

Vermont Department of Mental Health

FY2019 BUDGET PRESENTATION

MELISSA BAILEY, COMMISSIONER

Proposed Agenda

DEPARTMENT OVERVIEW – 20 MIN

RESULTS BASED ACCOUNTABILITY (RBA) – 20 MIN

DEPARTMENTAL BUDGET – 60 MIN

Agency of Human Services,
Department of Mental Health
FY 2019 Governor's Recommend Budget

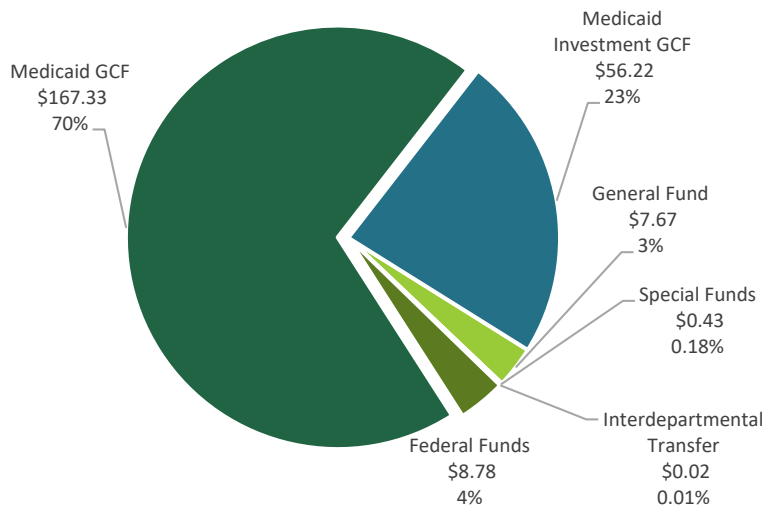
MISSION: to promote and improve the mental health of Vermonters.

Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

FY 2019 SUMMARY & HIGHLIGHTS

- 12 bed temporary forensic facility
- Street outreach in four DA regions
- Transition of contract pharmacy positions to internal state positions at VPCH
- Promoting Integration of Primary and Behavioral Health Care (PIPBHC) SAMHSA grant received (\$10 mil)
- IFS Family Services Director position movement to DMH as the Interagency Planning Director supporting children's mental health programs.

**Governor's Recommend Budget
FY 2019 (\$240.5 million)**



Departmental Overview

CENTRAL OFFICE ORGANIZATION

PROVIDER AGENCIES

DEPARTMENTAL PROGRAMS

BUDGET SNAPSHOT

Central Office Organization

Overall Operations supported by ~65 positions

- Administrative Support Unit
- Financial Services Unit
- Legal Services Unit
- Research & Statistics Unit
- Clinical Care Management Unit
- Operations, Policy, & Planning Unit
- Quality Management Unit
- Children, Adolescent and Family Unit (CAFU)
- Adult Mental Health Services Unit

Designated Providers

Designated Agencies

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northwest Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services

Specialized Services Agencies

- Pathways Vermont
- Northeastern Family Institute

Designated Hospitals

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Windham Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center

State Secure Residential

- Middlesex Therapeutic Community Residence

Provider Capacity

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 12 beds
- Adult Intensive Residential: 42 beds

Designated Hospitals

- Adult – Level 1 involuntary: 45 beds
- Adult – Non-Level 1 (involuntary and voluntary): 154 beds
- Children and Youth: 28 beds

