



DEPARTMENT OF MENTAL HEALTH

FY22 BUDGET

Sarah Squirrell, Commissioner

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DEPARTMENT OVERVIEW

RESULTS BASED ACCOUNTABILITY

FY22 BUDGET

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 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

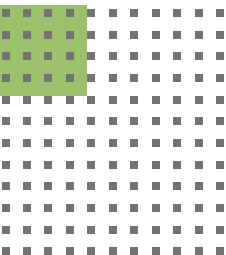
- Adult – Level 1 involuntary: 45 beds
- Adult – Non-Level 1 (involuntary and voluntary): 142 beds
- Children and Youth: 30 beds

Peer Service Agencies

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

State Secure Residential

- Middlesex Therapeutic Community Residence: 7 beds



DESIGNATED PROVIDERS

Designated Agencies
(10)

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northwestern Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services

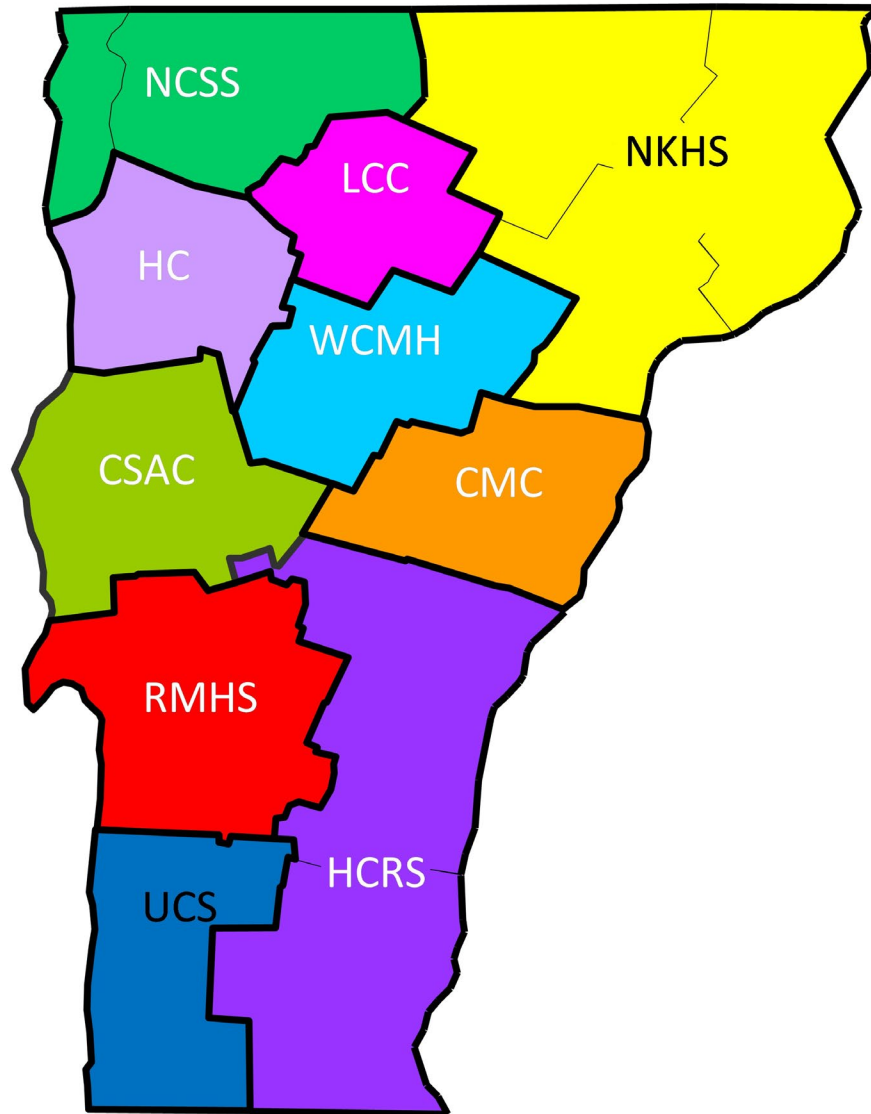
Designated Hospitals
(7)

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center
- Windham Center

Specialized Services
Agencies (2)

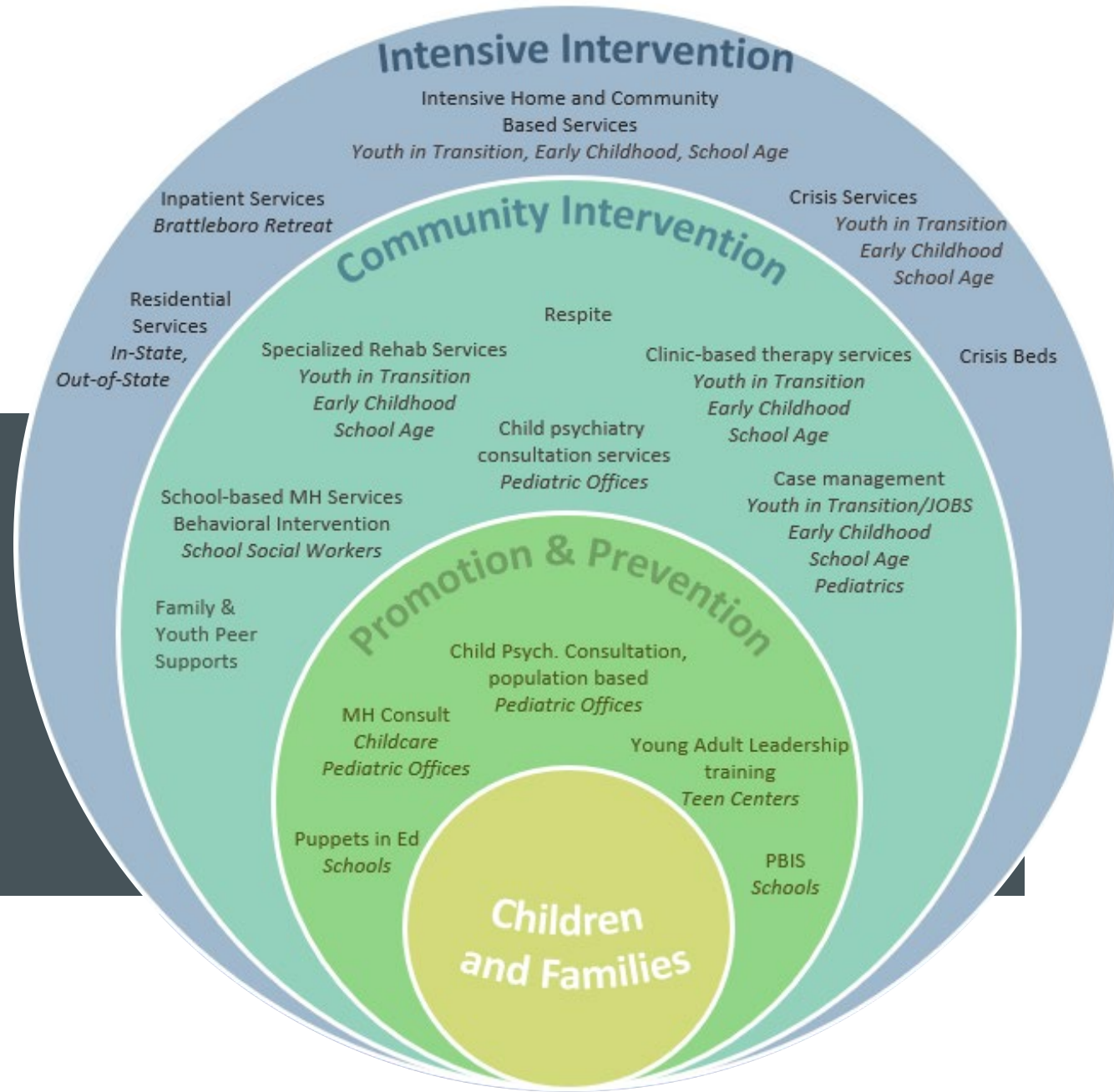
- Pathways Vermont
- Northeastern Family Institute

