

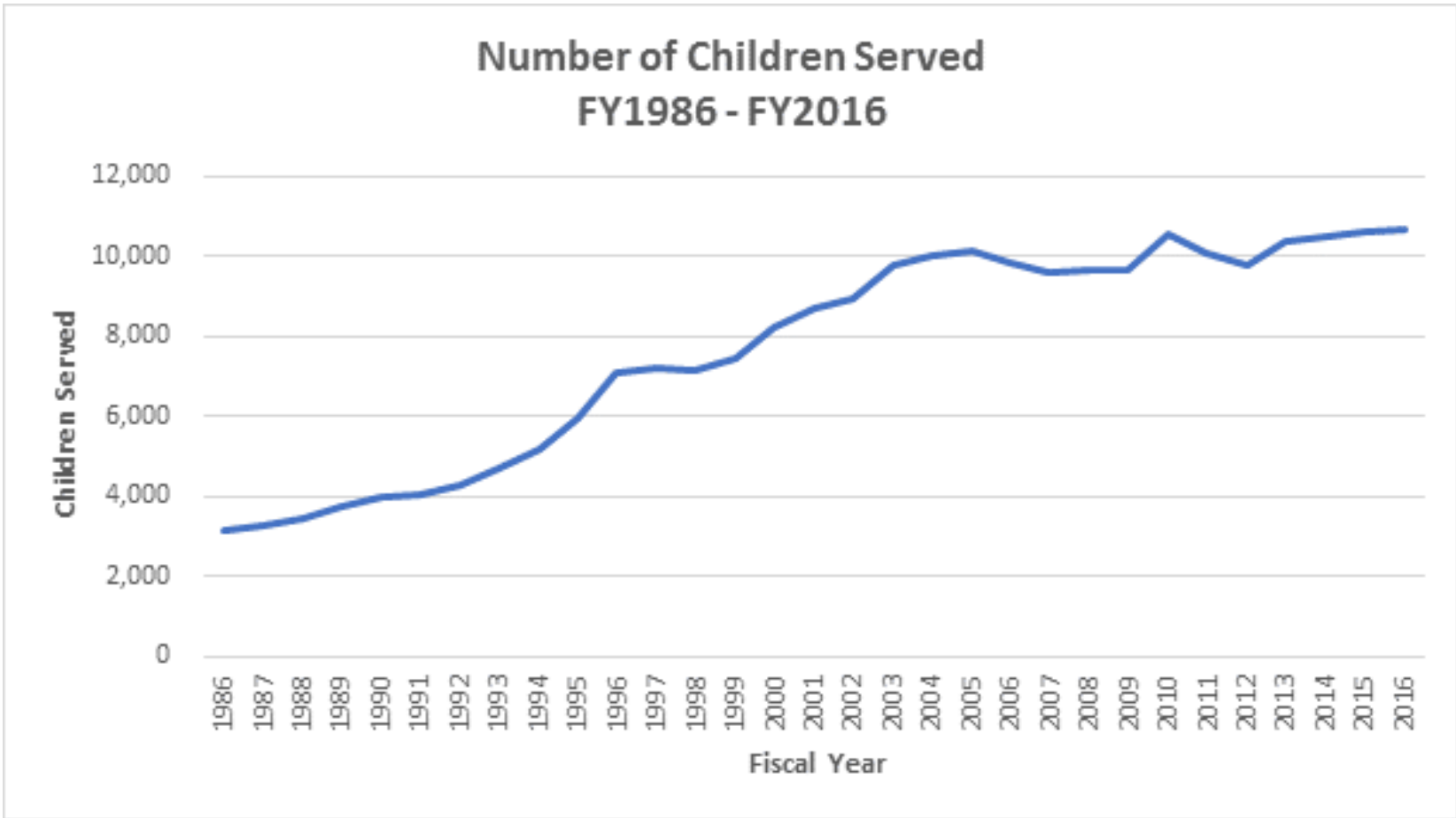
# History of Vermont's Public Mental Health System

