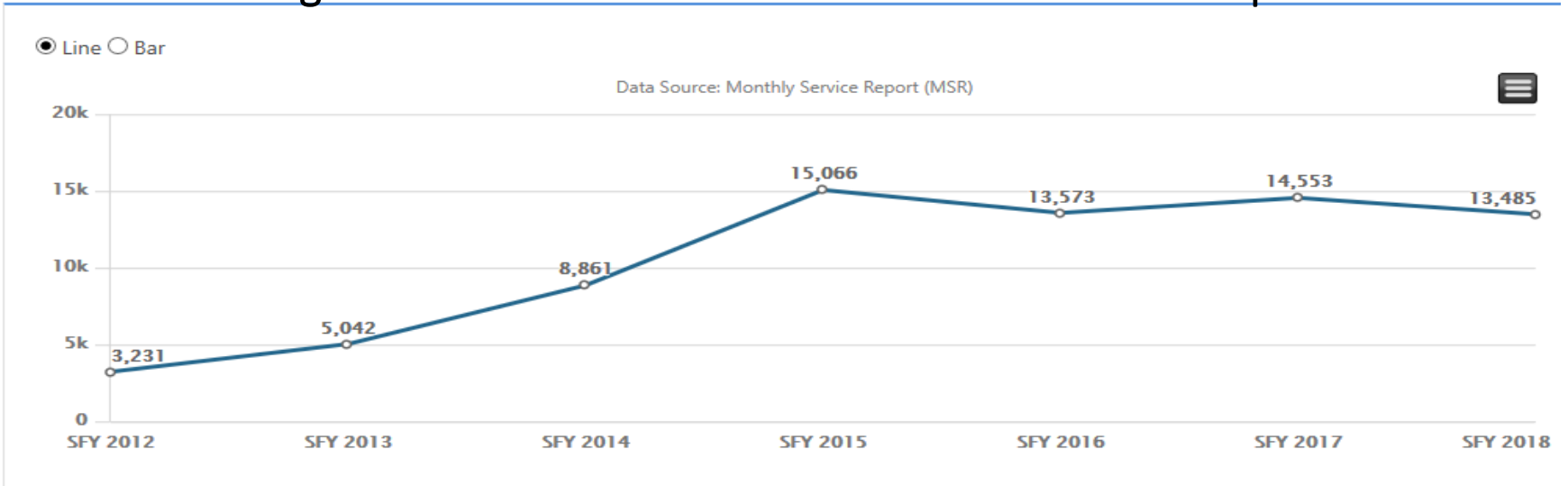
Inpatient Services

		Time Period	Current Actual Value	Current Trend
-	P	VPCH Vermont Psychiatric Care Hospital (VPCH)		
+	PM	VPCH Average length of stay in days for discharged patients	SFY 2019 163	2
+	PM	How_Well # hours of seclusion and restraint per 1,000 patient hours	SFY 2018 0.71	1
+	PM	How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2019 3%	1

Adult Outpatient Services

	Time Period	Current Actual Value	Current Trend
P AOP Adult Outpatient (AOP) 📄			
+ PM How_Much # of people served in AOP	SFY 2019	6,749	↘ 2
+ PM How_Much # of non-categorical case management services	SFY 2018	13,485	↘ 1
+ PM Better_Off % improved upon discharge from AOP	SFY 2018	53%	↗ 1