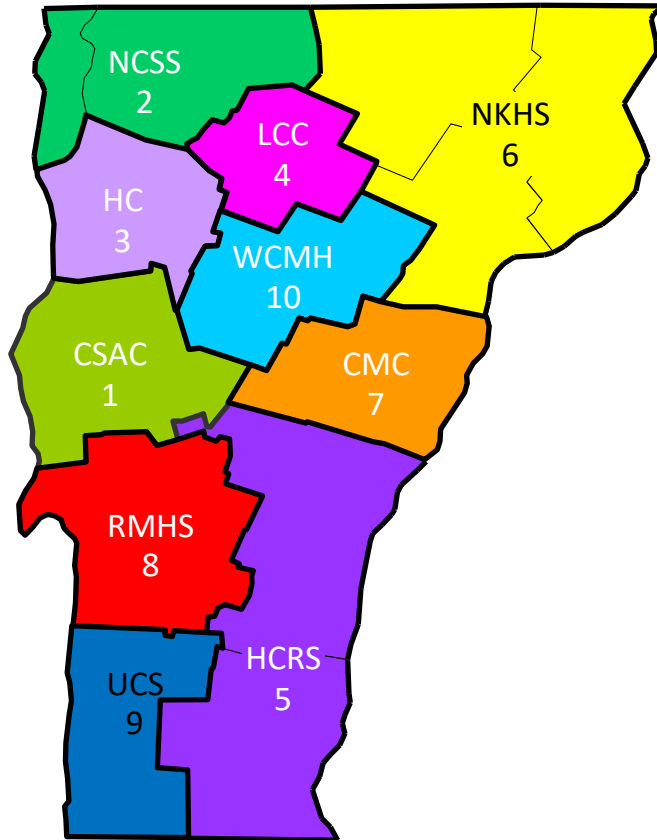
Peer Service Agencies

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

