Vermont Department of Mental Health

Public Mental Health System of Care
Frank Reed, Commissioner
Melissa Bailey, Deputy Commissioner
Departmental Overview

Central Office Organization
Provider Agencies
Departmental Programs
Central Office Organization

OVERALL OPERATIONS

- Administrative Support Unit
- Financial Services Unit
- Legal Services Unit
- Research & Statistics Unit
- Clinical Care Management Unit
- Policy, Planning & System Development Unit
- Quality Management Unit
- Children, Adolescent and Family Unit (CAFU)- Part of Integrating Family Services (IFS) Initiative
- Adult Mental Health Services Unit
Designated Providers

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

**Designated Hospitals**
- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Windham Center
- **State Psychiatric Hospital**
- Vermont Psychiatric Care Hospital
- **State Secure Residential**
- Middlesex Therapeutic Community Residence

**Specialized Service Agencies**
- Pathways Vermont
- Northeastern Family Institute
## Provider Capacity

### Designated Agencies
- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 12 beds
- Adult Intensive Residential: 42 beds

### Designated Hospitals
- Adult - Level 1: 20 beds
- Adult - Non-Level 1: 143 beds
- Children and Youth: 33 beds

### Peer Services Agencies
- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

### State-Run Psychiatric Hospital
- Level 1: 25 beds

### State-Run Secure Residential
- Middlesex Therapeutic Community Residence: 7 beds

As of July 2015
### Designated Providers

<table>
<thead>
<tr>
<th>Designation</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CMC)</td>
<td>Clara Martin Center</td>
</tr>
<tr>
<td>(CSAC)</td>
<td>Counseling Services of Addison County</td>
</tr>
<tr>
<td>(HCRS)</td>
<td>Health Care and Rehabilitation Services of Southeastern Vermont</td>
</tr>
<tr>
<td>(HC)</td>
<td>Howard Center</td>
</tr>
<tr>
<td>(LCMH)</td>
<td>Lamoille County Mental Health Services</td>
</tr>
<tr>
<td>(NCSS)</td>
<td>Northwest Counseling and Support Services</td>
</tr>
<tr>
<td>(NKHS)</td>
<td>Northeast Kingdom Human Services</td>
</tr>
<tr>
<td>(RMHS)</td>
<td>Rutland Mental Health Services</td>
</tr>
<tr>
<td>(UCS)</td>
<td>United Counseling Service</td>
</tr>
<tr>
<td>(WCMH)</td>
<td>Washington County Mental Health Services</td>
</tr>
<tr>
<td>(PV)</td>
<td>Pathways Vermont (SSA-provisional)</td>
</tr>
</tbody>
</table>
## Community Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Outpatient (AOP)</td>
<td>Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention</td>
</tr>
<tr>
<td>Community Rehabilitation and Treatment (CRT)*</td>
<td>Provides services for adults with severe and persistent mental illness</td>
</tr>
<tr>
<td>Children and Families (C&amp;F)*</td>
<td>Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed.</td>
</tr>
<tr>
<td>Advocacy and Peer Services</td>
<td>Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery</td>
</tr>
</tbody>
</table>

*mandated service population
Composition of Program Expenses

- Children's Programs: 46%
- Childrens Community Partners: 9%
- CRT: 4%
- Adult Outpatient: 4%
- Adult Community Partners: 5%
- Peer Supports: 26%
- Emergency Services: 1%
- VPCH: 4%
- Level 1: 1%
- MTCR: 4%
- DMH Administration: 1%
Needs update
Harrigan, Emma, 1/7/2016
People Served by Primary Program

Fiscal Year

AOP

CRT

C&F

ES

Numbers Served


0 2,000 4,000 6,000 8,000 10,000 12,000

10,585

6,685

6,306

2,704

10,585

6,685

6,306

2,704

10,585

6,685

6,306

2,704
DMH Initiatives - Adult

- Participation in the Vermont Health Care Innovation Project workgroups and the Steering Committee
- Permanent Secure Residential Planning
- Partnership with DA’s on statewide implementation of Mental First Aid.
- Six Core Strategies for Seclusion & Restraint Reduction
- Open Dialogue-Treatment of Early Episode Psychosis
- Suicide Prevention
- Team Two Training
- Supporting adoption and improvement of evidence-based practices
- Promoting primary care/mental health care integration though more-formalized relationships that reduce redundancy and increase points of access
Collaboration with One Care and VCP on identifying best practice and funding options for pediatrics and MH integration models building on current models.

