Update on System of Care: Beyond Level One Treatment
Testimony to Mental Health Oversight Committee, July 22, 2014
Vermont Council of Developmental & Mental Health Services
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Use of flexible funding: As authorized by Act 79, providers are using enhanced crisis capacity funds based on what is needed in their particular region. Increased availability of **peer services** and **non-categorical case management** is allowing for improved access in many situations.

Mobile Crisis & Outreach have increased in all regions to serve individuals in acute crisis to prevent the need for inpatient hospitalization and incarcerations.

Crisis Bed programs are preventing hospitalization by providing stabilization in a timely manner, and making earlier discharge from inpatient units possible with step-down transitions.

Intensive Residential Recovery programs are providing quality care in community settings, allowing for decreased length of inpatient stay.

Collaboration with Law Enforcement is resulting in prevention of unnecessary arrests and incarceration. Supported by Team Two training program.

DMH Care Management Team has performed an essential role in bringing us through the period of time post-VSH and pre-Vermont Psychiatric Care Hospital.

Vermont Council Outcomes Workgroup is developing common protocols for **data collection and reporting**

Declining use of inpatient psychiatry by CRT population

Ongoing challenges

Patients boarding in hospital emergency rooms - see data sheet for month of June.

Secure Residential Recovery (non-level one): Middlesex provides a degree of security that serves an important need along the continuum of community based care. However there is an unmet need along that continuum for a program to serve individuals who are not medically acute but who require a higher level of security than is now available. Currently several individuals are residing in psychiatry inpatient units who are waiting for a secure residential recovery placement.

Order of Non-Hospitalization (ONH): (would be more accurately called 'Order for Community Treatment'). The model is old and the statute needs updating. Research indicating that ONHs are not helpful; the coercive aspect works against recovery for many individuals. Group led by Dr. Batra has started work on these issues. Problematic trends include:

- An increase in ONHs for individuals who are not DA clients and/or not CRT clients
- An increase in ONHs originating from the courts that are unenforceable and/or clinically inappropriate
- The inability to revoke an ONH due to lack of inpatient beds
- The need for communication protocols between DMH, the courts and provider agencies
- Novel use of voluntary ONH for individuals coming out of correctional facilities

Funding for Adult Outpatient & Substance Abuse Treatment programs is capped and based primarily in a fee-for-service model. DA providers and DVHA have begun discussions on possible alternative models because almost all of these programs run deficits and cannot adequately meet the demand for service.

Parity issue: in general medical care, patients are not left in hospital acute care units for months at a time due to lack of community placement or legal problems. But this is still happening with inpatient psychiatry.

Mental health services to individuals in the custody of DOC. Estimates of the number of incarcerated individuals with mental illness range between 15% to 40%.

Workforce challenge: there is a growing gap between DA wages and ACO / hospital / FQHC wages resulting in outmigration of DA staff to other parts of the service delivery system. If not addressed, Community Mental Health could end up doing the most difficult work for the lowest wages with the least skilled personnel.

One of the goals of Act 79 is the **integration of mental health, substance abuse, public health and health care reform initiatives.** This work has been slow. Integration between Mental Health & ADAP has been very slow. The administration has not yet made this a priority.

Electronic bed board – rarely consulted.

Psychiatric inpatient capacity for voluntary patients is lacking.

Access to housing is key to the success of every part of the mental health service system.