

# Vermont Department of Mental Health

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FY2018 BUDGET PRESENTATION

MELISSA BAILEY, COMMISSIONER

# Proposed Agenda

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DEPARTMENT OVERVIEW – 20 MIN

RESULTS BASED ACCOUNTABILITY (RBA) – 20 MIN

DEPARTMENTAL BUDGET – 60 MIN

# Departmental Overview

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CENTRAL OFFICE ORGANIZATION

PROVIDER AGENCIES

DEPARTMENTAL PROGRAMS

BUDGET SNAPSHOT

# Central Office Organization

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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

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## 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

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## 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): 146 beds
- Children and Youth: 28 beds

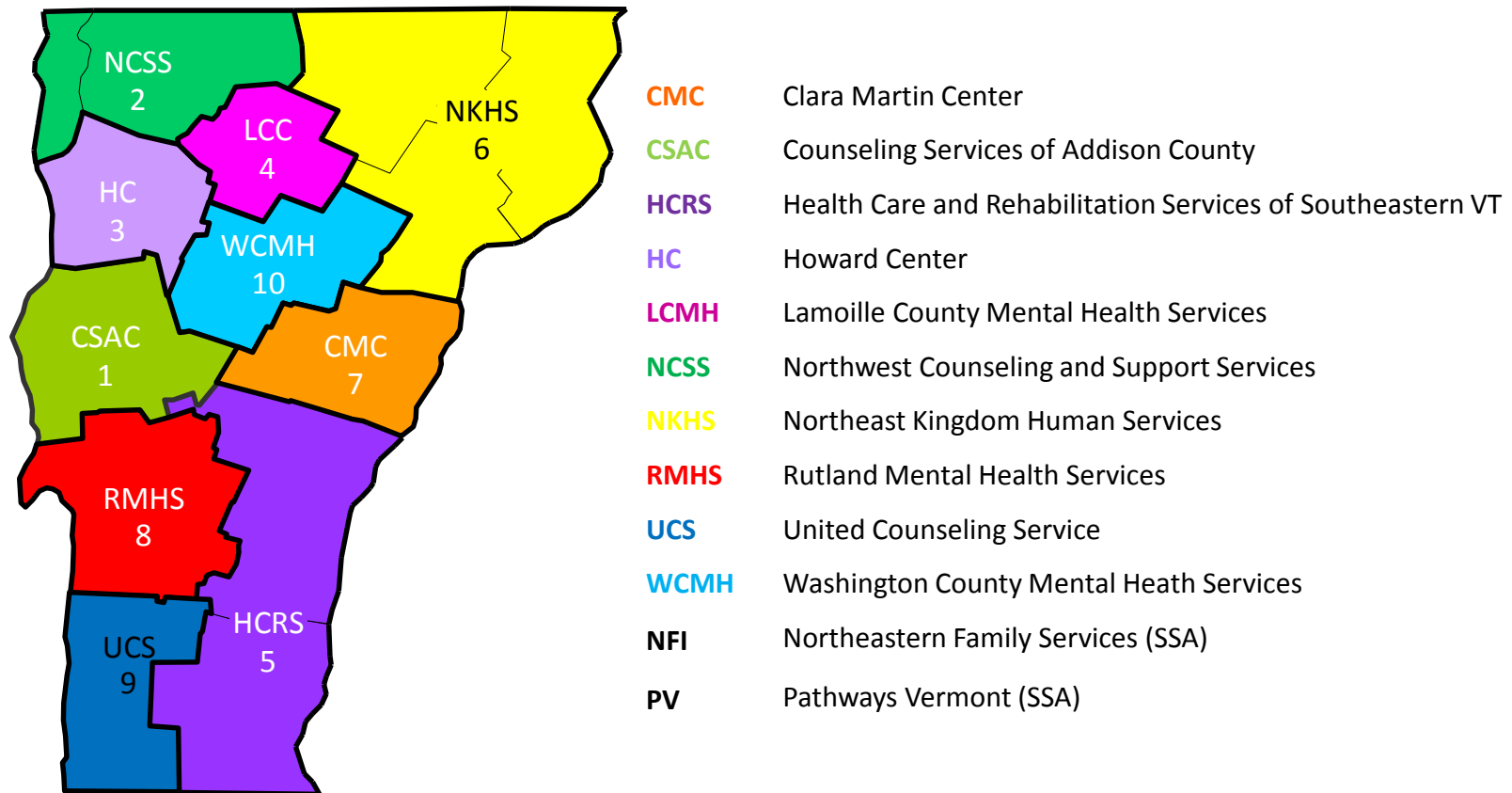
## Peer Service Agencies

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

