



# DEPARTMENT OF MENTAL HEALTH

## FY23 BUDGET

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**Shannon Thompson, Financial Director**

# DEPARTMENT OF MENTAL HEALTH

## Mission:

To promote and improve the mental health of Vermonters.

## Vision:

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.



## OVERVIEW AND PARTNERSHIPS

### Oversight & Designation

10 Designated Agencies

2 Specialized Service Agencies

7 Designated Hospitals

### Operation and Care

Vermont Psychiatric Care Hospital (25 beds)

Middlesex Therapeutic Care Residence (7 beds)

### Staff (314)

253 at Care Facilities, 61 at Central Office:

Administrative Support, Business Office & Legal Services

Quality, Research and Statistics Teams

Clinical Care Management Team

Operations, Policy and Planning Team

Child, Adolescent and Family Team

Adult Mental Health Services Team

### Notable Collaborations

Vermont hospitals, forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM, One Care, law enforcement, courts, other VT state agencies and departments.

### Community Partners

Vermont Care Partners, Vermont Federation of Families for Children's Mental Health, Center for Health and Learning, Vermont Psychiatric Survivors, National Alliance on Mental Illness VT, Pathways, and many others.

# MENTAL HEALTH RESIDENTIAL AND CRISIS CAPACITY

## Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 18 beds
- Adult Intensive Residential: 42 beds

## Designated Hospitals

- Adult – Level 1 involuntary: 45 beds /57 beds (12 new Linden Lodge level one beds at BR)
- Adult – Non-Level 1 (involuntary and voluntary): 142 beds
- Children and Youth: 30 beds

## Peer Service Agencies

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

## State Secure Residential

- Middlesex Therapeutic Community Residence: 7 beds



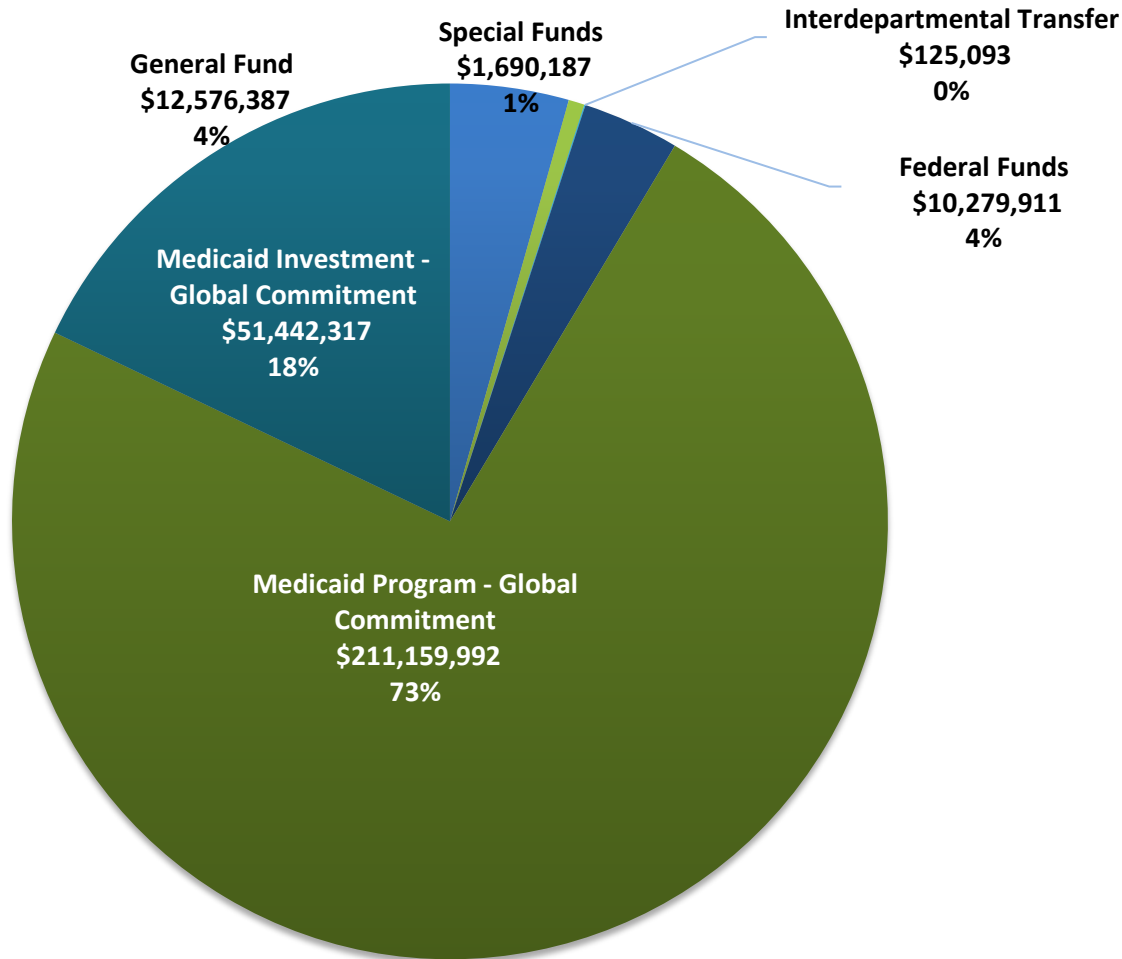
**SUMMARY**

**PROPOSED EXPENSES**

**BUDGET REQUEST (UPS/DOWNS)**

# **FY23 BUDGET**

# SUMMARY



## FY23 GOVERNOR'S RECOMMENDED BUDGET \$287,273,887

**DMH Budget Ups - Gross: \$9,869,386 GF Equivalent: \$4,183,599**

- Salary and Fringe
- Benefit rate changes, including retirement
- Internal Service Fund Changes
- Contract and operating expenses for new secure residential
- UVMCC contract increases
- Federal authority for HRSA grant
- Maintain 988 suicide prevention line