DESIGNATED AGENCIES AND SPECIALIZED SERVICE AGENCIES



- CMC** Clara Martin Center
- CSAC** Counseling Services of Addison County
- HCRS** Health Care and Rehabilitation Services of Southeastern VT
- HC** Howard Center
- LCMH** Lamoille County Mental Health Services
- NCSS** Northwest Counseling and Support Services
- NKHS** Northeast Kingdom Human Services
- RMHS** Rutland Mental Health Services
- UCS** United Counseling Service
- WCMH** Washington County Mental Health Services
- NFI** Northeastern Family Services (SSA)
- PV** Pathways Vermont (SSA)

CHILDREN'S MENTAL HEALTH SYSTEM OF CARE



CHILDREN'S INITIATIVES WITH FEDERAL FUNDING

Screening, Treatment, & Access for Mothers & Perinatal Partners (STAMPP)

- 5-yr federal cooperative agreement to expand perinatal mental health services (in partnership with VDH)
- Medical providers are increasing their screening for perinatal mood and anxiety disorders (PMADs)
- Mental health providers are trained in effective treatment interventions
- Development of a statewide database of providers at Help Me Grow VT who have expertise and/or training in perinatal mental health

Children's Health Integration, Linkage, and Detection (CHILD) grant

- 5-yr SAMHSA grant focused on integration of primary care and mental health care for children 0-22 years of age and their families in 4 regions of VT

Advancing Wellness and Resilience in Education (AWARE) Project

- 5-yr SAMHSA grant with Agency of Education in partnership with DMH
- Partnership of 3 school districts with their local DA to support system improvements for school based mental health services and enhance wellness and resiliency skills for students

ADULT SYSTEM OF CARE

INPATIENT HOSPITALIZATION

Services for adults at risk of harm to self or others

Level One Inpatient
3 Facilities
45 Beds

General Inpatient
7 Facilities
142 Beds



SECURE RESIDENTIAL

Services for adults to support recovery in a secure environment

Secure Residential
1 Facility
7 Beds



INTENSIVE RESIDENTIAL PROGRAMS

Additional services to support adults recently discharged

Intensive Recovery Residential
5 Residences
42 Beds

Peer-run Residential
1 Residence
5 Beds



CRISIS SUPPORTS AND RESPONSE

Services and supports for adults in crisis

Mental Health Crisis Beds
12 Facilities
38 Beds

- Crisis assessment, support, and referral
- Continuing education and advocacy



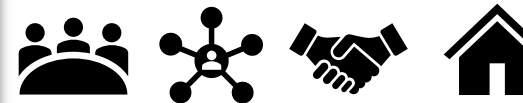
COMMUNITY MENTAL HEALTH

For adults seeking mental health care

Group Residential Homes
19 Homes
152 Beds

Shelter & Care Vouchers
DMH Housing Vouchers

- Individual, family, and group therapy
- Clinical assessment
- Medical consultation and medication
- Service planning and coordination
- Community supports & employment services
- Housing and home supports
- Peer programming



KEY TO PROVIDER SYMBOLS



Peer-run Services & Residential Care



Department of Mental Health

Designated Agencies and Specialized Services Agencies

Private, non-profit service providers responsible for program delivery, local planning, service coordination, delivery and monitoring outcomes within their geographic region. SSAs provide a distinctive approach to service delivery or services that meet distinctive individual needs.



Private Providers

Psychiatrists, Psychologist, Nurse Practitioners, Licensed Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals



DMH RESIDENTIAL, CRISIS AND DESIGNATED HOSPITAL BEDS

ALL AGES 2021



BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
UCS	United Counseling Services
VA	Veterans Administration
WCMH	Washington County Mental Health

* BR Linden (12 beds) closing Jan 2021

**NFI Hospital Diversion Capacity 6, Currently only 4 open beds

***Residential programs that are primarily utilized by DCF, but accessible to DMH in rare circumstances

MENTAL HEALTH COVID19 IMPACTS

- Social distancing/quarantine
- Remote learning
- Access gaps
- Co-occurring
- Overall well-being and wellness
- Workforce

FEDERAL FUNDING/GRANTS

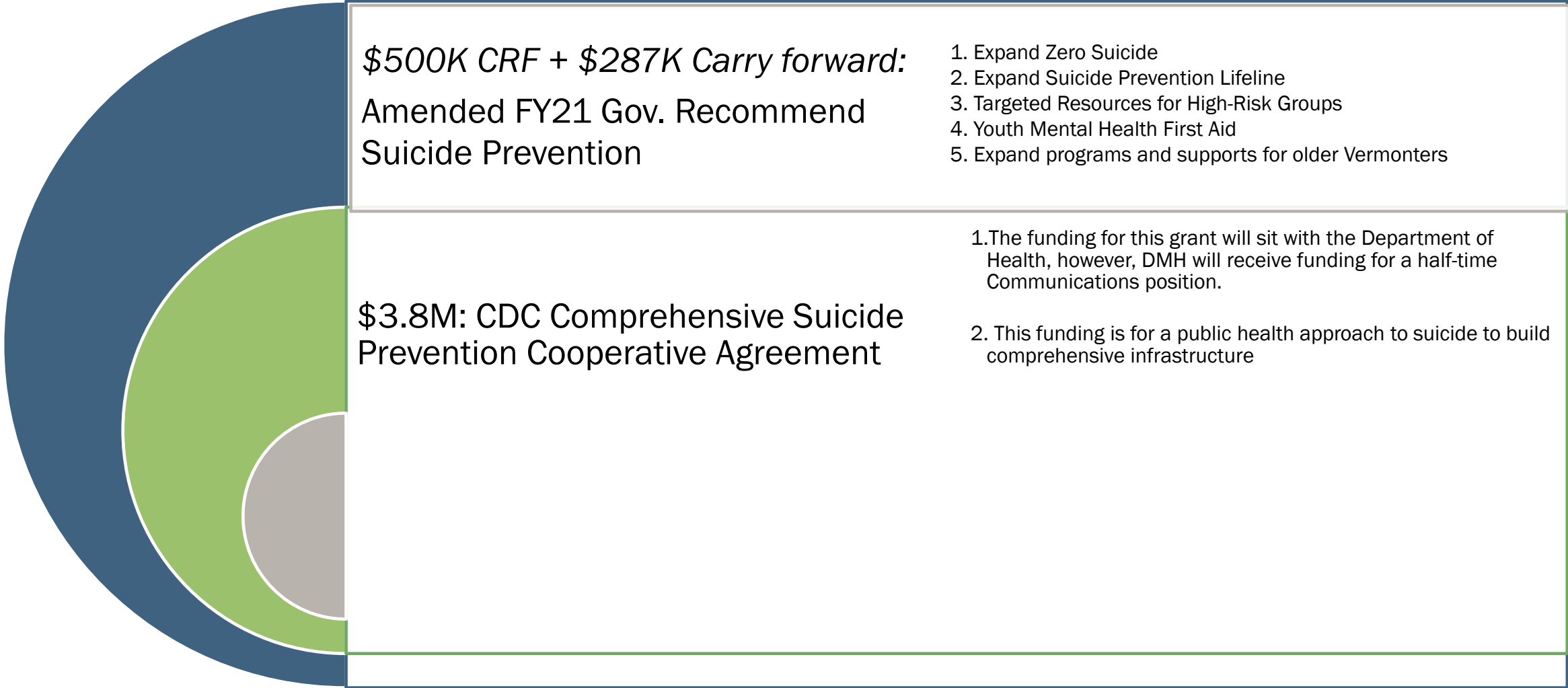
Current Federal Funding/Grants

- FEMA Crisis Counseling Grant (CovidSupportVT) - \$775K
- SAMHSA Grant (DMH & ADAP) - Expansion of Emergency Services & Peer Services - \$1M
 - Additional \$2.8M awarded
- CDC 5-Year Comprehensive Suicide Prevention Grants:
 - DMH/VDH received 5-year \$3.8M Comprehensive Suicide Prevention Grant

