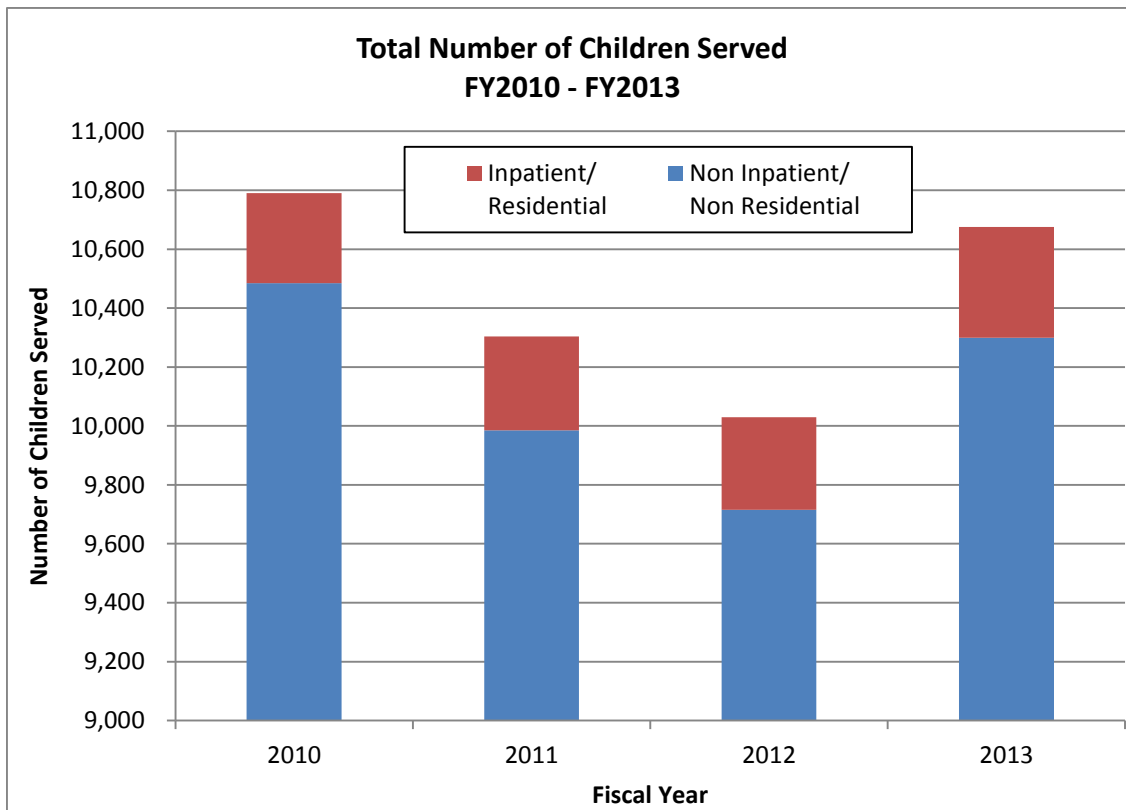


Children's Mental Health Overview

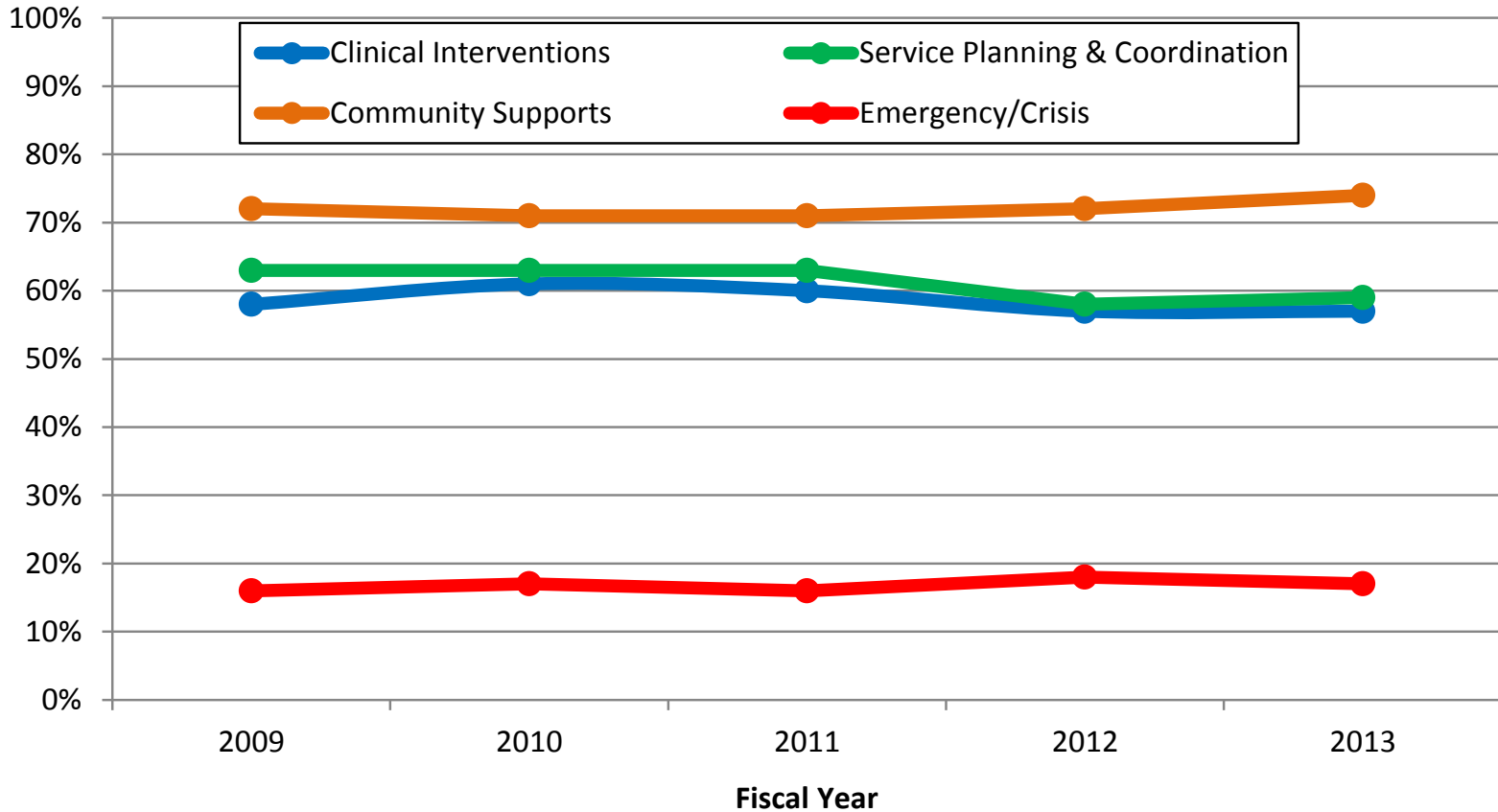
Charlie Biss

09/23/2014



Inpatient data comes from the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. Includes youth who had an involuntary or voluntary legal status at admission. Non Inpatient data is based on Monthly Service Report (MSR) data submitted to the Vermont Department of Mental Health by designated agencies. Residential data comes from Department of Mental Health PNMI Placement information.