State Secure Residential

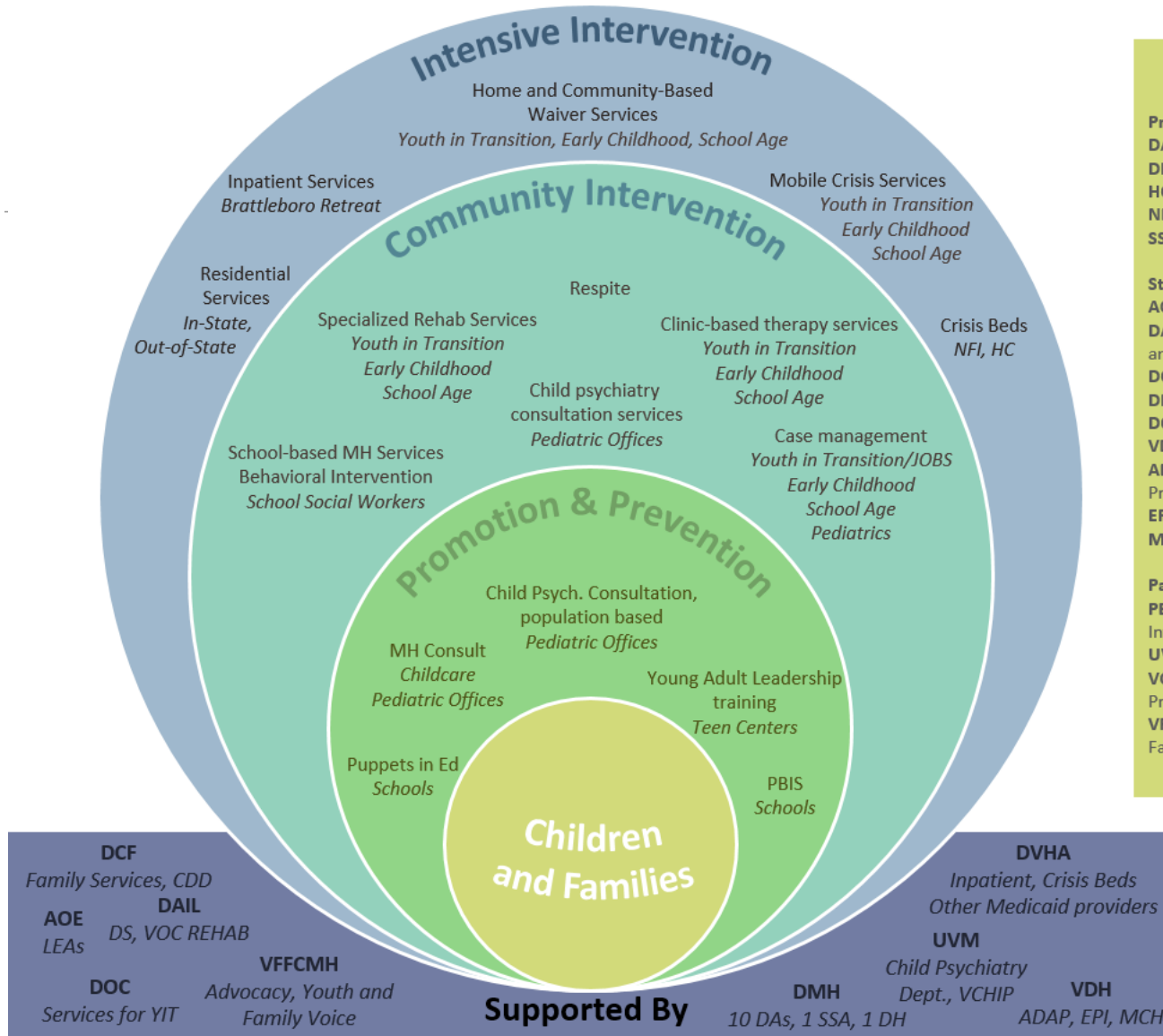
- Middlesex Therapeutic Community Residence: 7 beds