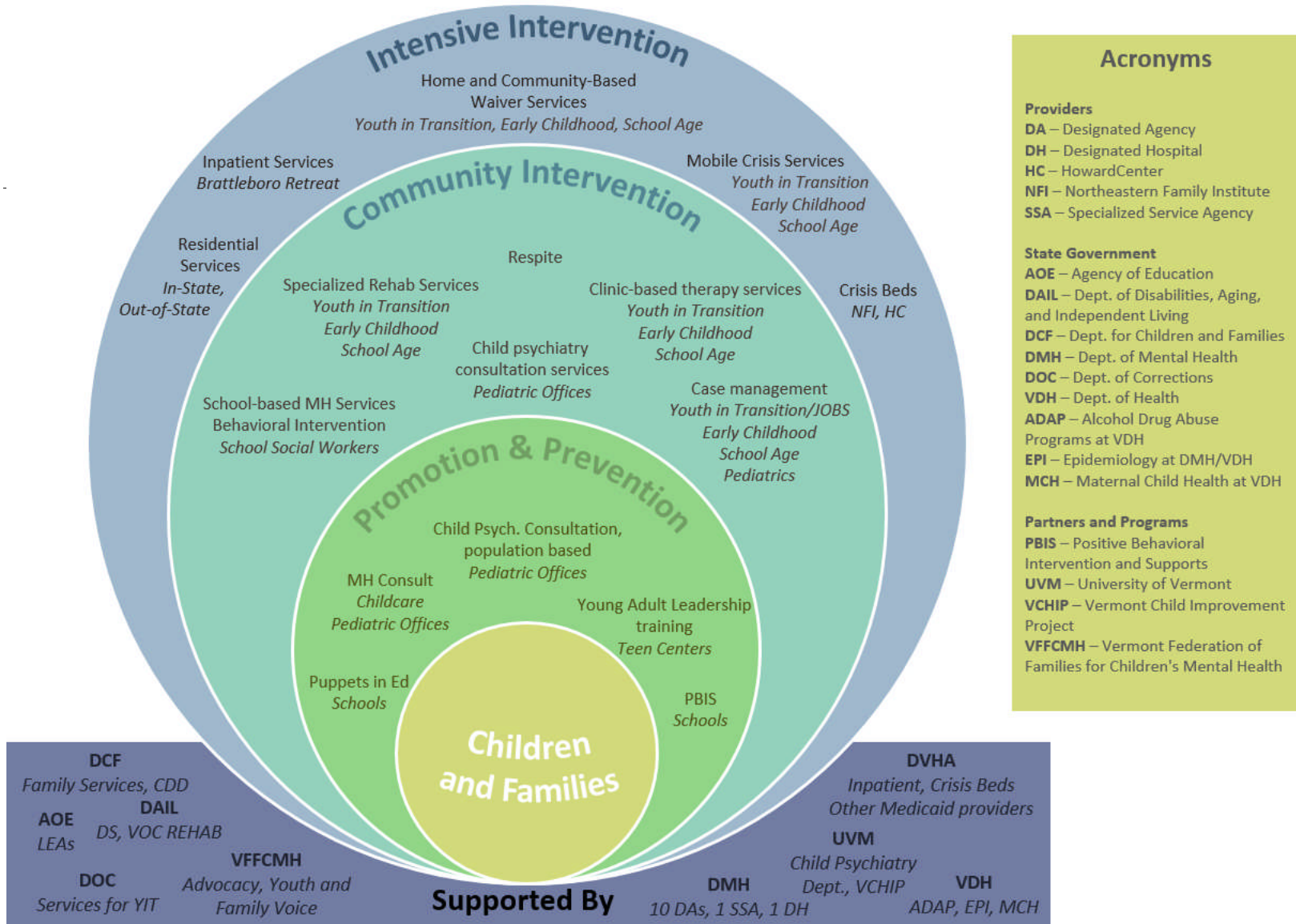
## State Secure Residential

- Middlesex Therapeutic Community Residence: 7 beds

# Designated Providers

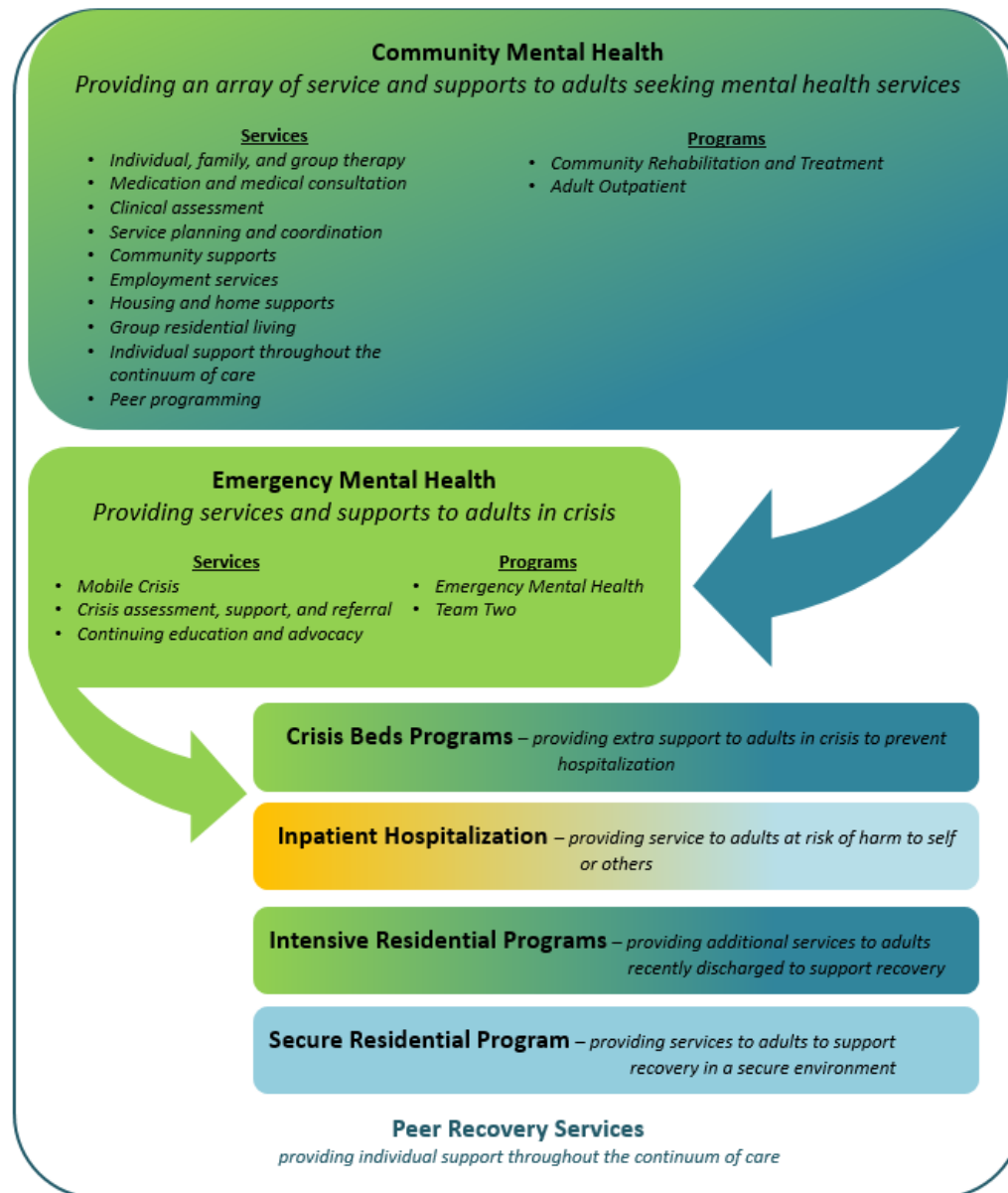


# Children's Mental Health System of Care





# 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

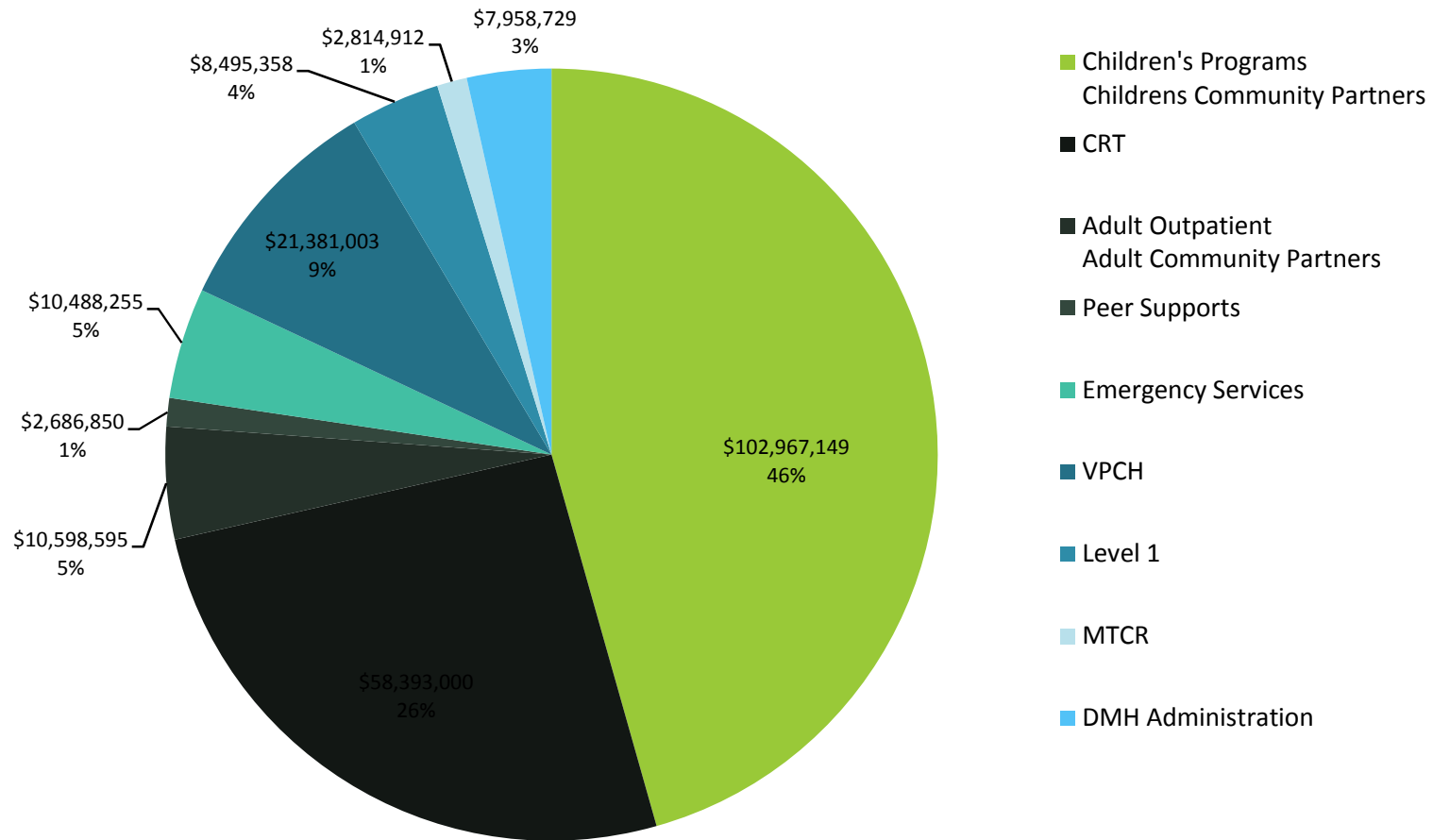