Department of Mental Health

January 31, 2017

House Health Care

# Number of Children Served 40 Year Period



# Child and Adolescent Mental Health

- **1979:** The Weeks juvenile detention facility closed
- **1982:** The last ward of the state hospital closed for children and CMS awarded DMH with the first Home and Community Medicaid Waiver 1915c
- **1988:** passage of Act 264
- **1988:** DMH received a Robert Wood Johnson grant

# Child and Adolescent Mental Health

- **1992:** The Secretaries of AHS and AOE created Success Beyond Six
- **1992:** DMH received a SAMHSA Access grant
- **1996:** Behavioral Interventionists (BI's) in schools
- **1998:** DMH received a SAMHSA CUPS (Children's Upstream Services) Grant

# Child and Adolescent Mental Health

- **2004:** Child Trauma Workgroup established
- **2005:** AHS and AOE sign Interagency Agreement
- **2008:** DMH received a SAMHSA Youth in Transition (YIT) grant
- **2009:** DMH received a SAMHSA Child Trauma Grant (NCTSN)
- **2009:** DMH received a SAMHSA Youth suicide

# Child and Adolescent Mental Health

- **2010:** psychotropic meds trend monitoring committee established
- **2011:** DMH received the 2<sup>nd</sup> SAMHSA youth suicide grant
- **2013:** DMH chairs the AHS youth and young adult enhancement council
- **2015:** begin work with AOE to reinvigorate Act 264

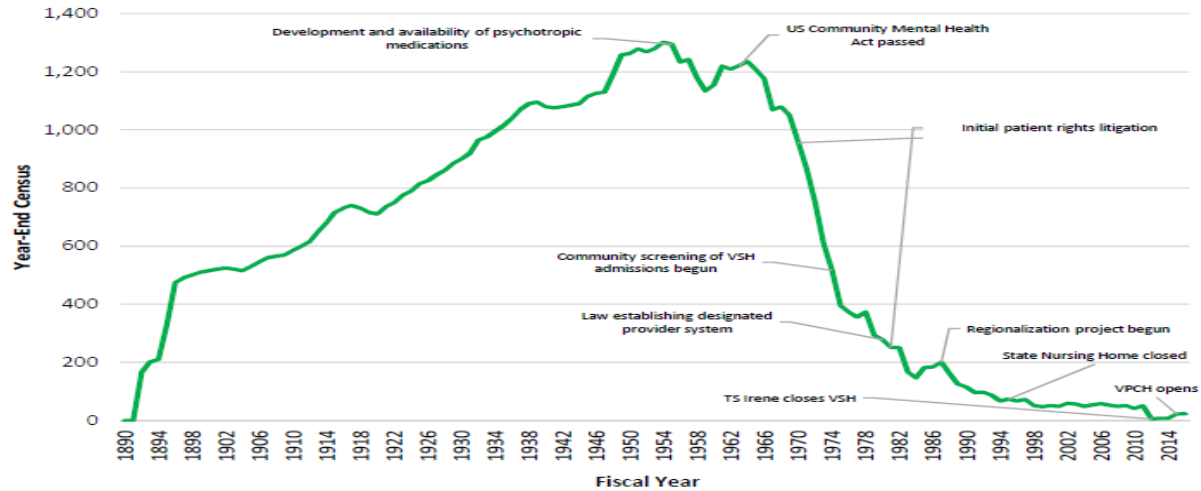
# Current Focus

## Child and Adolescent Mental Health

- Focus on Early Childhood Mental Health - consultation and Treatment
- Development of Hospital Diversion Program in Southern Part of Vermont
- Transferring resources used for residential care into responsive community resources
- Working with the Agency of Education to reinvigorate Act 264
- Health Care Reform