Designated Providers



- CMC** Clara Martin Center
- CSAC** Counseling Services of Addison County
- HCRS** Health Care and Rehabilitation Services of Southeastern VT
- HC** Howard Center
- LCMH** Lamoille County Mental Health Services
- NCSS** Northwest Counseling and Support Services
- NKHS** Northeast Kingdom Human Services
- RMHS** Rutland Mental Health Services
- UCS** United Counseling Service
- WCMH** Washington County Mental Health Services
- NFI** Northeastern Family Services (SSA)
- PV** Pathways Vermont (SSA)

Children's Mental Health System of Care



Acronyms

Providers

- DA – Designated Agency
- DH – Designated Hospital
- HC – HowardCenter
- NFI – Northeastern Family Institute
- SSA – Specialized Service Agency

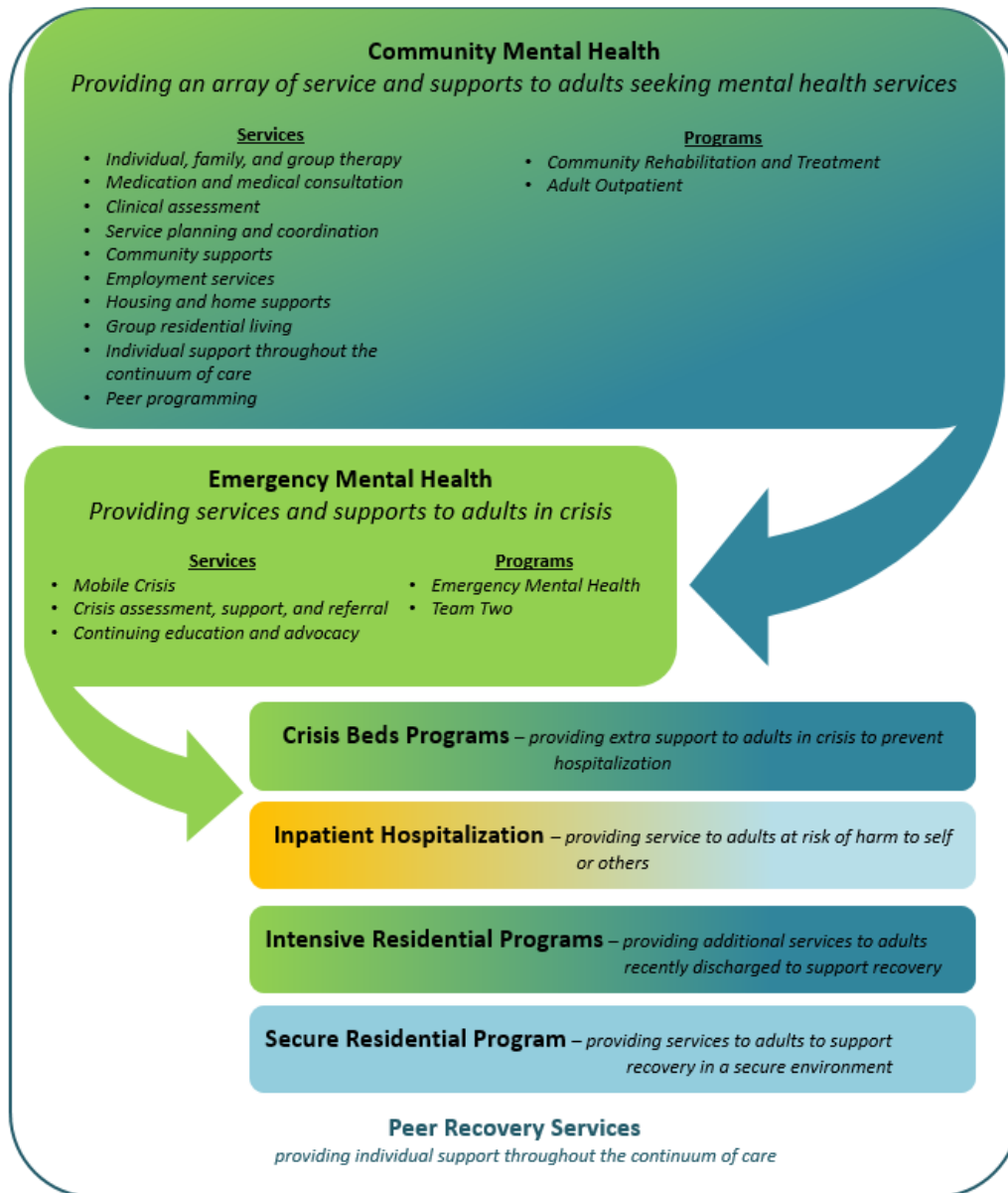
State Government

- AOE – Agency of Education
- DAIL – Dept. of Disabilities, Aging, and Independent Living
- DCF – Dept. for Children and Families
- DMH – Dept. of Mental Health
- DOC – Dept. of Corrections
- VDH – Dept. of Health
- ADAP – Alcohol Drug Abuse Programs at VDH
- EPI – Epidemiology at DMH/VDH
- MCH – Maternal Child Health at VDH

Partners and Programs

- PBIS – Positive Behavioral Intervention and Supports
- UVM – University of Vermont
- VCHIP – Vermont Child Improvement Project
- VFFCMH – Vermont Federation of Families for Children's Mental Health

Department of Mental Health Adult Mental Health System of Care



Color Legend

Department of
Mental Health (DMH)

Designated Agencies

private, non-profit service providers that are responsible for ensuring needed services are available through program delivery, local planning, service coordination, and monitoring outcomes within their geographic region.

Specialized Services Agencies

private, non-profit service providers that provide a distinctive approach to service delivery and coordination or provide services that meet distinctive individual needs.

