



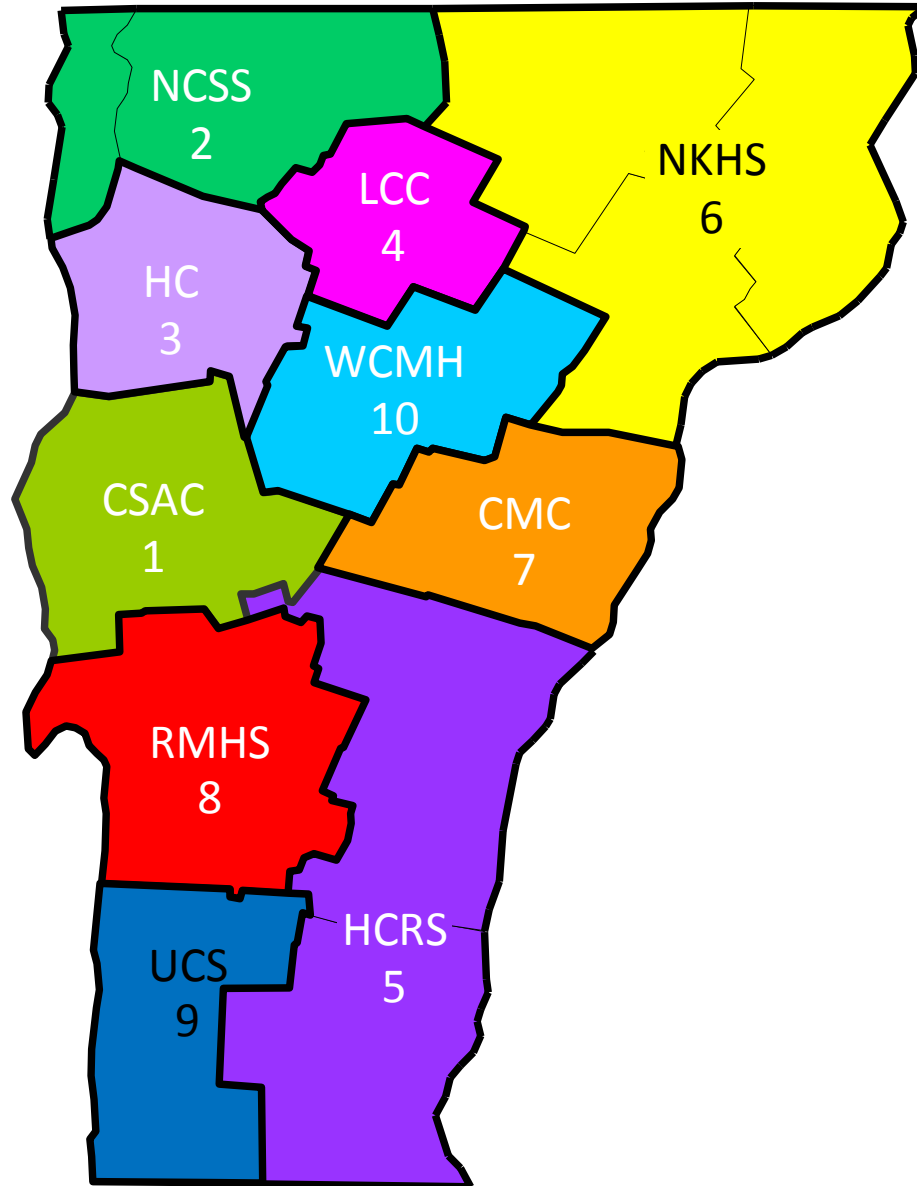
DEPARTMENT OF MENTAL HEALTH

MELISSA BAILEY, LCMHC, COMMISSIONER



OVERVIEW OF DEPARTMENT AND RESPONSIBILITIES

- Budget \$230 M
- Oversees 10 Designated Agencies and 2 Specialized Service Agencies through quality review, designation and collaboration
- 35,000+ people served through the DA/SSA system with even more served by Emergency Services and Crisis Teams
- Vermont Psychiatric Care Hospital and Middlesex Therapeutic Care Residence (25 and 7 beds)
- 600 Behavioral Interventionist and 200 School Based Clinicians in partnership with local schools
- 265 staff, 200 at the facilities, 65 at Central Office
- Several contracts such as with forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM
- Partners with sister departments, hospitals, other community providers, One Care, police departments, courts etc...



