TO: House Committee on Health Care

FROM: Howard Center

DATE: February 18, 2025

RE: DMH Proposed Cuts to Howard Center

We would like to express our sincere gratitude for the time and attention you are dedicating to reviewing and considering the budget recommendations being put forward. We recognize the importance of the work you do and appreciate your willingness to engage with the concerns and suggestions that impact our communities. Thank you again for your commitment to this critical work.

As our communities face rising demands for mental health and substance use services, the state continues to grapple with limited resources amidst growing budget pressures and the challenge of balancing competing priorities. In this context, where more resources are urgently needed, what is being proposed is a reduction in support, which risks further straining already overwhelmed services. Cutting existing resources is not a viable solution, as it would significantly harm our communities. It is essential that we prioritize the adequate support of current programs and ensure that any changes to resources are carefully considered and communicated transparently, with a full understanding of their potential consequences.

The Governor's FY26 budget proposal includes pointed funding cuts to key programs at Howard Center, which would have a detrimental impact on services in our communities. Specifically, these cuts include:

- **the elimination of a $160,000 grant for Howard Center's Community Outreach program, which provides critical low-barrier, community-based services across Chittenden County, shifting this expense to municipalities; and**
- **the elimination of $495,136 EPSDT/Administrative Medicaid funding resulting in**
    - **a 19% crises services workforce reduction in First Call for Chittenden County (FCCC); and**
    - **the elimination of a mental health position embedded in primary care that plays a vital role in providing mental health services to high-risk children and families.**

These services are vital to addressing the unique needs of Chittenden County, which has one of the highest social vulnerability indexes (SVI) in the state driven by factors like high-density housing, a diverse population, limited English proficiency, and higher rates of being without a car**.** Forty percent of the county's census tracts show three or more SVI flags, yet the county receives the second-lowest Per Member Per Month (PMPM) payment for core mental health services. Proposed cuts would worsen the

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unsustainable financial deficit Howard Center has faced for three consecutive years, with mental health services projected to exceed funding by $3.9 million.

To maintain these vital services, we strongly advocate for the restoration of funding for the Community Outreach program and EPSDT funding supporting the embedded clinician position and First Call crisis services. The state must prioritize investment in community-based, low-barrier, client-centered care, safeguarding resources for these essential services. We urge legislative committees to consider the consequences of these cuts and support continued funding for these critical programs.

PROGRAM/SERVICE HIGHLIGHTS

Early Periodic Screening, Diagnosis, and Treatment (EPSDDT) Administrative funds support services that connect individuals to Medicaid, inform them of the benefits and services available to them, and ensure their success in accessing services. Strategies to meet these goals include:

- assisting individuals in applying for and maintaining Medicaid benefits;
- assessing children's mental health needs periodically and as concerns rise;
- helping children and their families use health care resources efficiently and effectively;
- ensuring mental health disorders are diagnosed and treated early;
- monitoring mental health status and maintaining or improving outcomes; and
- ensuring that children have access to a patient centered medical home and a dental home.

Milton Family Practice Collaborative: Proposed EPSDT funding cut of $78,304 1.0 Full Time Equivalent (FTE) staff.

Mental health service provision embedded in a primary care practice providing services to high-risk children and families to increase access for children and their families to understand available service options, be screened, assessed, and provided mental health treatment and be referred for additional medically necessary mental health services. The Milton Family Practice embedded position provides direct services to an identified caseload of clients open to Howard Center, provides in-home work, attends school meetings (IEP, Act 264, re-entry meetings), coordinates care, ensures kids/families get to Dr., dentist, therapy or making referrals to other services. Some of those worked with have completed formal screening, received diagnoses, and are open to agency and thus reflected in data, while others are being supported while not agreeing to be formally opened to the agency. Parents/Caregivers of identified children are also served through support, therapy referrals, and advocating for children to get their needs met with other entities like school, DCF or medical care. Those served by this position are typically the highest needs/high risk patients of the practice, requiring more time and resources. This position also serves the un/underinsured.

First Call for Chittenden County (FCCC): Proposed EPSDT funding cut of $416,832 (19% workforce reduction).

Howard Center's mobile crises program, First Call for Chittenden County, provides crisis service to children and adults with a 24/7 call center, clinicians embedded in the hospital emergency department, postvention for community tragedies, and mobile crisis mental health outreach services provided in the community, schools, homes and anywhere the person is in crisis. First Call also serves people who may be in need of a higher level of care like crisis stabilization, voluntary hospitalization or involuntary hospitalization. Clients may access services themselves, or family members, providers or other agencies may refer individuals for services. Services are provided regardless of insurance status or ability pay or whether or not formally opened to the agency. Program staffing includes 22.5 FTE crisis clinicians, 2 FTE peer specialists, and 2 FTE Care Coordinators.

Community Outreach Program: Proposed cut of $160,000 (shifting costs to municipalities).

The Howard Center's Outreach Teams provide low-barrier, community-based services across Chittenden County, engaging individuals in crisis with outreach, support, and connections to services. Outreach specialists collaborate with police and service providers to coordinate support for individuals with diverse needs. They assist downtown businesses and accept referrals for individuals requiring social services. Workers address unmet needs related to mental illness and substance use. Clients can self-refer or be engaged by team members in the community. Referrals come from service providers, police, family, friends, merchants, and the public. Outreach Teams focus on immediate needs and connect individuals to resources. The Street Outreach Team serves Burlington; the Community Outreach Team serves nine Chittenden County towns: Colchester, Essex, Hinesburg, Milton, Richmond, Shelburne, South Burlington, Williston, and Winooski.