Anticipated Federal Funding/Grants

- Federal Relief: Recent Congressional action on COVID relief including:
 - Increases to Mental Health Services Block Grant
 - Increases for Suicide Prevention Programs
 - Increases for Project AWARE

SUICIDE PREVENTION EFFORTS



\$500K CRF + \$287K Carry forward:
Amended FY21 Gov. Recommend
Suicide Prevention

1. Expand Zero Suicide
2. Expand Suicide Prevention Lifeline
3. Targeted Resources for High-Risk Groups
4. Youth Mental Health First Aid
5. Expand programs and supports for older Vermonters

\$3.8M: CDC Comprehensive Suicide
Prevention Cooperative Agreement

1. The funding for this grant will sit with the Department of Health, however, DMH will receive funding for a half-time Communications position.
2. This funding is for a public health approach to suicide to build comprehensive infrastructure



RESULTS BASED ACCOUNTABILITY

COMMON LANGUAGE

PROGRAMMATIC PERFORMANCE MEASURES

PERFORMANCE MEASURES: ACT 186 OUTCOMES
















RBA Clear Impact Scorecards: The Department of Mental Health has several RBA scorecards containing data and performance measures related to our system of care.

RBA Scorecards for the Department of Mental Health:

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

- [Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals](#)
- [Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)
- [DMH System Snapshot](#)
- [DMH Continued Reporting](#)

PERFORMANCE MEASURES: ACT 186 OUTCOMES

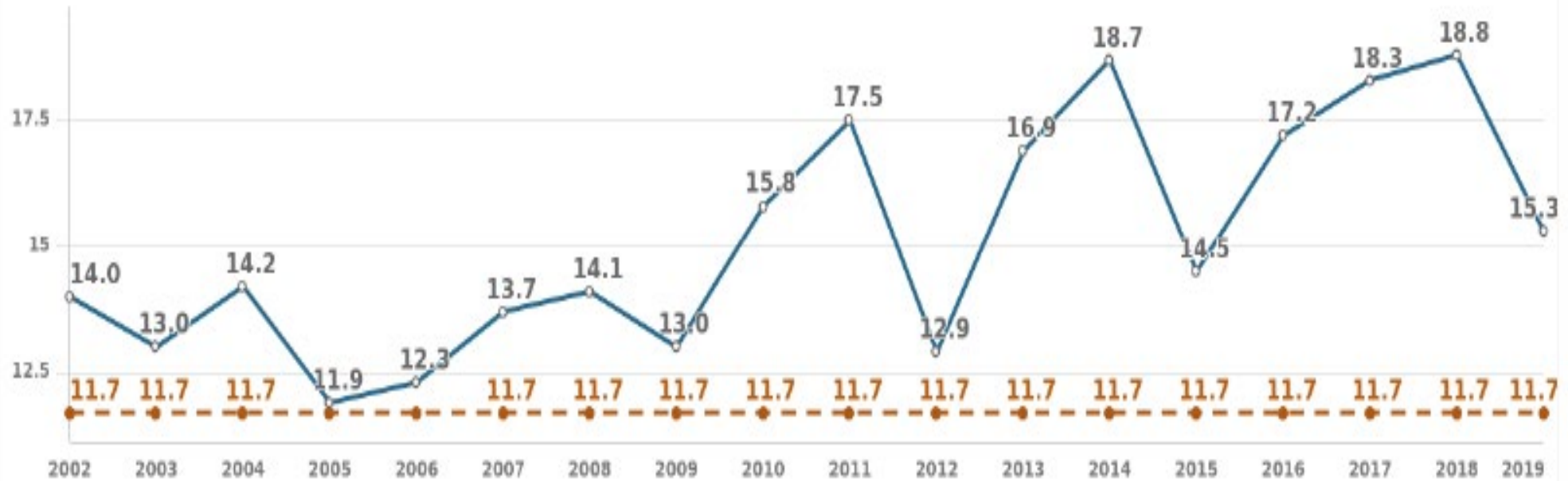
  All Vermonters are healthy 	Time Period	Current Actual Value	Current Trend
  Rate of suicide deaths per 100,000 Vermonters	2019	15.3	 1
  Act186 # of Vermonters trained in Mental Health First Aid	2020	7,275	 7
  % of Vermont adults with any mental health conditions receiving treatment	2019	59%	 3
  URS Rate of community services utilization per 1,000 Vermonters	SFY 2019	37 per	 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

SUICIDE PREVENTION

Rate of suicide deaths per 100,000 Vermonters

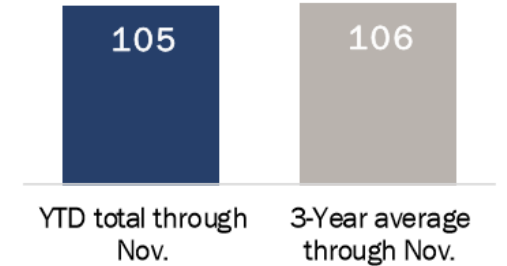
Data Source: Vital Statistics



SUICIDE PREVENTION: PRELIMINARY DATA

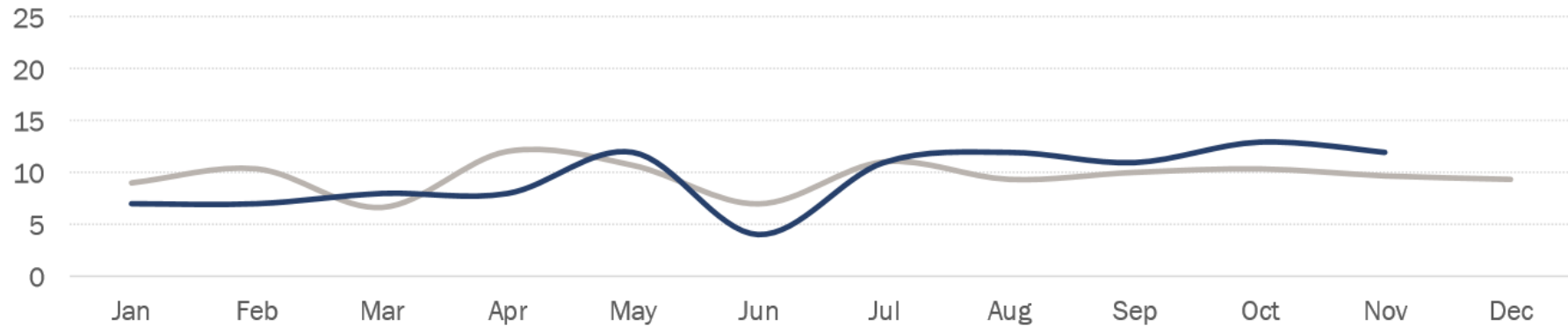
Deaths

As of the end of November, there have been 105 suicide deaths among Vermont residents. This number is similar to previous years, however this may change because the data is preliminary.



