



***Vermont
Care Partners***

***Helping people and communities live
healthy, safe and satisfying lives.***

FY2014

Outcomes and Data Report

For More Information: Vermont Care Partners

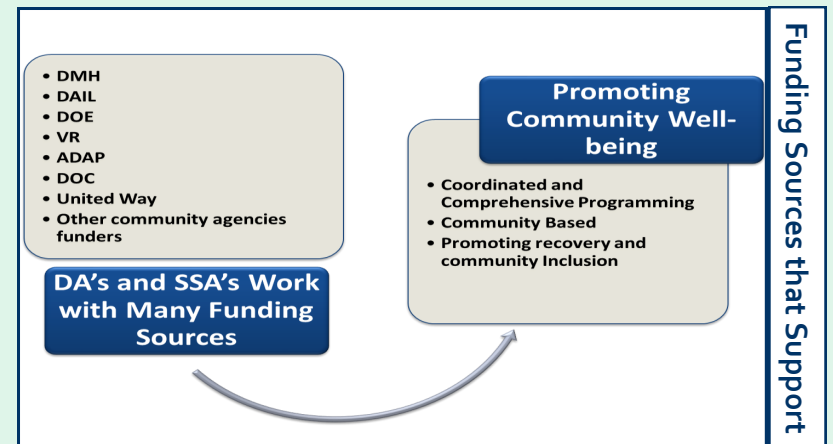
137 Elm Street | Montpelier, VT 05602 | (802) 223-1773

www.vermontcarepartners.org

Introduction to FY2014 Report

The community-based system of care for child and adult mental health, developmental disabilities, and substance use has operated in most of our communities for over 40 years. Designated Agency (DA) and Special Service Agency (SSA) programs have successfully moved the point of person-centered care from institutional settings to community and home based services. Many programs have a long history with established practices. Additionally we have more recent efforts such as Act 79 which establishes geographically-diverse systems of care and offers treatment opportunities that vary in degree of intensity. Designated Agencies have improved emergency responses, increased access to non-categorical case management, mobile support teams, adult outpatient services, alternative residential opportunities and additional crisis to prevent or divert individuals at risk of hospitalization when clinically appropriate. In addition we provide treatment and supports to children and their families in natural settings such as their schools, homes and community, creating a system of prevention and early intervention.

Our System has made great strides to improve first responder collaboration, reduce unnecessary hospitalization, and coordinate our work with other community providers to maximize the value of public funds to assist Vermonters with mental health, developmental, and substance use challenges. We have engaged fully in health care reform and continue to identify ways our services contribute to the triple aim.



Vermont Care Partners Membership

- Champlain Community Services (CCS)
- Clara Martin Center (CMC)
- Counseling Service of Addison County (CSAC)
- Families First in Southern Vermont (FFSV)
- Health Care & Rehabilitation Services (HCRS)
- Howard Center (HC)
- Lamoille County Mental Health Services (LCMHS)
- Lincoln Street (LSI)

- Northeast Kingdom Human Services (NKHS)
- NFI, Vermont, Inc. (NFI)
- Northwestern Counseling & Support Services (NCSS)
- Rutland Mental Health Services (RMHS)
- Sterling Area Services (SAS)
- United Counseling Service of Bennington County (UCS)
- Upper Valley Services (UVS)
- Washington County Mental Health Services (WCMHS)

Helping people and communities live healthy, safe and satisfying lives.

We provide high quality services

% of Clients Who Were "Pleased" ²

Staff treated me with respect



The services I received were right for me

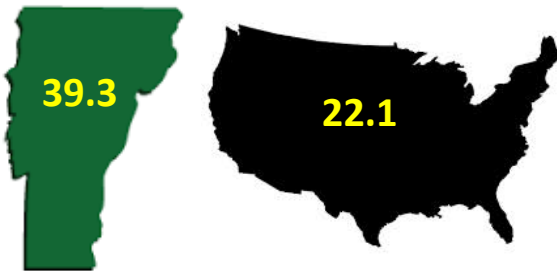


I received the help I needed



0 10 20 30 40 50 60 70 80 90 100

We Reach People Who Need Us
% of Eligible MH Population Served
(#/1000 people)³



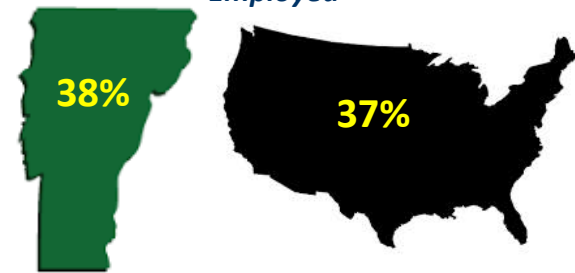
Our programs contribute to the following AHS Population Results:

1. Vermont's children and young people achieve their potential
2. Elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer

By providing programs to support people with developmental disabilities, mental health and substance abuse issues. We offer:

- Clinical Interventions including Individual, Family and Group Therapy in the office, in homes, and in schools
- Substance Abuse Services including Public Inebriate Services
- Medication and Medical Support and Consultation Services
- Clinical Assessment Services
- Service Planning and Coordination
- Day Services and Community Supports
- Evidenced Based Services to participate fully in home, school and work environments
- 24/7 Emergency/Crisis Assessment
- 24/7 Emergency/Crisis Beds
- Peer Services

More of Our MH Adult Clients Are Employed³



In FY 13 Fewer of Our MH Clients are Hospitalized (Use per 1,000 Population)³

	US	Vermont
State Hospital ⁴	.47	.04
Community Hospital	1.34	.72
Readmission Rates (%)	13%	8%

We partner with others to promote optimal mental health care and recovery:

- ◇ Community Providers
- ◇ First Responders and Law Enforcement
- ◇ Hospitals and their Emergency Departments
- ◇ United Way and other funding agencies

The People We Support Tell Us We Were Helpful



Services made a difference²

¹ Vermont Agency of Human Services, Department of Mental Health-
FY2014 Statistical Report and Department Aging and Independent
Living Annual Report

²Vermont Care Partners Annual Consumer Satisfaction Survey, n =
4,532

³ Department of Mental Health Agency of Human Services (January
15, 2015). Vermont 2015, Reforming Vermont's Mental Health Sys-
tem. Report to the Legislature on the Implementation of Act 79.

⁴State Hospital bed utilization is based on an interim 8-bed facility,
GMPCC, for SFYs 2013-2014. SFY2013 includes 6 months of
utilization.



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Our Staff are Well-Trained and Provide High Quality

56% *Services:*

Of CYFS Clinical Staff have a Master's Degree or higher.



CYFS is currently providing the following Evidence-Based Practices, including, but not limited to:

- ◆ Parent Child Interaction Therapy
- ◆ Attachment Self-regulation and Competence
- ◆ Zero Suicide
- ◆ Multi-tiered Systems of Support (MTSS)
- ◆ The PAX Good Behavior Game
- ◆ Therapeutic Crisis Intervention (TCI)
- ◆ Cognitive Behavioral Therapy
- ◆ Eye Movement Desensitization and Reprocessing

We Partner With Many Community Providers to Promote Optimal Mental Health Care and Recovery:

- ◆ Schools
- ◆ Child Care Centers
- ◆ Department for Children and Families
- ◆ Law Enforcement
- ◆ Primary Care Providers
- ◆ Social Service Agencies
- ◆ Home Health Providers
- ◆ Other Mental Health Agencies

We support children and families experiencing mental health concerns to fully achieve their potential by providing:

- ◆ Clinical Interventions based in evidenced based practice
- ◆ Individual, Family and Group Therapy
- ◆ Medication and Medical Support
- ◆ Clinical Assessment
- ◆ Service Planning and Coordination
- ◆ Community Supports
- ◆ Emergency/Crisis Assessment, Support and Referral
- ◆ Emergency/Crisis Beds
- ◆ Housing and Home Supports
- ◆ Respite services
- ◆ Residential Treatment

595,773

Clinical Services Provided¹:

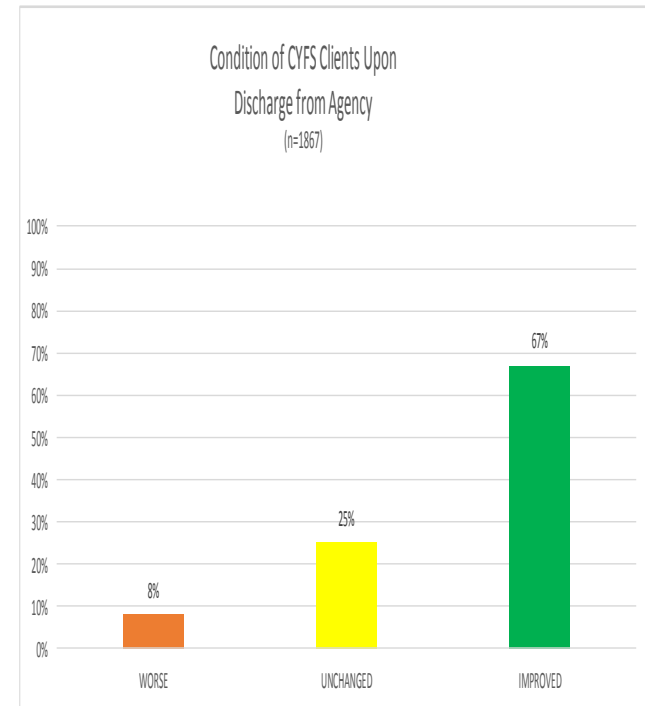
These services are provided in clinics, public schools, therapeutic schools, child care centers, the community and in family homes.