Private Providers

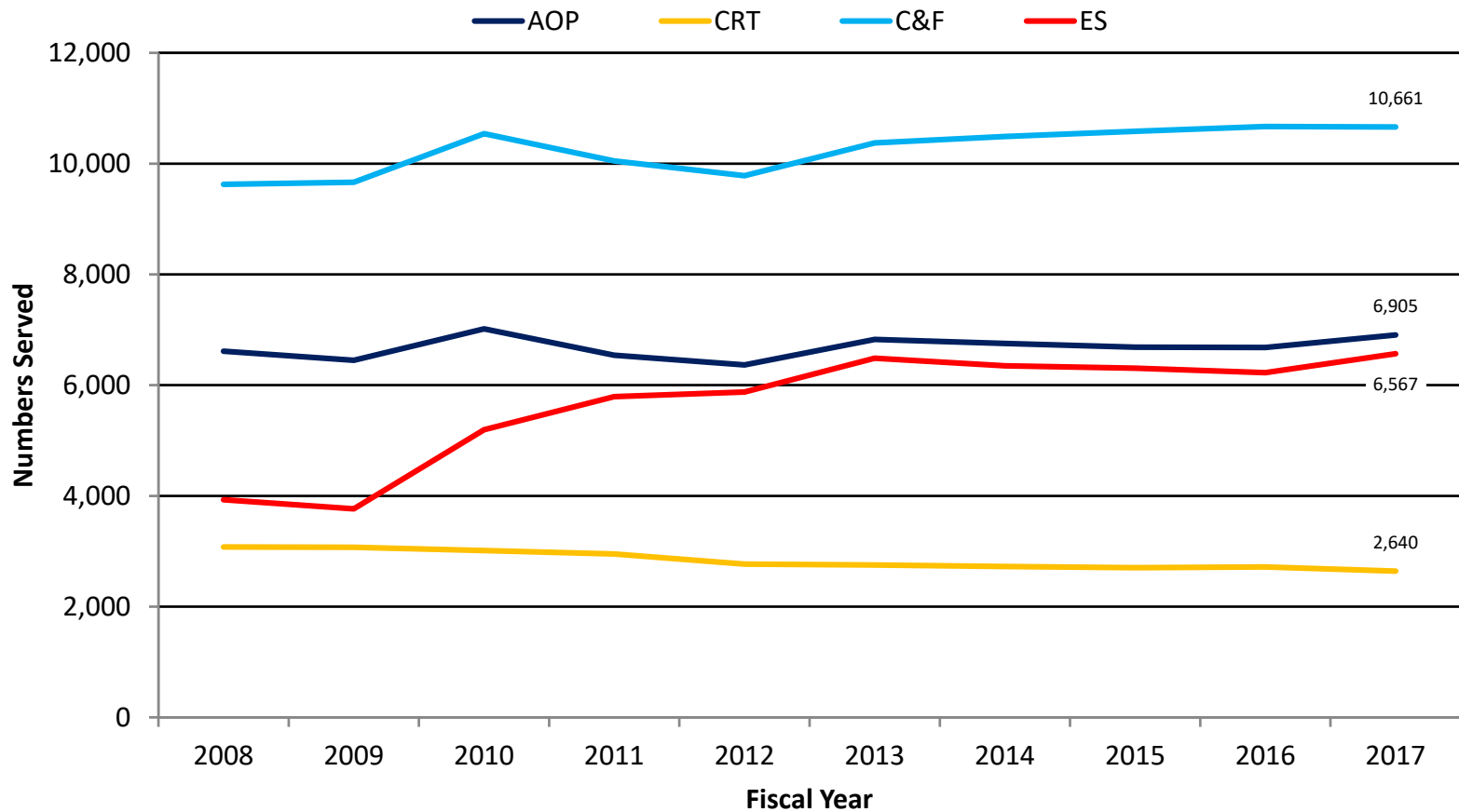
Psychiatrists, Psychologist, Nurse Practitioners, Social Workers Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals

Community Programs

Program	Description
Adult Outpatient (AOP)	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
Community Rehabilitation and Treatment (CRT)*	Provides services for adults with severe and persistent mental illness
Children and Families (C&F)*	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.
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.
Advocacy and Peer Services	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

**mandated service population*

People Served by Program



Performance Measures

RBA Clear Impact Scorecards

- The Department of Mental Health has several RBA scorecards containing data and performance measures related to our system of care.
- To view the RBA Scorecards for the Department of Mental Health:

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

[The Department of Mental Health \(DMH\) Scorecard
Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals
Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)

[DMH System Snapshot
DMH Continued Reporting](#)

Performance Measures

Adult Outpatient (AOP)

- P AOP Adult Outpatient (AOP) 📄		Time Period	Actual Value	Current Trend
+ PM	How_Much # of people served in AOP	SFY 2017	6,748	↗ 1
+ PM	How_Much # of non-categorical case management services	SFY 2017	14,553	↗ 1
+ PM	Better_Off % improved upon discharge from AOP	SFY 2017	48%	→ 1
+ PM	Data_Devel # of Medicaid AOP hospitalizations	FYQ2 2017	52	↗ 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