# Community Programs

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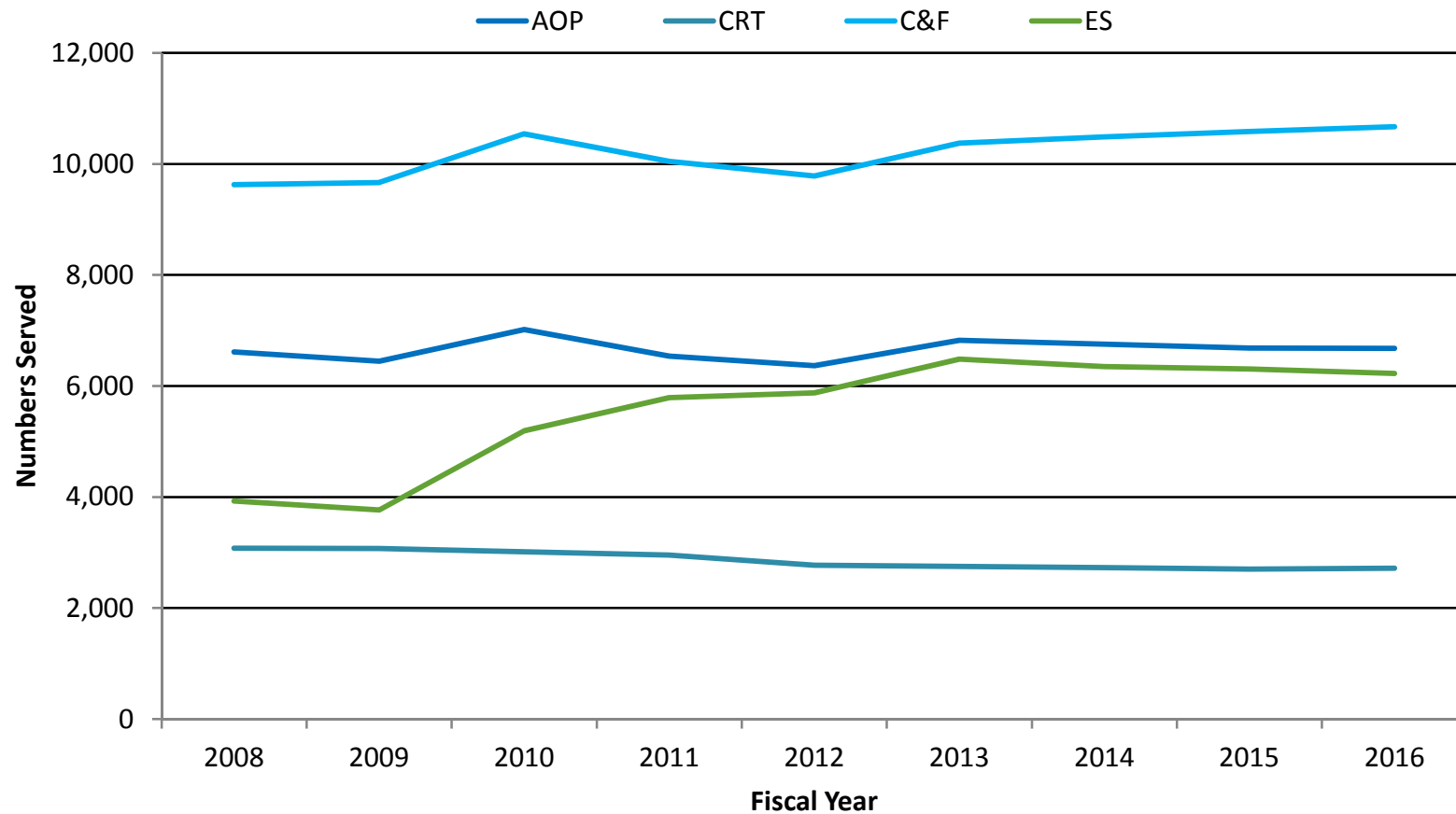
Program	Description
Adult Outpatient (AOP)	Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention
Community Rehabilitation and Treatment (CRT)*	Provides services 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*