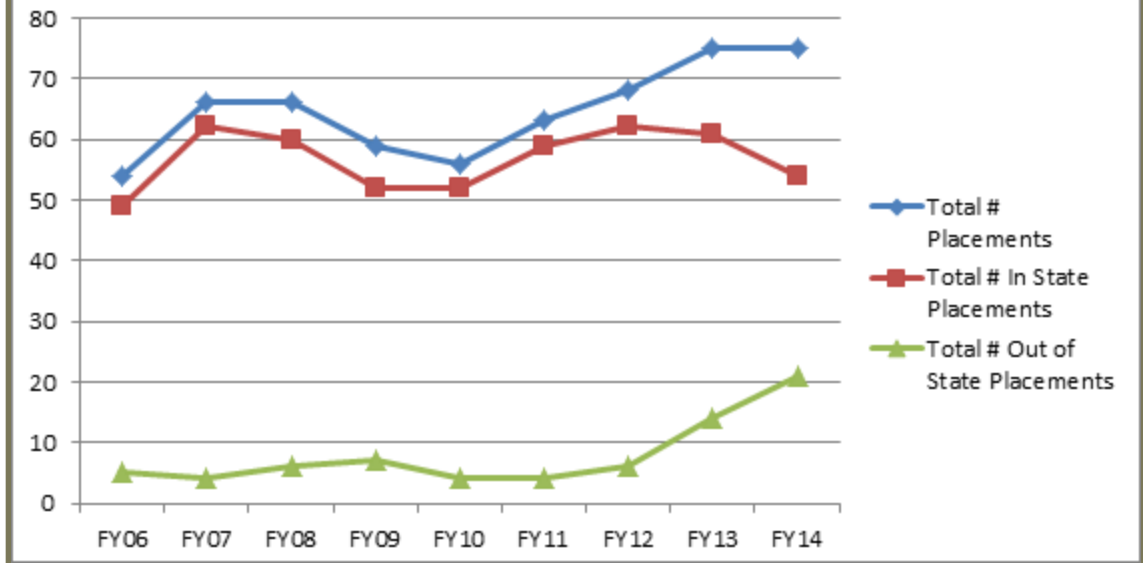
Percent of Clients Receiving Services by Type of Service FY2009 - FY2013



Medicaid Paid DMH Children's Residential

	Location	Number of Licensed Beds	Number of DCF and DMH Contracted Beds (if applicable)	Age of population served (child/youth)	Sex of Population Served M/F	Treatment Location		Education Location		Specialization?
						Onsite	Off-site	On-site	Off-site	
Vermont programs										
Bennington School	Bennington, VT	75	45	youth	M/F	X		X		
Brookhaven	Chelsea, VT	8	8	child	M	X				
Community House	Brattleboro, VT	8	8	child	M/F	X		X		Assessment
HowardCenter- Park St.	Rutland, VT	10	10	youth	M	X		X		Sex Offending Treatment
HowardCenter	Burlington, VT	12	12	child	M/F	X		X		Assessment & residential
NFI Allenbrook	Burlington, VT	8	8	youth	M/F		X		X	
NFI Group Home	Burlington, VT	6	6		M/F	X			X	
Retreat- ARCC	Brattleboro, VT	11	11	child	M/F	X		X		
Retreat- Osgood	Brattleboro, VT	19	11	youth	M/F	X		X		
Out-of-State programs										
Change Academy Lake of the Ozarks (CALO)	Lake Ozark, MO			youth	M/F	X		x		Attachment Disorder
Cottage Hill Academy	Worcester, MA			youth	F	X		X		
Devereux Foundation	Rutland, MA			child/youth	M/F	X		X		
Eagleton School	Great Barrington, MA			youth	M/F	X		X		
Hillcrest	Pittsfield, MA			child/youth	M/F	X		X		Intensive Treatment Unit (ITU) and residential programs
JRI Meadow Ridge Schools	Swansea, MA			youth	M/F	X		X		Trauma
Mount Prospect Academy-Becket Family Services	Haverhill, NH			youth	M	X		X		
Stevens Children's Home	Swansea, MA			youth	M	X		X		Fire setting, Sexual Behavior Problems
Walden Behavioral Care, LLC	Waltham, MA			youth	M/F	X		X		Eating Disorders

