

MEMORANDUM

TO: Representative Bill Lippert, Chair, House Committee on Health Care
 Representative Anne Donahue, Vice Chair, House Committee on Health Care

FROM: Sarah Squirrell, Commissioner, Department of Mental Health (DMH)

DATE: February 12, 2021

SUBJECT: Follow up information from FY22 Budget Testimony

The following information is provided in response to requests made during testimony with the House Committee on Health Care on February 9, 2021. Please do not hesitate to let us know if there are any questions about this data.

1% Rate Increase

The Committee requested the amount of fiscal support that DMH would need to provide a 1% rate increase to support current mental health programming. Based on our current provider agreement rates, the below table illustrates amounts needed:

	1%			
	GC	GF Impact		
DMH DA/SSA Rate Increase	1,093,880	481,307		
DMH Non-DA Increase*	112,132	49,338		
	-	-		
DS DA/SSA Rate Increase	2,261,616	995,111		
	-	-		
TOTAL - not including DMH investments below	3,467,627	1,525,756		
	1%			
Other DA MH Investments:	GC	GF Impact		
YIT (Youth in Transition)	1,723	758		
Respite	11,962	5,263		
EPSDT (MH Clinicians in Primary Care)	5,388	2,371		
Adult Capacity	38,113	16,770		
Kids Capacity (includes Emergency)	25,766	11,337		
Emergency Capacity	84,844	37,331		
	167,796	73,830		

*Includes peer providers such as Second Spring, Center for Health & Learning, Vermont Federation for Families, Pathways Soteria, Pathways Warm Line & Wellness Coop, Alyssum, VT Psychiatric Survivors, Homesless grants, Another Way

SAMHSA Grant and Extension

Please find a side-by-side outline of current efforts within the 2020 SAMHSA COVID-19 grant and the proposed efforts in the additional program supplement grant (2021 SAMHSA COVID-19 grant). We also would like to point out the following key points regarding the two funding opportunities:

- DMH and VDH are in the process of building the budget for the supplemental grant which is due for submission to SAMHSA on March 1, 2021. We are working with Designated Agencies and other grantees to gather all of their funding requests.
- Upon issuing the Notice of Award, SAMHSA was clear that the base activities are the same in both grants. In addition, SAMHSA has expressed flexibility in providing funding for housing supports on a case-by-case basis.

Original FY20 SAMHSA COVID-19 Grant Total Award: \$2.0M DMH Award: \$1,073,253	Supplemental FY21 SAMHSA COVID-19 Grant Total Award: \$2.8M DMH Award: TBD
<ol style="list-style-type: none"> 1. Expansion of Emergency Services through purchase of technology. 2. Renovations to Existing Crisis Programs 3. Mobile Crisis Vans 4. Go Bags, Sensory Materials 5. MH Peer Support Services and Outreach 6. Outreach/Direct Service Staffing 	<ol style="list-style-type: none"> 1. Expansion of Emergency Services through purchase of technology. * 2. Renovations to Existing Crisis Programs 3. Mobile Crisis Vans 4. Go Bags, Sensory Materials 5. MH Peer Support Services and Outreach 6. Outreach/Direct Service Staffing * 7. Flexibility in Housing Supports 8. Flexibility in Data and Evaluation

*After working with our partners, DMH sees a need for more outreach and direct service staffing and less technology. While the budget is currently in development, DMH anticipates shifting funds to accommodate that need.