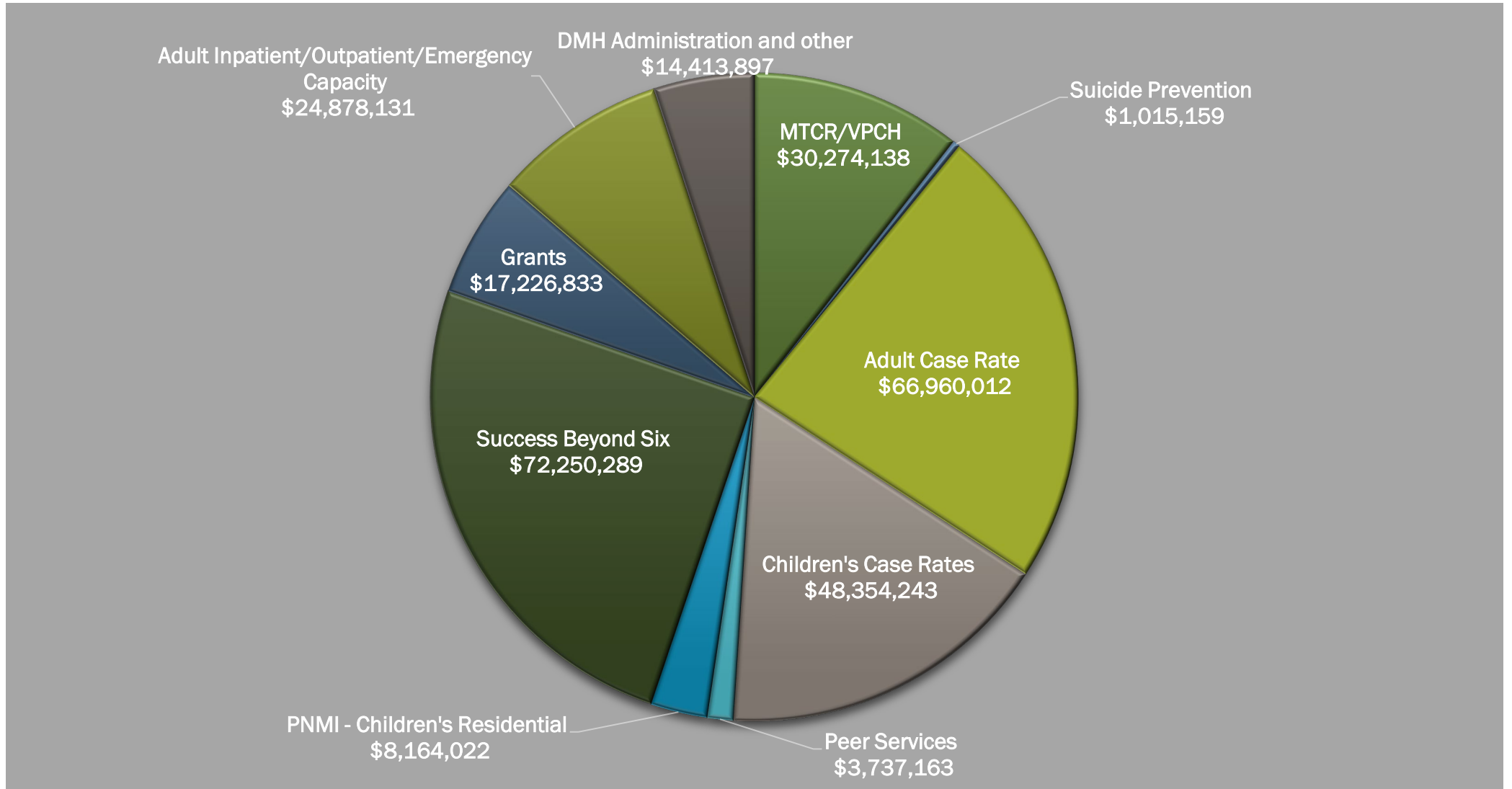
**Budget Initiatives - Gross \$6,421,997 GF Equivalent: \$2,378,039**

- Suicide Prevention
- Mobile Response

**DMH Budget Downs - Gross (\$13,202,051) GF Equivalent: (\$5,648,241)**

- Movement of funding to DVHA to support the Brattleboro Retreat APM
- Movement of funding to DVHA to support NFI Hospital Diversion rates

# FY23 PROPOSED EXPENSES



# BUDGET REQUEST

## Salary and Fringe Increases DMH Central Office and Vermont Psychiatric Care Hospital

Gross: \$584,142                      General Fund Equivalent: \$214,642  
Annualization of the FY22 salary and fringe Increases (salary, FICA, life, health, dental, EAP, LTD).

## Retirement Increases for DMH Central Office and Vermont Psychiatric Care Hospital

Gross: \$768,459                      General Fund Equivalent: \$335,185  
Annualization of the FY22 retirement increases at DMH Central Office and Vermont Psychiatric Care Hospital.

## Benefit Rate Changes

Gross: \$485,482                      General Fund Equivalent: \$212,317  
Annual cost of benefit rate changes

## Workers Comp Increases

Gross: \$107,853                      General Fund Equivalent: \$46,700  
Annual cost of increase to Workers Compensation rates



# BUDGET REQUEST (CONT'D)

## Salary and Fringe Increases MTCR/Secure Residential Recovery

Gross: \$1,699,344                      General Fund Equivalent: \$726,639

In this amount, DMH assumes that all current MTCR staff will remain with the SRR. It is also assumed that additional staff needed to open the SRR will begin training during Quarter 2 of FY23, and that all other staff will begin on January 1, 2023.