Community Rehabilitation and Treatment (CRT)

			Time Period	Actual Value	Current Trend
-	P	CRT Community Rehabilitation and Treatment (CRT)			
+	PM	How_Much # served in CRT	SFY 2017	2,626	↘ 1
+	PM	How_Much # of new CRT enrollees	FYQ2 2018	77	↗ 1
+	PM	How_Well # of inpatient psychiatric bed days for CRT clients	FYQ4 2017	3,625	↗ 4
+	PM	How_Well % of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge	SFY 2016	88%	↘ 2
+	PM	Better_Off % of working age CRT clients who are employed	SFY 2017	22%	→ 3
+	PM	Better_Off % of CRT clients reporting positive outcomes	SFY 2016	74%	↗ 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

Children, Youth and Families

			Time Period	Actual Value	Current Trend
-	P	C&F Children, Youth & Families (C&F)			
+	PM	How_Much # of children and youth served by C&F	SFY 2017	10,661	1
+	PM	Better_Off % of children and youth receiving respite services who remain in their homes	SFY 2017	95.0%	2
+	PM	Better_Off # of youth engaged in JOBS who achieve 90 days in competitive employment	SFY 2016	144	1
+	PM	Better_Off % of adolescents reporting positive outcomes	SFY 2015	68%	2

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

Emergency Services

Emergency Services (ES)		Time Period	Actual Value	Current Trend
	# served by ES	SFY 2017	6,567	1
	% occupancy of Designated Agency adult crisis bed programs	FYQ2 2018	75%	1
	# of involuntary admissions via emergency exams	SFY 2017	431	1
	% of people receiving non-emergency services within 7 days of emergency services	FYQ4 2017	62%	1
	% of total served in ES who are seen in the community (in development)	—	—	—

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

Vermont Psychiatric Care Hospital (VPCH)

VPCH Vermont Psychiatric Care Hospital (VPCH)		Time Period	Actual Value	Target Value	Current Trend
+	PM How_Well Average length of stay in days for discharged patients	SFY 2017	106	50	↗ 2
+	PM How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2017	7%	10%	→ 1
+	PM How_Well # hours of seclusion and restraint per 1,000 patient hours	SFY 2017	0.58	1.30	↗ 1
+	PM How_Well % of patients with no emergency involuntary procedures during their stay	FYQ4 2017	84%	80%	↗ 1
+	PM How_Well % of medication errors reaching the patient (of all medications administered)	Jun 2017	0.02%	5.00%	→ 1
+	PM How_Much # hours of mandated overtime in nursing department	FYQ4 2017	288	—	↘ 2
+	PM How_Much # of employee injuries (moderate severity or greater)	FYQ4 2017	1	0	→ 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Results Based Accountability

COMMON LANGUAGE
PERFORMANCE TO POPULATION
PROGRAMMATIC PERFORMANCE BUDGET FY17

Results Based Accountability (RBA)

RBA is a framework that helps programs improve the lives of children, families, and communities and the performance of programs because RBA:

- Gets from talk to action quickly
- Is a simple, common sense process that everyone can understand
- Helps groups to surface and challenge assumptions that can be barriers to innovation
- Builds collaboration and consensus
- Uses data and transparency to ensure accountability for both the well-being of people and the performance of programs

<http://resultsleadership.org/what-is-results-based-accountability-rba/>

Results Based Accountability (RBA)

2 – kinds of accountability

- Population accountability > Population Indicators
 - Whole populations: Communities – Cities – Counties – States – Nations
- Performance accountability > Performance Measures
 - Client populations: Programs – Agencies – Service Systems



3 – kinds of performance measures

- How much did we do?
- How well did we do it?
- Is anyone better off?