1. Expansion of Emergency Services for Our Most Vulnerable Vermonters struggling with Mental Illness: We know during this challenging time that more individuals will need access to support. Given the fact that we are still physically distanced and want to deliver safe services some of the grant funds will be utilized to purchase technology for staff to provide telehealth services 24/7.
 - 2020 grant funds used for clinician laptops, upgrading clinician cell phones, upgrading IT Infrastructure (wireless access points) for clinical staff who work in emergent/urgent care programs and provide outreach services to folks struggling with significant mental illness (including folks struggling with homelessness and staying currently at the local motels...).
 - 2021 proposed requests include funds for website improvements for accessibility as well as Information Technology Tools to make providing services remotely more efficient.
2. Renovations to Existing Crisis Programs: These funds will also be used for renovations to existing mental health crisis programs to make space more accessible and private for 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.
 - 2020 grant funds used to enhance a 24-hour crisis program to allow for safer distancing and keyless entry into various crisis programs to reduce touchpoints for in person crisis services.
 - 2021 proposed requests include funds for creating an outdoor meeting space.
3. Mobile Crisis Vans: We will be able to purchase seven vans for the state to be used for mobile crisis response to individuals in need. The vans will allow the space to comply with physical distancing recommendations while meeting with individuals.
 - 2020 grant used to fund three vans, two for mobile crisis response and one for peer outreach and support.
 - 2021 – currently no new requests but with an increase in funding for direct service staffing and GPRA support this may change.
4. Go Bags, Sensory Materials: Grant funds will be able to be used to ensure staff at agencies have items such as sensory bags and cleaning agents to enable outreach to clients that will make their contact with individuals safe and appropriate.
 - 2020 grant used to fund go bags to include items such as personal protective equipment (PPE) such as scrubs, masks, disinfectants, general cleaning supplies, and other medical supplies as well as sensory bags/materials which may include, but are not be limited to weighted blankets, stress balls, fidget gadgets, small whiteboards with erasable markers, noise-canceling headsets, and other calming sensory items.
 - 2021 – currently no new requests but with an increase in funding for direct service staffing and GPRA support this may increase.
5. MH Peer Support Services and Outreach: MH peer-to-peer services are an essential element of Vermont’s mental health system of care. Grant funds will be used for expansion and extension of peer services to provide community support and outreach to vulnerable Vermonters. Funds will 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.

- 2020 grant used to fund the continued expansion of the Peer Support Line operating hours to provide 24/7 coverage, enhance peer services; specifically peer outreach and support to individuals experiencing homelessness or sheltering in motels, weekly support groups for WRAP facilitators, interactive workgroup “Creating Connections”, public information and outreach, expand recovery support groups, add part time, temporary peer position as Community Outreach Coordinator, weekly wellness check-ins via Zoom, and to strengthen existing support groups and expand to new locations.
 - 2021 proposed requests include extension and expansion of all 2020 activities.
6. Outreach to Individuals with SMI: Grant funds will be used for staff time to do outreach to individuals in facilities struggling SMI who may not currently be 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.
- 2020 grant used to fund three full time positions, two for Community Outreach and one Urgent Care position to facilitate services to individuals in the emergency department.
 - 2021 proposed requests include additional Community Outreach and Case Management staff as well as an ED Linkage Navigators. With an increase in funding for direct service staffing and GPRA support this need may increase. There is also a request for continued funding for the COVIDSupportVT wellness workshops and increased public education and awareness.
7. Flexibility in Housing Supports
- New in 2021 grant. DMH is waiting on guidance from SAMHSA though we do know that requests for this type of funding will be made to SAMHSA on a case-by-case basis.
8. Flexibility in Data and Evaluation
- More funds will be available in the 2021 grant to support activities such as GPRA data collection, treatment focused quality improvement activities, and development of a treatment focused COVID recovery plan.

Mental Health Block Grant

- What programs do we manage under block grant dollars?
See the table below for a list of Goals and initiatives with proposed funding for FFY21. This year the following were added: Copeland WRAP (Wellness Recovery Action Plan) training, DBT training, 6 Core Strategies, LGBTQ+ Youth Population – training for MH Providers/Professionals, Microaggressions training, Anti-Racism/Cultural Competencies training (RFP was sent out), Coping Cat (CBT for youth).
- How is direction of funds decided? We have core ongoing goals that are funded yearly, in addition to some one-time initiatives. New proposals are received from DMH program staff and presented to the MHBG Planning Council, comprised of a wide group of stakeholders including adult consumers of mental-health services, family members, providers, advocates and other community members. The MHBG PC then provides their recommendations on funding priorities annually to the Commissioner.