The number of Vermonters dying by suicide this year is similar to previous years.

Suicide deaths in 2020 and 3-year averages by month among Vermont residents*



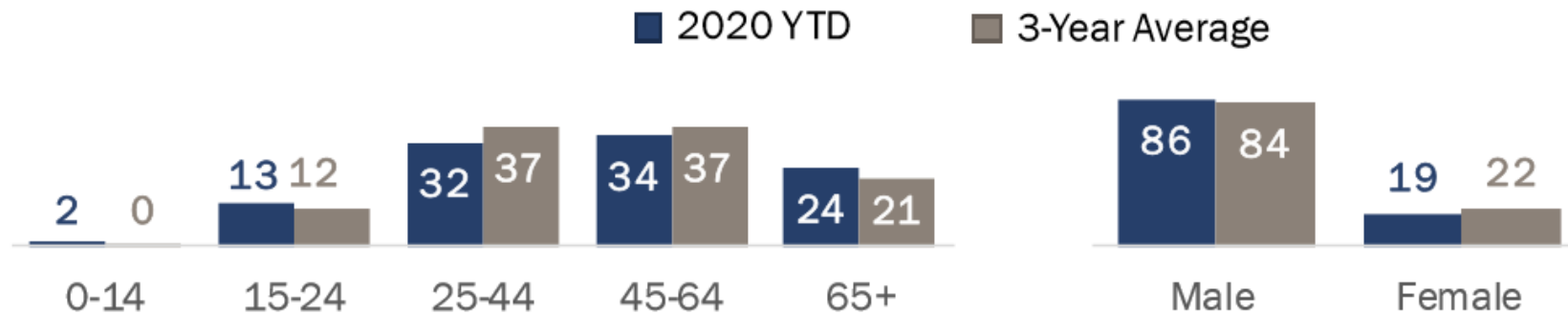
Source: Vermont Vital Statistics, 2015-2020.

*3-year averages are calculated using the years 2017 to 2019.

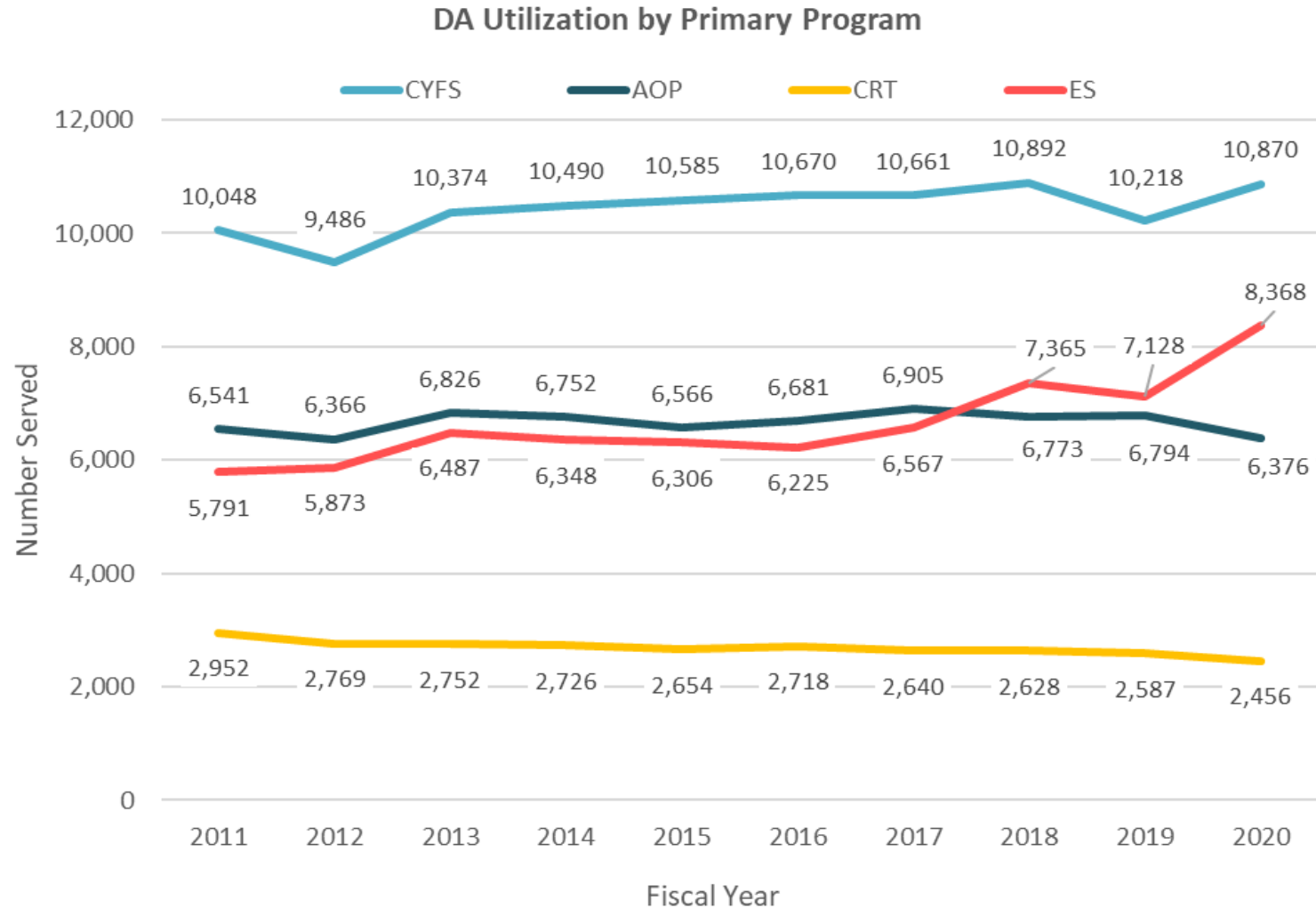
Please note there is an 8-week lag in reporting suicide death. An 8-week lag minimizes the changes in numbers posted. Suicide deaths through the end of July are included in this report. There are 21 pending death certificates from January to November 2020.

SUICIDE PREVENTION














The number of suicide deaths by age and sex is similar to previous years. Younger, older, and male Vermonters may be disproportionately affected.



