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Designing Payment Methodology Report
In Accordance with Act 179:
An act relating to making appropriations for the support of government

Submitted to:	**House Committee on Appropriations** **Senate Committee on Appropriations** **House Committee on Human Services** **Senate Committee on Health and Welfare**
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Date:	**March 15, 2015**

Act 179 Report: On or before March 15, 2015, the Chief of Health Care Reform, Secretary of Human Services, and Commissioners of Health and of Vermont Health Access shall submit to the House and Senate Committees on Appropriations, the House Committee on Human Services, and to the Senate Committee on Health and Welfare a report on designing the payment methodology for substance abuse and mental health services to achieve the objectives in subsection (a) of this section. The report shall include the benefits, drawbacks and costs of: a) rate setting; b) capitated funding; c) performance based contracts; d) cost based reimbursement; e) capacity grants; and f) bundled payments.

The Agency of Human Services (AHS) has been engaged in work related to both payment and service reform. That work spans all six departments of the Agency and is embedded in our efforts to create better outcomes for Vermonters while ensuring that services are efficient, cost effective and accountable. To that end, the Agency has committed to a global approach in regards to payment and service reform versus an approach that would focus on one area of service delivery at a time. As we drive towards a fully integrated system of care, mental health and substance abuse must be fully embedded and included in our physical health system in order to address the care needs of Vermonters.

More specifically, payment reform is beginning to shape the totality of the delivery of health care at the Agency of Human Services. We have created a governance structure for the payment and systems reform work which fully supports an integrated approach, positioning all six Commissioners with the AHS Secretary and Deputy Secretary as final decision makers to ensure integration across the system. It is crucial that we continue to approach payment reform, including the exploration of methodologies, within the current, intentional design work taking place in the Agency.

Assessing Payment Reform Methodologies: Vermont Health Care Innovation Project (VHCIP)

AHS, through its participation in the Vermont Health Care Innovation Project (VHCIP), is coordinating with a broad range of public and private stakeholders to coordinate state-wide work around payment reform. One goal of the VHCIP will be to create standardized terminology and goals for payment reform. By creating a common language and platform around how to discuss and implement nationally accepted methodologies, the VHCIP will help facilitate operational definitions for use in comparing methodologies and in determining those that have the most promise for our distinct Vermont system of care. The work of the VHCIP will be relevant to our global approach across disciplines and will set the stage for progress forward.

Included in the work of the VHICP are the following:

- A multi-stakeholder "payment model" working group who using a set of criteria, prioritize and make recommendations around alternative payment model designs.
- A multi-stakeholder "Disabilities and Long Term Services and Supports" working group as well as a "Quality and Performance Measurement" working group are making recommendations to support care delivery transformation, including coordination with the payment model working group on alternative payment model designs.
- Exploration of the use of episodes for care (EOC) as an alternative to support care delivery transformation and as alternative payment model.
- Facilitating discussions around AHS and provider support for participation in the *Excellence in Mental Health Act* national pilot program (discussed in detail below).

- Facilitating discussions around what value-based designs and incentive programs are appropriate for current and future payment models.
- Funding a Department of Vermont Health Access contract with the Pacific Health Policy Group (PHPG) to identify the major programs for which the Agency of Human Services (AHS) procures direct care (as opposed to administrative) services from another entity, examine these programs regarding their utilization of value-based purchasing (VBP) methodologies, and make recommendations to strengthen VBP within these programs. The first program under review is the Integrated Family Services (IFS) pilots.

Rather than attempt to ascertain the "benefits, drawbacks and costs" of the methodologies listed above exclusively in relation to mental health and substance abuse, it makes the most sense to rely on the work of the VHCIP for identification of those methodologies most relevant to our collective approach across the Vermont health and human service system. A major goal of the VHCIP is to meet the providers where they are and not force a jump from one model to the next without ensuring that adequate provider supports and state oversight capabilities are in place first.