- 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)

Department of Mental Health Adult Mental Health System of Care

Community Mental Health

Providing an array of service and supports to adults seeking mental health services

Services

- Individual, family, and group therapy
- Medication and medical consultation
- Clinical assessment
- Service planning and coordination
- Community supports
- Employment services
- Housing and home supports
- Group residential living
- Individual support throughout the continuum of care
- Peer programming

Programs

- Community Rehabilitation and Treatment
- Adult Outpatient

Emergency Mental Health

Providing services and supports to adults in crisis

Services

- Mobile Crisis
- Crisis assessment, support, and referral
- Continuing education and advocacy

Programs

- Emergency Mental Health
- Team Two

Crisis Beds Programs – providing extra support to adults in crisis to prevent hospitalization

Inpatient Hospitalization – providing service to adults at risk of harm to self or others

Intensive Residential Programs – providing additional services to adults recently discharged to support recovery

Secure Residential Program – providing services to adults to support recovery in a secure environment

Peer Recovery Services

providing individual support throughout the continuum 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.

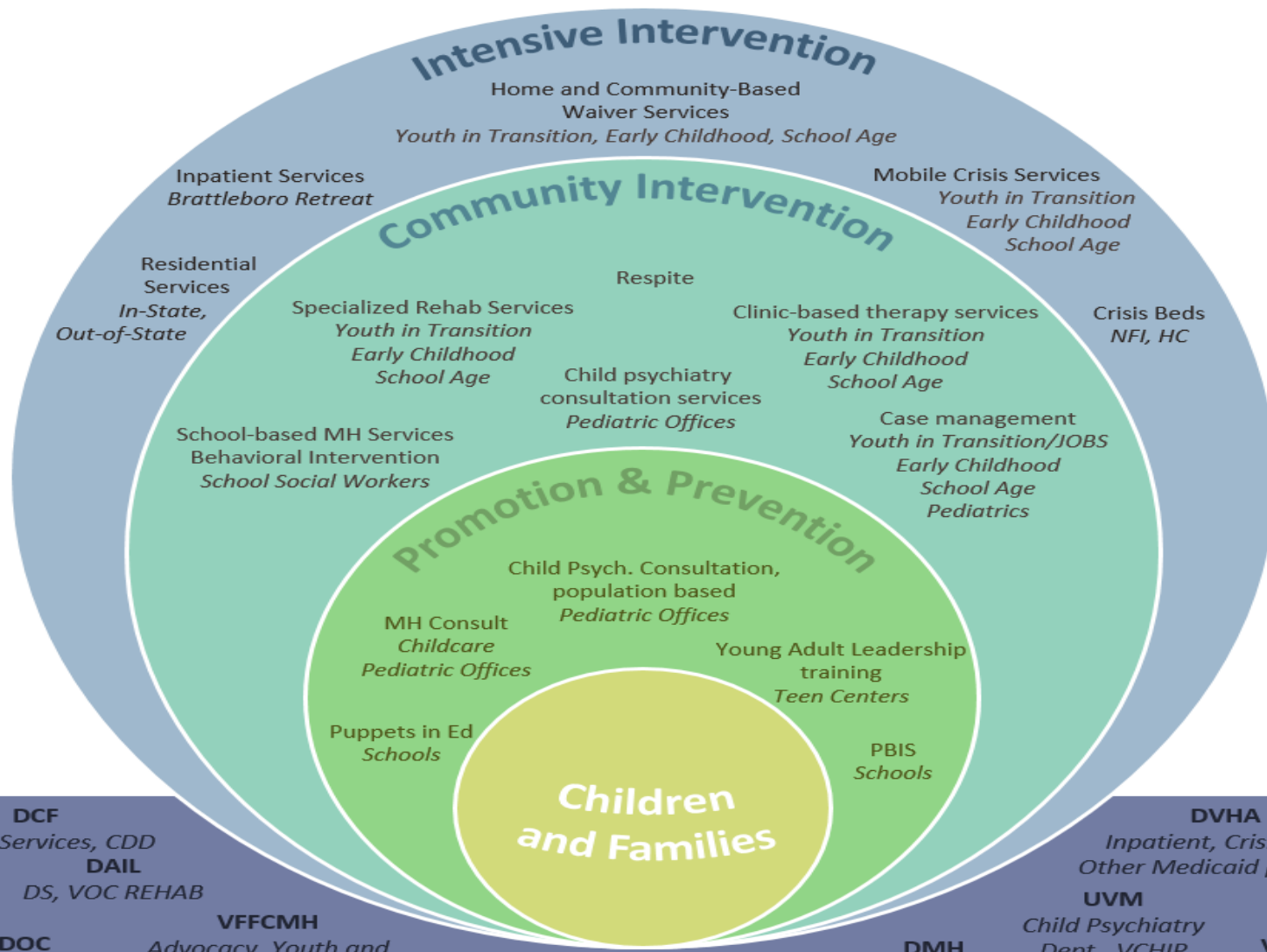
Specialized Services Agencies

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

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

Supported By

<p>DCF Family Services, CDD</p> <p>AOE LEAs</p> <p>DOC Services for YIT</p>	<p>DAIL DS, VOC REHAB</p> <p>VFFCMH Advocacy, Youth and Family Voice</p>	<p>DMH 10 DAs, 1 SSA, 1 DH</p>	<p>DVHA Inpatient, Crisis Beds Other Medicaid providers</p> <p>UVM Child Psychiatry Dept., VCHIP</p> <p>VDH ADAP, EPI, MCH</p>
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ACT 82 WORK TO DATE

- Legislation passed in 2016/2017 session
- July and August 2017 DMH hosted all day public meetings that involved peers, individuals with lived experience, family members, emergency room and hospital medical professionals, providers, other departments, police, advocacy and guild groups and DMH. Every aspect of section 3 and 4 were discussed
- July 2017 DMH hosted a meeting on involuntary medication as it relates to section 5
- Post these meetings several workgroups and meetings were hosted to further develop recommendations
- Final reports are due December 15, 2017. Reports include collaboration and sections authored by several interested parties
- Dec 15, 2017 forward we will continue to work with interested parties and the legislature to fine tune and implement recommendations

CURRENT PRESSURES

- Increased adults and children in emergency departments and waiting longer
- More challenging discharge planning due to resources pressures
- Staffing issues in all levels of care and all levels of staffing
- Impacts of trauma, poverty and substance abuse
- Changes in agreements with Centers for Medicaid and Medicare