DMH PNMI Placements In-State and Out-of-State



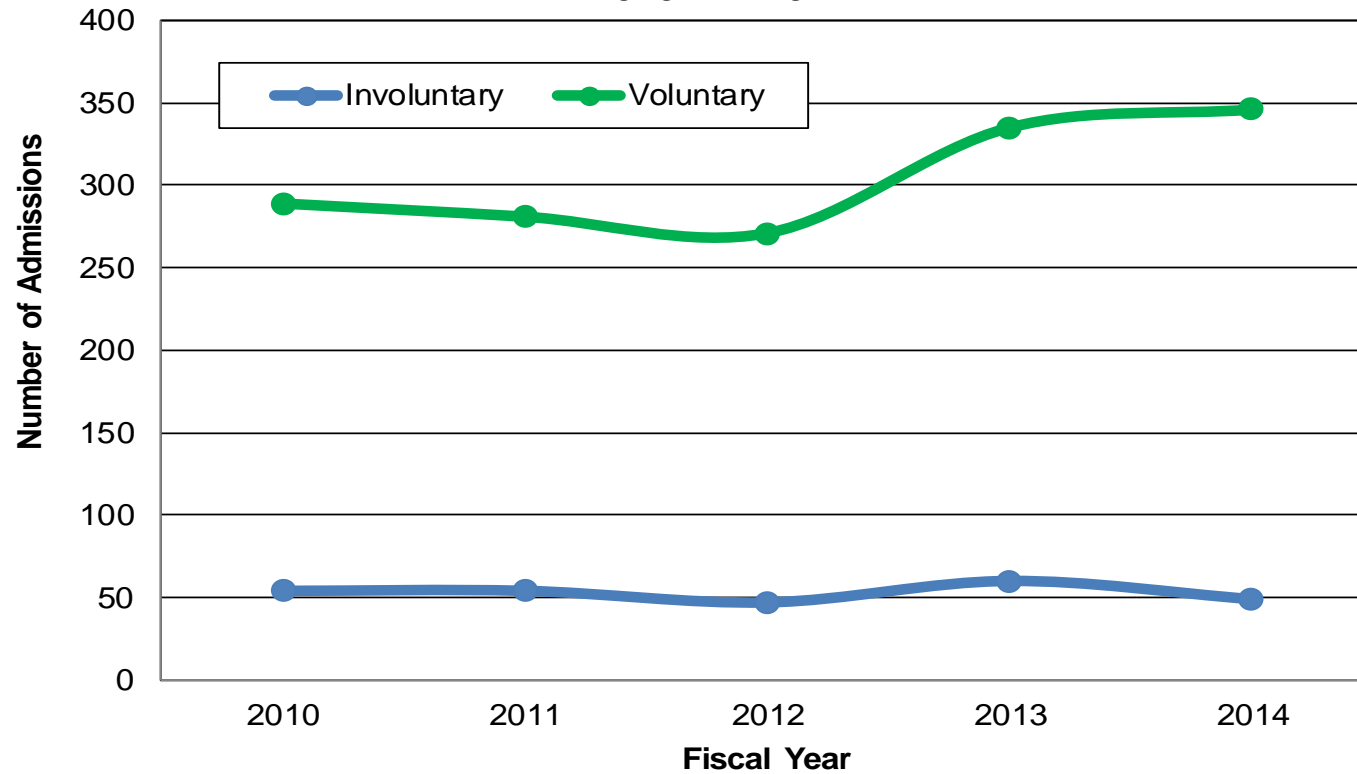
	Total # Placements	Total # In State Placements	Total # Out of State Placements
FY06	54	49	5
FY07	66	62	4
FY08	66	60	6
FY09	59	52	7
FY10	56	52	4
FY11	63	59	4
FY12	68	62	6
FY13	75	61	14
FY14	75	54	21

Medicaid Paid Children's Inpatient Hospitalizations

Fiscal Year 2014

<u>Hospital</u>	<u>Number of Admissions</u>	<u>Number of Children Admitted</u>
Brattleboro Retreat	365	261
Cheshire	11	11
CVPH	8	8
Ellis	2	1
Heywood	1	1
St. Vincent	1	1
Walden	6	5
Wetzel Ctr	1	1
Total	395	289

Medicaid Paid Children's Inpatient Hospitalizations Admissions by Legal Status FY2010 - FY2014



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. Includes youth who had an involuntary or voluntary legal status at admission.

