VERMONT 2014

Restoration of the Department of Mental Health

Report from the Commissioner of Mental Health
and the Commissioner of Health to the General Assembly
January 15, 2014

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Status Report of Implementation of ACT 15 (2007)

I. Legislative Intent

On or before January 15, 2008, and on January 15 of every even-numbered year thereafter, the secretary of human services, the commissioner of health, and the commissioner of mental health shall jointly report to the general assembly. The report shall describe the relationship between the commissioner of health and commissioner of mental health and shall evaluate how effectively they and their respective departments cooperate and how effectively the departments have complied with the intent of this act.

The report shall address prevention, early intervention, and chronic care health services for children and adults, coordination of mental health, substance abuse, and physical health services, and coordination with all parts of the health care delivery system, public and private, including the office of the Vermont health access, the office of alcohol and drug abuse, and primary care physicians.

In addition to the restoration of a Department of Mental Health and a Commissioner of Mental Health, ACT 15 created a statutory framework in which the Department of Mental Health is charged to ensure the coordination of mental health, physical health and substance abuse services across the publicly-funded and private health care delivery system. The following report provides a summary of the current efforts of the Department of Mental Health (DMH) and the Department of Health (VDH) to ensure the coordination and integration of mental health, physical health, and substance abuse services.

II. Relationship between the Department of Mental Health and the Department of Health

The Commissioners of the Department of Mental Health and the Department of Health are committed to the holistic wellbeing of Vermont's population and believe this can only be accomplished through the seamless integration of physical health, mental health and substance abuse services. The work of both departments is focused on the development, promotion and support of policy and evidence-based practices that support the coordination and integration of health, mental health, and substance abuse services. Despite the physical separation of DMH and VDH offices[1], both departments have continued to develop and support a number of ongoing

[1] DMH moved its offices from the Department of Health building in Burlington to Waterbury in December 2009, and the two departments no longer share a common infrastructure for information technology and business operations. It is worth noting that, as a result of the displacement of DMH staff from their location in Waterbury due to Tropical Storm Irene, the DMH Children's Unit remains co-located with the Department of Health in Burlington. This co-location, although temporary, is likely to continue until new permanent space is created and the Department of Mental Health staff is reunited. This physical co-location has fostered the promotion of numerous

initiatives to enhance coordination and integration. The commissioners of DMH and VDH maintain regular contact to ensure cross-departmental communication and support for those multiple initiatives, and multiple staff from both departments are involved in collaborative efforts to support these initiatives. In addition, DMH and VDH actively participate in weekly Commissioner meetings with the Secretary of Human Services. These meetings provide a routine venue to discuss collaborative projects and identify opportunities for addressing identified issues. Both departments have also been represented by commissioners and deputy commissioners at the Governors monthly health cabinet meetings, a forum that offers yet another chance to coordinate work.

III. Current Integration and Coordination Initiatives Supported by DMH and VDH

The Department of Mental Health and the Department of Health continue to operate within a public health model that focuses on ***prevention, early intervention***, and ***chronic care health services for children, adults and families.*** In addition, we support the coordination of mental health, substance abuse, and physical health services, and coordinate with all parts of the health care delivery system, public and private, including the Department of Vermont Health Access (DVHA), the VDH Division of Alcohol and Drug Abuse Programs (ADAP), and primary care physicians. It is common to find cross-agency and department coordination that draws DMH and VDH together. Over the past two years there have been multiple workgroups developed in which both DMH and VDH collaborate. These groups include but are not limited to: the VDH Quality standards workgroup, the Mental Health & Substance Abuse Executive Team, the Health Care Reform Leadership Bi-weekly conference, and the Substance Abuse Treatment Coordination Workgroup. The following list highlights many specific activities outside the aforementioned workgroups on which VDH and DMH are actively collaborating on.

VDH and DMH are active partners in the Master Grant process for funding an monitoring Vermont's Designated Agency System. Through this process each is able to see the expectations listed in the grant pertaining to each department. As each department is responsible for oversight there is a commitment to be more intentional with this process. Equally significant is the need to provide joint site visits when appropriate.