7 – questions, from ends to means

- Turning the curve

Common Language

	Term	Framework Idea
Population Accountability 	Outcome	A condition of well-being for children, adults, families, or communities (a whole population)
	Indicator	A measure that helps quantify the achievement of an outcome
	Strategy	A coherent set of interventions that has a reasoned chance of working (to improve an outcome)
	Goal	The desired accomplishment of staff, strategy, program, agency, or service system
Performance Accountability 	Performance Measure	A measure of how well a program, agency, or service system is working
	Quantity	<i>How much are we doing?</i> Measures of the quantity or amount of effort, how hard did we try to deliver service, how much service was delivered
	Quality	<i>How well are we doing it?</i> Measures of the quality of effort, how well the service delivery and support functions were performed
	Impact	<i>Is anyone better off?</i> Measures of the quantity and quality of effect on customer's lives

Performance to Population

POPULATION ACCOUNTABILITY

All Vermonters are Healthy

- Rate of suicide deaths per 100,000 Vermonters
- % adults with any mental health conditions receiving treatment
- # of Vermonters trained in mental health first aid

POPULATION RESULTS

Contribution Relationship

Alignment of Measures

PERFORMANCE ACCOUNTABILITY

CRT Program

# of people served	
	% reporting positive outcomes

CUSTOMER RESULTS

Appropriate Responsibility





Programmatic Performance Budget FY19

2014 Act 186 Outcomes

	Act186	Vermonter are healthy. 📄	Time Period	Actual Value	Target Value	Current Trend	
+	I	Act186	Rate of suicide deaths per 100,000 Vermonters	2015	14.3	11.7	↘ 1
+	I	Act186	% of Vermont adults with any mental health condition	2016	20.85	—	↗ 1
+	I	Act186	% of Vermont adults with any mental health conditions receiving treatment	2016	56%	—	↘ 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Programmatic Performance Budget FY19

- P AOA Community Rehabilitation and Treatment (CRT) 		Time Period	Actual Value	Target Value	Current Trend
+ PM	How_Much # served in CRT	SFY 2017	2,626	2,700	↘ 1
+ PM	Better_Off % of CRT clients reporting positive outcomes	SFY 2016	74%	80%	↗ 1
+ PM	How_Well % of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge	SFY 2016	88%	95%	↘ 2
- P AOA Vermont Psychiatric Care Hospital (VPCH) 		Time Period	Actual Value	Target Value	Current Trend
+ PM	How_Well # hours of seclusion and restraint per 1,000 patient hours	SFY 2017	0.58	1.30	↗ 1
+ PM	How_Well Average length of stay in days for discharged patients	SFY 2017	106	50	↗ 2
+ PM	How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2017	7%	10%	→ 1

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Programmatic Performance Budget FY19

Integrating Family Services (IFS)		Time Period	Actual Value	Target Value	Current Trend
	# of children and youth served in IFS	FYQ4 2016	1,624	—	1
	% of those served who agree that services were right for them	SFY 2016	92%	—	1
	% of those served who agree that services made a difference	SFY 2016	91%	—	1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