## Retirement Increases for MTCR/Secure Residential Recovery

Gross: \$261,817                      General Fund Equivalent: \$111,953

This is the annualization of the FY22 retirement increases at MTCR as well as the new 16-bed secure residential facility.

## Contract Increases for MTCR/Secure Residential Recovery

Gross: \$283,943                      General Fund Equivalent: \$121,414

This is a projection of the increase in contract costs for the new secure residential recovery facility, which are above the current budget for MTCR.

# BUDGET REQUEST (CONT'D)

## Contract Increases for UVMHC

Gross: \$159,092                      General Fund Equivalent: \$68,028

During contract negotiations for the FY 22 UVMHC contract, to maintain or recruit necessary staff there were requests to increase salaries for some of the positions contracted for by VPCH. This is the cost to increase those positions and brings them closer to market value with similar facilities.

## Internal Service Fund Changes

Gross: \$250,611                      General Fund Equivalent: \$113,055

This represents the increase for internal service funds under the operating portion of the budget (Liability Insurance, VISION and HR charges, Fee for Space, etc.)

## Operating Increases to Support the Secure Residential Recovery

Gross: \$72,933                      General Fund Equivalent: \$31,186

This is a projection of the increase in operating cost for the new secure residential recovery facility, which are above the current budget for MTCR.

## Increase Federal Funding for 5-year Grant through Health Resources & Services Administration (HRSA)

Gross: \$634,130                      General Fund Equivalent: \$0

This funding opportunity will expand the Pediatric Mental Health Care Access program into new states and geographic areas. Newly expanded state or regional networks of pediatric mental health care teams will provide tele-consultation, training, technical assistance and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions.

# BUDGET REQUEST (CONT'D)

## Coordinator Position and Contract for Suicide Prevention

Coordinator    Gross: \$115,000                    General Fund Equivalent: \$115,000

Contract        Gross: \$100,000                    General Fund Equivalent: \$100,000

Statewide coordinator position and a contract to expand programs and supports for older Vermonters.

## Zero Suicide

Gross: \$260,000                    General Fund Equivalent \$260,000

This is the grant portion of the Zero Suicide initiative. DMH will partner with the Center for Health and Learning for training support, and to bolster the VT Suicide Prevention Center. This will expand Zero Suicide to all 10 designated agencies and two specialized service agencies.

## Maintain 988 Suicide Prevention Line

Gross: \$440,159                    General Fund Equivalent: \$440,159

This is the cost to maintain the 988 Suicide Prevention line to staff 24/7 programs.

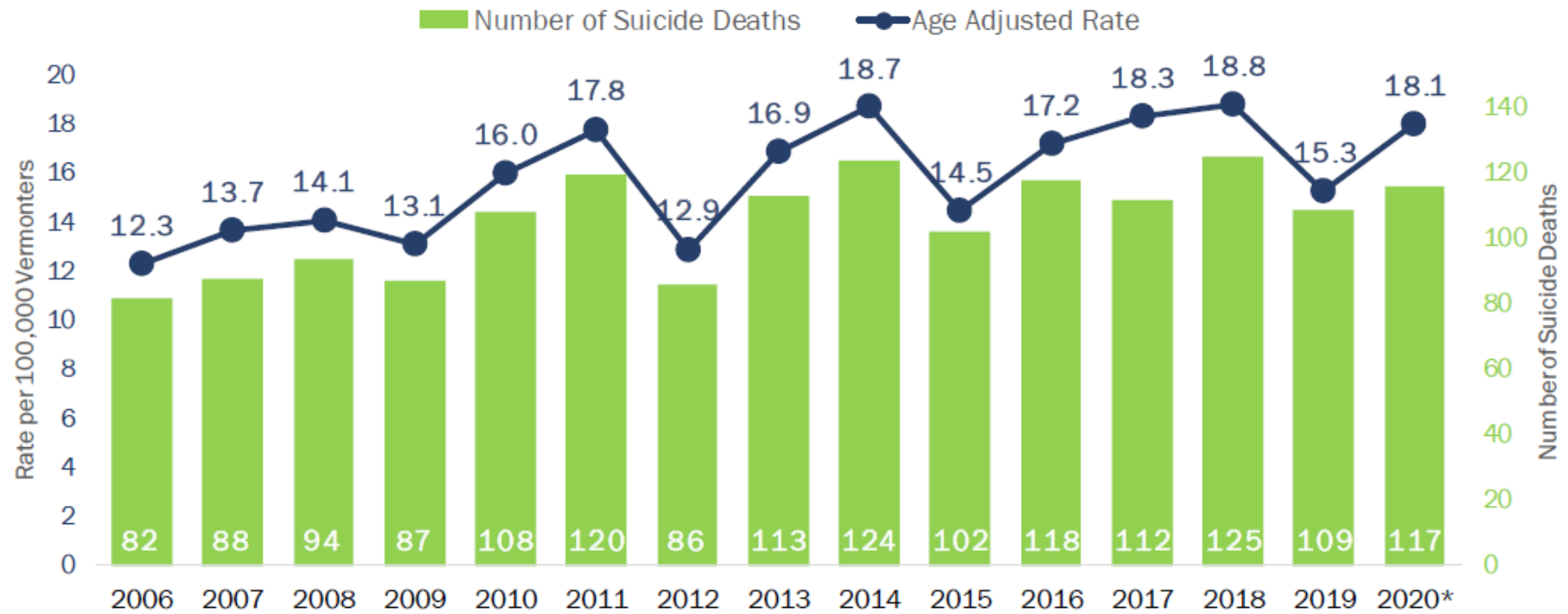
## 9-8-8

- Providers directing all calls to the existing National Suicide Prevention Lifeline to 988 by July 16, 2022.
- In state call response provides Vermont callers with referral options to local resources such as mental health counseling, economic or housing supports, which can help them manage the life stressors that may be contributing to their suicidality.
- On average, 245 Vermonters use the service each month.