Our clients Get Better:

81% Of Jump on Board for Success (JOBS) Clients had paid work experiences in FY14

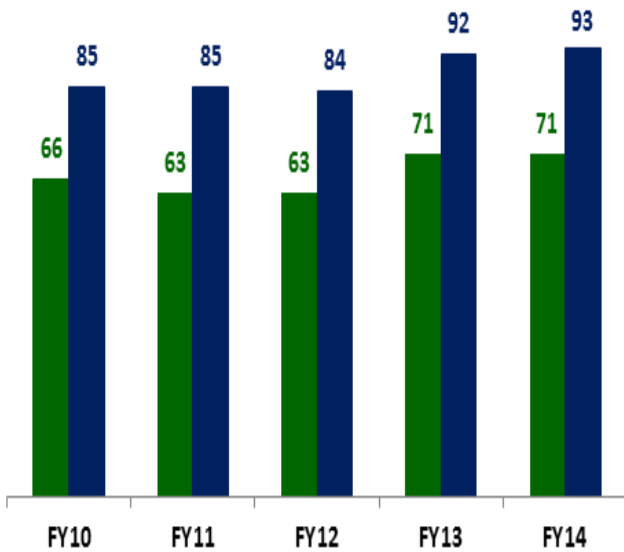
Condition Upon Discharge¹





Helping people and communities live healthy, safe and satisfying lives.

We See People Quickly²



Green = same day of discharge
Blue = within one week of discharge

97% Have Health Insurance

We Are Active Collaborative Partners:

- Local Hospitals
- First Responders
- Community Providers
- State Agencies
- Private Providers
- United Way

We support Vermonters living with Serious and Persistent Mental Illness to live and work in their communities by providing recovery oriented services

including³:

- Clinical Services
- Therapy
- Psychiatric support
- Clinical Assessment
- Day Services
- Service Planning and Coordination
- Community Supports
- Employment Services
- Emergency Services
- Crisis Beds
- Housing and Home Supports
- Peer services

We Support Clients Experiencing Mental Health Crises More Often in the Community

27%



Fewer Hospital Beds used between FY11 and FY14 (11,960 Days)