Service Planning and Coordination Services Provided to Adult Outpatient Clients

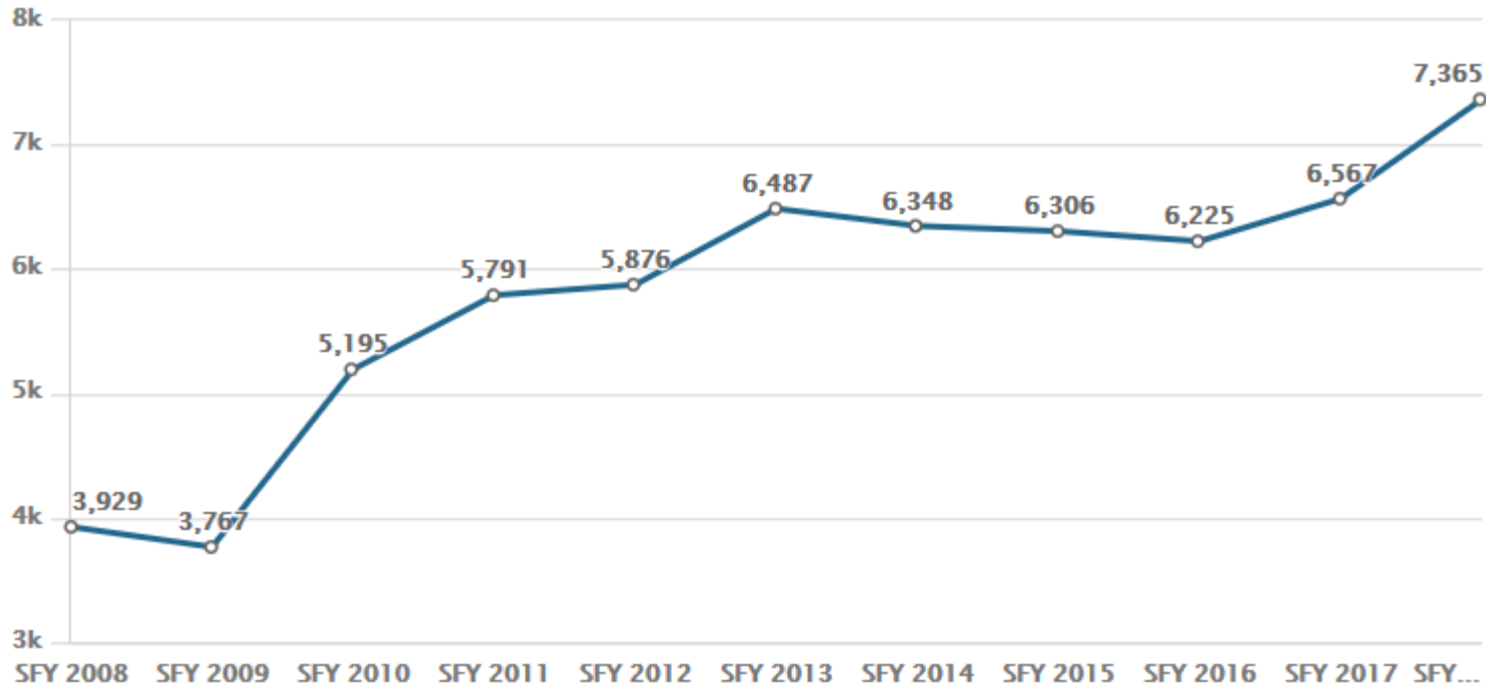


Emergency Services

served by ES



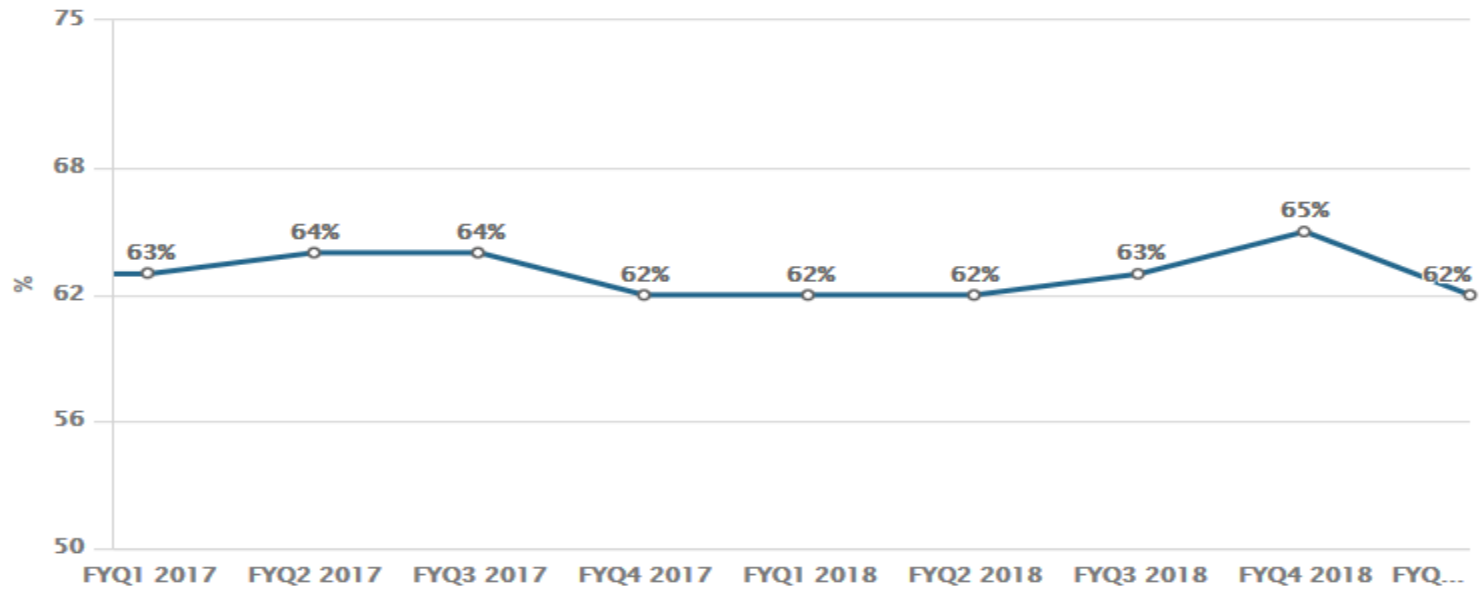
Data Source: Monthly Service Report (MSR)