In general, the following key themes are emerging from the work of the VHCIP:

1) There is a continuum of payment models ranging from cost reimbursement to population based payment. Each of these systems has different sets of incentives such that the State must also adapt programmatic requirements as well as monitoring and evaluation to ensure integrity within a new system.
2) There are certain key facilitating elements that must be in place before moving along the continuum. These factors are related to both the State and the providers having the appropriate organizational, administration, and reporting capabilities to ensure the alternative payment system is sound.
3) Provider and state "readiness" to move along the continuum vary widely and therefore, payment reform must be planned accordingly. Sometimes the desire to move is not equally matched with the readiness and vice versa.
4) Within Substance Abuse &Mental Health providers, there is a wide range of "readiness" among the different types of providers and state programs that participate and therefore, there is not one size fits all strategy.

Given that payment reform is a continuum and each provider is starting from a different place and at a different stage of "readiness" to move forward, before contemplating a state-wide payment reform plan, our first step is to assess the following:
1) what is the scope of services for Mental Health and Substance Abuse services currently covered under Medicaid,
2) what is the range of providers being paid, and
3) how are these providers currently being paid?

Substance Abuse Objectives

In response to Act 179, the Division of Alcohol and Drug Abuse Programs established an objective for substance abuse treatment and corresponding performance measures to gauge progress towards achieving the stated objective. That objective and those measures are listed below.

ADAP Substance Abuse Treatment Objective: The State of Vermont Agency of Human Services provides substance abuse prevention, intervention, treatment, and recovery services in order to decrease the individual, family, and societal impact of substance abuse and dependence while empowering Vermonters to embrace resiliency, wellness, and recovery.

ADAP Performance Measures:

1) Are youth and adults who start treatment sticking with it?
   Performance Measure: Percent of outpatient and intensive outpatient clients with 2 or more substance abuse services within 30 days of treatment initiation.
2) Are youth and adults leaving treatment with more support than when they started?
   Performance Measure: Percent of treatment clients (excluding residential detoxification and detoxification treatment) who have more social supports on discharge than on admission.
3) Are we referring students who may have a substance abuse problem to community resources?
   Performance Measure: Percent of students at schools receiving "School-Based Substance Abuse Prevention" grants from ADAP who screen positive for possible substance abuse disorders who are referred for a substance abuse assessment.
4) Are youth and adults who need help starting treatment?
   Performance Measure: The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis (Initiation of AOD Treatment).
5) Are adults seeking treatment for opioid addiction receiving treatment?
   Performance Measure: The number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64.

Current Services and Payment Structures: Vermont Department of Health, Alcohol and Drug Abuse Program (ADAP), Department of Mental Health (DMH) and Department of Vermont Health Access (DVHA)

In order to fully assess the scope of the issues, challenges and opportunities offered by payment reform, it is important to understand the current landscape of services and payments structure in

place at both DMH and at ADAP. It is also important to note that the Department for Vermont Health Access also funds programs related to both mental health and substance abuse. Please see attached a compilation of current services purchased by ADAP, DMH and DVHA, *the Act 179 Services and Funding Chart* related to substance abuse, prevention, intervention, treatment and recover and mental health promotion and treatment.

Opportunities for Payment Reform Now and Into the Future

As part of the collaborative work of AHS in the VHCIP, the following opportunities have been identified as highest priority. AHS believes these opportunities and the timelines associated with them are appropriate given the current state of payment system along the continuum and the readiness of both the providers and the state.

a. Certified Behavioral Health Center Grant

Given that the Designated Agency system is one of the largest providers of MH&SA services, it is appropriate to prioritize work on moving them, and the state programs that have oversight responsibilities, along the payment model continuum. Nationally, the federal government has also recognized the need for systematically addressing payment reform among this class of providers and has released an application for participation in a pilot program to design and implement a "Prospective Payment System" (PPS) for community mental health centers. This is a logical next step in the continuum for Vermont's Designated Agencies and for the State. An overview of the opportunity is described below.

