
MEMORANDUM

TO: Representative William J. Lippert Jr., Chair, House Committee on Health Care

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: February 21, 2019

SUBJECT: February 7, 2019, FY'20 Department of Mental Health Budget Testimony, Questions & Answers

Please find attached, information from the Department of Mental Health, submitted in response to questions provided by committee members subsequent to the Department's FY'20 Budget testimony on February 7, 2019.

DEPARTMENT OF MENTAL HEALTH

HOUSE COMMITTEE ON HEALTH CARE, 2/7/19

QUESTIONS AND ANSWERS

SHERIFF SUPERVISION

1. **Question:** Please provide examples of work with hospitals and what that looks like in regards to the proposed Sheriff supervision cuts.

Response: Please see below, a few examples of Designated Agency collaboration with hospitals that can help to meet the needs of individuals presenting in emergency departments with mental health needs. These are examples in addition to those previously provided and posted [here](#) starting on page 4. The examples do not represent an exhaustive list of all work that is occurring around the state.

- a) **Health Care and Rehabilitation Services (HCRS):** HCRS partners with the Brattleboro Retreat and Brattleboro Memorial Hospital to discuss systemic issues and challenging situations that impact the system of care. They meet regularly to address issues and seek solutions to improve systems. Collaborations with Brattleboro Memorial Hospital also include a health coach who works with the Community Health Team.

HCRS has had a close collaborative relationship for many years with Mt Ascutney Hospital, which includes behavioral health specialists co-located at the hospital as part of their Community Health Team, providing screening, brief intervention, and referral to treatment. HCRS has worked closely with Springfield Medical Care Systems, coordinating with primary care and the Community Health Team. In addition, HCRS has recently subcontracted a care coordinator with the Springfield Community Health Team in collaboration with Springfield Medical Care Systems' FQHC. HCRS will also be working more closely with the FQHC to provide integrated services to high risk children. At Brattleboro Memorial Hospital, HCRS staff are contracted by the Community Health Team including a health coach who supports wellness activities. HCRS also has an embedded counselor at GroundWorks Collaborative and a community based perinatal wellness specialist.

- b) **Howard Center (HC):** Howard Center has a contract with UVMMC to provide crisis services in UVMMC's Emergency Dept. In the last year they have expanded their presence in the Emergency Department with an additional two FTEs through UVMMC investment funds.

The Burlington Street Outreach Program is another example of partnership with the City, Downtown Merchants, UVMHC and State funding to deliver outreach services to individuals who are not connected with services and exhibit problematic behaviors. The Street Outreach Program served as an inspiration to create a Community Outreach Team that serves 6 surrounding Chittenden County communities with outreach clinicians imbedded in local law enforcement.

- c) **Lamoille County Mental Health Services (LCMHS):** The programs of LCMHS regularly partner with a variety of healthcare providers. Most prominent is the daily engagement with the Copley Hospital Emergency Department regarding persons needing behavioral health assessment. This is primarily through the Mobile Crisis Team and ASAP, LCMHS's PIP program. It also includes LCMHS Behavioral Health collaborating with the ED social worker position in identifying high utilizing patients and prioritizes getting them into a healthcare provider for health and for behavioral health as needed.

2. **Question:** Do you have options for hospitals that don't have sheriff resources?

Response: The Department plans to consider options for hospitals that don't have sheriff resources as a part of the consultation and study required by current language at Section 103 of [H.97](#), *An act relating to fiscal year 2019 budget adjustments*. This section of the Budget Adjustment Act requires the Department of Mental Health to study security protocols in emergency departments to ensure the safety of patients and hospital staff as well as compliance with federal regulations. The process will include consultation with the Vermont Association of Hospitals and Health Systems; Vermont Care Partners; the Department of State's Attorneys and Sheriffs; and an individual who provides peer support services in an emergency department, appointed by Vermont Psychiatric Survivors. Part of the conversation will also be with the Division of Licensing & Protection in order to understand how the federal regulations are applied and if there could be changes allowable between hospitals and sheriffs.

3. **Question:** Are you assisting hospitals to set up and pay for therapeutic settings?

Response: This is an area for a parity discussion and the development of therapeutic expertise or acquiring that with local community expertise and training. According to the Emergency Medical Treatment and Labor Act (EMTALA), passed by Congress in 1986, Medicare-participating hospitals that offer emergency services must provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with emergency medical conditions. If a hospital is unable to

stabilize a patient within its capability, or if the patient requests, an appropriate transfer is expected to be implemented¹.

The Department of Mental Health considers the development of therapeutic settings in emergency departments to be within the purview of all hospitals participating in the Medicare program. Currently, under half of Vermont hospitals provide voluntary mental health care. The Department of Mental Health seeks to partner in planning with hospitals and other stakeholders to develop alternative therapeutic settings and supports, which could include Peer supports, embedded staff from DAs, other contracted staff, and increased training for hospital staff, among other options.

4. **Question:** Why isn't sheriff supervision a hospital expense to start with?

Response: DMH would agree that planning for patient or personnel safety for unforeseen disruptions or criminal events occurring in the workplace is an inherent responsibility of a healthcare facility. Appropriate safety training, preparedness planning, and timely response of security or law enforcement resources would likely be part of planning for such events. The oversight of any patient receiving stabilizing care for an emergency health issue, whether physical or mental, is a condition of participation for a healthcare facility. Medically necessary supervision of a patient receiving evaluation and stabilization services is the responsibility of a hospital and properly trained personnel operating or intervening with a patient under the direction of a medical provider.

5. **Question:** Are we looking at the addition of peer coaches and/or staff as an alternative to sheriff supervision?

Response: See above, response to question 2 including consultation with a provider of peer support services.

COMMUNITY OUTREACH

6. **Question:** Please describe why there are funds for outreach workers in Chittenden County, but not elsewhere.

Response: DMH traveled around the state to determine if there was interest from communities outside of Chittenden County to develop outreach worker programs that would meet the needs

¹ [State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases](#)

unique to each region. No other towns/regions were able to free up matching funds for this initiative. All communities felt that this, or some variation, would be beneficial to their area, however the requirement to provide matching funds was a barrier that could not be surpassed.

SCHOOL-BASED SERVICES: SUCCESS BEYOND SIX

7. **Question:** A major part of the total increase for FY'20 is Success Beyond Six and this is fairly substantial. Is this being driven by an increase in demand that we are not able to meet based on current budget level or is this is a deliberate policy change?

Response: This does not reflect a deliberate policy change beyond efforts to increase community and provider understanding of the mental health issues that children and their families are facing. The primary reason for the growth is an increase in requests by schools for mental health services from Designated Agencies for the 2018-2019 school year above what had been budgeted for the prior school year.