23%

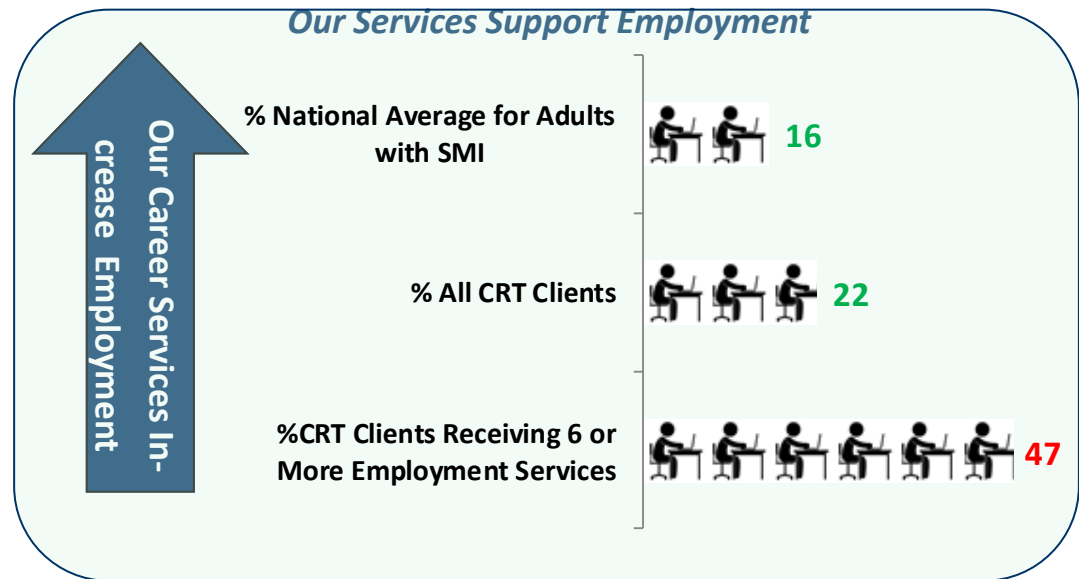
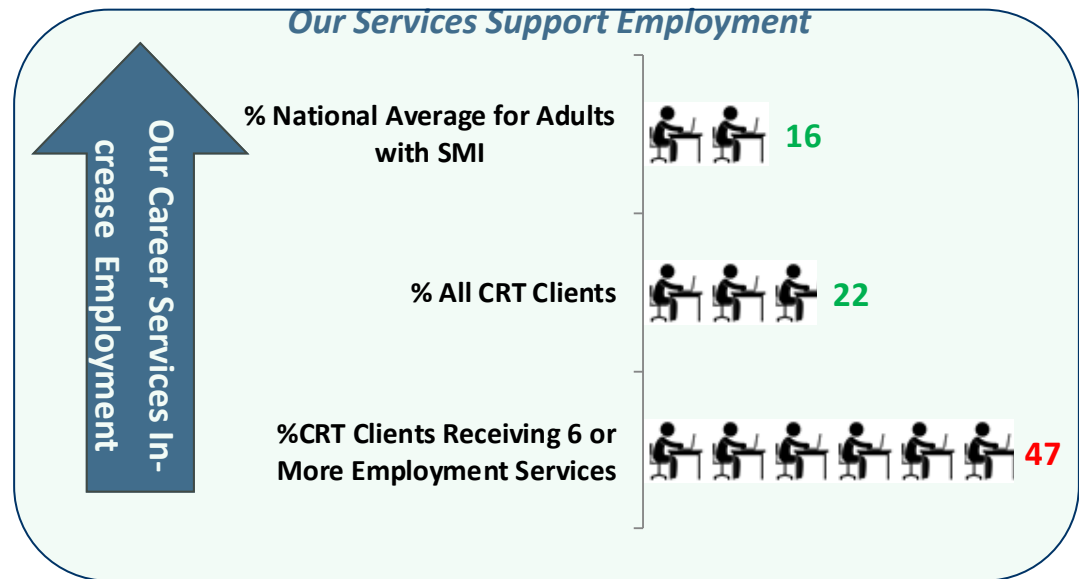


Fewer Days Spent in the Hospital between FY11 and FY14 (3.6 Days)

100%

of Agencies provide Community Crisis Beds as an alternative to hospitalization at an average cost of \$500/day

Our Services Support Employment



% National Average for Adults with SMI



% All CRT Clients



% CRT Clients Receiving 6 or More Employment Services



¹Vermont Agency of Human Services, Department of Mental Health FY2014
Statistical Report

²Vermont Agency of Human Services, Department of Mental Health Performance
Indicators Project Report

³Vermont Department of Mental Health Administrative Rules on Agency
Designation

Bond, G. (2011). *Written testimony of Dr. Gary bond professor of psychiatry,
Dartmouth Research Center. Retrieved from: [http://www1.eeoc.gov//eeoc/
meetings/3-15-11/bond.cfm?renderforprint=1](http://www1.eeoc.gov//eeoc/
meetings/3-15-11/bond.cfm?renderforprint=1)*

Helping people and communities live healthy, safe and satisfying lives.

We support Vermonters experiencing mental health and other behavioral crises by providing a variety of services in their communities:

- 24/7 Mobile Emergency and Crisis Assessment in all communities
- 24/7 Emergency/Crisis Beds
- Supports for individuals immediately after discharge from a hospital
- Peer-run crisis support programs
- Short term on-going therapeutic supports
- Access to psychiatric and other therapeutic services
- 75% increase in crisis assessments provided in FY14¹

Our Services are available to any individual

Community Partners:

- Police
- First Responders
- Emergency Room and Hospital Staff
- Community Providers
- Crisis Bed and Peer Run Programs

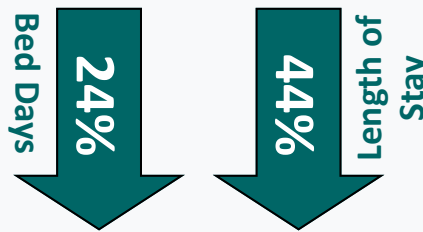


We Provide Alternatives to Hospitalization

Community Crisis Beds:

- 34 individuals served in Developmental Services used 561 crisis bed days at VT Crisis Intervention Network
- 13 Mental Health Crisis Bed Programs providing 40 beds available across the State
- 920 clients used nearly 12,000 crisis bed days as an alternative to psychiatric hospitalization with an average length of stay of 10 days¹
- 100% of agencies report improved symptoms upon discharge

Change in the use of the hospital from FY13:





Peer Support Programs:

- Peer warm lines to support people experiencing mental health crises
- Peers embedded with crisis response teams
- Coordination and consultation with peer-run residential/crisis bed options

Our Services Reduce Hospital Admissions and Readmissions

In FY 13 Hospital Use (per 1,000) and Readmission Rates^{1,2}

		
State Hospital ³	.47	.04
Community Hospital	1.34	.72
Readmission Rates (%)	13%	8%



**Over \$10
Million
Saved**

Potential Savings by using Crisis Beds as an alternative to regional hospital beds.⁴

¹ FY2015 Statistical Report. Vermont Agency of Human Services. Department of Mental Health

² Vermont Agency of Human Services, Department of Mental Health (January 15, 2015). Vermont 2015. Reforming Vermont's Mental Health System. Report to the Legislature on the Implementation of Act 79

³ State Hospital bed utilization is based on an interim 8-bed facility, GMPCC, for SFYs 2013-2014. SFY2013 includes 6 months of utilization.

⁴ Figure calculated by multiplying the number of crisis bed days and the subsequent average crisis bed day cost and subtracting this sum from the cost of a regional hospital bed rounded to \$1400 per day. Figures obtained from Donahue, A. (2/22/14). Cost comparisons and impact of Vermont psychiatric care hospital operating budget on Act 79 community investments. (retrieved 2/1/15). <http://legislature.vermont.gov/assets/Documents/2014/WorkGroups/House%20Human%20Services/Bills/H.885/Bills%20and%20Summaries/FY%202015%20Committee%20Member%20budget%20reports/W~Rep.%20Donahue~Cost%20Comparisons%20and%20Impact%20of%20VPCH%20on%20the%20Community~2-25-2014.pdf>

Facility	Cost per Day
Vermont Psychiatric Care Hospital	\$2,247
Brattleboro Retreat	\$1,468
Rutland Regional	\$1,444
Non-inpatient Secure Residential	\$1,210
Average Intensive Residential	\$790
Designated Agency Crisis Bed	\$500 (figure obtained from Vermont Care Partners)

Helping people and communities live healthy, safe and satisfying lives.

People Served in Programs:

2,833 Received comprehensive Home and Community-Based services

1,103 Families received Flexible Family Funding

326 Children and Families received Bridge Case Coordination

277 People received Targeted Case Management

We support Vermonters with developmental disabilities through the use of community based programs²:

- Service Coordination
- Family Supports
- Employment Supports
- Community Supports
- Residential Supports
- Therapy services – MH, Sensory, etc.
- Crisis Services
- Respite
- Representative Payee Supports
- VR Employment Support
- Integrated Family Services*

People lead healthy & productive lives:



93% of consumers participated in preventative health care visits



48% of people receiving services were employed during FY14. Average Hourly Rate: \$9.48/hour



- ⇒ 97% Say they like where they work
- ⇒ 98% Say they are respected by their co-workers

Average Annual cost per person per year has been reduced over time and is now less than the national average.

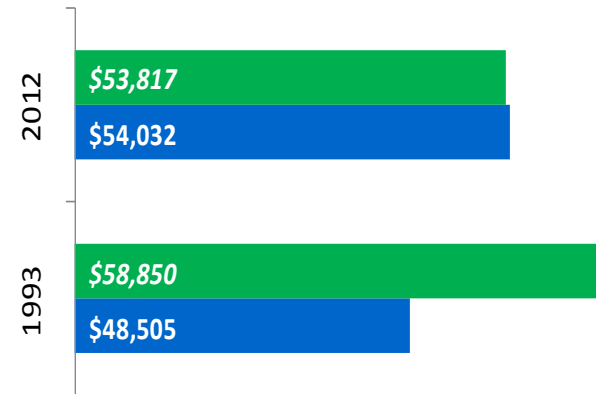
Developmental Services Community Partners:

- State of Vermont, (DAIL, DMH, DCF)
- Community Groups
- State and Local Housing Authorities
- Green Mountain Self Advocates and Local Peer Advocacy Networks
- Law Enforcement
- Hospitals
- Medical Providers
- Schools & Colleges
- Primary Care Providers and other Medical Providers