DVHA, DMH and ADAP are in discussions with Vermont's Designated Agencies and Preferred Providers to assess Vermont's possible participation in the *Excellence in Mental Health Act* national pilot program focused on increasing access to community mental health and substance use treatment services while improving Medicaid reimbursement for those services. Passed by Congress in 2014, the Excellence in Mental Health Act authorizes the Department of Health and Human Services (DHHS) to establish federal criteria for community-based providers to become "Certified Community Behavioral Health Clinics" (CCBHC) designed to serve people with mental health and substance use disorders. CCBHC required services, many of which are already required of our Designated Agencies, will include screening, assessment, outpatient services, outpatient clinic, primary care screening and monitoring of key health indicators, crisis services, 24-hour mobile crisis teams, targeted case management, psychiatric rehabilitation services, peer support services and family supports.

DHHS will also issue guidance for the establishment of a prospective payment system for mental health services furnished by a certified community behavioral health clinic participating in the pilot program. Only community-based services will be covered; inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services will not be covered by the payment system.

Later in 2015, states will be able to apply for planning grants to develop applications to participate in a 2- year pilot of the CCBHC certification and prospective payment system. Only states that receive a planning grant will be eligible to apply to participate in the pilot. Eight (8) states will be selected to participate in the 2-year pilot program.

Pilot states will establish and implement certification of community-based programs in their state as certified community behavioral health clinics and establish a prospective payment system for services furnished by a CCBHC in accordance with the guidance issued by DHHS. During the two-year pilot, participating states will be eligible to receive an Enhanced FMAP/CHIP rate of 90%.

Vermont has not completed its analysis of this pilot program, but potential benefits to participation in this program include:

- The establishment of required core services across the DA and Preferred Provider networks should improve access to core community-mental health and substance abuse treatment services that have been deemed by nation experts as essential to any community system.
- DA's and preferred providers that achieve federal certification should have increased access to federal funds targeted for the newly established CCBHC's, much in the same way that FQHC's have been able to access a variety of federal health care funding. By participating in the pilot program, Vermont community providers will be better prepared to access these federal funds when they become available.
- Planning grant funding and an enhanced FMAP rate should allow Vermont to invest additional time, resources and expertise into assessing, analyzing and piloting possible funding mechanisms that support better access to high quality mental health and substance abuse treatment throughout the state.

b. Integrating Family Service (IFS) Pilots

With funding from VHCIP, AHS is leveraging the work of Pacific Health Policy Group (PHPG) and VHCIP staff members to do a comprehensive review of two existing payment and care delivery pilots focused on a sub-set of services provided to Children and Families known as IFS. The project has created an evaluation tool and is conducting interviews and reviewing materials on the pilots and will work collaboratively with VHCIP staff to make recommendations on improvements to the design and implementation of the alternative payment models, the oversight and performance/value-based components. Findings from this work are expected to be released in late Spring.

c. Expansion of Medicaid Health Homes

AHS in collaboration with VHCIP and the Blueprint for Health are exploring the feasibility of expanding the Medicaid Health Home project for a broader population. Currently Medicaid supports a health home model for those beneficiaries with opiate addiction known as Care Alliance for Opioid Addiction, familiarly referred to as the "Hub and Spoke".

The VDH Maternal and Child Health Division was recently awarded a $300,000 grant from HRS State Implementation Grant funds (SIG) to develop and implement the first-ever State Plan aimed at integrating services for Children with Special Health Needs, to guide and sustain collaborative work into the future. The goal of the grant is to develop statewide strategies, including things like the expansion of a Pediatric Care Coordination Learning Collaborative, the promotion of family-professional partnerships, and the development of a "shared resource", all expressly aimed at achieving a comprehensive, coordinated and integrated state and community system of services and supports for Children and Youth with Special Health Care Needs.

Although not financially connected to VHCIP, the VDH grant is connected to the broader health home work and planning which is broadly one of our state-wide payment and service reform initiatives.