Mental Health Block Grant FFY 2021 Proposed (NOT FINAL) Budget FFY21 (10/1/20-9/30/21)			
Goal	Goal Description	Expend By 9/30/22	Funding Notes
Goal 1	NFI Initiative-To enable children and adolescents who are experiencing a severe emotional disturbance to remain in community-based programs and public schools by providing community-based treatment, support services and consultation	\$15,635	Same as previous years
Goal 2	Respite -- Funding to all 10 DAs- Services for families with a child or adolescent experiencing a severe emotional disturbance to avoid out-of-home placement. Respite offers short-term support and relief to families and includes funding for camps, lessons, groups, activity passes etc.	\$404,788	No additional funds, back to base funding

Goal 3	CRT Grant - All 10 DAs-To increase the abilities of persons with long-term mental illness to function in community settings with the greatest possible independence from the mental health and human-services system by providing community-based treatment, rehabilitation and support	\$101,728	Same as previous years
Goal 4	CRT Grant - All 10 DAs - Co-Occurring Funding- To support the evidence-based practice of Integrated Dual Diagnosis Treatment (IDDT) for individuals with severe mental illness and substance-use disorders	\$50,000	Same as previous years
Goal 5	Emergency Services- To avoid unnecessary institutionalization of acutely mentally ill persons by providing immediate professional evaluation and treatment	\$33,097	Same as previous years
Goal 6	Housing infrastructure funds: Clara Martin Center- for SharePoint license to manage coordinated entry for housing programs	~\$34,000	(Previous year \$24,881)
	Housing infrastructure funds: Office of Economic Opportunity - Housing Opportunity Funds. Financial assistance to households that have member with a self-identified mental health condition, to assist with back rent, security deposits, or moving expenses to help maintain housing or assist in rapid rehousing.		
Goal 7	Street outreach - (WCMHS) Outreach to provide social-service intervention(s) citywide in Montpelier/Barre for calls with social-service components that police receive	\$40,000	Same amount going forward
	Street outreach - (Howard Center) Outreach to provide social-service intervention(s) citywide in Burlington for calls with social-service components that police receive	\$25,000	Same as previous years
Goal 8	VT Psychiatric Survivors (VPS) - Operating Expenses- Support for activities of Vermont Psychiatric Survivors, a statewide consumer-run organization of consumers, survivors, and ex-patients with a multiplicity of activities and growing responsibilities	\$47,660	Same as previous years
Goal 9	VPS - Community Peer Operated Projects - Peer-operated Initiatives include art and music groups, awareness marches, dinners, topical groups, clubs, and meetings	\$37,205	Same as previous years
Goal 10	Required: 10% Set Aside – First Episode Psychosis/Evidence Based Practices – Northern VT University (NVU) – Collaborative Network Approach trainings offered to DAs/SSAs statewide	\$123,198	Required by SAMHSA- 10% set aside for ESMI
Goal 11	VT Support Line - Pathways- Warm line (a nonemergency telephone response line operated by trained peers for the purpose of active listening and assistance with problem-solving). Serves all of Vermont from two call centers in Burlington and Barre.	\$60,000	No additional one-time funds, back to base funding
Goal 12	Suicide Prevention - Center for Health and Learning- support additional training and mentoring for programs implementing the Zero Suicide model. Programs implementing Zero Suicide will receive training and consultation on the Zero Suicide model and also on the Collaborative Assessment and Management of Suicidality (CAMS) approach.	\$45,000	

Goal 13	Copeland (WRAP training)	\$60,000	New Initiative
Goal 14	Psychiatric Consultation available Statewide for any Primary Care Provider treating children who have psychiatric care needs	\$75,000	New Initiative
Goal 15	DMH Conference	\$25,000	TBD
Goal 16	Required: 5% Set Aside- Crisis Services	\$61,599	New requirement
	Total	\$1,238,910	

CDC Comprehensive Suicide Prevention Grant

The committee inquired about the positions funded with this grant award and where the funds for this joint project sit within the Department of Health and Department of Mental Health's budgets. The Department of Health has provided the following response, "Overall, we look at federal receipts in the aggregate and include anticipated federal funding changes as net changes at the appropriation and major object level. Given that, and the fact that the positions associated with the grant weren't created in time to be included in the FY22 budget build, there is no explicit reference to or accounting for this grant in VDH's FY22 ups and downs. We did include this grant in our federal receipts estimates listed as "Suicide Prevention CFDA 93.136." Our estimated federal receipts assume DMH will claim federal receipts directly for DMH spend associated with the grant.