# FY18: Proposed Expenses



# People Served by Program



# Performance Measures

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## 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 \(in development\)](#)  
[DMH Continued Reporting \(in development\)](#)

# 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 2016	6,681	 3
+ PM	How_Much # of non-categorical case management services	SFY 2016	13,573	 1
+ PM	How_Well # of Medicaid AOP hospitalizations	FYQ2 2017	52	 1
+ PM	Better_Off % improved upon discharge from AOP	SFY 2016	48%	 1

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

# Performance Measures

## Community Rehabilitation and Treatment (CRT)

Community Rehabilitation and Treatment (CRT)		Time Period	Actual Value	Current Trend
	# served in CRT	SFY 2016	2,718	1
	# of new CRT enrollees	FYQ2 2017	89	3
	# of inpatient psychiatric bed days for CRT clients	FYQ4 2016	3,270	1
	% of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge	SFY 2016	88%	2
	% of working age CRT clients who are employed	SFY 2016	22%	2
	% of CRT clients reporting positive outcomes	SFY 2014	73%	1

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

# Performance Measures

## Children, Youth and Families

- P C&F Children, Youth & Families (C&F) 📄			Time Period	Actual Value	Current Trend
+ PM	How_Much	# of children and youth served by C&F	SFY 2016	10,670	↗ 4
+ PM	Better_Off	% of children and youth receiving respite services who remain in their homes	SFY 2016	94.2%	↗ 1
+ 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 2016	6,225	3
	% occupancy of Designated Agency adult crisis bed programs	FYQ2 2017	<b>63%</b>	7
	# of involuntary admissions via emergency exams	SFY 2016	547	2
	% of people receiving non-emergency services within 7 days of emergency services	FYQ1 2017	63%	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 2016	100	50	↗ 1
+	PM How_Well	% of discharges readmitted involuntarily within 30 days of discharge	SFY 2016	7%	10%	↘ 2
+	PM How_Well	# hours of seclusion and restraint per 1,000 patient hours	SFY 2016	0.40	1.30	↘ 2
+	PM How_Well	% of patients with no emergency involuntary procedures during their stay	FYQ2 2017	73%	80%	↘ 3
+	PM How_Well	% of medication errors reaching the patient (of all medications administered)	Nov 2016	0.28%	5.00%	↘ 1
+	PM How_Much	# hours of mandated overtime in nursing department	FYQ2 2017	2,680	—	↗ 4
+	PM How_Much	# of employee injuries (moderate severity or greater)	FYQ2 2017	7	0	↗ 2

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

# Results Based Accountability

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COMMON LANGUAGE  
PERFORMANCE TO POPULATION  
PROGRAMMATIC PERFORMANCE BUDGET FY17

# Results Based Accountability (RBA)

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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)

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## 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