# SUICIDE DATA AND SUMMARY OF INITIATIVE

The number and rate of suicide deaths over the past 15 years.



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# ADDRESSING SUICIDE PREVENTION

Expanding Zero Suicide to all 10 Designated Agencies and two Special Service Agencies

Expand Statewide Leadership and Coordination

Expand programs and supports for older Vermonters



## **BUDGET REQUEST (CONT'D)**

### **3% Provider Increase**

Gross: \$4,121,421      General Fund Equivalent: \$1,762,320

This request is to fund a 3% Medicaid increase to the DMH provider system. This includes increases for all DAs, SSAs, peer and other providers who are funded by DMH.

### **Implement Mobile Response**

Gross: \$5,946,997      General Fund Equivalent: \$1,903,039

This funding supports the roll out of five mobile response teams beginning in FY 23. In FY 22, the Legislature appropriated \$600,000 of ARPA funds to begin the pilot team in Rutland, Vermont. This assumes that 80% of the children served through Mobile Response are Medicaid enrolled, and that Vermont will obtain 85% federal participation for this model.

# MOBILE RESPONSE

There is a gap between capacity of the Designated Agency emergency services teams and the current demand for these services.

- The Piloted Mobile Response Initiative in Rutland has been a great first step
- We propose a phased approach starting in FY23
- Evidence-based models should be explored in a structured process with stakeholders
- Federal participation is 85% for mobile response options

1. MRSS: Mobile Response and Stabilization Services
2. CAHOOTS: Crisis Assistance and Help on The Streets

## Mobile Response Supports Communities

- at home, school or other locations
- de-escalation, assessment, planning, resource referral
- follow-up services, case management
  - reduced waiting in EDs



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## EXPLORING THE CRISIS RESPONSE CONTINUUM

DVHA/DMH are jointly exploring these models through technical assistance planning grant

- Living Room Model: A community crisis respite program
- PUCK: Psychiatric Urgent Care Kids
- Peer Respite

# BUDGET REQUEST (CONT'D) AHS/NET NEUTRAL ITEMS

## Transfer Funding To DVHA for Brattleboro Level 1 and CRT

Gross: (\$13,000,000)                      General Fund Equivalent: (\$5,558,800)

This is to support the alternative payment model for the Brattleboro Retreat being paid for by DVHA. DMH will transfer the current appropriation for Level 1 and CRT inpatient costs to DVHA.

## Transfer Funding To DVHA for NFI Hospital Diversion Costs

Gross: \$202,051                              General Fund Equivalent: \$89,441

This transfer to DVHA will support a new rate for the NFI Hospital Diversion program. DVHA contracted with Burns and Associates to assess the cost of this program and determined that the current rate does not cover the expenses. Currently, DMH supports this program with \$160,000 of Global Commitment Investment, and \$52,051 toward an incentive payment for achieving specific goals. This funding will be transferred to DVHA to cover the cost of the program.



# RESULTS BASED ACCOUNTABILITY

LEND A COMMON LANGUAGE

PROGRAMMATIC PERFORMANCE MEASURES

# QUALITY AND PERFORMANCE MEASURES: DMH SCORECARDS

Updated quarterly or annually.