Client Satisfaction Outcomes:¹

- ⇒ 90% Say "I like where I live"
- ⇒ 87% Say there are not decisions about their lives they are unable to make
- ⇒ 99% Say they like the people they spend time with
- ⇒ 95% say things that are important to them are in their support plans



Green = Vermont average
Blue = National average

¹Statistical Report

²Department of Aging and Independent Living System of Care plan, 2015 - 2017

We reach those who need us:

27% is based on a prevalence rate of 2.5% for ID and Autism Combined for the most recent population estimates for the state of VT, numbers served are quoted from DDSD

VCIN numbers— quoted from DDSD

Community Partners— a non-exhaustive list

Supportive Healthcare is important— AAP Master Grants data provided by DDSD

#/% Employed and hourly rate— Quoted from DDSD

What people say— all satisfaction data is from the Survey of Adults Receiving Developmental Disabilities Services— Spring 2014

Our Service Are Cost Effective:

Larson, S.A., Hallas-Muchow, L., Aiken, F., Hewitt, A., Pettingell, S., Anderson, L.L., Moseley, C., Sowers, M., Fay, M.L., Smith, D., & Kardell, Y. (2014). *In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends Through 2012*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.



Helping people and communities live healthy, safe and satisfying lives.

We support Vermonters seeking services for mental health concerns and conditions.

Services include:

- Outpatient brief and longer term mental health therapy
- Assessment Services
- Case Management Support
- Co-occurring Treatment
- Use of Evidenced Based Practices for varied mental health conditions
- Coordination with psychiatric providers

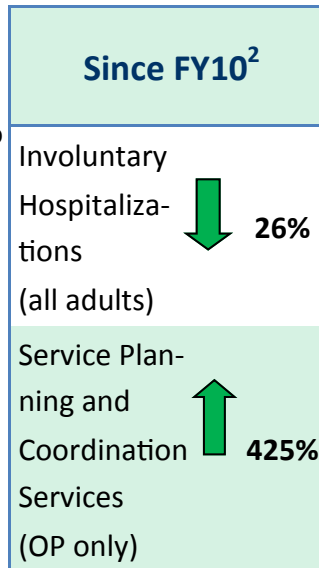
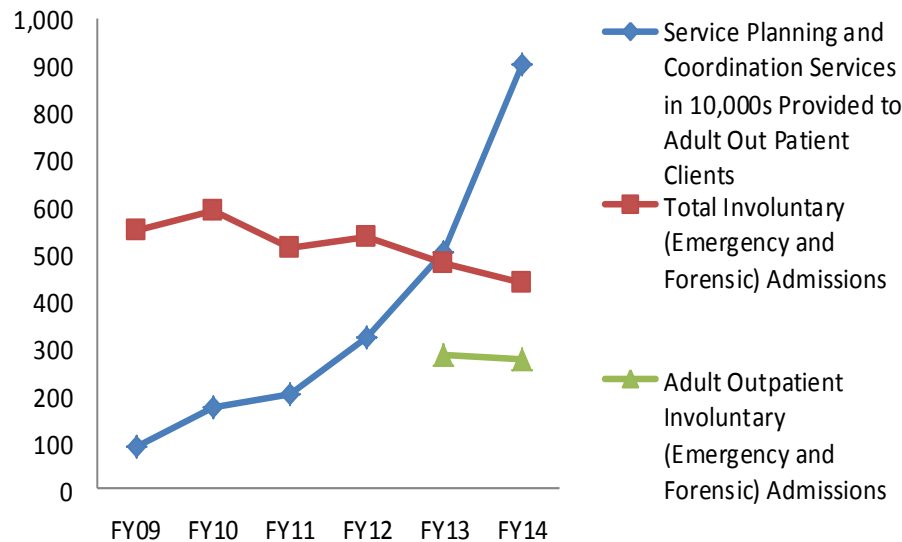
We Provide a Broad Array of Evidence Based Services (% of Services Provided)¹:

- 73% Clinical Interventions
- 55% Individual, Family and Group Therapy
- 13% Medication and Medical Support and Consultation Services
- 5% Clinical Assessment Services
- 10 % Service Planning and Coordination
- 16% Community Supports
- 1% Emergency/Crisis Assessment Support and Referral

We Treat People in Need in Their Communities:

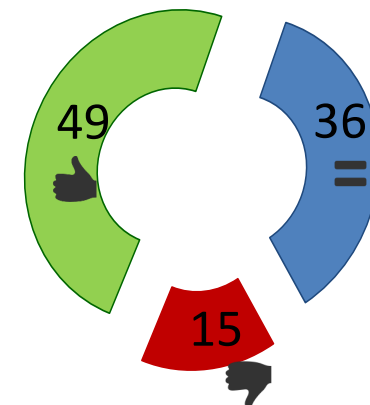
- Services that are embedded in primary care practices, schools, and other community settings
- As we provide more services in the community, people use crisis beds and require fewer involuntary hospitalizations.²

The People We Serve Are Better Off



12% Of Our Clients Don't Have Health Insurance¹

Condition on Discharge



¹Vermont Agency of Human Services, Department of Mental HealthFY2014 Statistical Report

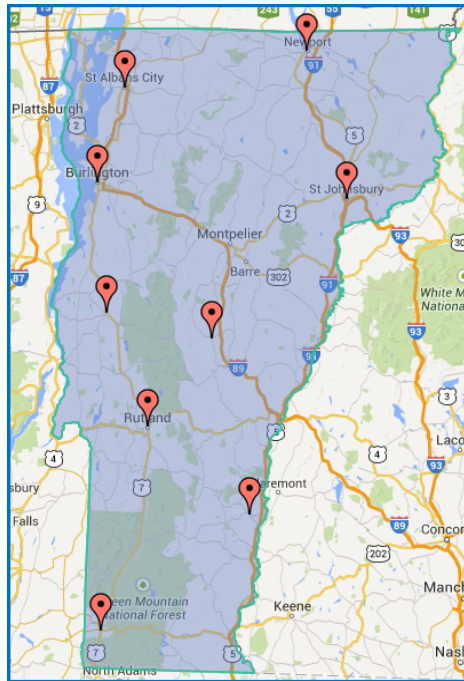
²Vermont Agency of Human Services, Department of Mental Health (January 15, 2015). Vermont 2015. Reforming Vermont's Mental Health System. Report to the Legislature on the Implementation of Act 79.



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We Reach Those Who Need Us

- 8 out of 10 Designated Agencies provide Substance Abuse Services that are funded by ADAP
- **ALL** Designated Agencies provide co-occurring treatment



51%
24%

Of the 3,129 people screened by Public Inebriate Program Staff at 8 agencies, 1,593 were **DIVERTED FROM JAIL**

We support Vermonters who are in recovery or who are experiencing difficulties with substance abuse issues. We offer:

- Public inebriate beds to increase access to substance abuse programming, and to decrease inappropriate lodging in jails and correctional facilities
- Therapeutic interventions for individuals in recovery for opioid addictions including intensive outpatient programming, medication assisted programs, and co-occurring treatment
- Short term social detoxification programs
- Coordination with more intensive residential substance abuse treatment programs
- Anonymous treatment for intravenous drug users

Clients engaged in:¹

- Clinical Interventions—88%
- Individual, Family and Group Therapy—67%
- Medication and Medical Support and Consultation Services—3%
- Clinical Assessment Services—55%
- Day Services—11%
- Service Planning and Coordination—39%
- Community Supports—7%

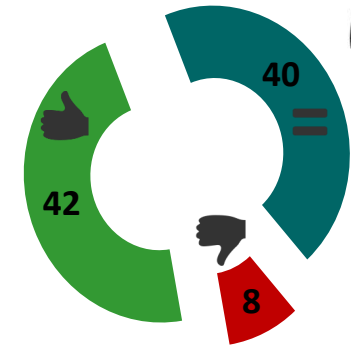
Our Programs Support State Goals

Our programs directly impact the Vermont Department of Health’s performance measures²:

- Improving the rate of treatment initiation by adults
- Increasing the number of people who can access an ADAP provider
- Improve access to Medication Assisted Treatment for Opioid Addiction
- Increase the % of clients who complete treatment
- Improve client’s social supports upon discharge



Condition Upon Discharge¹



NOTE: Aggregate data for the Designated Agency system could not be obtained for this report. Data from ADAP is only available in aggregate form for all ADAP providers, which includes non-DAs.

¹ Vermont Agency of Human Services, Department of Mental HealthFY2014 Statistical Report

² Vermont Department of Health, Performance Dashboard: Population Indicators and Performance Measures. Retrieved 2/12/15 from:
http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx

Helping people and communities live healthy, safe and satisfying lives.**Overall System**

- **Data Access:** Access to quality and complete data has been challenging (see Action Plan) and our staff have been working closely with State Agencies to improve this process.