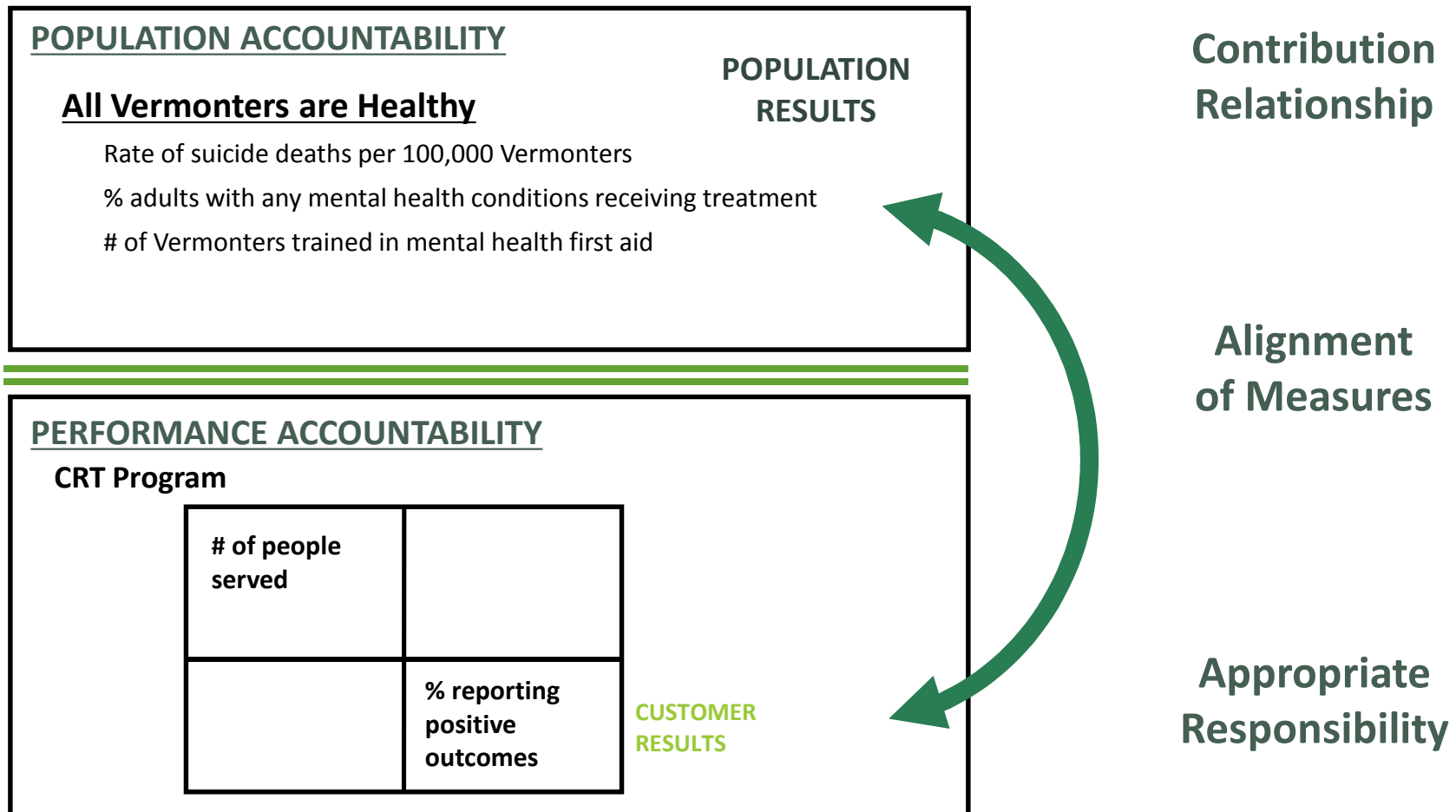
- Turning the curve

# Common Language

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	<b>Term</b>	<b>Framework Idea</b>
<b>Population Accountability</b> 	<b>Outcome</b>	A condition of well-being for children, adults, families, or communities (a whole population)
	<b>Indicator</b>	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
<b>Performance Accountability</b> 	<b>Performance Measure</b>	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



# Programmatic Performance Budget FY18

## 2014 Act 186 Outcomes

	Act186	Time Period	Actual Value	Target Value	Current Trend
⊖	<b>O</b> Act186	Vermonters are healthy. 📄			
+	<b>I</b> Act186	2014	17.2	11.7	↗ 2
+	<b>I</b> Act186	2015	20.27	—	↘ 1
+	<b>I</b> Act186	2015	58%	—	↗ 2