PEOPLE SERVED BY PROGRAM



HOW WELL: VALUE BASED PAYMENT MEASURES FOR CHILD AND ADULT SERVICES

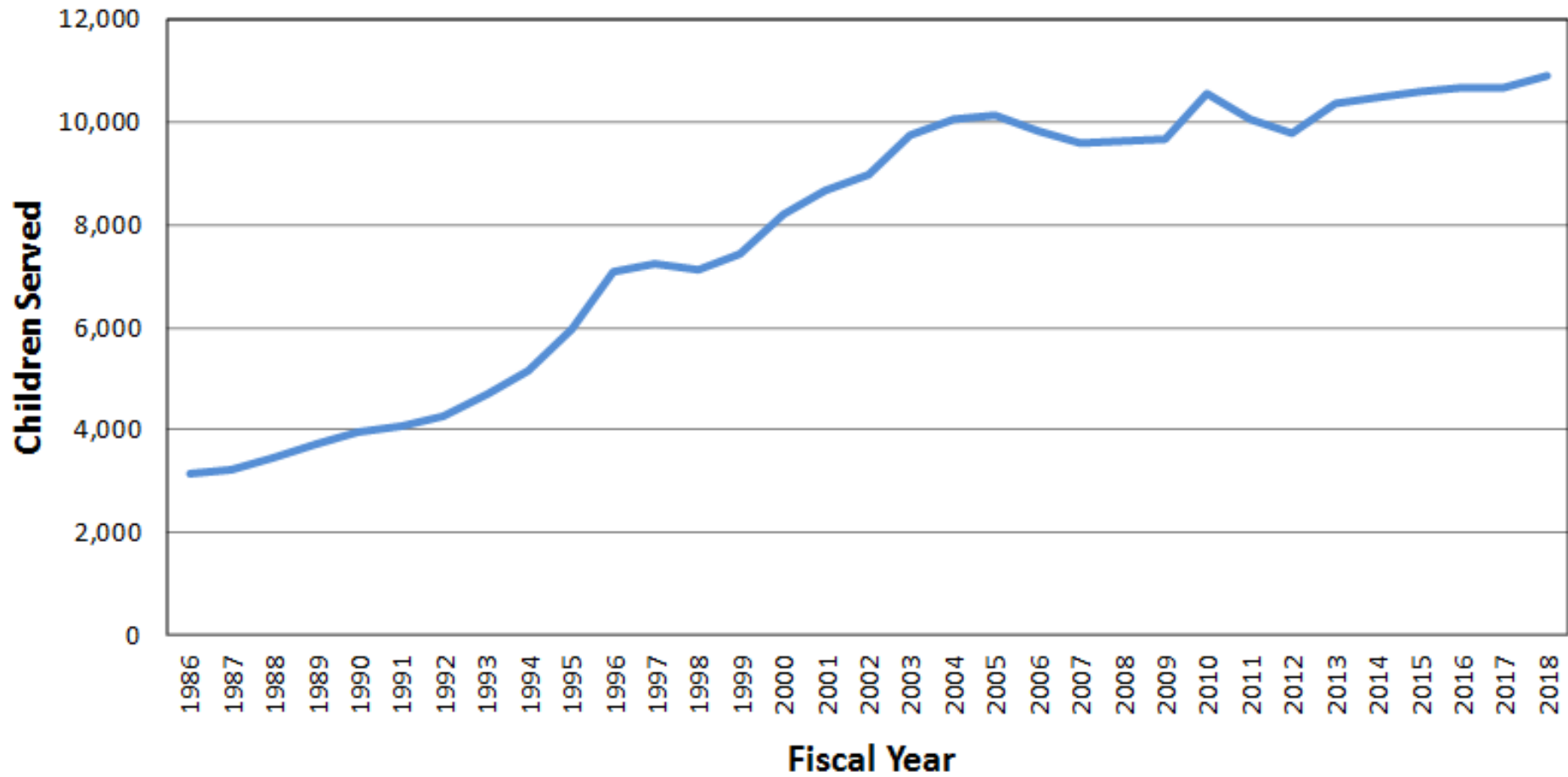
- 	How_Well VBP: How Well Individuals Were Served	Current Actual Value	Current Target Value	Current Trend
+ 	How_Well Percentage of clients offered a face-to-face contact within five calendar days of initial request	62%	-	 1
+ 	How_Well Percentage of clients seen for treatment within 14 calendar days of assessment	63%	-	 1
+ 	How_Well Percentage of clients with a CANS update recorded within the last 6 months.	70%	-	 0
+ 	How_Well Percentage of clients screened for substance use.	57%	-	 1
+ 	How_Well Percentage of clients screened for psychological trauma history	44%	-	 1
+ 	How_Well Percentage of clients screened for depression	54%	-	 1

BETTER OFF: VALUE BASED PAYMENT MEASURES

  Better_Off VBP: Better Off Measures	Current Actual Value	Current Target Value	Current Trend
  Better_Off Percentage of clients indicate services were "right" for them	90%	82%	 1
  Better_Off Percentage of clients indicate they received the services they "needed"	91%	82%	 1
  Better_Off Percentage of clients indicate they were treated with respect	95%	87%	 1
  Better_Off Percentage of clients indicate services made a difference	87%	75%	 1

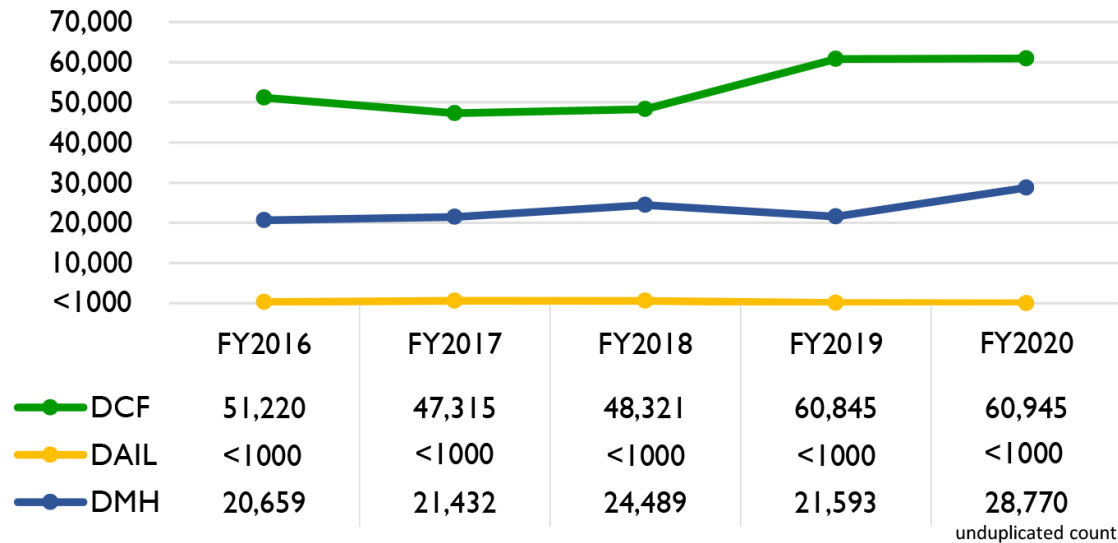
CHILDREN AND YOUTH SERVED

Number of Children Served FY1986-FY2018



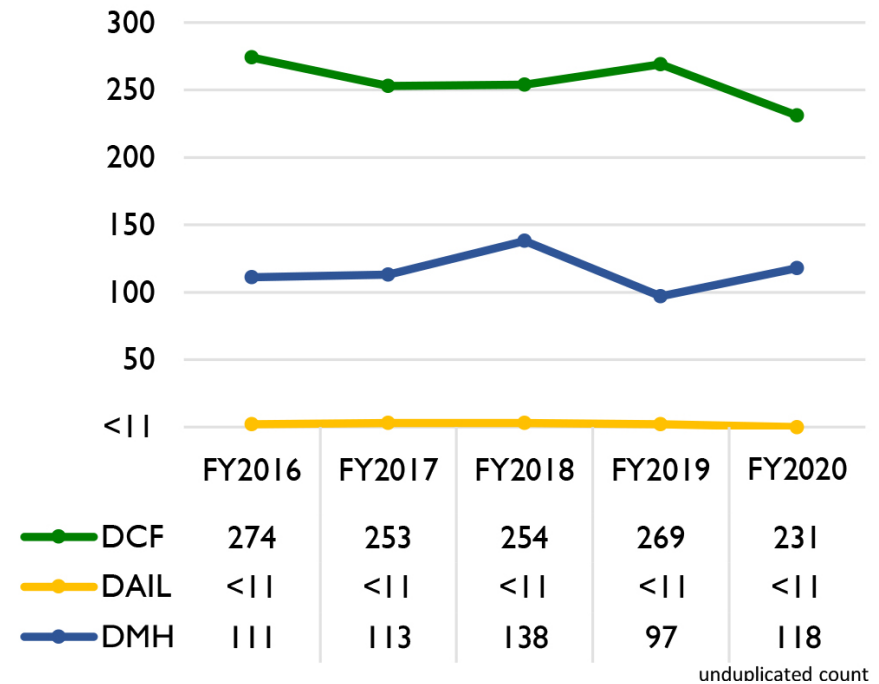
CHILDREN AND YOUTH RESIDENTIAL TREATMENT

Total Residential Bed Days by Department per Fiscal Year Through FY20Q4



Total Bed Days is the total number of days a child/ youth stays overnight in a residential program. For the Total Bed Days chart, children who were placed in more than one program during the fiscal year are represented more than once so that all bed days are calculated.