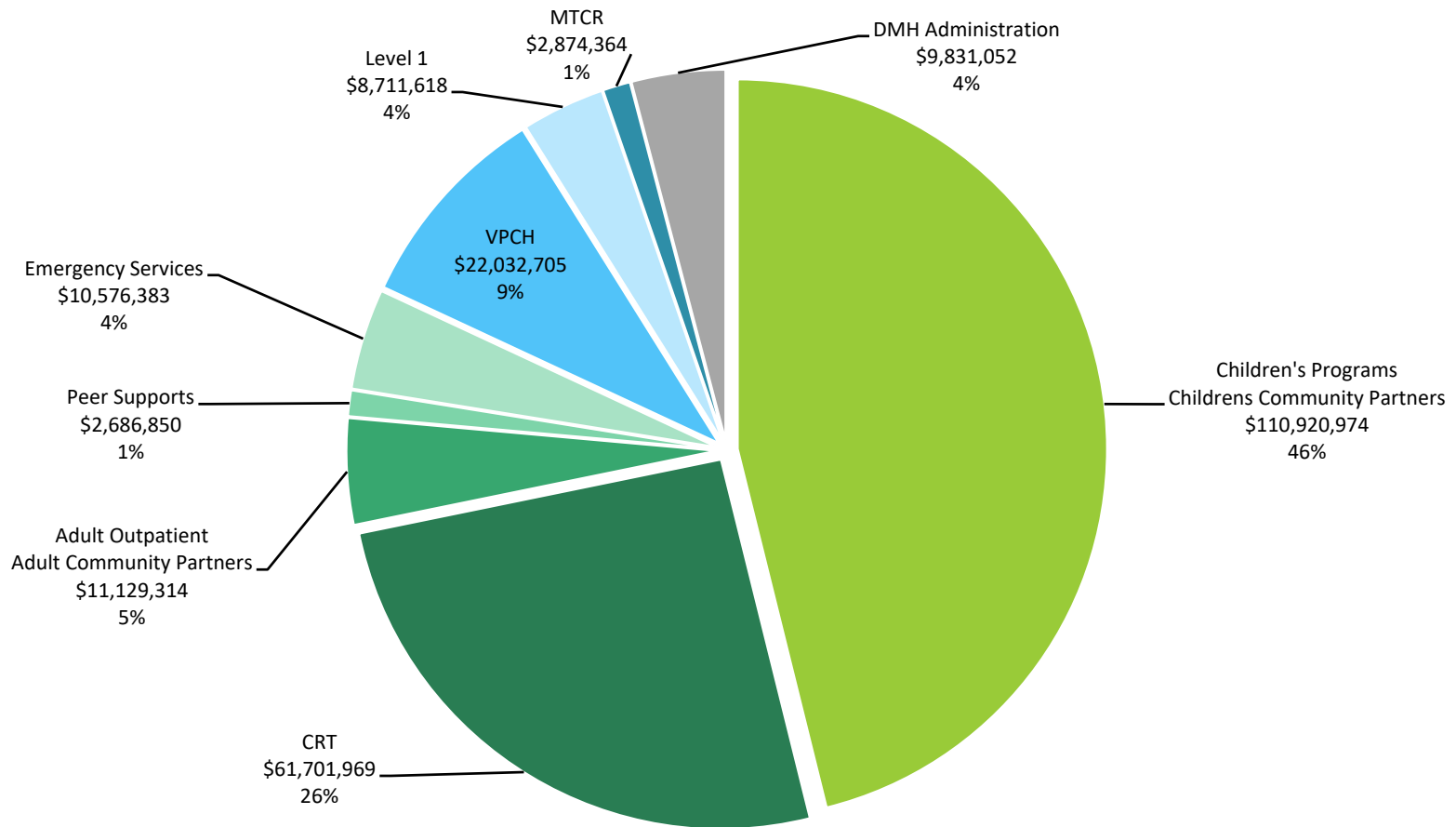
Departmental Budget

SUMMARY AND HIGHLIGHTS
FY19 PROPOSED EXPENSES
FY19 BUDGET REQUEST (UPS/DOWNS)

Summary and Highlights

- Working toward payment reform for adult mental health and children's mental health services
- 12 bed temporary forensic facility
- Street outreach in four DA regions
- Transition of contract pharmacy positions to internal state positions at VPCH
- Promoting Integration of Primary and Behavioral Health Care (PIPBHC) SAMHSA grant received (\$10 mil)
- Request for information (RFI) with DCF to build community capacity to turn the cure on youth residential placements
- Permanent secure residential program
- Independent evaluation of results for payments of IMDS

FY19 Proposed Expenses



FY19 Budget Request

- Presentation of FY 19 Ups/Downs

SUMMARY

Item	Gross	General Fund
DMH FY 19 Program and Operating Request	\$3,947,497	\$1,334,942
AHS Interdepartmental changes and AOA changes/rescission items	\$2,707,807	\$1,262,478
Other Initiatives	\$1,900,000	\$1,900,000
Total DMH FY19 Adjustments	\$8,555,304	\$4,497,420

Contact Information

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