Always publicly available at <https://mentalhealth.vermont.gov/>

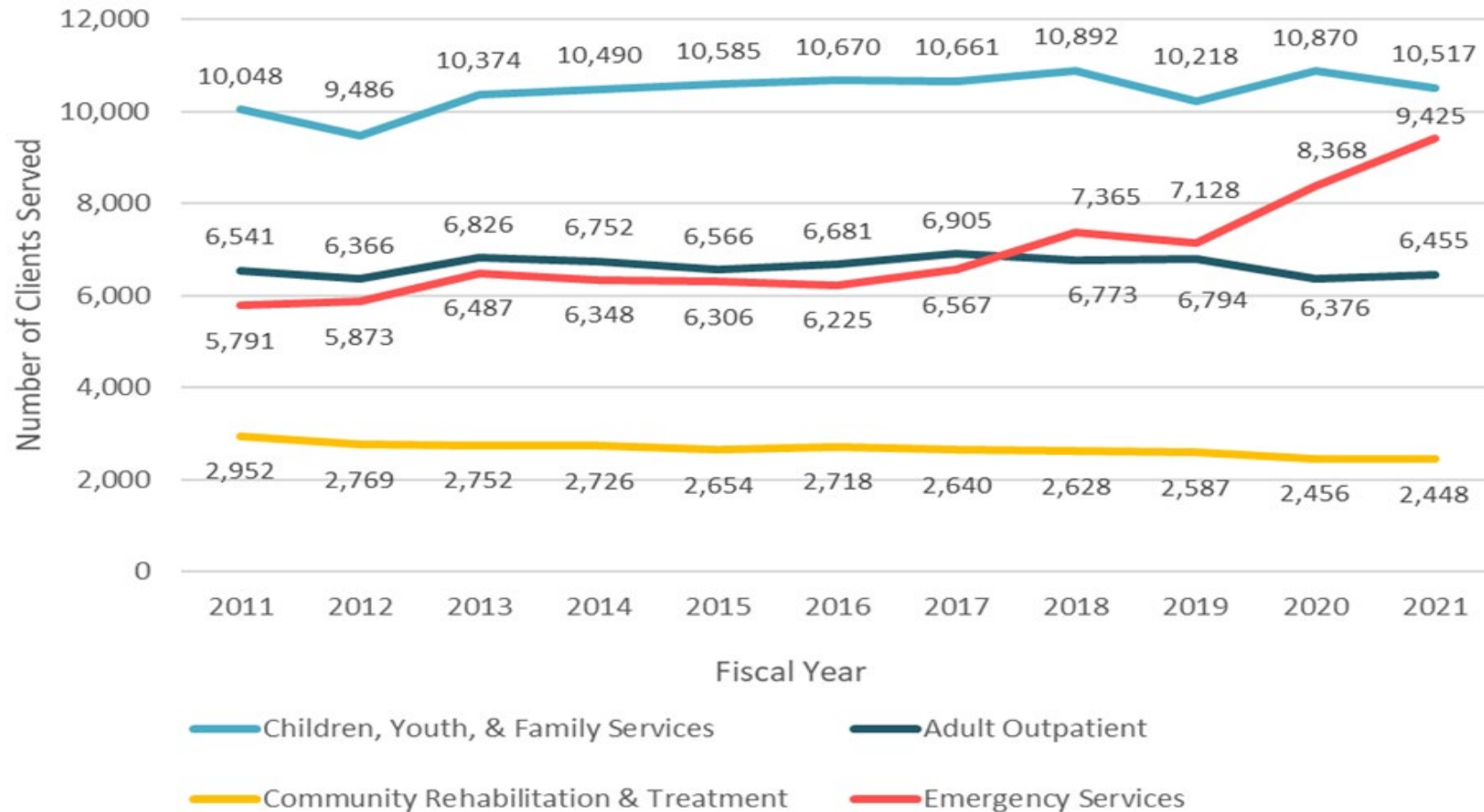
Aligned with federal and state requirements, and agency-wide goals.

- [The Department of Mental Health \(DMH\) Scorecard](#)
- [Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals](#)
- [Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)
- [Integrating Family Services \(IFS\)](#)
- [DMH System Snapshot](#)
- [DMH Continued Reporting](#)