Total Child Count in Residential by Department per Fiscal Year Through FY20Q4



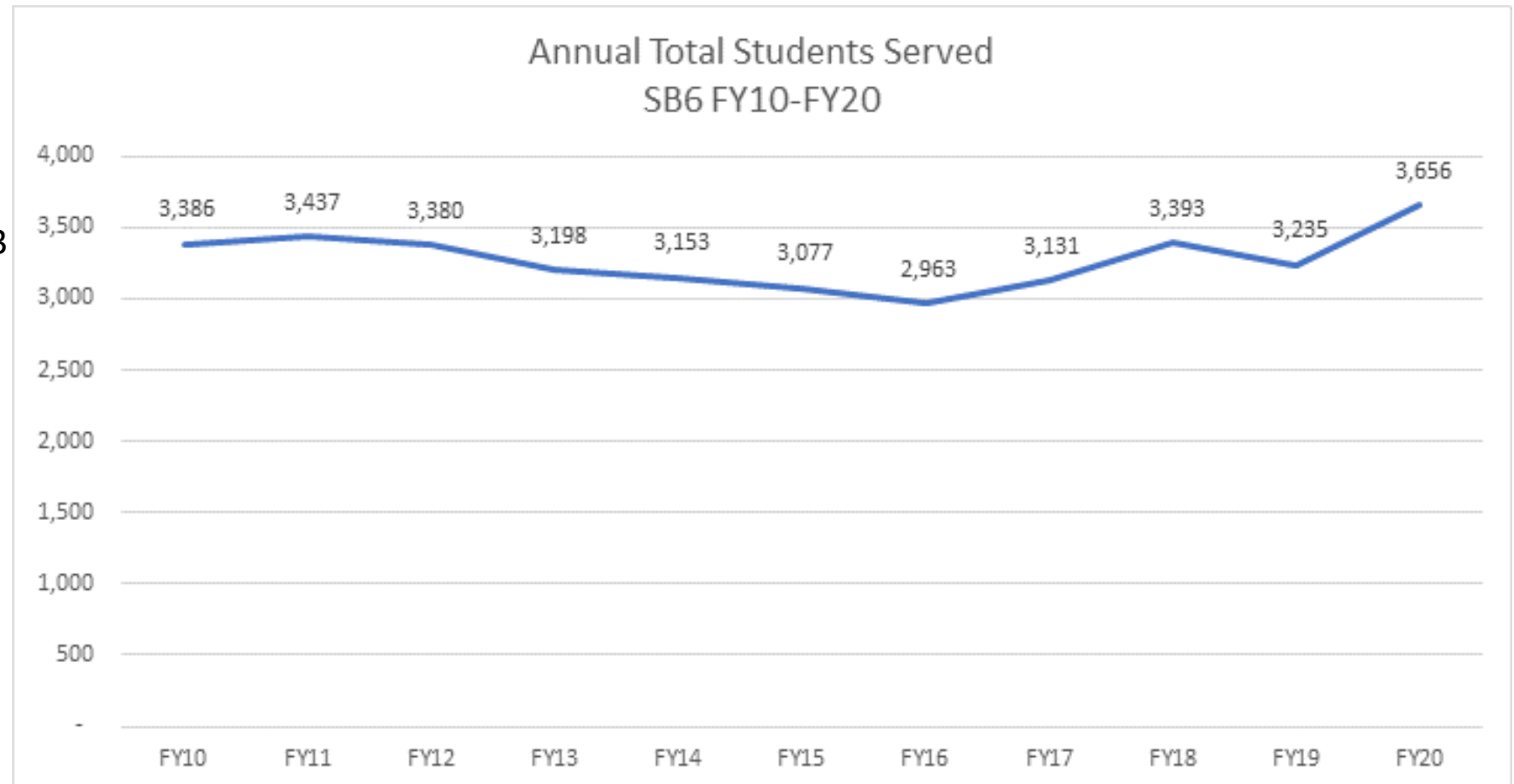
For the **Total Child Count in Residential** by State fiscal year, the number of children/youth is unduplicated within the fiscal year, meaning if a child/ youth was placed in more than one residential program during the fiscal year, the child/youth is only counted once.

SUCCESS BEYOND SIX – SCHOOL MENTAL HEALTH MEDICAID

LEA/DA contracts for SB6 school mental health in nearly every school district in Vermont and 13 independent schools.

Success Beyond Six (SB6):

- School-Based Clinicians
- Behavioral Intervention Programs
- CERT therapeutic schools