Schools determine the level of need for school-based clinicians who provide direct clinical intervention for students and bring mental health expertise to the school-wide climate initiative. Schools identify students who need more intensive behavioral intervention through their contract with a Designated Agency and schools refer students to alternative therapeutic schools, some of which are funded through Concurrent to Education Rehabilitation and Treatment (C.E.R.T.) under Success Beyond Six. Success Beyond Six school mental health programs through the DA either include working with the family, or coordinate with the community-based services of their agency regarding the needs of the family.

The Department has been hearing that schools feel increasingly overwhelmed and that families are stressed. Agencies across the state indicate increases in acuity of the children and youth served, that they are being asked to serve younger children with intensive needs, and see higher levels of aggression and emotional dysregulation.

8. **Question:** Please talk about work force issues that may be driving lower participation of some regions in Success Beyond Six? Bennington has an increase year over year, but this much lower than others.

Response: Workforce capacity and participation in Success Beyond Six are different issues, with slight correlation. Lower participation may be impacted by vacancies, but workforce challenges are statewide and impact those areas who have higher participation as well. Agencies across the state have indicated that they have more requests for school mental health services than

they can hire to fill positions to provide those services. If the Designated Agencies could hire, they indicate to DMH they would have more contracts and more requests for Success Beyond Six funding approval. Lower participation in Success Beyond Six is more driven by the decision of the school district to partner with the Designated Agency, what resources currently exist in the school, and the resources that the school can bring forward for Success Beyond Six contracting.

9. **Question:** For Success Beyond Six, how do you track the “success”? Schools, others?

Response: For the Behavior Intervention (BI) Programs, DAs report annually on the following (see also BI Minimum Standards Annual Report 2017-2018 School Year):

- status at the end of the school year and where transitioned if discharged from the program
- Progress on Child and Adolescent Needs and Strengths (CANS), including items of School Attendance, School Behavior, School Achievement, emotional/behavioral needs; child strengths, child risk behaviors; areas of greatest need and areas of greatest improvement
- Each program obtains school satisfaction through surveys. This year they have all aligned on common survey questions and will be reporting to DMH for this year’s annual report.

For all Success Beyond Six programs, the Child Assessment of Needs and Strengths (CANS) tool is required to be used this school year (2018-2019) with two data points (i.e. beginning and end of school year) to track progress. Success Beyond Six programs also collect school satisfaction surveys and this year there is agreement to collect a core set of satisfaction questions for statewide reporting. Schools also determine success and whether to extend the contract with the Designated Agency for school-mental health services in subsequent years. As with the community mental health services, we are working to develop additional outcome measures for statewide use. The Department of Mental Health and the Agency of Education are pleased to leverage federal grant funding through the Project AWARE to pilot the Interconnected Systems Framework to strengthen the integration of school mental health with multi-tiered systems of supports in schools and leverage data available through the schools as well as DAs to look at the impact of school mental health on students and schools.

10. **Question:** 77% of schools are participating in Success Beyond Six; where are they and who are they? Would we meet demand if schools were participating fully? If they are not participating, why? Are there other alternatives that are meeting the need, or do we have unmet need because of lack of local match? How are we measuring?

Response: Please see attached, a list of all schools participating in Success Beyond Six.

Success Beyond Six funding is driven by local decisions. Schools determine how mental health needs are addressed in schools. Schools' decisions whether to contract with DAs to provide services is influenced by the existing resources of the school and what they need to supplement their resources to best meet the needs of their school and students. Not all schools choose to contract with DAs. The agreements between the schools and DAs are developed by the leadership of both the DA and school system and are influenced by capacity under Medicaid spending authority to utilize the Success Beyond Six (SB6) funding mechanism. The current SB6 funding in any region reflects prior local decisions and availability of local match and SB6 Medicaid. If all schools decided to partner with their local DA, we would not be able to adequately meet that need due to Medicaid spending caps. Some of the demand is met through other means, such as school's directly hiring mental health staff, bringing in a private mental health provider to offer clinical services billed directly to Medicaid or other insurance (this is limited to clinical outpatient services), or private sector providers of ABA services for students on the Autism Spectrum.

INPATIENT

11. **Question:** Why do 25 beds at the Vermont Psychiatric Care Hospital cost \$23M whereas the combined 14 beds at the Brattleboro Retreat and 6 in Rutland are ~\$8M?

Response: There are several reasons for the differences in bed costs:

- The ~\$23M Vermont Psychiatric Care Hospital costs include revenue from all payers, whereas the ~\$8M combined Brattleboro Retreat and Rutland Regional Medical Center costs are only for the Medicaid portion (~80%).
- Vermont Psychiatric Care Hospital costs are higher due to the lack of economy of scale and a Collective Bargaining negotiated cost. Operating to "hospital standards" requires full hospital functionality regardless of bed size. The facility at the Vermont Psychiatric Care Hospital is a stand-alone psychiatric care hospital and does not share staffing, administration or operations with a larger general hospital. In Rutland and at the Retreat, the administration of the programs are less expensive because those expenses are able to be spread across a much larger patient and facility programming.
- In addition to the above differences in operations, the infrastructure at VPCH was built from scratch, whereas this infrastructure already existed at the Brattleboro Retreat and at Rutland Regional Medical Center.

12. **Question:** Please provide more information about children's inpatient services.

Response: Vermont has one hospital, the Brattleboro Retreat, which specializes in supporting children, youth, and families, and is the only hospital available for children with an involuntary



status. For children with a voluntary status, there may be inpatient settings out of state that could meet the child or youth and family’s needs and may be closer to home. According to the recent [Act 200 \(2018\), Section 7](#) legislative report submitted by the Department in partnership with the Vermont Association of Hospitals and Health Systems, inpatient admissions for children represent a small portion of overall inpatient use in the state of Vermont (344 admissions for children compared to 5,064 admissions for adults).

TABLE 2: CHILDREN INPATIENT HOSPITALIZATIONS AT THE BRATTLEBORO RETREAT - FFY 2018 (OCTOBER 1, 2017 – SEPTEMBER 30TH, 2018)²:

Legal Status	Total # Admissions	Total # Discharges	Length of Stay in Days (Mean)	Length of Stay in Days (Median)
Involuntary	18	18	12.28	10.00
Voluntary	326	332*	13.59	9.00
Grand Total	344	350*	13.52	9.00

Data Notes: Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. This includes youth who had an involuntary or voluntary legal status at admission.