Opportunities to Use SAMHSA Data Reforms to Facilitate Integration and Payment Reform

An example of a key element of readiness for payment reform is the ability of the state and providers to collect and share systematic data to support oversight and rate setting. SAMHSA currently requires submission of different data elements for substance abuse and mental health services which makes coordination of care and combined reporting and funding difficult. To address this, SAMHSA has begun a transition to a common substance abuse and mental health client-level data uniform reporting system.

The short-term goal of the transition is to coordinate these two separate systems in a way that focuses on essential data elements and minimizes data collection disruptions. The long-term goal is to develop a more efficient and robust program of behavioral health services data collection that can be used to evaluate the impact of the block grant program on prevention and treatment services and to inform behavioral health services research and policy. SAMHSA recognizes the significant implications of this undertaking for states and for local service providers, and anticipates that the development and implementation process will take several years and will evolve over time.

Work at the federal level to better link federal reporting requirements across mental health and substance abuse will support our intent to ensure better integration throughout the delivery system and will facilitate the development of a payment reform reflective of shared outcomes. We are watching the SAMHSA initiative closely and contributing as we can to ensure a useful result.

Another potential data barrier to a fully integrated care system is related to federal confidentiality requirements. Some of the performance measures SAMHSA has proposed for those served through these block grants target care coordination between behavioral health and physical health service providers. Those measures would be best collected and monitored collectively through a health information exchange such as VITL. Currently, the transfer of substance abuse treatment information into an exchange like VITL is hindered by the consent and confidentiality requirements of 42 CFR Part 2. This has resulted in the exclusion of substance abuse treatment providers from VITL while methodology is developed to negotiate the associated legal and technical difficulties. Resolving this will be critical to ensuring that we can take advantage of comprehensive data across both behavioral and physical health to assess and ensure outcomes.

Conclusion

In summary, AHS is committed to care delivery transformation and payment reform. Representatives across all its Departments are actively participating in the VHCIP. Payment reform specifically is best done with a system perspective ensuring that the reforms implemented, for both the state and providers, are appropriate for their level of readiness and are logical progressions on the continuum of reform. Adequate resources and time are needed to support the state and providers in their transition across this continuum. With regard to mental health and substance abuse treatment specifically, priority areas of payment reform work in the coming years are highlighted in this report.

Based on the current work, AHS would recommend that we stay the course as outlined in this report and ensure an integrated systems approach to payment reform, leveraging scarce resources as efficiently as possible to move the system forward and towards appropriate payment methodologies systemically rather than separating mental health and substance abuse from the larger efforts.

Mental Health and Substance Abuse Services Provided

SFY2014

Dept./ Div.	Service	Description of Service	#/Type Provider	Payment Mechanism	Source of Funds	Reporting Requirements	Performance Measures	Rate Setting Mechanism	Additional Information
VDH/ ADAP	Community-Based Alcohol and Drug Abuse Prevention Grants	Support strategies to reduce underage drinking; reduce high-risk drinking by Vermonters under age 25; and reduce marijuana use by Vermonters under age 25.	13	Capacity Grant	SA Block Grant	Substance Abuse Block Grant	Use of evidence based prevention strategies dashboard measure, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx ; Complete at least 90% of tasks in the work plan with fidelity.	N/A	
VDH/ ADAP	Strategic Prevention Framework-Partnership for Success (PFS)	Regional prevention strategies in six districts, includes training and communications activities for all twelve districts of the state.	7	Capacity Grant	Federal PFS Grant	PFS grant data collection	Complete at least 90% of tasks in the work plan with fidelity; Report progress made on, or complete at least 90% of all Prescription misuse and abuse activities.; demonstration grant evaluation report	N/A	
VDH/ ADAP	Substance Abuse Prevention Consultants	Provides substance abuse prevention technical assistance throughout the state	10	Salary, fringe and indirect	SA Block Grant	Substance Abuse Block Grant	N/A	N/A	
VDH/ ADAP	Communication and Information dissemination	Statewide prevention communication to promote awareness or behavior change.	3	Capacity Grant/contract	SA Block Grant, Federal PFS Grant	Substance Abuse Block Grant PFS Grant data collection	Report progress made on, or complete at least 90% of all described activities.	N/A	
VDH/ ADAP	Enforcing Underage Drinking Laws	Reduce underage drinking and improve public safety by encouraging communities to enforce laws, policies and sanctions.	4	Capacity Grant	Federal EUDL Grant	Federal grant reporting	Proactive and reactive patrols; Media press releases	N/A	