Question Template for CAFU Follow-up on Reported Events

July 2013

Pending/Next contact date:

Client Name:

Agency: Brattleboro Retreat Inpatient

Completed date:

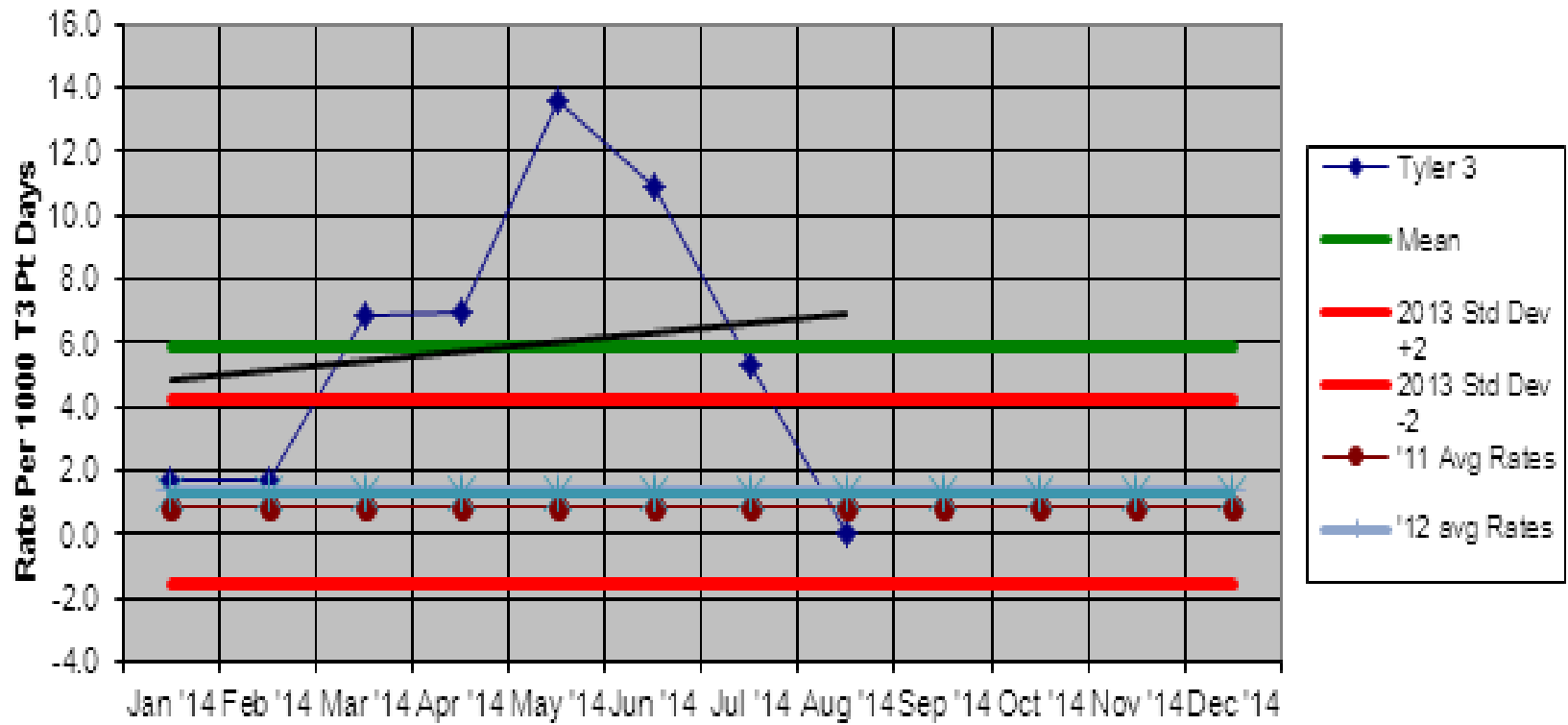
Date of Incident:

Contact Person: Sherry Providence

E-mail: sprovidence@brattlebororetreat.org

Date Expected or Answer Received	Questions (Q) and Answers (A)
	Q1. What steps were taken to investigate this incident?
	A1.
	Q2. What questions were addressed in the investigation?
	A2.
	Q3. What opportunities to improve care and decrease the likelihood of a repeat of the incident have been identified?
	A3.
	Q4. What steps have been taken as a result of the above investigation?
	A4.
	Q5. What data will be followed to ascertain the impact of the actions taken?
	A5.
	Q6. When will an assessment of the effectiveness of the actions taken occur?
	A6.
	Q7. Please report the results of the assessment of effectiveness of actions taken to me: E-mail:
	Phone:
	A7.