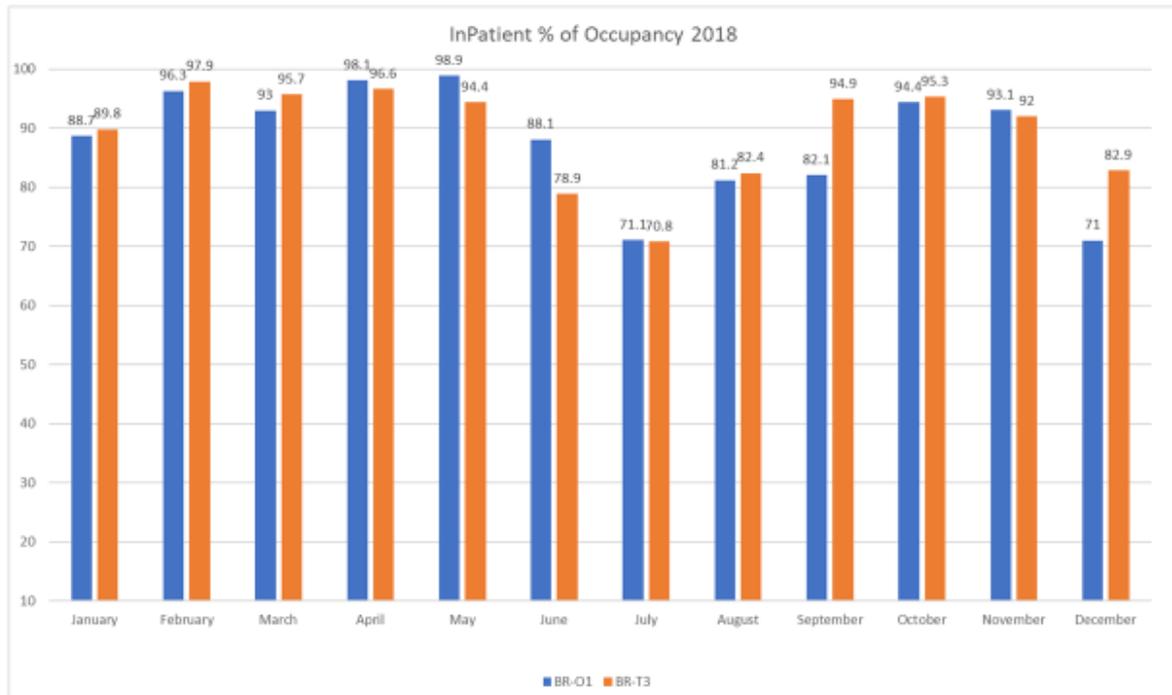
**The number of Total Discharges includes individuals who were admitted prior to the start of this reporting period. Most people who were admitted during this period discharged, as well as those who were admitted prior to the reporting period, resulting in a total number of discharges higher than admissions.*

Example: Patient 1 is admitted September 2017 and discharged in October 2017. For purposes of this report, this patient would only be counted as a discharge.

Despite the relatively small population of children served in inpatient settings, demand for this level of care is high and current capacity is being fully utilized. See graphic below of occupancy rates in 2018.

² Excerpted from the [Act 200 \(2018\), Section 7 legislative report](#) submitted 1/31/19.

Child/Youth Inpatient Occupancy 2018



13. **Question:** CVPH, a part of the UVM- Health Network, has a psych unit in New York that won't take kids from Vermont. Why do we only use the Brattleboro Retreat?

Response: CVPH is accepting children and youth from Vermont for voluntary admissions. Federal regulations do not allow for individuals with an involuntary status to be sent out of state. For youth with an involuntary status the only in-state option is the Brattleboro Retreat. This issue relates to the Department's interest in changes to the age of consent for inpatient admission. A change to age of consent could support fewer young children on involuntary status, enabling appropriate referrals to out-of-state inpatient settings such as CVPH.

VERMONT PSYCHIATRIC CARE HOSPITAL

14. **Question:** Please provide more information about the 15 out of 30+ nurses are travelers. We are spending a lot on folks that may be out of state. How much would be saved if we had our own staff and no travelers? Could we invest some of these funds into salary additions or elsewhere?

Response: The Human Resources Division reviewed and upgraded nursing positions two years ago which resulted in salaries going up significantly at that time. Although we are experiencing some success as a result of these changes, the Vermont Psychiatric Care Hospital continues to struggle recruiting classified nurses.

The use of travel nurses has been as high as 16 nurses and as low as 9 nurses in 2018. This amount has continued to ebb and flow over time, and may represent a slight improvement, but is not significantly different from prior years, even after the market factor increases were put into place for nurses employed at the state hospital. The market factor increase does appear to have made an impact in the hospital's ability to retain a few employees, but is not serious competition with incentives for employment offered by the neighboring Central Vermont Medical Center or the wage differential of employment as a travel nurse.

The primary issue is the national nursing shortage and the fact that the Psychiatric Care Hospital is competing with other local employers for the same staff. The result of raising wages is vacancies elsewhere in healthcare. The Department considers that investments in educational training programs will yield a workforce improvement over time, but is not an immediate fix. At this time, there is still a significant need for travelers due to vacancies at the hospital as well as nurses being out on workers comp through FY 19.

15. **Question:** Please provide more information about Workers Compensation Insurance going up. Is this attributable to injuries in VPCH and other settings where we have state employees like MTCR and Woodside.

Response: Unfortunately, the Department does not have more information to share about the increases in Workers Compensation Insurance. The Department of Mental Health receives Workers Compensation Insurance rates from Finance and Management and is not aware of how claims experience of specific state operated facilities may impact those rates.

BRATTLEBORO RETREAT

16. **Question:** Please provide more information about oversight of level-1 beds at the Brattleboro Retreat.

Response: *Clinical Oversight:* The Department of Mental Health care management team facilitates the coordination of admissions and aftercare services across the involuntary inpatient system at all Designated Hospitals, including the Brattleboro Retreat. Care managers provide oversight of level-1 beds through utilization review, payment authorization after completion of a level-1 determination; and continued stay reviews. The utilization team also reviews all patients a minimum of every 7 days to determine appropriate level of care.

The team also assists providers to triage individuals into programs for admission, and facilitates the referral process for individuals to step-down programs, transitional housing programs, and supportive housing units when they are ready to return to the community. To accomplish this task, the team works closely with hospitals by holding weekly clinical team meetings regarding inpatient status, supporting discharge and aftercare planning, creating a bridge to community programming, and providing technical assistance when necessary.

Financial Oversight: As a Medicaid enrolled provider, the Brattleboro Retreat is expected to comply with all federal and state regulations regarding Medicaid payments. In conclusion to the recent investigation of the Retreat, which found no criminal misconduct, the state of Vermont and the Brattleboro Retreat executed an [MOU](#). The memorandum is designed to correct the billing issues identified in the investigation and to strengthen the State's relationship with the Retreat going forward.

GRANTS: PSYCHIATRIC CONSULTATION

17. **Question:** Child psychiatric consultation to primary care- how will this resource be back filled given lack of psychiatry?