A typical day for a Community Outreach staff might include morning rollcall at the local police department, responding to a concern of a person in the woods with a weapon, walking in downtown Winooski or the University Mall in South Burlington, following up with contacts as check-in visits to offer continued support or referrals or assisting referral sources in understanding the mental health system and instructing on how to access care. Often times individuals in distress are not current Howard Center clients and are not interested in becoming one. They also may not be in acute crisis but are in need of immediate support where they are at in the moment. The low-barrier approach to community outreach is critical for engaging hard-to-reach individuals. The community outreach model, which meets people where they are, allows for the development of trust over time, increasing the likelihood that individuals will eventually engage with other parts of the mental health system, such as the 9-8-8, mental health urgent care, and longer-term support services when necessary. Community Outreach also facilitates care to avoid unnecessary police involvement or emergency department visits. One key difference between Community Outreach and Mobile Crisis is the ability to provide urgent care without

opening paperwork, assessment, diagnosis or need to bill for services. Individuals served by Community Outreach are not likely to stick around for opening paperwork and may not want anything to do with the more formal mental health system.

Vermont's Enhanced Mobile Crisis

Launched on January 1, 2024, Vermont's Enhanced Mobile Crisis services aim to provide timely and effective in-person assistance to people facing an emotional, mental health, or substance use crisis. Enhanced Mobile Crisis is a formal mental health service to evaluate and assess a person in Crisis. The caller defines the crisis, and most people actively engage and welcome the intervention. These clients could be coping with an increase in mental health or substance use disorder symptoms, suicidality, life stressors or other social service needs. While there are many similarities in service delivery to traditional mobile crises response, there are also key differences including:

- Requires a two-person co-response, which can be another clinician or peer support specialist in person or via zoom
- Additional resource requirements
    - + staff for two-person response
    - + 25 hours of training per staff

A One Size Fits All Service Delivery Model is Insufficient

Howard Center has been a pioneer in crisis services, introducing Vermont's first Mobile Crisis Team in the early 1990s and launching the state's first Community Outreach Team over two decades ago. These programs are deeply embedded throughout our Chittenden County community and used by schools, businesses, organizations, law enforcement, and by so many community members during a critical time of need. It is essential that we maintain flexible, community-based approaches like Community Outreach and embedded primary care positions, which provide tailored support in local settings.

The state's push toward Vermont's Enhanced Mobile Crisis services, while valuable, is not a one-size-fits-all solution that effectively addresses all needs. While the standardized approach of Vermont's Enhanced Mobile Crisis Services can work for some Vermonters, and is being actively integrated into our First Call crisis services, others require a more nuanced approach. Diminishing long-standing successful programs embedded in the community, like Community Outreach and the embedded clinicians in primary care will reduce access to care and hurt the most vulnerable populations.

Replacing Community Outreach, embedded mental health staff in primary care, and the full scope of mobile crises services currently offered with Vermont's Enhanced Mobile Crisis model is not a viable solution because:

- not all individuals in a crisis are amenable to undergoing the “opening” process to be a formal client of the agency; and
- billing/revenue drawdown requires Medicaid coverage and opening of individual to Howard Center (provision of financial information, signing releases of information, participating in assessment, receiving diagnosis, giving consent to treat); and
- not all individuals in crisis need or are amenable to a two-person response, especially when one is via a screen (zoom). Individuals who are able to tolerate the Vermont’s Enhanced Mobile Crisis model provide mixed feedback with some reporting that the two-person response including someone via a Zoom screen is awkward, not client centered and brings another stranger into an intervention when a person is at their most vulnerable; and
- Vermont’s Enhanced Mobile Crisis services are very different than what is provided via Community Outreach work and therefore they are not interchangeable; and
- Vermont’s Enhanced Mobile Crisis are very different than what is provided by an embedded position in a medical practice which is grounded in making access to the mental health system of care easier by developing relationships with families, providers and community resources. It is not intended to be a crisis intervention service but rather intended to prevent and reduce crisis, prevent higher levels of care for children, and ensure that children’s needs are being met wholistically. The success of this position has been due to long-term relationship building, integrated health care, and deep community involvement; and
- while Howard Center continues to shift current First Call mobile crisis service delivery to the Vermont’s Enhanced Mobile Crisis model as possible and where appropriate per DMH’s clear direction, staffing is insufficient to do so, and the reimbursement rate does not cover the cost of the required two-person response.

DMH’s efforts to streamline services are important, and they must be done in a way that doesn’t inadvertently exclude the populations that most need a supportive, flexible, and client-focused approach. There remains the need to maintain diverse entry points into the mental health system, especially for individuals who may be hesitant to access care through more formalized or structured channels. The aspirational Crisis Service Vision for all of VT by DMH could benefit many Vermonters and could be even stronger by supporting DAs like Howard Center with long-standing effective programming that meet our community’s needs including low-barrier crises service delivery as a critical component in the crises care continuum.

We need a multi-pronged approach to address the diverse mental health and substance use needs across Vermont, while questioning the intent to diminish long-standing, effective local services that communities value and support. **We urge your continued support for these vital community-based programs and ask that you advocate for the restoration of necessary funding to ensure these services continue to meet the diverse and growing needs of our communities.**