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



# Programmatic Performance Budget FY18

- P AOA Community Rehabilitation and Treatment (CRT)		Time Period	Actual Value	Target Value	Current Trend
+ PM	How_Much # served in CRT	SFY 2016	2,718	2,700	1
+ PM	Better_Off % of CRT clients reporting positive outcomes	SFY 2014	73%	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 2016	0.40	1.30	2
+ PM	How_Well Average length of stay in days for discharged patients	SFY 2016	100	50	1
+ PM	How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2016	7%	10%	2

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# Programmatic Performance Budget FY18

- P AOA Integrating Family Services (IFS) 📄		Time Period	Actual Value	Target Value	Current Trend
+ PM	How_Much # of children and youth served in IFS	FYQ4 2016	1,624	—	↘ 1
+ PM	How_Well % of those served who agree that services were right for them	SFY 2016	92%	—	↗ 1
+ PM	Better_Off % of those served who agree that services made a difference	SFY 2016	91%	—	↗ 1

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

# Departmental Budget

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KEY FISCAL YEAR ISSUES AND HIGHLIGHTS  
FY18 REVENUE AND EXPENSES  
FY18 BUDGET REQUEST

# Key Highlights

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- Implementation of the Electronic Health Record (EHR) at VPCH
- Ongoing development of the alignment of mental health services with the All Payer Model
- Vermont Crisis Text Line
- Suicide Prevention (Zero Suicide, U Matter, VT gun shop project)
- Mental Health first-aid
- Team two training
- Continued work with VCPI
- Designation of White River Junction VA Medical Center
- Designation of Pathways Vermont
- Secure Residential Program RFP
- Youth Hospital Diversion
- Agency of Education collaborations on coordinated service planning

# Key Fiscal Year Issues

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- Implementing Health Care Reform and All Payer Waiver - Implications for integrated care delivery and sustainable payment models across specialty care population and services
- GC Waiver Renewal - IMD Evaluation
- Ongoing access to Involuntary Care (Level 1 and General Involuntary Admissions) and decreased wait times - the right level of inpatient care at the right time
- Maintaining capacity of the new 25 bed Vermont Psychiatric Care Hospital (VPCH)
- Turning the curve on use of residential treatment for children
- Building early childhood and family mental health services
- Annualized DA increase in funding – System of Care capacity
- CRT Program caseload funding – Flow from higher cost to lower cost care
- Planning for permanent secure residential recovery – Step down capacity in continuum

# FY18 Budget Request

Item	Gross	General Fund
Salary & Fringe Increases	\$1,269,084	\$586,229
Workers Compensation Decrease	-\$23,931	-\$11,075
Contract Savings (Dartmouth Employment Contract)	-\$100,969	-\$46,399
Internal Service Fund Changes	-\$104,329	-\$47,766
Hardware/Software Savings (Vermont Psychiatric Care Hospital (VPCH) Electronic Health Record (EHR) savings	-\$115,000	-\$53,222
2% DA increase annualization	\$418,096	\$193,495
VCPI - Annualization of FY 17 request	\$12,000	\$5,554
Adult Inpatient Hospital Increase Cost	\$376,921	\$174,439
Adult CRT Utilization	\$1,087,513	\$503,301
Grant Savings	-\$44,500	-\$20,595

# FY18 Budget Request

## AHS/AOA ITEMS

Item	Gross	General Fund
Transfer from DAIL for ARCH (AHS net neutral)	\$252,756	\$116,975
Transfer to DCF for New Leaf funding to WCMH (AHS net neutral)	-\$51,000	-\$23,603
Adjustment to 2% DA increase (AHS net neutral - Move funding to VDH and DAIL)	-\$653,242	-\$302,320
53rd week base funding rescission	-\$875,003	-\$404,951

## SUMMARY

Item	Gross	General Fund
DMH Request	\$2,774,885	\$1,283,961
AHS/AOA	-\$1,326,489	-\$613,899
<b>Balance of DMH Request</b>	<b>\$1,448,396</b>	<b>\$670,062</b>

# Contact Information

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