+	PM	How_Much	% occupancy of Designated Agency adult crisis bed programs	FYQ1 2020	75%	↘	2
+	PM	How_Well	# of involuntary admissions via emergency exams	SFY 2017	431	↘	1
+	PM	How_Well	% of people receiving non-emergency services within 7 days of emergency services	FYQ1 2019	62%	↘	1

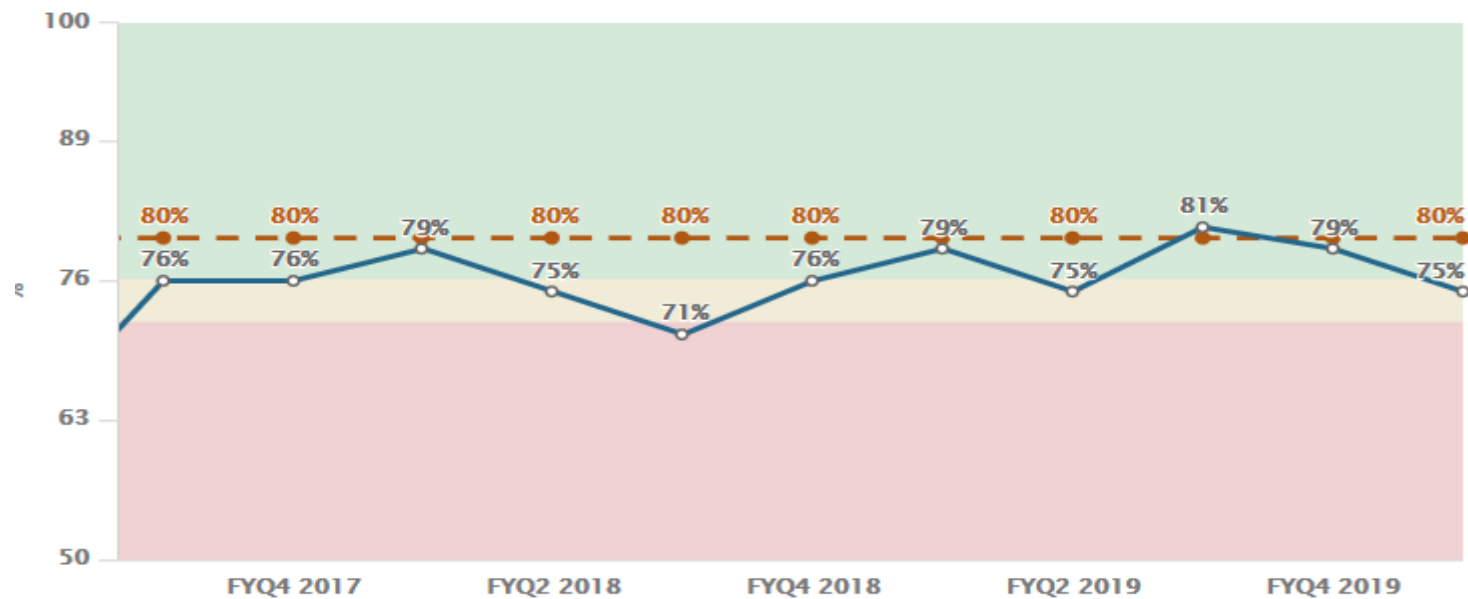
% of people receiving non-emergency services within 7 days of emergency services

Data Source: DMH Monthly Service Report (MSR)



