

INFORMATION FOR  
MENTAL HEALTH OVERSIGHT COMMITTEE  
(VERMONT STATE LEGISLATURE: OCT 31 2013)

DEVELOPMENTS IN THE NORTHEAST KINGDOM UNDER ACT 79  
(NKHS in collaboration with DRVT & State & local Police Chiefs since 2010).

1) EMBEDDED/MOBILE OUTREACH:

- Emphasis on mobile and accessible person-person interventions vs. ‘bricks and mortar’; very large rural vs. urban region. Mobile and responsive via being ‘embedded’ with police partner agencies.
  
- Cases with high needs, hospital diversion (ER & Inpatient) & First Intercept model: Embedded Emergency Response; & Non-Categorical Case Management; & extend our ‘open hours’ for case management/First Intercept. First Intercept model: to intervene earlier, rather than service eligibility (e.g., CRT) via ‘hospitalization history’.
  
- And, CRT services over the past decade show that case management & follow-up decreases hospital admission rates & length of stays (LOS).
  
- Operations: One case manager/embedded emergency staff each in northern and southern NEK 1pm to 11pm Thurs through Sunday evenings. On alternate week of duty each staff provides daytime Out-patient case management (giving total of 4 staff; begun around Sept 1 12). Trying to recruit a 5<sup>th</sup> case manager/embedded staff.
  
- [Pre-existing (‘non-funded’) after-hours emergency service continues at NKHS again with only one on-call (stipend) staff for each of northern and southern region, with volume of work being mostly screening of acute presentations in ERs and little time for case management.]

- Data to Date (FY 2013): Numbers Served per Quarter  
(note\*: Enhanced/Embedded Program effectively didn't start until 2<sup>nd</sup> Q)

	<u>1<sup>st</sup>*</u>	<u>2<sup>nd</sup></u>	<u>3<sup>rd</sup></u>	<u>4<sup>th</sup></u>	
<u>Referral Source</u>					
Police	12	20	24	26	
Self or Other Agencies	9	22	30	34	
<b><u>Totals</u></b>	<b><u>21*</u></b>	<b><u>42</u></b>	<b><u>54</u></b>	<b><u>60</u></b>	<b><u>177</u></b>

[ i.e., Total of 177 of non-categorical/non-CRT clients]

- Data to Date (FY13): Number of Emergency Screenings vs. ER or Hospitalized  
(daytime & after-hours in both pre-existing Emergency & new  
Enhanced/Embedded programs; Adult & Child clients)

	<u>Quarter</u>			
	<u>1<sup>st</sup>*</u>	<u>2<sup>nd</sup></u>	<u>3<sup>rd</sup></u>	<u>4<sup>th</sup></u>
<u>Service</u>				
Screenings (> 59% ):	196	223	245	313
In ER (~42%):	82	97	106	134
Diverted from ER (~58%):	114	126	139	179
Diversion Bed Admits:	15	21	10	18
Hospitalizations (~17.5-10.5%):	34	33	29	33

Summary: There was a 59% increase in persons served/screened, while ER & Diversions remained at par, but % of hospitalizations did not increase.

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- 2) Peer & Non-Peer Cadre Service: For client support in their own home, motel, Police Dept, ER, or shelter bed.

NKHS currently has 47 trained cadre staff on our on-call list. Six of whom are self-identified peers who as a panel help to train all our cadre staff & also do 'speakers bureau' trainings for other non-MH professionals, hospital staff, educationalists, students, etc. We have used them a lot in local ER (North Country Hospital) or Med Surg unit (Northern VT Regional Hospital: NVRH) for clients awaiting inpatient psychiatric admission, & we are beginning to use them also in client homes, and for 'supported transportation' to inpatient units or other crisis beds.

- 3) ER Diversion Space: We are in the early stages of creating ER Diversion space in conjunction with relocating our Care Bed (2 x bed crisis program) to be in close proximity of the NVRH campus in St. Johnsbury. We are in early stage of collaborative discussion with NVRH. The Care Bed itself is funded by pre-existing DMH monies not ACT 79.

OTHER NKHS SUPPORTS TO THE STATE POST-IRENE

- 4) Intensive Community Support Placements for High need 'VSH' clients. NKHS assisted with 3 of the top 10 clients in collaboration with Eagle Eye Farm.
- 5) NKHS continues to participate as a provider representative for the Clinical Resource Management System Work-group, the Transformation Council, and the NEK Community Crisis Team.

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