- Some of our laws regarding involuntary treatment protect most but also presents challenges for a small sub-population
- Increase in forensic cases and court orders
- Families facing multiple challenges including housing, child care, poverty and parents struggling with mental illness or substance abuse

INITIAL PRIORITIES TO ADDRESS CHALLENGES

- Implementing Strengthening Families Framework
- Working with child care and schools to be trauma informed and have tools to work with children and families who experience trauma
- Implementing Building Flourishing Communities
- Working with Department for Children and Families to implement evidence based early childhood and family mental health
- Integrating children and family services across the Agency of Human Services
- Payment reform to create flexibility and focus on outcomes and quality

INITIAL PRIORITIES TO ADDRESS CHALLENGES

- Increase capacity for forensics, level I beds and secure residential
- Examine licensing and rules regarding emergency involuntary procedures and involuntary treatment
- Assure crisis beds are fully utilized and explore alternatives that people are more willing to access
- Expand mobile crisis outreach to assure community outreach and appropriately address crisis in community so individuals can be diverted, when appropriate from the ED
- Continue to explore or build geriatric psychiatric
- Supportive housing that can adequately support people coming out of inpatient or prevent some individuals needing inpatient or crisis services
- Adding resources to assure training in evidence based practices
- Peer services to be expanded and supported
- Expand mental health treatment court

CONCRETE WORK ON HIGH END SYSTEM OF CARE

- Use the **ED Data subgroup** to expand what data is needed from the EDs as well as other data elements that will help provide a full picture of current ED, inpatient and other flow related issues and to further understand reasons for referrals to EDs
- VAHHS and DMH to implement **prospective collecting of data** as it relates to reasons for referral to EDs, need for inpatient and barriers to discharge including gaps in services
- Use **ED subgroup** to explore **alternatives to ED options**
- Work with other **facilities report** requirements to **finalize recommendations** on forensic, potentially more inpatient, crisis alternatives (using information from above mentioned subgroup), and secure residential
- Use the **current work** in Washington Co. on **regional navigation** to further develop framework for regional navigation, budget and plan needed to implement state-wide and if that will have any impact or identify changes needed from DMH Care Management Teams
- Create workgroup to further explore **expanding mobile crisis, supportive housing needs and other community based services needed**
- Continue to **develop nursing facilities' options** and explore what other options are needed in relation to services for geriatric individuals
- There are 6 more children's **emergency beds** in southern VT, only delay in opening is staffing
- Review current **involuntary laws**

DEPARTMENT OF MENTAL HEALTH

- Questions, comments, suggestions