

**MEMORANDUM**

**TO:** Representative Houghton, Chair, House Committee on Health Care  
**CC:** Representative Berbeco, House Committee on Health Care

**FROM:** Emily Hawes, Commissioner, Department of Mental Health

**DATE:** February 28, 2023

**RE:** Follow up response on emailed and other questions

---

**Crisis System: 988 and Pathways Warmline and Mobile Crisis Response (positions & grant) \$3,357,655**

*With this level of base investment, a Suicide Prevention Director and four in-house Mobile Crisis Response positions is there a strategic plan for statewide crisis response?*

The base investment for Mobile Crisis Response is for the service delivery at the provider. The Request for Proposal required the bidder to propose a strategic plan, which was to include integration into the current system of care. The proposed strategic plan is part of what is being evaluated, and the state plans to continue to develop a plan in contract negotiations with the selected bidder.

The Department has \$115K for the Suicide Prevention Director (from FY2023) and is requesting \$422,812 for the four positions in the FY2024 budget. The Department expects these positions to help support the statewide plan development and execution.

**Suicide Prevention**

*Grants are moving into new GC Investments. Can you share the reasoning for this re allocation? Traditionally I thought the suicide prevention work resided (partly) in the Mental Health Block Grant (MHBG) and was paid with FF.*

The reallocation is to save State General Fund by creating a Medicaid Investment. The Department used MHBG for some of the cost, but we want sustainable funding through our budget.

**Mental Health Block Grant (MHBG)**

*Please provide a list of projects and costs that are funded by the MHBG for each FY23 and FY24.*

Below is the FFY23 budget. Please note that the FFY24 budget has not been submitted yet, as the deadline for the FFY24-25 MHBG grant is not due until 09/01/2023.



<b>Mental Health Block Grant FFY 2023</b>	<b>10/01/22-9/30/24</b>
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
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
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
Emergency Services- To avoid unnecessary institutionalization of acutely mentally ill persons by providing immediate professional evaluation and treatment	\$300,000
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
Church Street Outreach (FY 1) - (Howard Center) Outreach to provide social-service intervention(s) citywide in Burlington for calls with social-service components that police receive	\$74,469
Church Street Outreach (FY 2) - (Howard Center) Outreach to provide social-service intervention(s) citywide in Burlington for calls with social-service components that police receive.	\$74,469
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
VPS - Community Peer Operated Projects - Peer-operated Initiatives include art and music groups, awareness marches, dinners, topical groups, clubs, and meetings	\$37,205
Collaborative Network Approach (CNA) trainings offered to DAs/SSAs statewide	\$141,735
Suicide Prevention Symposium: CHL will plan, manage, deliver the 2023 VT Suicide Prevention Symposium, including a detailed Symposium Plan which outlines proposed 2023 Symposium planning activities, public outreach plan, curriculum and presenters. Report will be informed by previous attendee evaluation or feedback and include strategy for increasing representation of people with lived mental health and substance misuse experience, BIPOC, LGBTQIA community, refugees and other minorities.	\$45,000
Copeland (WRAP training)	\$60,000
DMH Conference - Fall 2023	\$34,000
HCRS Embedded Social Workers	\$42,388
Administrative costs	\$50,000
<b>Total</b>	<b>\$1,417,349</b>

### **Increase in Vacancy Savings**

*Are any of these vacant positions in statute?*

While many positions may have originated in statute, the Departments do not differentiate between position origins when contemplating vacancy savings. The increase in vacancy savings is a combination of normal VS increases (which all departments have) and additional expected vacancies in nurse positions due to staffing shortages that we are likely to have. The Department is attempting to be fully transparent in what is expected to be seen in vacancy savings. However, if there are specific positions you would like to know if they are vacant, please let us know, and we will do our best to answer.

### **CMC ServicePoint License for Housing**



*What is the PATH annual report that this cost is related to? Can we see a copy of it?*

The funding is to cover the cost of Servicepoint, a program that collects data that DMH needs to submit to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Projects for Assistance in Transition from Homelessness (PATH) annual report. Clara Martin Center is the passthrough provider that contracts directly with Servicepoint for this service.

The SAMHSA Homeless Branch funds DMH to outreach and engages individuals with mental illness who are unhoused each year through PATH grants. In turn, DMH funds six non-DA community service providers to do this work: Community Health Center of Burlington, Rutland Homeless Prevention Center, Good Samaritan Haven Barre, Groundworks Brattleboro, Northeast Kingdom Community Action, Hope in Middlebury.

Each funded provider must submit data on individuals outreached and engaged for an annual report required by federal statute. The required complete data report is in Servicepoint.

The Department has included the reports for the last FY.

### **Other**

*What was the elder care outreach that coupled with suicide prevention (\$56,520) went from GF to GC?*

The Department has an annual MOU with DAIL to support suicide prevention in eldercare outreach. Currently, the suicide prevention activities for eldercare are paid for with General Fund. DMH will apply for a new Medicaid Investment to cover the cost of these suicide prevention activities, thus creating General Fund savings.

*Soteria is on the MH System of Care diagram (the colorful triangle one that you all know I love) at the Intensive Residential level. Peer respite services aren't explicitly called out on this diagram. Does the department categorize those as part of the crisis continuum (one step down on your chart), or in the bottom layer of basic community mental health?*

Soteria is part of the Intensive Residential level of care as they are diverting or stepping down adults from inpatient psychiatric units. The Alyssum Crisis Bed program is operated by individuals with lived experience, which is the only of the kind in Vermont. Currently, there are no peer respite services in the State of Vermont. If a program was developed, the Department would view peer respite services as part of the lower layer of 'basic community mental health services.' It would be an essential part of the system but would not operate at a crisis bed level of care/treatment.

*Was there funding for the purchase of vans? And if so, what was their purpose and to whom did they go?*

Yes, three agencies got vans to support mobile services (this was the SAMHSA grant AHS got that ends this May). The agencies were Pathways, UCS, and HCRS.

The grant was from the VDH, specifically for COVID-19. It must be noted that the vans supported DA and SSA's current mobile services, which is distinct from the Mobile Crisis Response benefit that will go live in September. Due to the status of the open RFP and contract negotiations, the Department cannot provide additional information on the contents of the proposals. However, these vehicles can't be used for anything beyond the grant requirements until the grant ends in May. At that time, the feds could take the vans back (as they can do with any equipment purchased with the grant). The Department does not believe SAMHSA will recoup the vans, but it is possible. VDH must request a disposition from SAMHSA for the DA/SSAs to retain the vehicles.