# How Much?

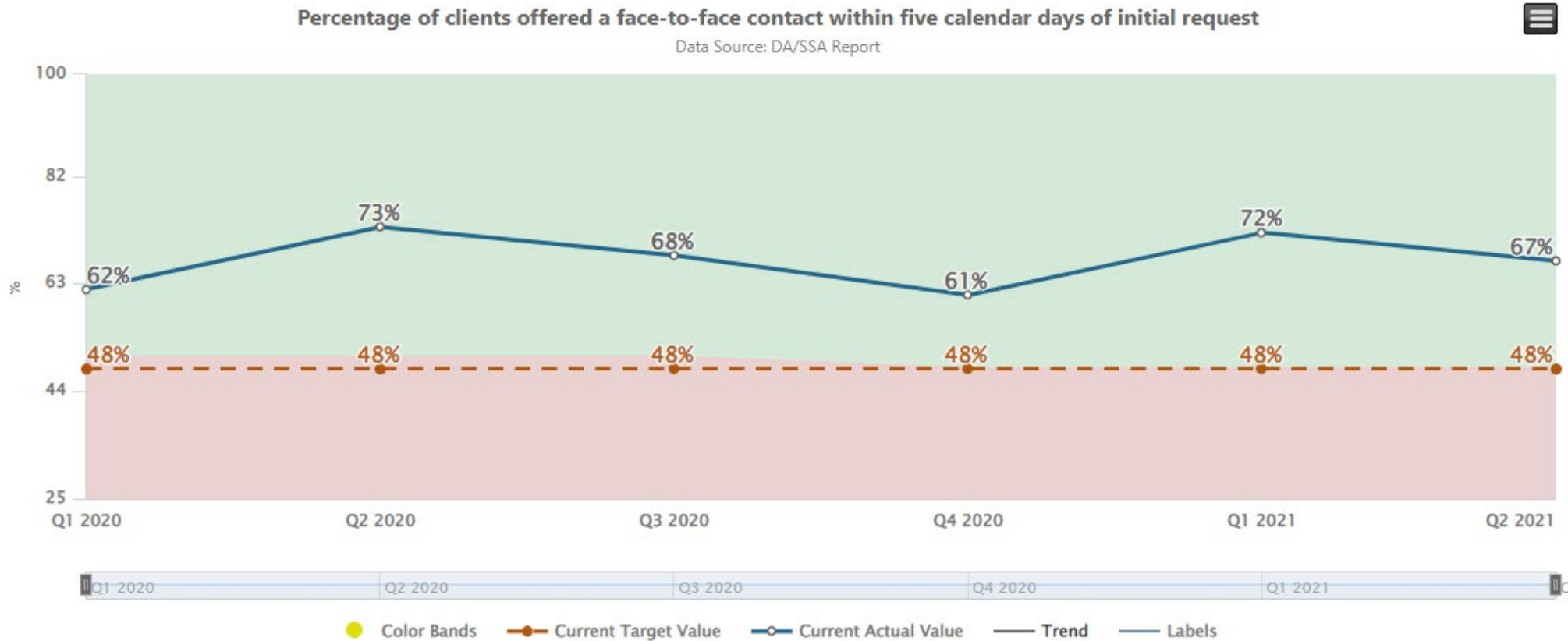
## PEOPLE SERVED BY PROGRAM

Use of Services by Primary Program



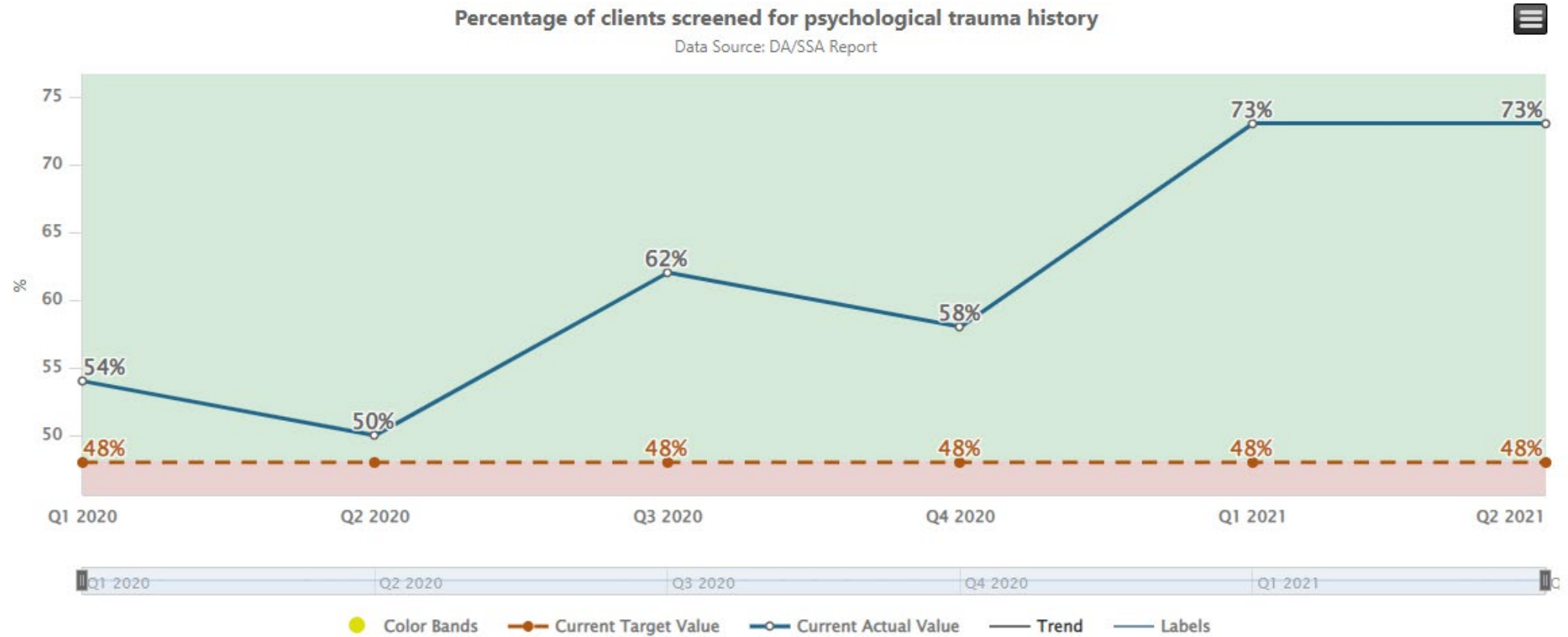
# How Well?

## ACCESS TO CARE: DA /SSA MENTAL HEALTH CASE RATE SERVICES



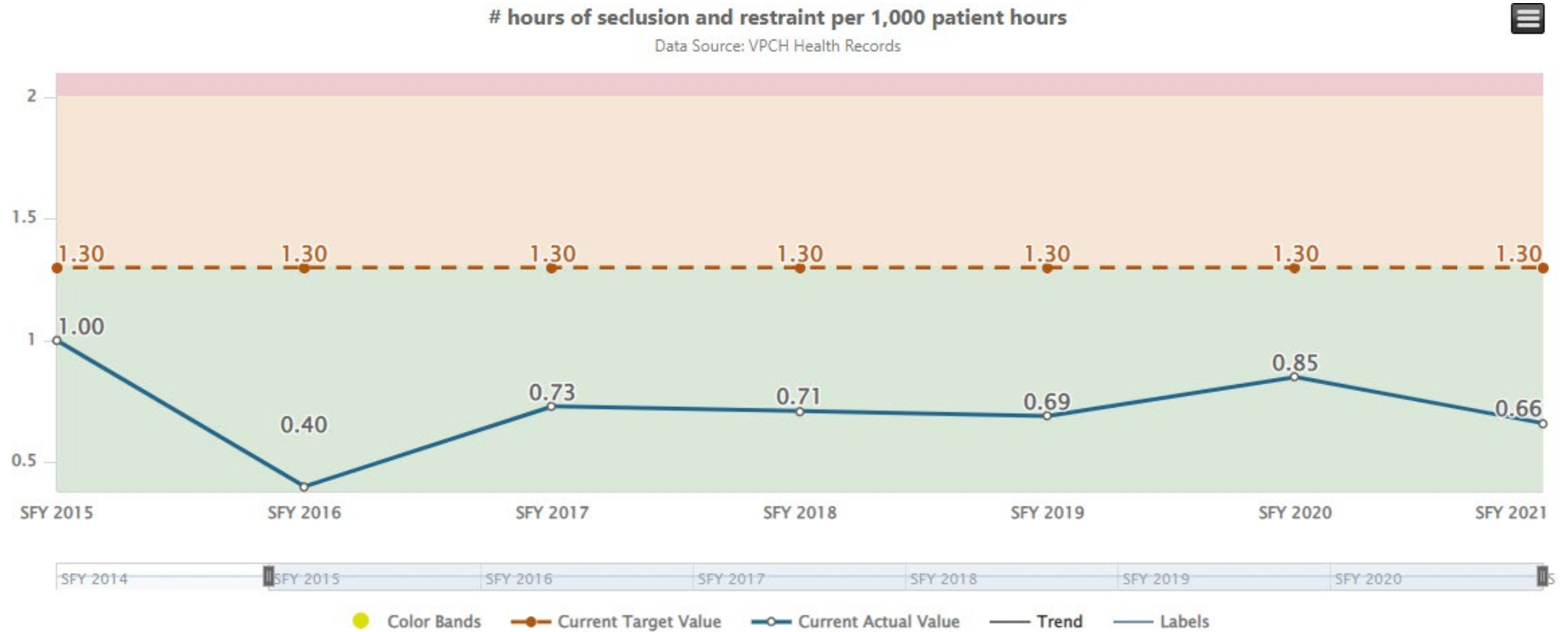
# How Well?