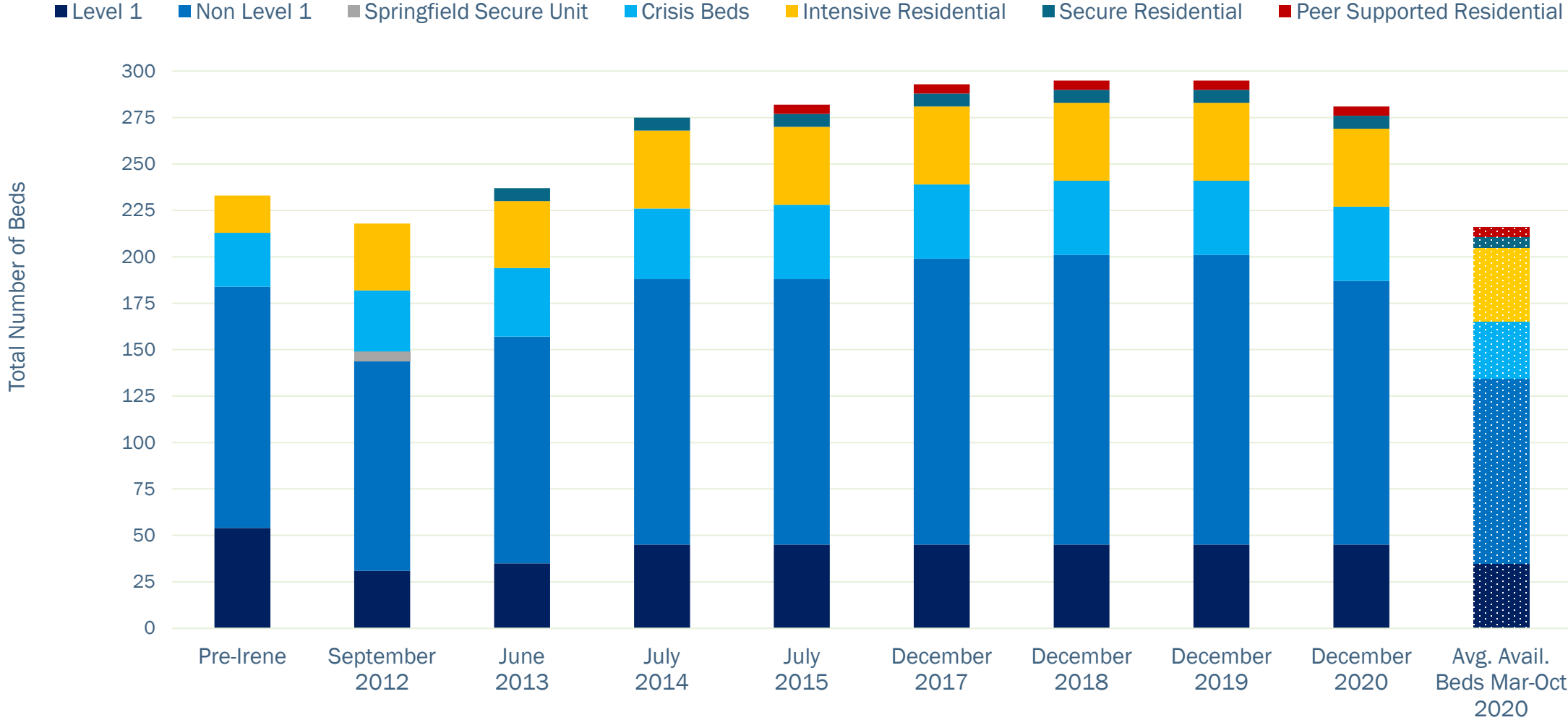
Legislative Report: January 2020

[Review of Success Beyond Six: School Mental Health Services Act 72 \(2019\), Section E.314.1.](#)

INTEGRATING FAMILY SERVICES

- P AOA Integrating Family Services (IFS) 📄		Time Period	Current Actual Value	Current Trend
+ PM	How_Much # of children and youth served in IFS	FYQ4 2020	1,567	↘ 2
+ PM	How_Well % of those served who agree that services were right for them	SFY 2019	93%	↗ 1
+ PM	Better_Off % of those served who agree that services made a difference	SFY 2019	87%	↘ 1

PSYCHIATRIC BEDS IN ADULT SYSTEM OF CARE



5 temporary beds (2012) Springfield Secure for displaced VSH patients

VERMONT PSYCHIATRIC CARE HOSPITAL

⊖ P VPCH Vermont Psychiatric Care Hospital (VPCH) 📄	Time Period	Current Actual Value	Current Trend
+ PM VPCH Average length of stay in days for discharged patients	SFY 2020	87	↘ 1
+ PM How_Well # hours of seclusion and restraint per 1,000 patient hours	SFY 2020	0.86	↗ 1
+ PM How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2019	6%	↗ 1



DEPARTMENT BUDGET FY22

SUMMARY AND
HIGHLIGHTS

PROPOSED EXPENSES

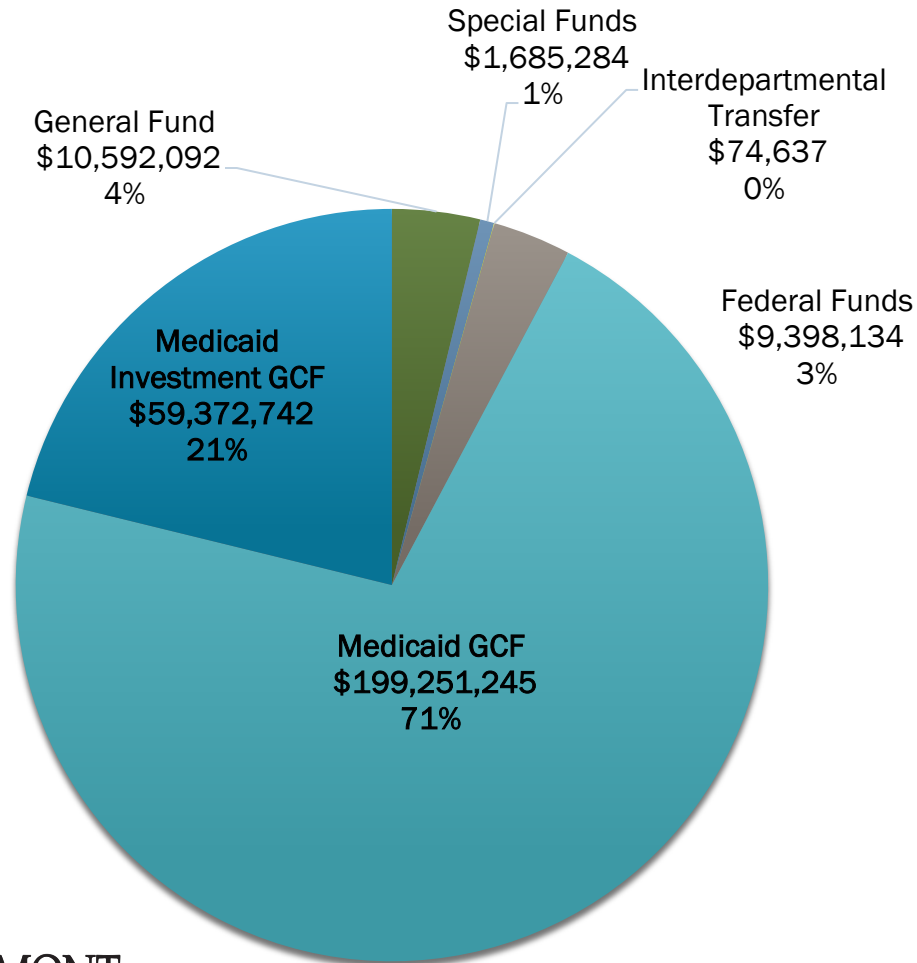
BUDGET REQUEST
(UPS/DOWNS)



FY22

DEPARTMENT OF MENTAL HEALTH GOVERNOR'S RECOMMENDED BUDGET

\$280,374,134



FY 2022 SUMMARY & HIGHLIGHTS

DMH Budget Ups - Gross: \$4,575,194 GF Equivalent: \$3,918,975

- Salary and Fringe
- 12-hour shifts at VPCH
- Replace CRF and HHS funding
- Internal Service Fund Changes
- VPCH Electronic Health Record Updates
- Child and Youth Residential Increases
- Room & Board Phasedown
- CHIP FMAP Change
- Inpatient - 12-Level 1 Beds at Brattleboro Retreat
- Increase Federal Authority