# Adult Mental Health

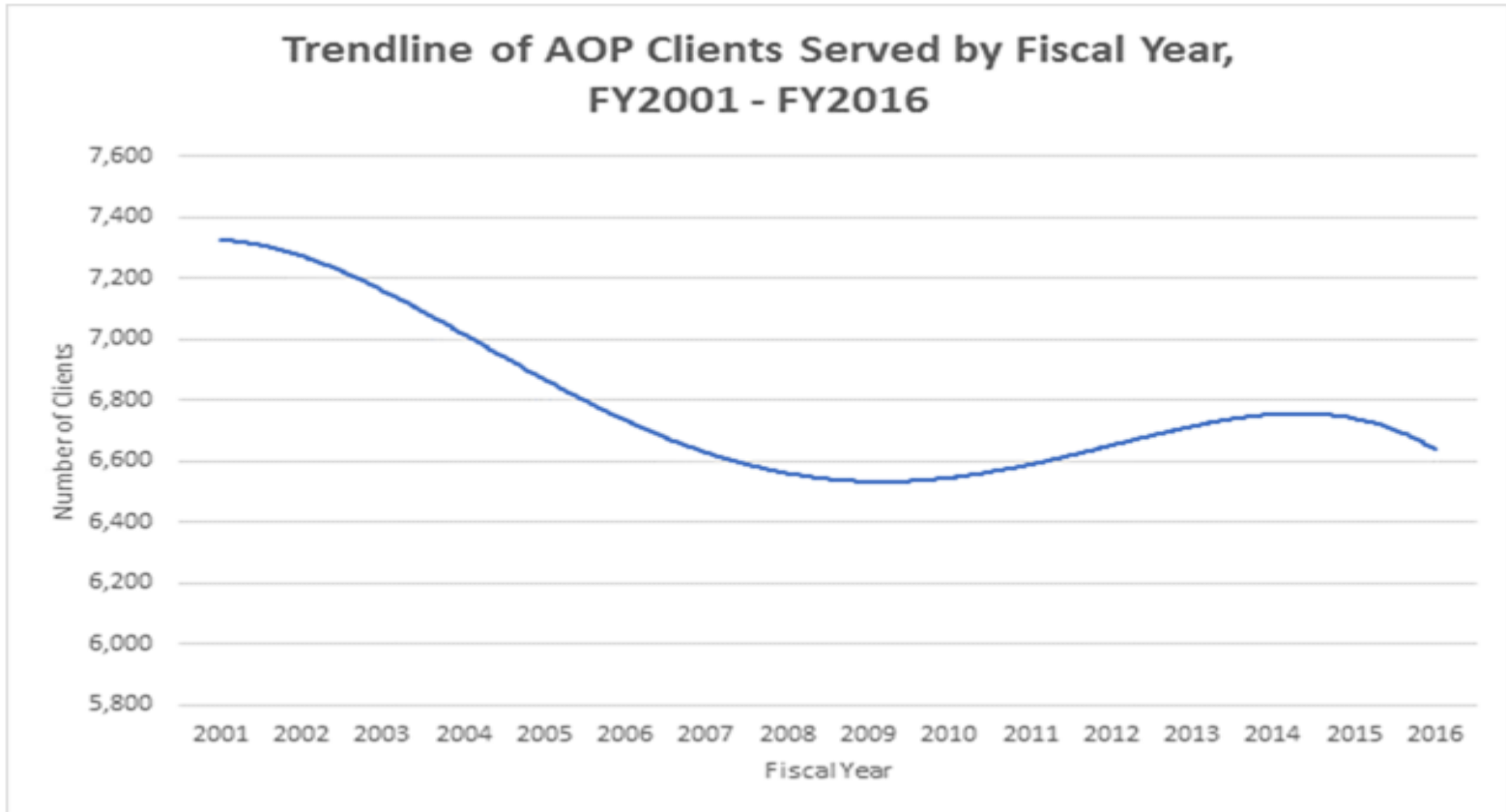
Vermont State Hospital  
Year-End Census, 1890 - 2016



