

Mental Health 360 Overview
Senate Health & Welfare Committee
Vermont Care Partners, Summary of Testimony
January 13, 2016

Integration with community services continues to develop on multiple fronts e.g. primary care, housing entities, law enforcement, recovery centers, Home Health agencies, Community Health Teams, Unified Community Collaboratives.

VCP Outcomes Report – third annual report for FY 15 near completion. Carries forward previous measures and includes new measures e.g. integration with health care. Working toward alignment with Results Based Accountability framework and Master Grant Agreement. VCP Outcomes Committee coordinating with AHS Outcomes Committee on this initiative.

Integrated Family Services – AHS programs across 6 departments & 11 divisions creating a continuum of services for families based on diagnostic and functional needs. Flexible funding through Global Commitment/Medicaid allows providers to combine services in order to focus on outcomes. Pilot initiatives in Addison County and Franklin & Grand Isle Counties have resulted in improved access to services and reduced costs. Other regions are preparing to move to this model.

Mobile Crisis & Outreach provided 24/7 by all Designated Agencies. Staffing vacancies are a concern.

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.

Peer Services - ongoing coordination and development of programs with DA providers that supports consumer advocates, peer mentors, peer-led groups, recovery and outreach programs, warm lines, participation on local standing committees and boards of directors.

Collaboration with Law Enforcement is resulting in prevention of unnecessary arrests and incarceration. Supported by Team Two training program. Since program inception in 2013, two thirds of Vermont's police agencies have participated in Team Two. Those trained include 210 police officers, 136 mental health crisis workers, 8 Deputy State's attorney, 11 dispatchers. Vermont State Police personnel (dispatchers, troopers and clinicians) trained as trainers. Currently expanding to train 911 responders through VCP partnership with the Department of Public Safety and the Department of Mental Health.

Youth Mental Health First Aid – 23 instructors trained in December, funded by VCP’s SAMHSA grant to create a statewide YMHFA initiative. Our goal is to train 2,200 community members / one First Aider for every 21 adolescents statewide. Outcome: increase the mental health literacy of community members and professionals serving youth; reduce mental health stigma; and support the early identification and referral of youth experiencing mental illness.

Data Quality – completion of first phase of agency consultations with Vermont Information Technology Leaders to assess EHR based workflows, improve system-wide consistency in MSR reporting, expand data quality management, and develop an agency-specific toolkit.

Data Repository - we are building a HIPAA and 42CFR compliant data repository for all of the VCP member agencies. Goals include:

- Facilitate connectivity from our members to the State, the Vermont Health Information Exchange and other members of the health care community.
- Develop a standardized system for collecting data and performing reporting and analytics for member agencies, to improve care quality, and support the health care triple aim.
- Gain efficiency by having a single point of contact for data requests related to our members’ data that resides in the repository.
- Support coordination and collaboration among our member agencies.

Challenges:

Staff recruitment and retention is our most pressing concern. Low salaries are creating an out-migration of staff from the Designated Agencies to higher paying employers for equivalent work. If not reversed, these agencies will be doing the most difficult work for the lowest wages with the least skilled personnel, placing the system of care in peril.

Geriatric Psychiatry

Vermont’s inpatient psychiatry units do not have the capacity to serve the growing geriatric population. Most are not equipped to accommodate personal care needs, medical needs and physical frailty of the geriatric-psychiatric patient. Scarcity of options for subsequent discharge placement are an obstacle. Geriatric patients become stuck on the psychiatry unit after they no longer meet clinical criteria for inpatient care. Those beds are then unavailable for others who are waiting for an inpatient placement. We recommend:

- Increase training and consultation at nursing homes for meeting the needs of residents with mental health challenges.
- Support the creation of specialized units at existing nursing homes, to allow for safe and appropriate resident mix.

- Support the creation of specialized units for older patients with intensive medical needs within hospital psychiatry units.

Increase in use of Residential Care Settings for Children and Youth

Participation in statewide 'Turning the Curve' initiative in collaboration with DMH, DCF, the IFS team and other community partners. This effort is focused on reversing the rise in use of residential settings such as therapeutic foster care homes, micro-residential, crisis/diversion, shelter/stabilization, and the PNMI program, and shifting toward family settings. When that is not possible, the goal is increased family engagement for children and youth who are placed in a residential setting to work toward improving caregiver readiness for the child's eventual return home.