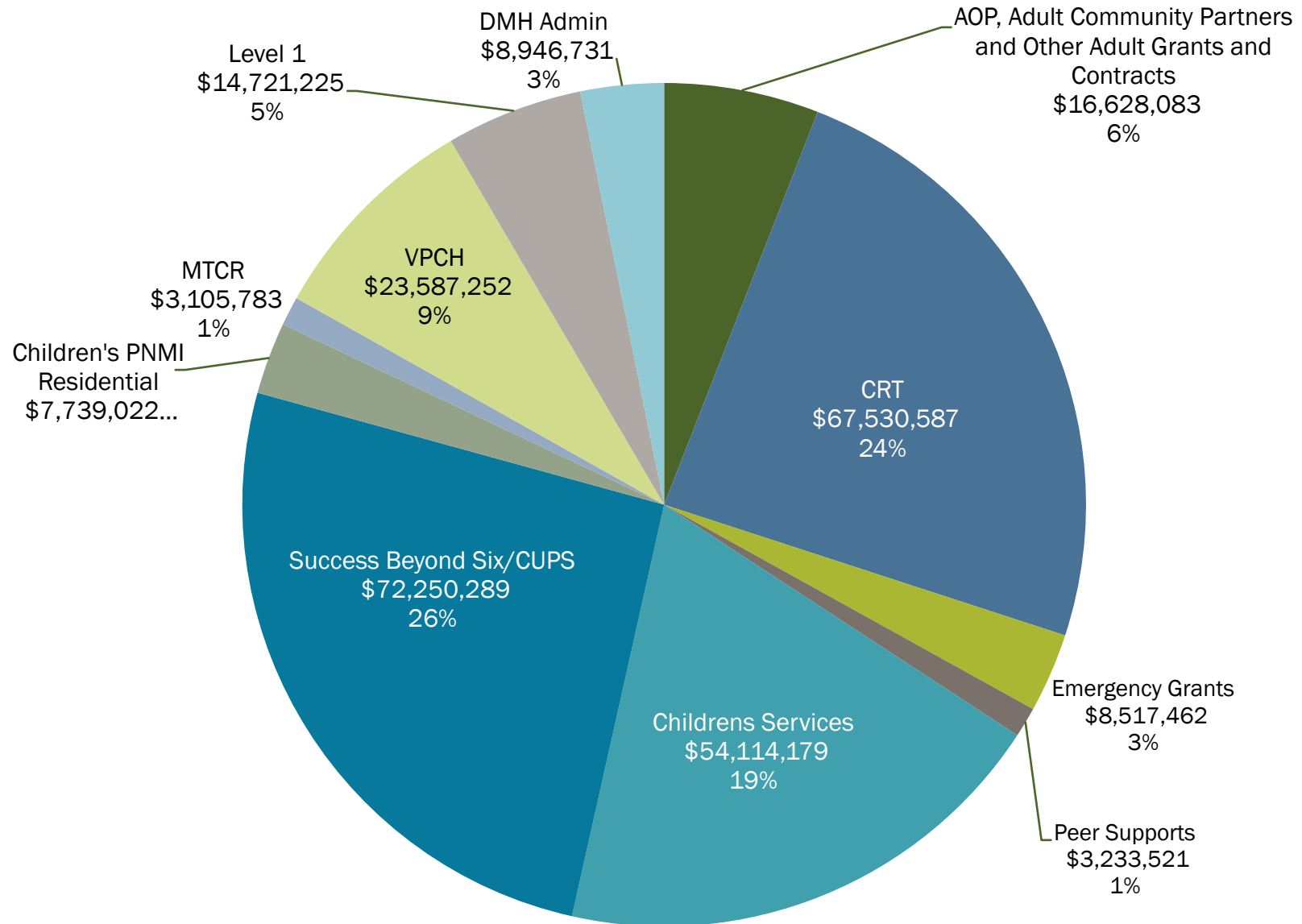
DMH Budget Downs - Gross (\$1,910,552), GF Equivalent: \$18,604

- Annualization of VPCH/MTCR Savings
- CRF reductions

DMH Budget Initiatives - Gross \$1,000,000, GF Equivalent: \$1,000,000

- Implementation of Mobile Response & Stabilization Services (one region)
- Justice Reinvestment Initiative

FY22 PROPOSED EXPENSES



DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION

Salary and Fringe Increases

Gross: \$109,821 GF Equivalent: \$224,561

Annualization of the FY21 salary and related fringe changes (salary, FICA, life, retirement, health, dental, EAP, LTD).

Annualization of 12-hour Shifts

Gross: \$163,533 GF Equivalent: \$71,955

VPCH is proposing to continue the 12-hour shift model that has been implemented during the COVID-19 pandemic for direct care staff to stabilize staffing. The current 12-hour shift model as implemented utilizes CRF funding. This funding is to annualize the amount requested in BAA for that model.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

CRF Backfill (FY 21 One Time)

Gross: GF Equivalent: \$19,283

This is replacing the one-time CRF funds from FY 21 for COVID contract expenses.

CRF Reduction (FY 21 One-Time)

Gross: (\$106,199) GF Equivalent:

This is to eliminate CRF authority from FY 21 that is no longer needed.

Internal Service Fund – Workers Compensation

Gross: \$106,471 GF Equivalent: \$10,703

This is the increase cost of Workers Compensation for the Department of Mental Health.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

Reduction of HHS CARES Revenue

Gross: \$ GF Equivalent: \$909,169

VPCH received funds from the HHS CARES Act program to cover lost revenue and to ensure that VPCH could continue its operations during the pandemic. This replaces the GC funding that will be needed for to fully operate the 25-bed hospital in FY 22.

VPCH Electronic Health Record Updates

Gross: \$18,829 GF Equivalent: \$8,285

This is to update the current EHR for VPCH with a training and test environment as well as new billing software.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

VPCH and MTCR annualization of Copier and Van Reductions

Gross: **(\$1,543)**

GF Equivalent: **(\$679)**

In the FY 21 amended budget, DMH reduced operating expenses at VPCH and MTCR by reducing the number of photo copiers by one at VPCH and reducing the total of vans at MTCR for the three quarters in FY 21. This represents the annualization of these reductions.

Eliminate CRF Authority for COVID Related Operating costs

Gross: **(\$10,613)**

GF Equivalent: \$

This eliminates the CRF authority for COVID operating costs such as laptops for telework.

Internal Service Fund (ISF) changes TBD

Gross: \$118,833 GF Equivalent: \$56,890

Internal Service Fund changes, such as liability insurance, fee for space, Workers Comp, VISION, HR and Agency of Digital Service (ADS) charges.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

Child and Youth Residential (BAA Item)

Gross: \$259,100 GF Equivalent: \$164,609

This increases PNMI (private non-medical institutions – residential treatment for children and youth) funding by 3% to account for the increased cost to facilities providing residential treatment to children and youth.

Room & Board Phase Down

Gross: \$ GF Equivalent: \$315,427

CMS is requiring the State of Vermont to phase down our payments toward room and board beginning on January 1, 2019 by 1/3 of the total each calendar year through 2021. This represents the remaining amount that needs to be moved to General Fund for the phase down of GC.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

Annualization of New Level 1 Beds at Brattleboro Retreat

Gross: \$2,513,157 GF Equivalent: \$1,105,789

The amount in the FY 22 budget build is the annualization of those beds.

Remove IDT Funding for Windham Center Capacity Payment

Gross: (\$1,792,197) GF Equivalent: \$

This removes the funding for the Windham Center capacity payments for COVID positive mental health patients, as this authority is no longer needed.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

Increase Federal Authority

Gross: \$251,438 GF Equivalent: \$

This request is a technical adjustment to increase Federal spending authority due to increases in Federal funding for Mental Health Block Grant, as well as new funding under TTI and Suicide Prevention.

Implement Mobile Response (MRSS) Implementation in 1 Region of Vermont

Gross: \$600,000 GF Equivalent: \$600,000

Implement a Mobile Response team demonstration site in Rutland, Vermont.

DEPARTMENT OF MENTAL HEALTH: FY 22 BUDGET SUBMISSION (CONT'D)

Justice Reinvestment

Gross: \$400,000 GF Equivalent: \$400,000

Proposal to target gaps in mental health and substance use community services for individuals on DOC supervision. The recommendation is that funding would be split between the Department of Mental Health and the Division of Alcohol and Drug Abuse Program to support community-based mental health and substance use services.

AHS/AOA changes

Transfer from DCF for PCC Investments

Gross: \$34,012

GF Equivalent: \$14,965

LOOKING AHEAD

Initiatives

- Opening of the **12 new level 1 beds** at the Brattleboro Retreat
- **Replacement of Middlesex Secure Residential**
- **Mobile response** for children & families
- Continue implementation of **Mental Health Payment Reform**
- Advancing the Mental Health System in Vermont – **Vision 2030**

Opportunities

- Build on and expand community supports and program that include **community outreach, Pre-ED Diversion, mobile response implementation**
- Peer respite **and crisis services**
- **Geriatric psychiatry** community capacity
- Promotion, Prevention & Early Intervention



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