Response: DMH contracted with two child psychiatrists for psychiatric consultation for pediatric practices. One of the child psychiatrists moved out of state a year ago and DMH took the opportunity to work collaboratively with VCHIP and another child psychiatrist to conduct outreach with pediatric providers regarding their needs around child psychiatry. DMH still holds a contract with a child psychiatrist to provide consultation to pediatric providers.

GRANTS: WRAP FUNDING

18. **Question:** WRAP funding, can you provide more information about this, ties to the Blueprint and the fact that this is Vermont created?

Response: The Department is compiling additional information about WRAP funding and will provide it to the committee as soon as it is available.

GRANTS: AHS-WIDE REDUCTIONS

19. **Question:** What percentage is DMH as a portion of total AHS grant reductions?

Response: DMH's target reduction is just under 24% of the overall target for AHS.

RESOURCE ALLOCATION RATIONALE

20. **Question:** Regarding charts about growth in budgets with DAs, if we separate out Success Beyond Six and a separate chart of new expectations, what is the long-term increase line for increase and budget of status quo pieces?



Response: The Department is working on this analysis and will share it with the Committee as soon as it is available.

21. **Question:** Why is the Department choosing to increase community-based programming in My Pad vs. other possible investments?

Response: The My Pad expansion is directly related to funding tied to particular individuals through enhanced case rate services and funds. The Department was not able to put forward other possible investment proposals without cutting elsewhere in our budget.

22. **Question:** Where is the My Pad residence planned to be in Addison County?

Response: The services would be somewhere within Addison County, but no site has been identified yet.

23. **Question:** Orleans, Essex and Caledonia Counties are lacking beds. With decisions about where to put new resources, if not the NEK, why? Colebrook, NH has a hospital that could accommodate nearby folks from that end of the Northeast Kingdom. Has this been explored?

Response: Qualified workforce and timely access to healthcare services are factors in determining location of statewide resources. Limited and timely transport routes and options are also challenged in extremely rural areas. NEKHS did propose to host a secure residential program, however, the local community was not in support of the proposal in addition to other obstacles already mentioned.

New Hampshire does have some inpatient psychiatric resources for voluntary care, however, according to local [media](#) they are facing significant limitations in capacity. Upon review, the Upper Connecticut Valley Hospital in Colebrook NH does not appear to provide inpatient psychiatric care.

24. **Question:** Why are peer supports only 1% of all funds we are spending through MH.

Response: These services are limited by available state and federal funding. Peers are not certified and credentialed as Medicaid enrolled providers, so funding opportunities are more limited. There are a number of pilots being suggested for funding that are either peer driven or peer involved to support different service capacities as cost effective alternatives. DMH supports these options if funding can be made available as most direct service resources are already being used to treat individuals, families, and children. If pilots are funded, they should be accompanied by robust evaluation of outcomes achieved and future investments.



25. **Question:** Can you provide more information about mental health payment reform? Is it just DAs, is it others?

Response: As part of the State's efforts to develop health care payment reform models that align with Vermont's All-Payer ACO Model agreement and advance implementation of Vermont's Global Commitment to Health waiver, the Department of Mental Health has worked with other departments in the Agency of Human Services and with provider stakeholders to design and implement a payment model for children's and adult mental health services provided by Designated and Specialized Services Agencies. The payment reform was effective January 1st, 2019. The total annualized value of the payment model is just under \$100M statewide.

This alternative payment model is intended to improve the predictability of payments to providers of mental health services, and to increase their flexibility to meet the needs of the Vermonters they serve. The new model places additional focus on quality—at first by providing an incentive for providers to report complete, accurate, and timely information, and in the future by linking a portion of payments to providers' performance on certain quality measures. The new payment model shares many characteristics of other value-based payment models that the State is implementing or considering for future implementation; such alignment should contribute to both State and provider readiness for an increasingly integrated health care delivery system over time, and should aid the State in developing a strategy for inclusion of additional services in All-Payer financial targets in future.

The Department would be pleased to provide more information about Mental Health Payment Reform in follow up to this memorandum.

26. **Question:** There are short-term crisis stabilization beds for children and youth residential. Is this program the case management, or, is this Jarret house where kids stay?

Response: The short-term crisis stabilization programs for children and youth are the Northeastern Family Institute (NFI) Hospital Diversion programs in South Burlington (6 beds) and Brattleboro (working up to capacity of 6 beds in this first year of opening); and the Howard Center Jarrett House Crisis Stabilization Program (6 beds). The NFI Hospital Diversion program is rate set and funded through DVHA. The Howard Jarrett House is rate set through the Division of Rate Setting under the Private Non-Medical Institution (PNMI) rules due to historical reasons of being on the same campus and sharing staff with PNMI residential programming (formerly in Atwood and Cabot Houses). PNMI programs are funded by placing departments: DCF-FSD, DMH, DAIL-DDSD. The Jarrett House program is unique under the PNMI programs in that it is a

psychiatric crisis stabilization program that is accessed through the DA Emergency Services crisis screeners, *not* through placing departments prior authorization.

27. **Question:** There is a fellowship grant, but no place for the fellows to practice?

Response: There are a few DAs that have partnered together to share the costs for a child psychiatrist who has completed the UVM psych fellowship program. Two out of three of the fellows who have graduated have remained in Vermont.

28. **Question:** Please provide more information about the use of telepsychiatry. We have a shortage, are we trying to use this for our system in some way?

Response: The Department of Mental Health uses telepsychiatry for second certifications for all Emergency Examinations and Warrants for people waiting at non-designated hospitals (hospitals with no psychiatry). We also use telepsychiatry for level of care assessments for court ordered inpatient evaluations. The Brattleboro Retreat has been able to use telepsychiatry on some of their inpatient units due to the difficulty in securing permanent psychiatry and the high costs of Locums.

29. **Question:** for child residential placements, can you describe where are the children out of state- do you have a list of the settings and numbers and breakdown of instate vs. out of state numbers?

Response: Out of state residential use is driven by the individual child or youth's needs, best match for program, and accessibility for family participation. The out-of-state programs currently in use may shift if different needs are present in the future. The guidelines for use of out-of-home and out-of-state services are on the DMH website [here](#). See the chart below for a current listing of residential facilities, locations, capacity and rates.