Children, Youth and Family Services

- **Condition at Discharge:** This data does not include discharged clients when this data was not completed. The corresponding action plan includes simplification of this data entry field in EHRs across DAs and SSAs and encourage training to improve data collection fidelity.
- **Clinical Staff Master's Degree:** Data reflects seven designated agencies reporting.

Outpatient Treatment

- **Case Management:** Our outpatient programs have increased their capacity to provide non-categorical case management to support individuals with needs that extend beyond the treatment session.

Substance Use Treatment

- **Medication Assisted Treatment (MAT) for Opioid Dependence:** One large designated agency provides MAT as HUB in the Hub and Spoke model. There continues to be lengthy waiting lists for this type of treatment, but for this model to be fully effective, we need to see an increase number of SPOKE providers. If the number is increased we can move appropriate patients out to community providers and increase our capacity to take on new patients for treatment.

Developmental Services

- **DS Employment:** People in DS programs continue to enjoy high levels of employment relative to other States. Employed consumers received an hourly wage that was above the Vermont minimum wage.
- **Health Care Providers:** DS providers also ensure that consumers are connected with health care providers annually to promote optimal health.
- **Numerous Supports and Services:** When new people engage in the eligibility process for DS services, they are provided with numerous supports and services that are not currently reimbursable through the current funding structures.

Community Rehabilitation and Treatment (CRT)

- **Shift of Employment Funds from CRT to JOBS:** While the employment programs offered through CRT are extremely successful, these programs are at risk due to an unexpected shift of reassignment of \$700,000 from adult to youth services due to changes in the reauthorized Workforce Innovation and Opportunity Act and data suggesting changes in the CRT demographics.

Crisis Services

- **Alternatives to Hospitalization:** Crisis teams continue to find alternatives to mental health hospitalization and emergency department use when appropriate through the use of peer teams and programs, expanded mobile crisis, and crisis bed Utilization.
- **Increasing Timely Emergent Care:** Crisis teams continue to foster their relationships with local law enforcement, first responders, and emergency departments in order to provide appropriate and timely emergent care for those experiencing a mental health crisis.

Helping people and communities live healthy, safe and satisfying lives.

Data Quality and Data Repository

- Vermont is undergoing tremendous change in its delivery and payment of health care to focus on the triple aim: **better population health; positive patient experience of care; low per capita spending.**
- As leaders in addressing mental health, substance abuse and developmental disabilities, in both health care reform and community based care, we will continue to contribute to the triple aim and demonstrate our value in addressing the social determinants of health.
- We are enhancing our system’s focus on high end services, as well as, prevention and wellness to achieve better population health outcomes, for the efficient and effective use of our services and the provision of quality care for our clients.
- We are contracting with VT Information Technology Leaders to provide data quality technical assistance to assure complete, accurate and consistent data.
- VCP is developing a **Data Repository** to:
 - Create a single location for member data
 - Decrease the number of interfaces required to connect with stakeholders
 - Provide the opportunity for analytics for individual agencies and the entire system
 - Demonstrate coordination and cooperation across the membership
 - Provide a “part 2” solution
 - Allow for quality improvement of system-wide services
 - Demonstrate the value of our system

Results Based Accountability and Results Scorecard Pilot

- VCP and the member pilot group are using the **Results Based Accountability (RBA) framework** to identify performance measures for a VCP Results Scorecard.
- 5 agencies volunteered to use and build the Scorecard and be mentors for the next phase of Scorecard users.

Coordination with State Partners around Data Quality and Access

- During the data collection process for this report, it became evident that data reported at the State Agency level was often discrepant from agency-level data.
- The VCP Outcomes Workgroup is identifying areas of data discrepancy and working with the Agency of Human Services and other State leaders to improve the data quality.
- The Outcomes Workgroup is also working with specific State agencies to obtain access to agency level data in its aggregate form in a more timely way so that this valuable information can be used to inform program development and management.
- This work is also informing the Data Repository efforts and priority data elements for the repository.

System of Care improvements—System of Excellence

- We are creating a System of Excellence through the National Council for Behavioral Health and the State Association of Addiction Services Centers of Excellence (COE) framework.
- Our next steps are to bring this information to the State Standing Committees for feedback from a client perspective and convene implementation teams within each agency.
- The first charge will be to finalize the COE element definitions based on the top three areas of focus under each element and begin to define measures through an RBA process.

“Center of Excellence” Five Elements

- Easy access
- World class customer service build on a culture of engagement and wellness
- Comprehensive care
- Excellent outcomes
- Excellent value