VDH/ ADAP	School Based Services	Provide prevention and early intervention services in Vermont schools. Grants are to supervisory unions for multiple schools.	20	Capacity Grant	SA Block Grant/Global Commitment (GC)	School Health Dataset	Grantee must participate in the 2014 School Health Profile; school screenings dashboard measure, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx	RFP process	
VDH/ ADAP	SBIRT	Implementation of evidence based Screening, Brief Intervention, and Referral to Treatment practices for adult Vermonters	4	Capacity Grant	Federal SBIRT Grant	Government Performance and Results Act (GPRA) data set	Utilization, demonstration grant evaluation report	Negotiated	
VDH/ ADAP	PIP	Screening and placement for individuals meeting criteria for incapacitation, due to either the intoxication or withdrawal from alcohol or other drugs, as defined in Vermont State Statute Title 33, Chapter 7	9	Capacity Grant	SA Block Grant/GC	Monthly utilization reporting	Protective custody diversion rate	Negotiated	
VDH/ ADAP	Vermont Prescription Monitoring System (VPMS)	The Vermont Prescription Monitoring System tracks prescribing and dispensing of controlled substances — those drugs most likely to lead to abuse, addiction or harm if they are not used properly.	1	Capacity Grant	Special Fund: Evidence Based Education and Advertising Fund	Periodic reporting	System availability/help desk support	Negotiated	

VDH/ ADAP	Project Rockinghorse	Substance abuse awareness and educational support for low income pregnant and parenting mothers	9	Capacity Grant	SA Block Grant	Annual report	Pre and post test results	Negotiated	
VDH/ ADAP	Project CRASH	Drinking driving rehabilitation services	10	Client Fees	Special Funds: CRASH Client Payments	Client flow through system	Treatment completions, timeliness	Statute	
VDH/ ADAP	Treatment Improvement	Performance/outcome incentives for substance abuse treatment provider organizations to support ADAP performance improvement iniatives; district drug court services; workforce development and training, etc.	26	Capacity grants	SA Block Grant/GC	Quarterly reports	Status Reports; Incentives are earned based on meeting targets for program approval, engagement, social supports, data timeliness, people served, service level	Negotiated	
VDH/ ADAP	OP/IOP/CM	Outpatient, intensive outpatient, and case management substance abuse treatment services for adolescents and adults with substance misuse diagnoses	16	Capacity Grant	SA Block Grant/GC	Substance Abuse Treatment Information System (SATIS) data set	Use of capacity (utilization), Treatment Engagement, social supports, system capacity, discharge reason, dashboard measures, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx	Negotiated	

VDH/ ADAP	OP/IOP/CM	Outpatient, intensive outpatient, and case management substance abuse treatment services for adolescents and adults with substance misuse diagnoses	16	Medicaid	Medicaid FFS	Medicaid Billing, SATIS	Utilization; Treatment Engagement, social supports, system capacity, discharge reason, dashboard measures, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx	Negotiated	
VDH/ ADAP	Residential	Residential substance abuse treatment services for adolescents and adults with substance misuse diagnoses	5	Capacity Grant	SA Block Grant/GC, GF	SATIS	Use of capacity (utilization), Program approval, data timeliness, people served, service level	Negotiated/PNMI for adolescent program	
VDH/ ADAP	Residential	Residential substance abuse treatment services for adolescents and adults with substance misuse diagnoses	5	Medicaid	Medicaid FFS	Medicaid Billing, SATIS	Utilization; Program approval, data timeliness, people served, service level	Negotiated/PNMI for adolescent program	
VDH/ ADAP	MAT (Hub Portion), including cost of Buprenorphine for uninsured individuals	Opioid Specialty Treatment for adults with opioid misuse diagnoses: Hubs; including buprenorphine for uninsured clients	5	Capacity Grant	SA Block Grant/GC, General Fund (GF)	SATIS	Use of capacity (utilization), reporting, participation, program approval, evaluation, Access to MAT dashboard measure, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx	Set by DVHA	