Tyler 3 Suicide/ Attempts



Clinical Interventions

Individual, Family and Group Therapy

Individual, Family and Group Therapy refers to all psychotherapeutic and substance abuse services. Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change, to alleviate distress, and change substance use. Family Therapy is a method of treatment that uses the interaction between a therapist and the individual together with family members to facilitate emotional or psychological change and to alleviate distress. Group Therapy is a method of treatment that uses the interaction between a therapist and the individual together with peers to facilitate emotional or psychological change and to alleviate distress.

Psychotherapeutic services described in this report refer to services received by clients. A group therapy session in which one clinician meets with five clients, for instance, is counted as five services. Individual therapy sessions involving couples or families may involve multiple services as well. Individual and family therapy sessions tend to last about one hour. Individual, family and group therapy services are reported for nonresidential programs only.

Medication and Medical Support and Consultation Services

Medication and Medical Support and Consultation Services include evaluating the need for, prescribing and monitoring medication, and providing medical observation, support and consultation for an individual's health care. These services include evaluation of the need for psychoactive medication, the prescription by a qualified clinician, therapist, psychiatrist or nurse practitioner of psychoactive drugs intended to mitigate or prevent symptoms of mental illness and the monitoring and assessment of patient reaction to prescribed drugs. Medication and Medical Support and Consultation Services are reported for nonresidential programs only.

Clinical Assessment

Clinical Assessment refers to psychiatric, psychological, psychosocial, substance abuse, and/or developmental assessment sessions and the preparation of individualized plans, including the administration and interpretation of psychometric tests and the preparation of reports. Clinical Assessment services are reported for outpatient programs only when they are recorded as a separate service.

Assessment Bed

Assessment Bed provides an intensive time-limited (maximum 60 days) stable setting to formulate a diagnosis; evaluates an individual's and family's strengths and needs; and begins service planning and coordination, therapy, community supports, and medication services as necessary. This is for children's services only and is an exception to most assessments that are done in a child's home, school or community. A breakdown of these services by provider is not given in Part 2A as there is only one Children's Services Program that provides assessment bed services.

Service Planning and Coordination

Service Planning and Coordination fall under the broad category of Case Management. Service Planning and Coordination assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Services and supports that are planned and coordinated may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy, and monitoring the well being of individuals (and their families) and supporting them to make their own decisions.

Community Supports

Community Supports fall under the broad category of Case Management. Community Supports include specific, individualized and goal-oriented supports, which assist individuals (and families) in developing the skills and social supports necessary to promote recovery. These supports may include assistance in daily living, supportive counseling, support to participate in community activities, collateral contacts, and building and sustaining healthy personal, family and community relationships. All of these activities may also be provided in a group setting. Community supports may further include family education, consultation and training services that provide family members, significant others, home providers and foster families with the knowledge, skills, and understanding necessary to promote positive change.

Crisis Services

Crisis Services are time-limited, intensive supports provided for individuals and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week. Crisis Services consist of two component parts: (1) Emergency/Crisis Assessment, Support and Referral, and (2) Emergency Beds.

Emergency/Crisis Assessment, Support and Referral

Emergency/Crisis Assessment, Support and Referral is a nonresidential service which includes initial information gathering, triage, training and early intervention, supportive counseling, consultation, referral and crisis planning. In addition, supports include: outreach and stabilization, clinical diagnosis and evaluation, treatment and direct support, and integration/discharge planning back to the person's home or alternative setting. Assessment may also include screening for inpatient psychiatric admission.

Emergency/Crisis Beds

Emergency Beds offer emergency, short-term, 24-hour residential supports in a setting other than the person's home. Part 1 reports provision of these services by program of service. A further breakdown by community provider for Community Rehabilitation and Treatment Programs is given in Part 2C.