Blueprint for Health: Vermont has been working to increase access to health care, which includes access to integrated mental health and substance abuse care, through the expansion of Vermont's *Blueprint for Health.* The Vermont Blueprint for Health is a DVHA lead program

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cross-departmental initiatives targeting a holistic continuum of care for children and families which cross the spectrum of health, mental health, and substance abuse.

designed to meet the Triple Aim, as promoted by the Institute for Healthcare Improvement, to improve the health of the population; enhance the patient experience of care (including quality, access, and reliability); and to reduce, or at least control, the per capita cost of care. The foundation of the Blueprint model is the Advanced Primary Care Practice (synonymous with patient-centered medical home) that meets patients' and families' needs by coordinating seamlessly with a broad range of health and human services. As the Blueprint expands statewide, DVHA, DMH and ADAP have been working to increase the availability and quality of integrated care in a number of ways, which include the following.

Through the development and roll-out of patient-centered medical homes, DVHA, DMH and ADAP have been working to improve the capacity of these state wide medical homes to provide mental health and substance abuse care to both individuals with mental health and substance abuse needs who are served primarily in primary care practices.

Through the expansion of bi-directional care; DMH, VDH and the Blueprint are collaborating to examine a state wide expansion of the bi-directional care delivery. This model is currently being piloted by Clara Martin Center and Northwestern Counseling and Support Services. The model will work to foster an environment where individuals can receive access to high-level evidence-based care wherever they feel most comfortable accessing both primary and mental health care. This means that primary care, mental health, and substance abuse supports will be provided both in primary care as well as Community Mental Health Center settings. While most PCMH providers do offer some existing level of mental health and substance abuse support in-house or as a referral to the Community Health Team, clients of Community Mental Health Centers often do not have a meaningful relationship with a primary care provider and often do not seek out primary care for various reasons. Bringing primary care to Community Mental Health Centers will improve access and unitization of primary care services by historically underserved individuals including the Community Rehabilitation Treatment and Adult Outpatient Populations.

Health Homes: The Affordable Care Act of 2010 created an optional Medicaid State Plan to coordinate care for Medicaid recipients with chronic conditions. CMS expects states' Health Home providers to operate under a "whole person" philosophy. Health Home providers will integrate and coordinate all primary, acute behavioral health, and long-term services and supports to treat the whole person. To be eligible for Health Home services, the individual must be a Medicaid recipient who has two or more chronic conditions, have one chronic condition and are at risk for a second, or have one serious and persistent mental health condition.

The development of the Vermont Hub and Spoke Health Home initiative created a Health Home as defined by the Affordable Care Act of 2010 for individuals living with Opioid dependence.

Many of the individuals who struggle with substance abuse also have some co-occurring mental health condition. The implementation and continued rollout of this initiative require a coordinated effort from DVHA, ADAP, and DMH.

DMH, VDH, and the Blueprint are in active conversations about the expansion of Health Homes beyond Hub and Spoke. Analysis shows that a majority of Vermonters who suffer from one or more chronic health condition also have some form of co-occurring Mental Health condition. DMH, ADAP, and the Blueprint recognize the complexity of serving this population and have been coordinating to plan the expansion of Health Homes in Vermont.

Screening brief intervention referrals to treatment grant (SBIRT): ADAP and committed partners proposed the statewide VT-SBIRT initiative to increase identification, early intervention, and treatment of adults, ages 18 and older, at risk for substance misuse or abuse and or dependence. VT-SBIRT will accomplish this by adopting, implementing and sustaining evidence based initial screening , secondary screening, the brief negotiated intervention , brief treatment and active referral to specialty treatment . The screening tools that will be used in this initiative address both substance use and mental health conditions. Since the prevalence of co-occurring mental health and substance abuse disorders is so common it is essential to build strong referrals to both DMH and ADAP supported services.

Reach Up Contract: Substance abuse and mental health conditions are leading barriers to employment for families on Reach Up. The Reach Up Program, in partnership with the Department of Mental Health and ADAP, are currently providing integrated clinical and case management services to address substance abuse conditions and mental health conditions among Reach Up participants in four AHS district offices. Additional funding in FY15 will provide integrated services in the eight remaining districts. The integrated services include case management, brief interventions, emergency services, individual, family and group therapy, intensive outpatient treatment, medication management, residential substance abuse treatment, and medication assisted therapy to Reach Up participants.

ICD-10: Starting October 1st 2014 all HIPAA covered entities must comply with a transition from International Classification of Diseases 9th (ICD-9) edition to 10th (ICD-10) edition. This transition will expand medical coding from approximately 14,000 available codes to 69,000 codes. DVHA, DMH, VDH, and other AHS partners have been working with their provider networks and each other with help prepare for this groundbreaking transition. As this roll out occurs, DMH and VDH will collaborate on training and education for all DA partners.