VDH/ ADAP	MAT (Hub Portion), including cost of Buprenorphine for uninsured individuals	Opioid Specialty Treatment for adults with opioid misuse diagnoses: Hubs	5	Medicaid	Medicaid FFS	Medicaid Billing, SATIS	Utilization, reporting, participation, program approval, evaluation, Access to MAT dashboard measure, http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx	Set by DVHA	
VDH/ ADAP	Adolescent Treatment Enhancement Project	Implementation of two evidence based treatment practices for adolescents	2	Capacity Grant	Federal Adolescent Treatment Grant	GPRA	Utilization, demonstration grant evaluation report	Negotiated	
VDH/ ADAP	Halfway and Transitional Housing	TH/HW services provide long-term, safe housing and support services.	7	Population grant	SA Block Grant/GC, GF	Quarterly report and annual report	Availability of housing	Negotiated	
VDH/ ADAP	Regional Recovery Centers/Recovery Support Services	Recovery centers provide a wide variety of recovery supports and life skill development ranging from simple peer interactions and self-help groups to employment, housing and education development	14	Population grant	SA Block Grant/GC	Quarterly report and annual report	Hours available	Negotiated	

DVHA	Outpatient Mental Health	Outpatient mental health treatment by private practitioners	LCMHC, LCSW, Psychologist – Master, Psychologist, LMFT	Fee-for-Service	Global Commitment Funds	Annual report on Measures	Initiation and Engagement in Alcohol and Other Drug Dependence Treatment - HEDIS, Follow-up After Hospitalization for Mental Illness - HEDIS, Mental Health Utilization by age and sex - HEDIS		
DVHA	Outpatient Substance Abuse Services	Co-occurring mental health and substance abuse treatment by private practitioners	LCMHC, LCSW, Psychologist – Master, Psychologist, LMFT	Fee-for-Service	Global Commitment Funds	Annual report on Measures	Initiation and Engagement in Alcohol and Other Drug Dependence Treatment - HEDIS, Follow-up After Hospitalization for Mental Illness - HEDIS, Mental Health Utilization by age and sex - HEDIS		
DVHA	Outpatient Psychiatric	Psychiatric, including medication management by private practice prescribers	M.D., Psychiatric Nurse Practitioner	Fee-for-Service	Global Commitment Funds	Annual report on Measures	Adherence to Antipsychotic Medications for individuals with Schizophrenia - HEDIS, Antidepressant Medication Management - HEDIS, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - HEDIS		

DVHA	Inpatient Psychiatric	In-state and out-of-state inpatient psychiatric	IMD, distinct part units in hospitals, psychiatric floors in hospitals	Fee-for-Service	Global Commitment Funds	Annual report on Measures	Follow-up After Hospitalization for Mental Illness - HEDIS		
DVHA	Mental Health Partial Hospitalization and Intensive Outpatient	Partial hospitalization and intensive outpatient for individuals with a primary mental health diagnosis	Seneca, Crossroads, DHMC and Brattleboro Retreat	Fee-for-Service	Global Commitment Funds	Annual report on Measures	Mental Health Utilization by age and sex - HEDIS.		
DVHA	Ofice Based Burprenorphine Management	Prescribing and ongoing medication assisted treatment for opiate addiction	PCPs and specialty physicians	Fee-for-Service	Global Commitment Funds	Annual report on Measures, Annual Report on Health Home Measures	Initiation and Engagement in Alcohol and Other Drug Dependence Treatment - HEDIS		
DVHA	Services for the Treatment of Autism	Applied Behavioral Analysis/Autism Treatment	Designated agencies and private practitioners (in DVHA's budget beginning July 1, 2015)	Fee-for-Service	Global Commitment Funds	Annual report on Measures	In development - Provider and family satisfaction survey, national symptom tool.		