Childrens Residential Programs

Organization	State Location	County	Capacity*	Treatment Daily Rate	Room and Board Daily Rate
Brattleboro Retreat Abigail Rockwell	VT	Windham	11	\$ 396.63	\$ 110.43
Brattlebro Retreat Linden St	VT	Windham	12	\$ 633.78	\$ 94.68
Brookhaven	VT	Orange	8	\$ 330.49	\$ 75.53
Community House	VT	Windham	8	\$ 235.49	\$ 74.88
HowardCenter- Park St.	VT	Rutland	10	\$ 365.12	\$ 63.95
Northeastern Family Institute (NFI) Group Home	VT	Chittenden	14	\$ 345.12	\$ 143.98
Vermont Assessment Center at Newbury	VT	Orange	8	\$ 269.96	\$ 99.02
Vermont School for Girls	VT	Bennington	25	\$ 216.84	\$ 58.58
HowardCenter- Crisis Program	VT	Chittenden	6	\$ 822.08	\$ 129.04
NFI Hospital Diversion- Brattleboro	VT	Chittenden	6	Case Rate	Case Rate
SEALL, Inc.	VT	Windham	17	\$ 258.69	\$ 79.94
NFI Hospital Diversion- South Burlington	VT	Windham	6	Case Rate	Case Rate
NFI Allenbrook	VT	Chittenden	8	\$ 254.81	\$ 80.62
NFI DBT House	VT	Bennington	4	Case Rate	Case Rate
NFI Village House	VT	Chittenden	3	Case Rate	Case Rate
NFI Shelburne House	VT	Chittenden	3	Case Rate	Case Rate
WCMH Evergreen	VT	Washington	3	Case Rate	Case Rate
WCMH Odin	VT	Washington	3	Case Rate	Case Rate
WCMH Cresent	VT	Washington	3	Case Rate	Case Rate
WCMH Skyline	VT	Washington	3	Case Rate	Case Rate
Foundations Behavioral Health	PA	Out of State		\$ 283.73	\$ 286.27
Mount Prospect Academy	NH	Out of State		\$ 274.83	\$ 54.30
Pine Haven Boys Center	NH	Out of State		\$ 158.88	\$ 60.28
Devereux Foundation	MA	Out of State		\$ 275.29	\$ 96.72
Harbor Point Behavioral Health	MA	Out of State		\$ 276.45	\$ 223.55
Hillcrest Educational Centers	MA	Out of State		\$ 292.57	\$ 179.32
Justice Resource Institute (JRI)	MA	Out of State		\$ 212.36	\$ 74.61
Spaulding Youth Center	MA	Out of State		\$ 166.68	\$ 136.33
Stetson School	MA	Out of State		\$ 198.21	\$ 69.64
Steven's Children's Home, Inc.	MA	Out of State		\$ 163.88	\$ 88.24
Coastal Harbor	GA	Out of State		\$ 247.00	\$ 165.00

*The available capacity of these programs are for both children in DCF custody as well as Children approved for residential treatment through DMH.

HOUSING AND URBAN DEVELOPMENT FUNDING

30. **Question:** Why did we lose the HUD funding?

Response: Federally, HUD has prioritized scoring for funding permanent housing and phased out transitional housing development. The state Housing Continuum of Care has followed suit in scoring local funding priorities which results in “years old funding support” decreasing and going away incrementally each year. As a state continuum of housing resources, transitional will always have a role; but the Feds are transferring those funding investments to the states.

31. **Question:** Why does the map say FAHC since they changed names?

Response: This error has been fixed. The map now includes the number of beds at the UVM Medical Center. Please see Attachment B of this memorandum.

32. **Question:** Please provide a map with a per capita connection.

Response: The Department is reviewing available resources and would be pleased to provide an updated map as soon as it is available and/or created.

Attachment A

	DA	Supervisory Union	School	PBIS Y / N	Bundled Rate Y / N	BI Y/N	School Based Clinic BCBA
1	CMC	OESU	Bradford Elem	N	N	Y	N
2	CMC	Thetford Academy	Thetford Academy	N	Y	N	Y
3	CMC	ONSU	Williamstown Elem	Y	N	Y	N
4	CMC	WSESU	Wilder School	Y	N	Y	N
5	CMC	The Sharon Academy	The Sharon Academy	N	Y	N	Y
6	CMC	OSSU	Braintree Elem	N	N	Y	N
7	CSAC	ACSU	MUMS	N	Y	Y	Y
8	CSAC	ACSU	MUHS	N	Y	Y	Y
9	CSAC	ACSU	Mary Hogan	N	Y	Y	Y
10	CSAC	ACSU	Bridport	Y	Y	Y	Y
11	CSAC	ACSU	Sailsbury	Y	Y	Y	Y
12	CSAC	ACSU	Monkton	N	Y	N	Y
13	CSAC	ACSU	Mt Abe	Y	Y	N	Y
14	CSAC	ACSU	Robinson/Starksboro	N	Y	N	Y
15	CSAC	ACSU	Bristol	Y	Y	N	Y
16	CSAC	ACSU	Lincoln	Y	Y	N	Y
17	CSAC	ANWSU	Vergennes Elementary	Y	Y	Y	Y
18	CSAC	ANWSU	Vergennes High School	Y	Y	Y	Y
19	CSAC	ANWSU	Ferrisburgh	Y	Y	Y	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
20	CSAC	ANWSU	Leicester	N	Y	N	Y
21	HCRS	Windham Southeast	Oak Grove School	Y	Y	N	Y
22	HCRS	Windham Southeast	Academy School	N	Y	N	Y
23	HCRS	Windham Southeast	Green Street School	Y	Y	N	Y
24	HCRS	Windham Southeast	Windham Southeast EES	N	Y	N	Y
25	HCRS	Windham Southeast	Bellows Falls Union HS	N	Y	N	Y
26	HCRS	Windham Southeast	Bellows Falls Middle School	N	Y	Y	N
27	HCRS	Windham Southeast	Central Elementary	N	Y	Y	Y
28	HCRS	Windham Southeast	Grafton Elementary	N	Y	Y	Y
29	HCRS	Windham Southeast	Westminster Center School	N	Y	Y	Y
30	HCRS	Kindle Farm Independent School	Kindle Farm School	N	Y	Y	Y
31	HCRS	Springfield School District	Springfield HS ODP	N	Y	N	Y
32	HCRS	Springfield School District	Riverside Middle School	Y	Y	Y	N
33	HCRS	Springfield School District	Elm Hill Elementary	N	Y	Y	N
34	HCRS	Windsor Central	Reading Elementary	N	Y	Y	N
35	HCRS	Windsor Southeast	Windsor High School	N	Y	Y	Y
36	HCRS	Windsor Southeast	Windsor State Street School	N	Y	Y	Y
37	HCRS	Windsor Southeast	Weathersfield School	N	Y	Y	Y
38	HCRS	Windsor Southeast	Hartland Elementary	N	Y	Y	Y
39	HCRS	Windsor Southeast	Albert Bridge School	N	Y	Y	Y
40	HCRS	Hartford School District	Hartford HS	N	Y	Y	Y
41	HCRS	Hartford School District	Hartford Middle School	N	Y	Y	Y
42	HCRS	Hartford School District	White River Elementary	N	Y	N	Y
43	HCRS	Hartford School District	Ottaquechee School	Y	Y	N	Y
44	HCRS	Hartford School District	Dothan Brook School	Y	Y	N	Y
45	HC	Burlington School District	Multiple (contracts in process)	N	N	Y	N