Promoting the availability of Child Psychiatric Consultation for Pediatric Primary Care

Primary contributor—through funding, service provision, and leadership—for Integrating Family Services (IFS)

Funding Vermont Family Based Approach training in the two IFS regions

Funding CDC pediatric epidemiologist jointly with VDH for study of pediatric and family Mental health conditions

Secured Federal grant to start Success Before Six

Partnering with VDH regarding peri-natal maternal depression screening; tobacco cessation; marijuana health impact assessment

Working with VCHIP on school culture, including bullying prevention and in coordination with Success Beyond Six services

Continue to expand the use of Act 264 (1988) and Coordinated Service Planning (CSP) for children and their families as well as expand the use of CSPs to be a proactive, multi-disciplinary shared planning tool
Outcomes for Programs

Adult Outpatient (AOP)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people served in AOP</td>
<td>SFY 2015</td>
<td>6,685</td>
<td>2</td>
</tr>
<tr>
<td># of non-categorical case management services</td>
<td>SFY 2015</td>
<td>15,066</td>
<td>6</td>
</tr>
<tr>
<td># of Medicaid AOP hospitalizations</td>
<td>FYQ2 2016</td>
<td>58</td>
<td>1</td>
</tr>
<tr>
<td>% improved upon discharge from AOP</td>
<td>SFY 2015</td>
<td>44%</td>
<td>2</td>
</tr>
</tbody>
</table>

Outcomes for Programs

Community Rehabilitation and Treatment (CRT)

| PM | How_Much | # served in CRT | SFY 2016 | 2,708 | ↑ 1 |
| PM | How_Much | # of new CRT enrollees | FYQ2 2015 | 43 | ↑ 1 |
| PM | How_Well | # of inpatient psychiatric bed days for CRT clients | FYQ4 2015 | 3,629 | ↓ 1 |
| PM | How_Well | % of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge | SFY 2015 | 93% | ↓ 1 |
| PM | Better_Off | % of working age CRT clients who are employed | SFY 2015 | 22% | ↑ 1 |
| PM | Better_Off | % of CRT clients reporting positive outcomes | SFY 2014 | 73% | ↓ 1 |

http://app.resultsscorecard.com/Scorecard/Embed/9939
## Outcomes for Programs

### Children, Youth, and Family Services

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much</td>
<td># of children and youth served by C&amp;F</td>
<td>SFY 2015</td>
<td>10,585</td>
<td>↑ 3</td>
</tr>
<tr>
<td>Better Off</td>
<td>% of students receiving intensive school based behavioral interventionist services showing improvement</td>
<td>SFY 2014</td>
<td>45%</td>
<td>↓ 3</td>
</tr>
<tr>
<td>Better Off</td>
<td>% of children and youth receiving respite services who remain in their homes</td>
<td>SFY 2013</td>
<td>81.5%</td>
<td>↑ 1</td>
</tr>
<tr>
<td>Better Off</td>
<td># of youth engaged in JOBS who achieve 90 days in competitive employment</td>
<td>SFY 2013</td>
<td>131</td>
<td>↑ 2</td>
</tr>
<tr>
<td>Better Off</td>
<td>% of adolescents reporting positive outcomes</td>
<td>SFY 2013</td>
<td>66%</td>
<td>↑ 1</td>
</tr>
</tbody>
</table>

## Outcomes for Programs

### Emergency Services

<table>
<thead>
<tr>
<th>Metric</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td># served by ES</td>
<td>SFY 2015</td>
<td>6,306</td>
<td>2</td>
</tr>
<tr>
<td>% occupancy of Designated Agency adult crisis bed programs</td>
<td>FYQ1 2016</td>
<td>76%</td>
<td>1</td>
</tr>
<tr>
<td># of involuntary admissions via emergency exams</td>
<td>SFY 2014</td>
<td>405</td>
<td>2</td>
</tr>
<tr>
<td>% of clients served by a non-emergency program within 1 week of an emergency service</td>
<td>FYQ2 2014</td>
<td>23%</td>
<td>1</td>
</tr>
</tbody>
</table>

Outcomes for Programs

Vermont Psychiatric Care Hospital (VPCH)

- Average length of stay in days for discharged patients
  - SFY 2015: 72
- Hours of seclusion and restraint per 1,000 patient hours
  - SFY 2015: 1.00
- % of discharges readmitted involuntarily within 30 days of discharge
  - SFY 2015: 9%

http://app.resultsscorecard.com/Scorecard/Embed/9939

Scorecards for Inpatient System of Care, Peer Services, Housing Subsidy are in development
Contact Information

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- (802) 241-0122