Fiscal Year	Year-End Census	Fiscal Year	Year-End Census	Fiscal Year	Year-End Census	Fiscal Year	Year-End Census	Fiscal Year	Year-End Census	Fiscal Year	Year-End Census
1890	0	1912	615	1934	995	1956	1,234	1978	373	2000	52
1891	0	1913	650	1935	1,015	1957	1,241	1979	294	2001	49
1892	165	1914	680	1936	1,040	1958	1,180	1980	278	2002	59
1893	200	1915	715	1937	1,070	1959	1,133	1981	252	2003	57
1894	210	1916	730	1938	1,090	1960	1,154	1982	251	2004	49
1895	330	1917	740	1939	1,095	1961	1,219	1983	167	2005	54
1896	475	1918	730	1940	1,080	1962	1,208	1984	146	2006	58
1897	490	1919	715	1941	1,075	1963	1,220	1985	182	2007	53
1898	500	1920	710	1942	1,080	1964	1,235	1986	185	2008	49
1899	510	1921	735	1943	1,085	1965	1,207	1987	200	2009	51
1900	515	1922	750	1944	1,090	1966	1,175	1988	161	2010	41
1901	520	1923	775	1945	1,115	1967	1,069	1989	125	2011	50
1902	525	1924	790	1946	1,125	1968	1,079	1990	114	2012	5
1903	520	1925	815	1947	1,130	1969	1,051	1991	96	2013	8
1904	515	1926	825	1948	1,190	1970	955	1992	97	2014	8
1905	530	1927	845	1949	1,257	1971	863	1993	87	2015	22
1906	545	1928	860	1950	1,263	1972	748	1994	67	2016	24
1907	560	1929	885	1951	1,278	1973	608	1995	74		
1908	565	1930	900	1952	1,268	1974	516	1996	67		
1909	570	1931	920	1953	1,280	1975	396	1997	73		
1910	585	1932	965	1954	1,301	1976	373	1998	51		
1911	600	1933	975	1955	1,294	1977	356	1999	48		



# Adult Mental Health



# Adult Mental Health

- **1891:** Vermont State Asylum for the Insane opened with twenty-five prisoners from the Brattleboro Retreat
- **1920's:** Population crests over 700
- **Up to the Late 1940's:** Early psychiatric treatment remains an emerging field and includes a variety of experimental treatments often influenced by field practice, hospital management, and physician preferences
- **1950's:** Vermont State Hospital opens a Medical Building with surgical interventions and electroshock treatment continuing as “best practice”
- **Late 1950's:** First experimental halfway house established in Montpelier to receive discharged patients of VSH

# Adult Mental Health

- **1960:** VSH annual census leveling at 1,154
- **1963:** Passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act
- **1963:** VSH population levels stabilizing.
- **1965:** VSH receives first federal accreditation, making it eligible for funding through the new Medicare and Medicaid programs for older and poorer Americans, respectively
- **1965:** Vermont Community mental health centers emerge. Nationally, institutionalized population remains high
- **1966 – 1980:** Expansion of disability insurance, introduction of housing assistance, other government programs introduced making hospital discharges possible

# Adult Mental Health

- Second Wave Psychotropic Medications Late **1980's- 1990's**
- **1984:** Community mental health centers continue to grow providing rehabilitation and alternatives to hospitalization. VSH census continues to decline
- **1985-87:** VSH decertified by Federal government
- **1987:** 32-year Harding “Vermont Longitudinal Study” that began in 1955 published

# Adult Mental Health

- **1993:** Brandon Training School closes shifting state expenditures to community-based care for individuals with developmental disabilities
- **1995:** VT secures 1115B Medicaid waiver for adult population with “Severe and Persistent Mental Illness” (SPMI)
- **1999:** U.S. Supreme Court held in *Olmstead v. L.C.* that the unjustified isolation of individuals with disabilities is properly regarded as discrimination based on disability

