5% Incremental / Decremented Outcomes for BDAS

Add two additional program specialists leading to an approximately 15% increase in program oversight and quality management.

Increase staff training and workforce development funding in provider contracts by $100,000 to increase quality of care and staff retention.

Utilize $100,000 to help sustain key programs currently supported by temporary and discretionary funding, including but not limited to the State Opioid Response and Student Assistance Programs.

Leave two currently vacant positions within BDAS unfilled. This would perpetuate current challenges relative to program oversight and quality management.

Reduce substance use disorder treatment contracts by $200,000 leading to lower service availability and longer wait times.

5% Incremental / Decremented Outcomes for BCBH

Expand the Care Management Entity capacity to serve more children who are commercially or uninsured.

Approximately 100 additional kids could be served.

Implement infant MH statewide, fully to address at risk families with young children statewide to service approximately 200 kids could be served.

Expand further community based treatment options to therapeutic day treatment and intensive out patient treatment, on board additional providers. Approximately 100 children could be diverted from ER boarding.

Would required CME Wait lists for services to high need children and youth. A decreased in the contract could result in a 50% decrease in capacity or approximately 150-200 children per year.

Infant MH plan limited implementation versus statewide resulting in approximately 100 children not being served sufficiently.

Decrease the general funds to support uninsured or under insured children and youth in all programming, which could result in approximately 100-150 children each year not being served adequately.

5% Incremental / Decremented Outcomes for BMHS

Increase Medicaid rates for transitional and specialty supported housing may facilitate greater provider engagement in delivery of these services. $1M would fund a rate increase for existing beds and fund 28% more beds.

$350,000 would enable the bureau to contract with one vendor to streamline, centralize, and expand training of direct care workers. This will establish uniform, statewide training for all MH staff to increase service quality and mental health workforce retention. Approximately 300 staff would be trained annually.

$350,000 would enable the bureau to hire 2 additional staff to carry the work and strategic priorities of the 10 Year Mental Health Plan forward; improving compliance with the community MH agreement. The bureau's ability to address crisis and suicide prevention efforts would double and quality oversight would increase by 25%.

A $1.7M reduction would necessitate a reduction of mental health contracts for non-Medicaid billable services. Decrease of general funds to support adults in all programming, could result in approximately 15,500 adults each year not being served adequately.

Contract reductions will result in risk of non-compliance with the community mental health settlement agreement in areas such as supported employment, peer services, and crisis services.