

MEMORANDUM

TO: Chair Houghton, House Healthcare Committee

FROM: Emily Hawes, Commissioner, Department of Mental Health

DATE: 2/20/2024

RE: FY25 budget follow up

1. Language for how rates could be implemented if the committee recommends a rate increase to the DAs/SSAs.

If the committee recommends an increase, DMH suggests the following language:

In fiscal year 2025, the Agency of Human Services shall provide a X% increase in funding to the designated and specialized service agencies for mental health services using a manner that prioritizes the populations and services to the most vulnerable using the valuation model.

2. List of all the required services in the DA provider agreements.

Core services, as currently outlined in provider agreements, target specialized populations across the age spectrum and are included in the case rate. The agencies are designated to provide care for individuals who are eligible for Community Rehabilitation Treatment (adults with significant mental illness) and youth who have a significant emotional disturbance.

STATEWIDE CORE SERVICES
24/7 Emergency Services (inclusive of: mobile crisis, postvention)
Enhanced Mobile Crisis (Beginning January 2024)
ES: Assessment for Inpatient and Involuntary Care
Clinical Assessment
ANSA
CANS
Individual, Family, and Group Therapy
Medication Evaluation, Management, and Consultation
Service Planning and Coordination
Community Supports
CRT/CSP Eligibility Determination
IHCBS Eligibility Determination
IHCBS Staffed Living (regional but can be accessed statewide)
IHCBS Family Education/Consultation
IHCBS Therapeutic Foster Care (regional)
Discharge Planning
EPSDT – Medicaid

Local Interagency Teaming (including LIT, CIS, ACH, etc.)
ECFMH
Respite (Non-Medicaid - Hourly)
Respite (Non-Medicaid - Overnight)
Respite (Medicaid - Hourly)
Respite (Medicaid - Overnight)
Family Respite Activity Requests
JOBS (Jump on Board for Success)
School-based Services
Employment Support Services
Facility-based Crisis Stabilization
Facility-based Crisis Stabilization (regional but can be accessed statewide)
Residential Bed Services (regional but statewide)
Intensive Residential Recovery (regional but can be accessed statewide)
Orders of Non-Hospitalization Management
Disaster Response
Eldercare Clinician Program

3. What is the total budget needed for Southwestern Vermont Medical Center (SVMC) and how much money has already been spent to date?

The final feasibility study from SVMC included a pro forma and explanation which includes the \$9.2M in capital expenses for the renovation and ~\$1M for initial operational expenses during startup before they are open and able to fill beds and collect revenue. The SFY24 budget included a legislative appropriation of \$9.225M, and the SFY25 budget is recommending an additional \$1M to meet the need identified in the feasibility study.

DMH is still waiting for SVMC’s certificate of need (CON) to be submitted and subsequently approved before entering into further contract(s); therefore, none of this funding has been expended. On 2/21/2024, SVMC communicated to DMH that they are having issues completing their 5-yr projection financial tables and could not give an updated timeline on when they will submit the CON.

4. What is the budget for the Psychiatric Residential Treatment Facility (PRTF) and what is that number based on?

During 2023 and 2024, after analyzing data and seeing a gap in the system of care for youth, AHS identified a critical need for establishing a Psychiatric Residential Treatment Facility (PRTF). The PRTF aims to provide psychiatric care in a residential setting, serving youth ages 12 to 21 who require specialized care under the supervision of a physician, and is designed to fill a significant gap in our state borders. This initiative not only addresses the immediate need for this level of care within the state but also represents a long-term commitment to improving mental health services for Vermont youth and families. By investing in the PRTF, we are taking a significant step forward in offering a continuum of care that meets the diverse needs of individuals, ultimately aiming to improve outcomes and reduce the need for out-of-state placements.

In FY24, AHS selected the Brattleboro Retreat as the successful bidder to the Request for Proposal (RFP). This fifteen-bed facility has a projected operational cost of \$8.25 million annually. This

estimate takes into account the comprehensive nature of the services provided, including a specialized staffing model that meets the stringent requirements set by the Centers for Medicare and Medicaid Services. The staffing will include a diverse team of professionals such as social workers, a house manager, psychiatrists, nurses, and psychologists. Additionally, the budget covers essential operational needs such as food, supplies, and transportation.

AHS Fiscal, DCF-Family Services, DMH and DAIL business offices are also researching fund shifting that may occur with some youth currently at out of state PRTF programs who could come back in state to this program. The funding strategy involves leveraging Medicaid to support the financial sustainability of the PRTF. The Medicaid Policy Unit is currently evaluating the inclusion of this facility as a new state plan service under Vermont's Medicaid program. At this time, the minimum estimated state match required is \$3,479,025 with the hope of successfully bringing this level of care online after July 1, 2024.