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
46	HC	Chittenden Central Supervisory Union	Multiple (contracts in process)	N	N	Y	N
47	HC	Chittenden East Supervisory Union	Multiple (contracts in process)	N	N	Y	N
48	HC	Chittenden South Supervisory Union	Multiple (contracts in process)	N	N	Y	N
49	HC	Chittenden South Supervisory Union	Multiple (contracts in process)	N	N	Y	N
50	HC	Chittenden South Supervisory Union	Multiple (contracts in process)	N	N	Y	N
51	HC	Chittenden South Supervisory Union	Multiple (contracts in process)	N	N	Y	N
52	HC	Colchester School District	Multiple (contracts in process)	N	N	Y	N
53	HC	Essex Town School District	Multiple (contracts in process)	N	N	Y	N
54	HC	Milton Town School District	Multiple (contracts in process)	N	N	Y	N
55	HC	Milton Town School District/Milton Elementary	Multiple (contracts in process)	N	N	Y	N
56	HC	South Burlington School District	Multiple (contracts in process)	N	N	Y	N
57	HC	Winooski School District	Multiple (contracts in process)	N	N	Y	N
58	HC	Burlington EEE	Burlington EEE (Trinity Campus)	N	Y	N	Y
59	HC	Burlington School District	OnTop Alternative Program	N	Y	N	Y
60	HC	Burlington School District	Edmunds Elementary	N	Y	N	Y
61	HC	Burlington School District	Champlain Elementary	Y	Y	N	Y
62	HC	Burlington School District	Edmunds Elementary	Y	Y	N	Y
63	HC	Burlington School District	Edmunds Elementary	N	Y	N	Y
64	HC	Burlington School District	Hunt Middle School	Y	Y	N	Y
65	HC	Burlington School District	OnTop Alternative Program	N	Y	N	Y
66	HC	Burlington School District	Hunt Middle School	Y	Y	N	Y
67	HC	Burlington School District	C.P. Smith	Y	Y	N	Y
68	HC	Burlington School District	Integrated Arts Academy	Y	Y	N	Y
69	HC	Burlington School District	Sustainability Academy at Barnes	Y	Y	N	Y
70	HC	Burlington School District	Burlington High School	N	Y	N	Y
71	HC	Burlington School District	Flynn Elementary	Y	Y	N	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
72	HC	Champlain Valley School District	Hinesburg Elementary	Y	Y	N	Y
73	HC	Champlain Valley School District	Shelburne Community School	Y	Y	N	Y
74	HC	Champlain Valley School District	Williston Central School	Y	Y	N	Y
75	HC	Champlain Valley School District	Allen Brook School	Y	Y	N	Y
76	HC	Champlain Valley School District	Champlain Valley Union High	N	Y	N	Y
77	HC	Chittenden East Supervisory Union	Mount Mansfield Union High	N	Y	N	Y
78	HC	Chittenden East Supervisory Union	Smilie Memorial Elementary	Y	Y	N	Y
79	HC	Chittenden East Supervisory Union	Brewster Pierce Elementary School	Y	Y	N	Y
80	HC	Chittenden East Supervisory Union	Mansfield Academy	N	Y	N	Y
81	HC	Richmond Elementary School	Richmond Elementary School	Y	Y	N	Y
82	HC	Chittenden East Supervisory Union	Camel's Hump Middle School	N	Y	N	Y
83	HC	Chittenden East Supervisory Union	Browns River Middle School	Y	Y	N	Y
84	HC	Chittenden East Supervisory Union	Browns River Middle School	Y	Y	N	Y
85	HC	Chittenden East Supervisory Union	Camel's Hump Middle School	N	Y	N	Y
86	HC	Richmond Elementary School	Richmond Elementary School	Y	Y	N	Y
87	HC	Champlain Valley School District	Champlain Valley Union High	N	Y	N	Y
88	HC	Champlain Valley School District	Charlotte Central School	Y	Y	N	Y
89	HC	Colchester School District	Colchester Middle School	N	Y	N	Y
90	HC	Colchester School District	Union Memorial School	Y	Y	N	Y
91	HC	Colchester School District	Porters Point School	Y	Y	N	Y
92	HC	Colchester School District	Colchester High School	N	Y	N	Y
93	HC	Colchester School District	Colchester Middle School	N	Y	N	Y
94	HC	Colchester School District	Mallets Bay School	Y	Y	N	Y
95	HC	Colchester School District	Colchester High School	N	Y	N	Y
96	HC	Essex Westford School District	Founders Memorial School	N	Y	N	Y
97	HC	Essex Westford School District	Essex Middle School	N	Y	N	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
98	HC	Essex Westford School District	Essex Elementary	N	Y	N	Y
99	HC	Essex Westford School District (Essex HS/Ace)	Essex High School - RYSE program	N	Y	N	Y
100	HC	Essex Westford School District (Essex HS/Ace)	Essex High School	N	Y	N	Y
101	HC	Essex Westford School District (Essex HS/Ace)	ACE Alternative	N	Y	N	Y
102	HC	Essex Westford School District (Essex HS/Ace)	Essex High School - Quest program	N	Y	N	Y
103	HC	Essex Westford School District (Essex HS/Ace)	Essex High School	N	Y	N	Y
104	HC	Essex Westford School District	Fleming Elementary School	Y	Y	N	Y
105	HC	Essex Westford School District	Summit Elementary School	Y	Y	N	Y
106	HC	Essex Westford School District	Hiawatha Elementary School	N	Y	N	Y
107	HC	Essex Westford School District	Albert D. Lawton Middle School	N	Y	N	Y
108	HC	Essex Westford School District (Westford)	Westford Elementary School	Y	Y	N	Y
109	HC	Milton Town School District	Milton High	N	Y	N	Y
110	HC	Milton Town School District	Milton Elementary	Y	Y	N	Y
111	HC	Milton Town School District	Milton Elementary	Y	Y	N	Y
112	HC	Milton Town School District	Milton Middle	N	Y	N	Y
113	HC	Milton Town School District	Milton High	N	Y	N	Y
114	HC	South Burlington School District	Rick Marcotte Central School	Y	Y	N	Y
115	HC	South Burlington School District	Chamberlin School	Y	Y	N	Y
116	HC	South Burlington School District	Frederick Tuttle Middle School	N	Y	N	Y
117	HC	South Burlington School District	Orchard School	Y	Y	N	Y
118	HC	South Burlington School District	South Burlington High School	N	Y	N	Y
119	HC	South Burlington School District	South Burlington High School	N	Y	N	Y
120	HC	South Burlington School District	Frederick Tuttle Middle School	N	Y	N	Y
121	HC	South Burlington School District	South Burlington High School	N	Y	N	Y
122	HC	Winooski School District	Winooski High and Middle	N	Y	N	Y
123	HC	Winooski School District	Winooski Elementary School	N	Y	N	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
124	LCMH	Lamoille South Supervisory Union	People's Academy Middle School	Y	Y	Y	N
125	LCMH	Lamoille South Supervisory Union	People's Academy High School	N	Y	Y	N
126	LCMH	Lamoille South Supervisory Union	Stowe Elementary	Y	Y	Y	N
127	LCMH	Lamoille South Supervisory Union	Morrisville Elementary	N	Y	Y	N
128	LCMH	Lamoille South Supervisory Union	EEE	N	Y	Y	N
129	LCMH	Lamoille South Supervisory Union	Stowe Middle School	N	N	Y	N
130	LCMH	Lamoille South Supervisory Union	Stowe High School	N	N	Y	N
131	LCMH	Lamoille North Supervisory Union	Lamoille Union High School	N	Y	Y	N
132	LCMH	Lamoille North Supervisory Union	Waterville Elementary School	Y	N	Y	N
133	LCMH	Lamoille North Supervisory Union	Johnson Elementary School	Y	N	Y	N
134	LCMH	Lamoille North Supervisory Union	Hyde Park Elementary School	Y	N	Y	N
135	LCMH	Lamoille North Supervisory Union	Lamoille Union Middle School	Y	N	Y	N
136	LCMH	Lamoille North Supervisory Union	Eden Elementary School	Y	N	Y	N
137	LCMH	Orleans Southwest Supervisory Union	Hazen Union High School	Y	Y	Y	N
138	LCMH	Orleans Southwest Supervisory Union	Hardwick Elementary School	Y	Y	Y	N
139	LCMH	Orleans Southwest Supervisory Union	Woodbury Elementary School	Y	Y	Y	N
140	LCMH	Orleans Southwest Supervisory Union	Wolcott Elementary School	Y	Y	Y	N
141	LCMH	Orleans Southwest Supervisory Union	Craftsbury Elementary	N	N	Y	N
142	NCSS	Franklin Central Supervisory Union	Bellows Free Academy	Y	Y	Y	Y
143	NCSS	Franklin Central Supervisory Union	Fairfield Central	Y	Y	Y	Y
144	NCSS	Franklin Central Supervisory Union	St. Albans Town Educational Center	N	N	Y	Y
145	NCSS	Franklin Northeast Supervisory Union	Bakersfield Elem	N	N	Y	Y
146	NCSS	Franklin Northeast Supervisory Union	Berkshire Elem	Y	Y	Y	N
147	NCSS	Franklin Northeast Supervisory Union	Enosburgh Elem	Y	Y	Y	Y
148	NCSS	Franklin Northeast Supervisory Union	Enosburgh Middle / High School	N	N	Y	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
149	NCSS	Franklin Northeast Supervisory Union	Montgomery Elem	N	N	Y	Y
150	NCSS	Franklin Northeast Supervisory Union	Richford Elem	N	N	Y	Y
151	NCSS	Franklin Northeast Supervisory Union	Richford Jr/Sr High School	N	N	Y	Y
152	NCSS	Franklin Northwest Supervisory Union	Highgate Elementary	Y	Y	Y	Y
153	NCSS	Franklin Northwest Supervisory Union	Mary S. Babcock Elem	Y	Y	Y	N
154	NCSS	Franklin Northwest Supervisory Union	MVU	Y	Y	Y	Y
155	NCSS	Franklin Northwest Supervisory Union	Sheldon Elem	Y	Y	Y	Y
156	NCSS	Franklin Northwest Supervisory Union	Swanton Central	Y	Y	Y	Y
157	NCSS	Franklin West Supervisory Union	Bellows Free Academy (Fairfax)	N	N	Y	Y
158	NCSS	Franklin West Supervisory Union	Georgia Elem	N	N	Y	Y
159	NCSS	Grand Isle Supervisory Union	Alburgh Community Education Center	N	N	N	Y
160	NKHS	North Country (NCSU)	Charleston	Y	Y	N	Y
161	NKHS	North Country (NCSU)	Coventry	Y	Y	N	Y
162	NKHS	North Country (NCSU)	Jay/Westfield	N	N	Y	Y
163	NKHS	North Country (NCSU)	North Country Union	Y	N	Y	Y
164	NKHS	Orleans Central (OCSU)	Irasburg	Y	Y	N	Y
165	NKHS	Orleans Central (OCSU)	Albany	Y	Y	N	Y
166	NKHS	Orleans Central (OCSU)	Lake Region Union H.S.	N	Y	N	Y
167	NKHS	Caledonia Central (CCSU)	Barnet	Y	Y	Y	Y
168	NKHS	Essex North (ENSU)	Concord	N	N	N	Y
169	NKHS	Essex North (ENSU)	Lunenburg/Gilman	N	N	N	Y
170	NKHS	Orleans Southwest (OSSU)	Hazen Union H.S	N	N	Y	Y
171	NKHS	Orleans Southwest (OSSU)	Craftsbury Elementary	N	N	Y	Y
172	NKHS	Kingdom East	Sutton Village	Y	N	Y	Y
173	NKHS	Lyndon Institute	Lyndon Institute	N	Y	N	Y
174	NKHS	Northeastern Family Institute (NFI)	Turning Points	N	N	N	Y