MMIS Procurement: The procurement process for a new Medicaid Management Information System (MMIS) is a project that requires input from many departmental stakeholders including DVHA, DMH, and VDH about the nuances of their individual departments reporting criteria and data needs. The new MMIS vendor and system will provide a medical claims data repository that can be accessed by departments for both querying and reporting purposes. DMH, DVHA, and VDH recognize the need for our departments to come together to strategize about the procurement process and have done so historically with this work continuing into this year.

DVHA, DMH and VHD ADAP continue to work to implement a systemic framework for the coordination of specialty substance abuse and mental health care with patient centered medical homes for individuals with significant health and mental health and/or substance abuse needs who are being served by a medical home and receiving services at state-designated or preferred mental health and substance abuse providers. DVHA, DMH and ADAP have been working with community mental health and substance abuse providers to support the inclusion of mental health and substance abuse health information into Vermont's development of comprehensive Health Information Exchange.

State Innovation Models (SIM) Grant: The state Innovations Models grant is a three and a half year testing grant that was awarded to six states by the Center for Medicare and Medicaid Innovation. Vermont will receive $45 million dollars over that time span to impact a triple-aim. The triple- aim consists of improving patient experience of care (including quality and satisfaction), improving the health of Vermont's population, and reducing the per capital cost of health care. Vermont has proposed to accomplish the triple-aim through enhanced care coordination, value-based payment strategies, and increased health information exchange (both through technology and the actual use of information). DMH, VDH, DVHA, and our stakeholders sit on multiple SIM work groups including: The Payment Models Work group, The Performance Measures Work Group, SIM Care Models and Care Management Work Group, SIM HIE Work Group, SIM Duals Work Group and the SIM Population Health Work Group.

Accountable Care Organizations (ACO): Vermont has been working to develop ACO's under the SIM grant. ACO's are composed of and led by health care providers who have agreed to be accountable for cost and quality for a defined population. These providers work together to manage and coordinate care for their patients and have established mechanisms for shared governance. ACO's will provide health, mental health, and substance abuse functionality and therefore have to be coordinated with DVHA, DMH, and ADAP efforts and supports.

Information Exchange: A core component of both the SIM grant and health reform is the ability for health care providers to share information seamlessly across the care spectrum. The capacity for all providers to share health information bi-directionally with proper consent is something being examined across AHS. DVHA, in collaboration with DMH, VDH, and DAIL, have been helping to support this work. Another important element of this work is to enable Electronic Health Records across the entire spectrum of health care to interface with Vermont Information Technology Leader's (VITL) patient data repository and master patient index. This integrated effort is being supported by DVHA, DMH, VDH, DAIL, other internal state partners, and external stakeholders.

Other SIM Initiatives: There are other SIM initiatives under development that require collaboration from DMH, VDH, DVHA, and other internal and external stakeholders: the Duals demonstration, SIM quality measures development, SIM population health management, SIM payment models development, and SIM care management implementation.

Child Specific Initiatives: Co-location of Children's Mental Health and Health Services: VDH and DMH continue to support the co-location of mental health professionals (social worker or psychologist) in numerous pediatric and family practices throughout Vermont to increase access to mental health screening, assessment, and brief intervention and support within primary care.

Child Psychiatric Consultation and Training: Through contracts with Matrix Health Systems, Jeanne Greenblatt, MD, and the University of Vermont (UVM), VDH and DMH are working to increase the availability of child psychiatric case consultation and provider education to primary care providers to enhance their ability to respond to the mental health needs of their patients.

Developmental Screening in Primary Care: VDH, with the support of DMH, continues to collaborate with the American Academy of Pediatrics, the American Academy of Family Practice, the UVM Vermont Child Health Improvement Program (VCHIP), and DVHA to implement early and continuous developmental screening of young children in primary care settings. Vermont pediatricians have been national leaders in developing standards for pediatric care and have been at the forefront of creating the new national screening guidelines, *Bright Futures.* VDH is actively working with VCHIP to create and promote a list of appropriate developmental screening tools that can identify physical, psychological, and social risks that may affect healthy development in infants and children. The mental health services referenced in this report will serve as referral resources for children who are identified, through developmental screening, as needing mental health intervention.