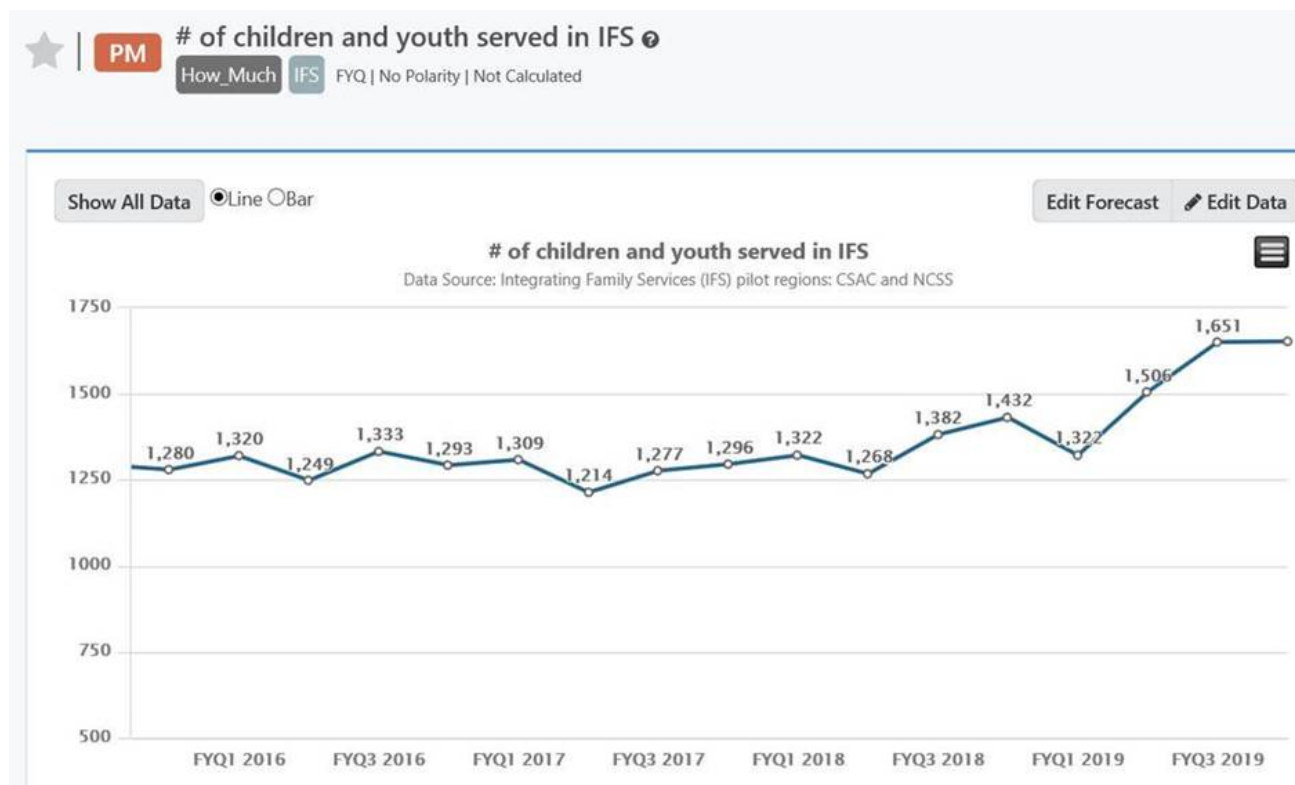
% occupancy of Designated Agency adult crisis bed programs

Data Source: Vermont Electronic Bed Boards



Emergency Services

	Time Period	Current Actual Value	Current Trend
P AOA Integrating Family Services (IFS)			
+ PM How_Much # of children and youth served in IFS	FYQ4 2019	1,653	↗ 3
+ PM How_Well % of those served who agree that services were right for them	SFY 2018	89%	↘ 1
+ PM Better_Off % of those served who agree that services made a difference	SFY 2018	90%	↘ 1



Performance Measures

RBA Clear Impact Scorecards

- The Department of Mental Health has several RBA scorecards containing data and performance measures related to our system of care.
- To view the RBA Scorecards for the Department of Mental Health:

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

[The Department of Mental Health \(DMH\) Scorecard
Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals
Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)

[DMH System Snapshot
DMH Continued Reporting](#)

Mental Health Payment Reform

Section 12 of Act 113 of 2016 requires the Secretary of the Agency of Human Services to embark upon a multi-year process of payment and delivery system reform for Medicaid providers that is aligned with the Vermont All-Payer Accountable Care Organization Model and other existing payment and delivery system reform initiatives.

Summary Overview: Children's and Adult's Mental Health Payment Reform

Program:	Children's and Adult's Mental Health
Impacted Providers:	<ul style="list-style-type: none">• Designated Agencies• Pathways
Impacted Beneficiaries:	~16,100 (~7,700 for child program and ~8,400 for adult program)
Funds allocated for new payment model (CY2019)	~\$93,300,000 (~\$39,300,000 for child case rates and ~\$54,000,000 adult case rates)
Type of Payment Reform:	Fee-for-Service to a monthly case rate
Implementation Date:	January 1, 2019

Goals of Payment Reform

1

Improve the
predictability of
payments to
providers

2

Increase flexibility
to meet the needs
of the Vermonters

3

Improve Data
Quality

4

Monitor for
Progress

Contact Information

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Department of Mental Health

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