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
175	NKHS	Northeastern Family Institute (NFI)	Cornerstone	N	N	N	Y
176	NKHS	Northeastern Family Institute (NFI)	Arlington	N	N	N	Y
177	RCMH	Rutland City	RCS Summer	Y	Y	N	N
178	RCMH	Rutland City	RCS NW Elem	Y	Y	N	N
179	RCMH	Rutland City	RCS Interm/NE	Y	Y	N	N
180	RCMH	Rutland City	RCS Allen Street	Y	Y	N	N
181	RCMH	Rutland City	RCS Interm/NW	Y	Y	N	N
182	RCMH	Rutland City	RCS Middle School	Y	Y	N	N
183	RCMH	Rutland Southwest SU	Poultney	Y	Y	N	N
184	RCMH	Rutland Northeast SU	Lothrop	Y	Y	N	N
185	RCMH	Rutland Northeast SU	Neshobe	N	Y	N	N
186	RCMH	Rutland Northeast SU	Neshobe	N	Y	N	N
187	RCMH	Rutland Northeast SU	Barstow	N	Y	N	N
188	RCMH	Rutland Northeast SU	Otter Valley HS	Y	Y	N	N
189	RCMH	Rutland Northeast SU	Otter Valley Middle	Y	Y	N	N
190	RCMH	Rutland Northeast SU	Otter Valley Middle	Y	Y	N	N
191	RCMH	Addison Rutland SU	Fairhaven	Y	Y	N	N
192	RCMH	Rutland Central SU	Proctor - BI	N	N	Y	N
193	RCMH	Rutland Central SU	Proctor HS - BI	N	N	Y	N
194	RCMH	Rutland Southwest SU	Poultney	Y	N	Y	N
195	RCMH	BI New FY19	RCSU	N	N	Y	N
196	WCMHS	BSD	Burlington H.S.	N	N	Y	N
197	WCMHS	CCSU	Caledonia Central	N	N	Y	N
198	WCMHS	FNESU	Richford H.S.	N	N	Y	N
199	WCMHS	FNWSU	Sheldon	N	N	Y	N
200	WCMHS	FWSU	Georgia Elementary	N	N	Y	N