## COMPREHENSIVE ASSESSMENTS: DA /SSA MENTAL HEALTH CASE RATE SERVICES



# How Well?

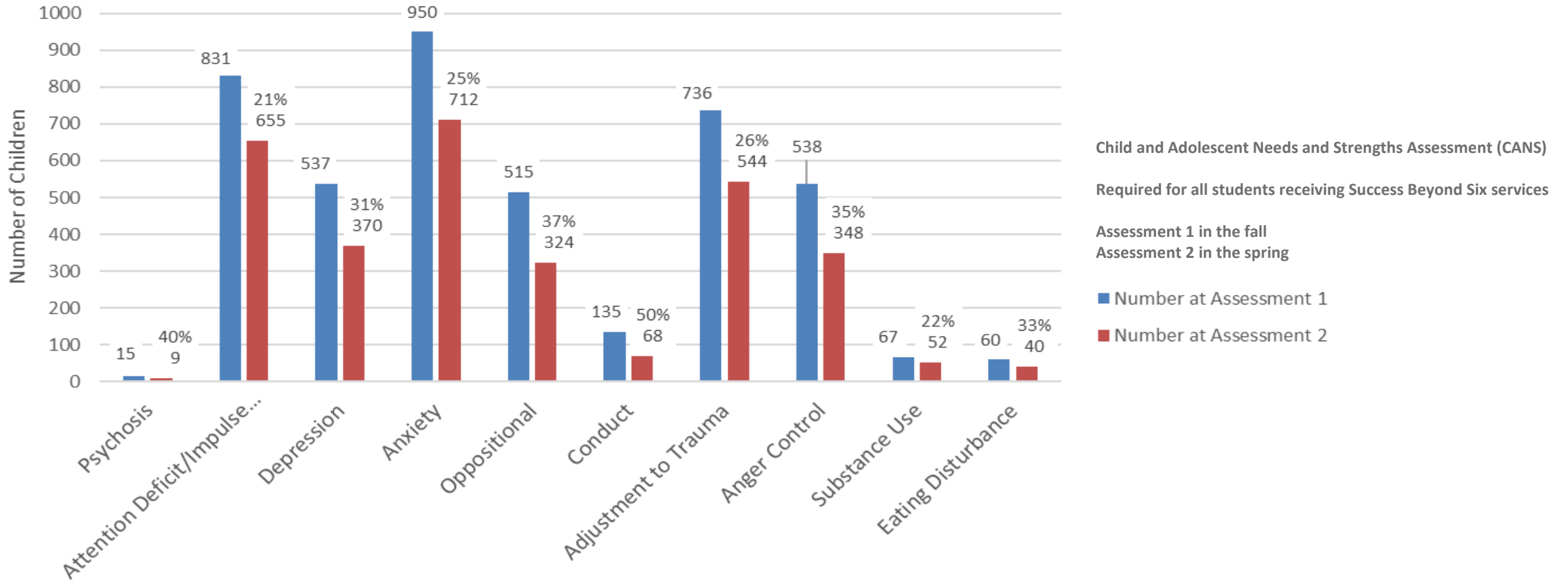
## LEAST RESTRICTIVE: VERMONT PSYCHIATRIC CARE HOSPITAL





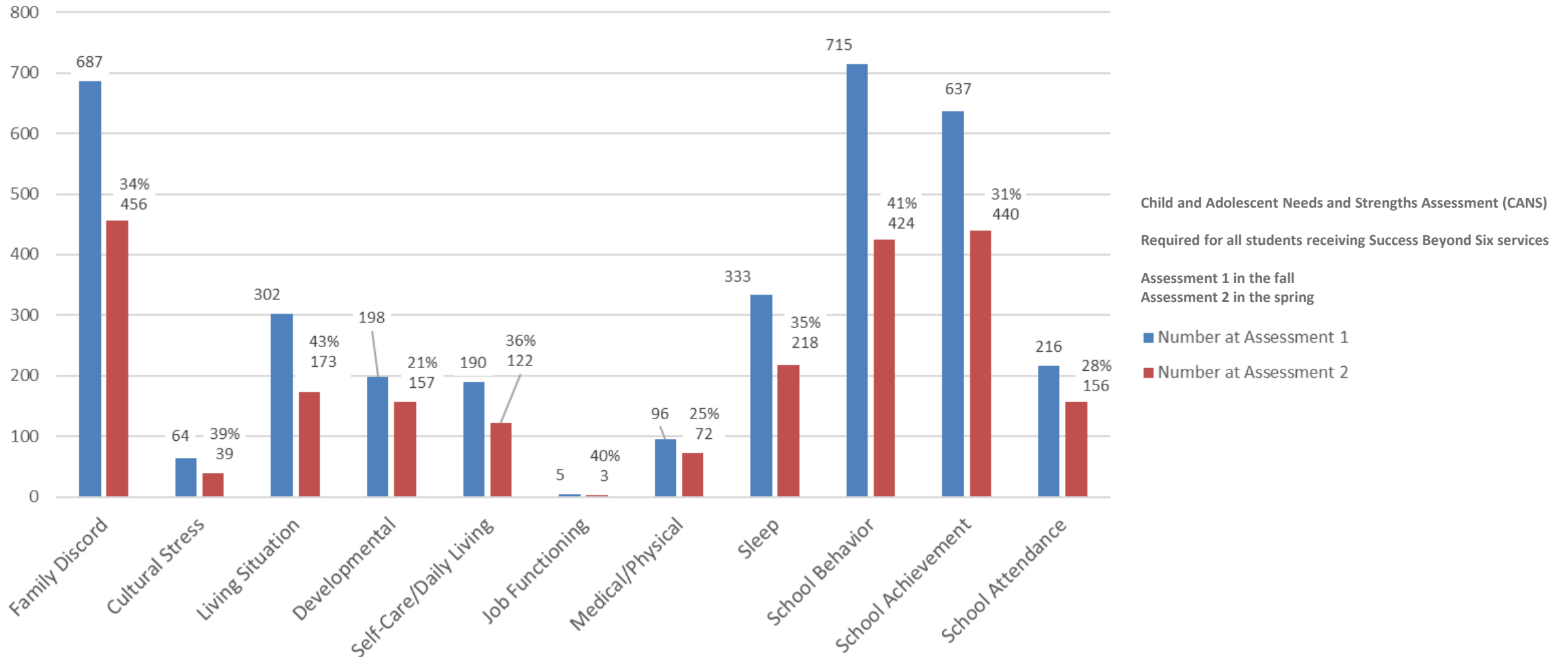
# IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – EMOTIONAL/BEHAVIORAL NEEDS OUTCOMES

CANS Students FY2020 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved, Behavioral/Emotional Needs Domain



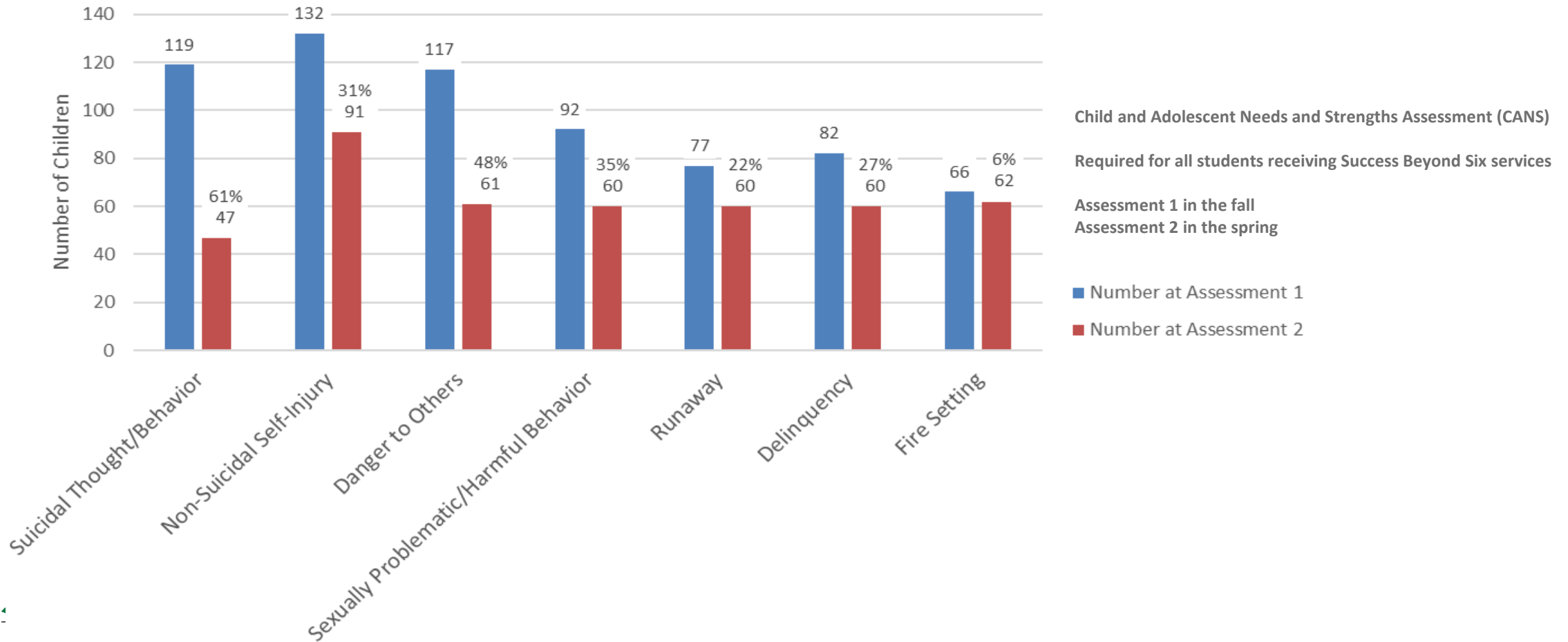
# IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – LIFE FUNCTIONING NEEDS OUTCOMES

CANS Students FY2020 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved, Life Functioning Domain



# IS ANYONE BETTER OFF? SUCCESS BEYOND SIX - SCHOOL MENTAL HEALTH – RISK BEHAVIOR OUTCOMES

CANS Students FY2020 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved, Child Risk Behaviors Domain





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