# Adult Mental Health

- **2000:** White Paper: Vermont's Vision of a Public System for Developmental and Mental Health Services Without Coercion
- **2000:** Vermont Commission on Psychological Trauma reported a concern about whether facilities like VSH caused more trauma than healing
- **2002:** Act 114 (Court-ordered Involuntary Medication) passed by VT Legislature
- **2003:** VSH again decertified following two patient suicides. Re-certified again

# Adult Mental Health

- **2004:** U.S. Department of Justice (DOJ)
- **2005:** VSH again decertified following patient elopements
- **Early 2006:** Vermont's plan for implementation of the *Olmstead* decision finalized
- **2006:** VSH services improve under DOJ oversight. Settlement agreement reached with DOJ
- **2007:** Transformation Advisory Council formed

# Adult Mental Health

- **2009:** Report on Clinical Services Design for the VT Adult Mental Health Care Management System (CRISIS, ACUTE, AND REHABILITATIVE SERVICES)
- **2010:** State officials propose a new 15-bed residential building for state hospital patients in the parking lot and cornfield behind Randall Street
- **2011:** Hospital replacement planning continues to determine interested hospital partners, siting, and size of facility
- **Later 2011:** Tropical Storm Irene floods Waterbury; 52 patients evacuated to inpatient, community, and Correctional facility locations within the state. Administration announces that VSH will not reopen



# Adult Mental Health

- **2012:** New patient tracking and data collection developing, care management team expands, Designated Hospitals (DH's) trained and utilized for Act 114 medication and forensic admissions subject to bed capacity constraints, utilization of DOC for court-ordered forensic evaluation requests for patients with bail requirement and delayed in placement, sheriff supervision and transports expand, technical assistance team established for consultation services to DA's and hospitals.

# Adult Mental Health

- **2012:** Act 79 (Mental Health System Transformation) passed by the VT Legislature to address adult inpatient and community care system
- **2012:** Emergency CON's for RRMC and Brattleboro Retreat renovations; Secure Residential Program, Green Mountain Psychiatric Care Center (GMPCC); new permanent replacement hospital
- **Early 2013:** GMPCC opens. CMS certified and JCAHO accredited

# Adult Mental Health

- **Mid 2013:** Secure Residential Program opened
- **Mid 2014:** GMPC closed; Vermont Psychiatric Care Hospital opened. CMS certified and JCAHO accredited
- **2015:** Proposed 14 bed secure residential program

# Adult Mental Health

- **2016:** Joint Justice Oversight Committee hearings on services to mentally ill offenders in Department of Corrections Custody. Act 158 (2014 - program services for traumatic brain injury- delayed implementation given impact on acute hospital beds if DAIL not resourced to develop programs). CMS/VT GC Medicaid renewal with revised State Terms and Conditions requirements. Request for Proposal issued for possible bidders for permanent secure residential replacement program/programs.

# Current Focus

## Adult Mental Health

- Preserving community-based service array created under Act 79 (hospital alternatives, housing supports, non-categorical service, emergency mobility)
- Early intervention for first episode of psychosis
- Peer informed? services and treatment – Open Dialogue, Soteria, Alyssum, Peer/Cadre services at DAs
- Zero Suicide
- Team Two –MH partnership with Law Enforcement
- Development work with DAIL, L&P and Rate Setting to support more specialized MH supports and services in nursing facilities
- Collaboration with DOC to transition offenders in need of ongoing MH supports and services back to community upon release

# Conclusion

- Child and Adolescent mental health has a shorter development history and prevention focus. Goals are away from institution and disability to community based and resiliency avoiding higher costs later
- Adult mental health treatment capacity in coordination with physical health care service delivery and payment reform is integral to maximizing system resources for better population outcomes decreasing costs over time
- Workforce capacity must be trained, available and comparably compensated to provide the services required and expected in the community versus institutional settings
- Adult mental health continues to require an infusion into its workforce to be able to provide the services they are required and expected to do in the community