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
201	WCMHS	LNSU	Cambridge Elementary School	N	N	Y	N
202	WCMHS	LNSU	Hyde Park Elementary	N	N	Y	N
203	WCMHS	LNSU	Johnson Elementary	N	N	Y	N
204	WCMHS	LNSU	Lamoille Union Middle	N	N	Y	N
205	WCMHS	LSSU	Morrisville elementary	N	N	Y	N
206	WCMHS	LSSU	Peoples academy	N	N	Y	N
207	WCMHS	LSSU	Stowe Elementary	N	N	Y	N
208	WCMHS	LSSU	Stowe Middle	N	N	Y	N
209	WCMHS	MRUSD	BFA St. Albans	N	N	Y	N
210	WCMHS	MTSD	Milton Middle School.	N	N	Y	N
211	WCMHS	NCSU	Brighton Elementary	N	N	Y	N
212	WCMHS	NCSU	Lowell Graded School	N	N	Y	N
213	WCMHS	NCSU	Newport City Elementary	N	N	Y	N
214	WCMHS	NCSU	North Country Union High School	N	N	Y	N
215	WCMHS	NCSU	North Country Union Junior high	N	N	Y	N
216	WCMHS	OCSU	Lake Region Union HS	N	N	Y	N
217	WCMHS	OSWSU	Brookfield Elementary	N	N	Y	N
218	WCMHS	OSWSU	Craftsbury Elementary	N	N	Y	N
219	WCMHS	OSWSU	Hardwick Elementary	N	N	Y	N
220	WCMHS	OSWSU	Randolph	N	N	Y	N
221	WCMHS	OSWSU	Hazen Union	N	N	Y	N
222	WCMHS	OSWSU	Wolcott Elementary	N	N	Y	N
223	WCMHS	WWSU	Crosset Brook	Y	N	Y	N
224	WCMHS	WWSU	Harwood Union H.S.	N	N	Y	N
225	WCMHS	BSU	Barre City Elem/Middle	Y	N	Y	N
226	WCMHS	BSU	Spaulding High	N	N	Y	N

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227	WCMHS	BSU	Barre Town Elem/Midd	N	N	Y	N
228	WCMHS	CSD	Cabot School	N	N	Y	N
229	WCMHS	DSD	Danville School	N	N	Y	N
230	WCMHS	MSD	Main Street Middle School	N	N	Y	N
231	WCMHS	MSD	Montpelier High	N	N	Y	N
232	WCMHS	ONSU	Orange Center	Y	N	Y	N
233	WCMHS	ONSU	Washington Village	Y	N	Y	N
234	WCMHS	ONSU	Williamstown Elementary	Y	N	Y	N
235	WCMHS	ONSU	Williamstown Middle/High	Y	N	Y	N
236	WCMHS	TSD	Twinfield Union	N	N	Y	N
237	WCMHS	WCSU	U32	N	N	Y	N
238	WCMHS	WCSU	East Montpelier Elem	N	N	Y	N
239	WCMHS	WCSU	Berlin Elementary	N	N	Y	N
240	WCMHS	WSD	Walden School	Y	N	Y	N
241	WCMHS	WSSU	Northfield Elementary School	Y	N	Y	N
242	WCMHS	WSSU	Northfield middle/High	Y	N	Y	N
243	WCMHS	WSSU	Roxbury School	N	N	Y	N
244	WCMHS	HUUSD	Crossett Brook	N	N	Y	N
245	WCMHS	HUUSD	Harwood Union	N	N	Y	N
246	WCMHS	HUUSD	Thatcher Brook	Y	N	Y	N
247	WCMHS	HUUSD	Waitsfield Elementary	N	N	Y	N
248	WCMHS	HUUSD	Warren School	N	N	Y	N
249	WCMHS	WRVSU	Whitcomb Jr/Sr	N	N	Y	N
250	WCMHS	WRVSU	South Royalton High	N	N	Y	N
251	WCMHS	OESU	Oxbow Union	N	N	Y	N
252	WCMHS	OESU	OESU	N	N	Y	N

	DA	<u>Supervisory Union</u>	<u>School</u>	<u>PBIS Y / N</u>	<u>Bundled Rate Y / N</u>	<u>BI Y/N</u>	<u>School Based Clinic BCBA</u>
253	UCS	Southwest Supervisory Union	Mount Anthony Union High School	N	Y	N	Y
254	UCS	Bennington Rutland Supervisory Union	Manchester Elementary & Middle School	N	Y	N	Y
255	UCS	Bennington Rutland Supervisory Union	Flood Brook Union School	Y	Y	N	Y
256	UCS	Battenville Valley Supervisory Union	Arlington Memorial Middle & High School	Y	Y	N	Y
257	UCS	Southwest Supervisory Union	Mount Anthony Union High School SPED	N	Y	N	Y
258	UCS	Southwest Supervisory Union	Mount Anthony Union Middle School SPED	Y	Y	N	Y
259	UCS	Southwest Supervisory Union	Molly Stark Elementary School SPED	Y	Y	N	Y
260	UCS	Southwest Supervisory Union	Bennington Elementary School SPED	Y	Y	N	Y
261	UCS	Southwest Supervisory Union	Monument Elementary School	Y	Y	N	Y
262	UCS	Bennington Rutland Supervisory Union	Dorset Elementary School	Y	Y	N	Y
263	UCS	Bennington Rutland Supervisory Union	Manchester Elementary & Middle School SPED	N	N	Y	Y

Attachment B

**DMH RESIDENTIAL AND DESIGNATED HOSPITAL BEDS
 BY COUNTY FY19**