Integrated Family Health Care Planning: DMH and VDH are actively working with the University of Vermont and DVHA (with legislative participation) on the development of a broad-based model that would provide an integrated and coordinated public and private system of social, emotional, and behavioral health care for children and their families in Vermont. These efforts aim to keep healthy children, youth, and families well; protect those at risk; and provide services and supports to those in need. This model will incorporate "lessons learned" from many of the current children's health/mental health pilots (see above) and will include co-location of mental health services in primary care offices, consultation and education for primary care providers, case management for families who are identified at primary care offices, and tele-psychiatry to help close the gap of psychiatric services in rural Vermont.

School Health, Mental Health, and Substance Abuse Prevention: DMH is currently working with VDH and the Department of Education to 1) implement Positive Behavioral Interventions and Supports in schools and 2) revise the School Nurse manual to include additional information addressing psychosocial and mental health needs of students.

Integrated Family Services: DMH and VDH actively participate in the Agency of Human Services (AHS) Integrated Family Services initiative, which includes representatives from each of the AHS departments that serve children (0-22) and the Agency of Education (AOE). This group is working to identify and undertake changes in policy and internal operations (services, service design, grants, payment structures, *etc*.) that are needed to improve outcomes and achieve integrated child and family-centered responses from the various AHS and AOE programs. Currently there is one operational IFS pilot in Addison County and future pilots are in the planning stages.

Children's Psycho-pharmacy: DMH is currently working with DVHA DCF, and UVM to evaluate and improve the use of psychopharmacological interventions for children and adolescents among public and private practice prescribers.

Tele-health/Telemedicine: DMH and AHS are among the Vermont participants in the New England Tele-health Consortium (NETC), a federally-funded, nonprofit health care organization focused on the provision of increased access to healthcare services, health information exchange services, research and education by enhancing broadband capacity to support existing programs, and the implementation of more effective and sustainable tele-health services in New England. DMH is also worked with DVHA to establish Medicaid reimbursement for the use of telemedicine for psychiatric care and has been supportive of work through the University of Vermont to establish tele-psychiatry fellowships that would provide two days/week of

psychiatric consultation and care at two Federally Qualified Health Centers. Even though reimbursement rates have been established tele-psychiatry is still not widely used.

Suicide Prevention: DMH and VDH have partnered with the Center for Health and Learning to further develop Vermont's suicide prevention programs and a suicide prevention platform for youth. VDH has an active surveillance role in identifying teen suicide through its Child Fatality Review Commission. DMH is also facilitating a public/private workgroup including members from VDH, ADAP, and DVHA to identify any specific, current trends in Vermont suicide data across the life span and to formulate recommendations within a public health framework as appropriate. Mental Health for Elders: DMH continues to partner with the Department of Disabilities, Aging, and Independent Living (DAIL) to administer the ElderCare Clinician Program (ECCP) for providing mental health screening, assessment and treatment to elders age 60+.

Substance Abuse Prevention and Treatment Block Grant (SAPT- BG): As required by SAMHSA both VDH and DMH discuss the block grant application jointly. All cross over work is addressed and work is delineated and prioritized by the two departments.

IV. Conclusion

As evidenced by the summary of activities and initiatives listed above, DMH and VDH are actively involved in supporting a number of activities to promote the coordination and integration of Vermont's mental health, health, and substance abuse services. Over the past two years, the number of projects, initiatives, activities, and planning focused on health/mental health/substance abuse integration has continued to grow, and the number of public and private stakeholders involved in that work has also expanded greatly. These developments represent a significant improvement in the degree to which Vermont is focused on integration, and Vermont may soon reach a point where integration and coordination of health, mental health and substance abuse services is the norm. However, as the number of initiatives, activities and stakeholders increase, there is an increased need for coordination to avoid fragmentation or duplication of efforts. As the Vermont Blueprint for Health continues to expand, DMH and VDH will continue to use this initiative to provide an organizing structure and vision for Vermont's integration and coordination efforts. Going forward, it will be imperative that the executive and legislative branches continue to support the inclusion of mental health and substance abuse integration as a prime feature of health care reform both in Vermont and at a national level. In addition, the focus of improvements in care across all of health care must be based on a patient/consumer-driven philosophy, and the concepts of resiliency and recovery should be cornerstones of all health care efforts.