DMH	Children's Programs - Childrens Community Partners	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.	16 /PNMI Facility (Private non medical Institutions) 11/Non PNMI providers - 10/DA's 1/SSA	Population Grants / Fee-for-Service	GC Medicaid / GC Investment / Federal / General Fund	Medicaid Billing / Federal grant reporting / periodic reporting	Numbers served, percent of students receiving intensive school based behavioral interventionist services showing improvement, percent of children and youth receiving respite services who remain in their homes, pumber of youth engaged in JOBS who achieve 90 days in competitive employment, percent of adolescents reporting positive outcomes	Negotiated / Set by DMH	Clinical and Community – (YIT, IFS non-bundle, Child Outpatient, JOBS, Autism, SCHIP, Trauma, etc.) Other – (Waiver, PNMI, IFS Bundle, Success Beyond Six, CUPS, Respite, etc.) Community Partners - Various CSPs related to serving youth in the community (non-DA) (ex: camp daybreak)
DMH	CRT	Provides services for adults with severe and persistent mental illness	10/DA's	Master Grants	GC Medicaid / GC Investment / Federal	Medicaid Billing / Federal grant reporting	Numbers Served, number of Non-Categorical Case Management services, number of Medicaid AOP hospitalizations, percent improved upon discharge from program, percent of CRT clients receiving follow up services same day of psychiatric hospitalization discharge, percent employed, percent of CRT clients reporting positive outcomes	Negotiated / Set by DMH	(Case Rate, CRT inpatient, Transportation, Crisis Beds, Second Spring, Westford, Hilltop, Meadowview, Housing Recover & Contingency)

DMH	Adult Outpatient - Adult Community Partners	Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention	10/DA's	Master Grants	GC Medicaid / GC Investment	Medicaid Billing / periodic reporting	Numbers Served, number of Non-Categorical Case Management services, number of Medicaid AOP hospitalizations, percent improved upon discharge from program	Negotiated / Set by DMH	(Adult Outpatient, Transformation, Nursing Home, Jail Diversion, Reach Up, Pathways) Community Partners - Various CSPs related to serving adults in the community
DMH	Peer Supports	Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery	10/CSP's	Population Grants	GC Investment / Federal	Federal grant reporting / periodic reporting		Negotiated / Set by DMH	(CSP's, Pathways, Soteria, Warmline, Vermont Cooperative for Practice Improvement)
DMH	Emergency Services	Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed.	10/DA's 1/SSA	Master Grants	GC Medicaid / GC Investment / Federal	Medicaid Billing / Federal grant reporting / periodic reporting	Numbers served, percent occupancy of adult crisis beds, number of involuntary admissions via emergency exams, percent of clients served by a non-emergency program within 1 week of an emergency service	Negotiated / Set by DMH	

DMH	GMPCC/VPCH	Green Mountain Psychiatric Care Center/Vermont Psychiatric Care Hospital	1	Department Expenses	GC Medicaid/GC Investment/Special Funds (Medicare and per diem payments)	Medicaid Billing/Annual Cost Report	Average length of stay for discharged patients, rate of seclusion and restraint per 1,000 patient hours, percent of patients readmitted involuntarily within 30 days of discharge	Negotiated / Set by DMH	
DMH	Level 1	Treatment Environment for Level 1 patients from the Vermont State Hospital	3/Hospitals	Population Contracts / Fee-for-Service	GC Medicaid / GC Investment	Medicaid Billing / Annual reporting for Cost Settlement		Negotiated / Set by DMH	
DMH	MTCR	Middlesex Therapeutic Community Residence	1	Department Expenses	GC Medicaid/Special Funds (Per diem payments)			Negotiated / Set by DMH	