

# Department of Mental Health

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PRESENTATION TO HOUSE COMMITTEE ON GOVERNMENT OPERATIONS

SARAH SQUIRRELL, MS, COMMISSIONER

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JANUARY 18, 2019

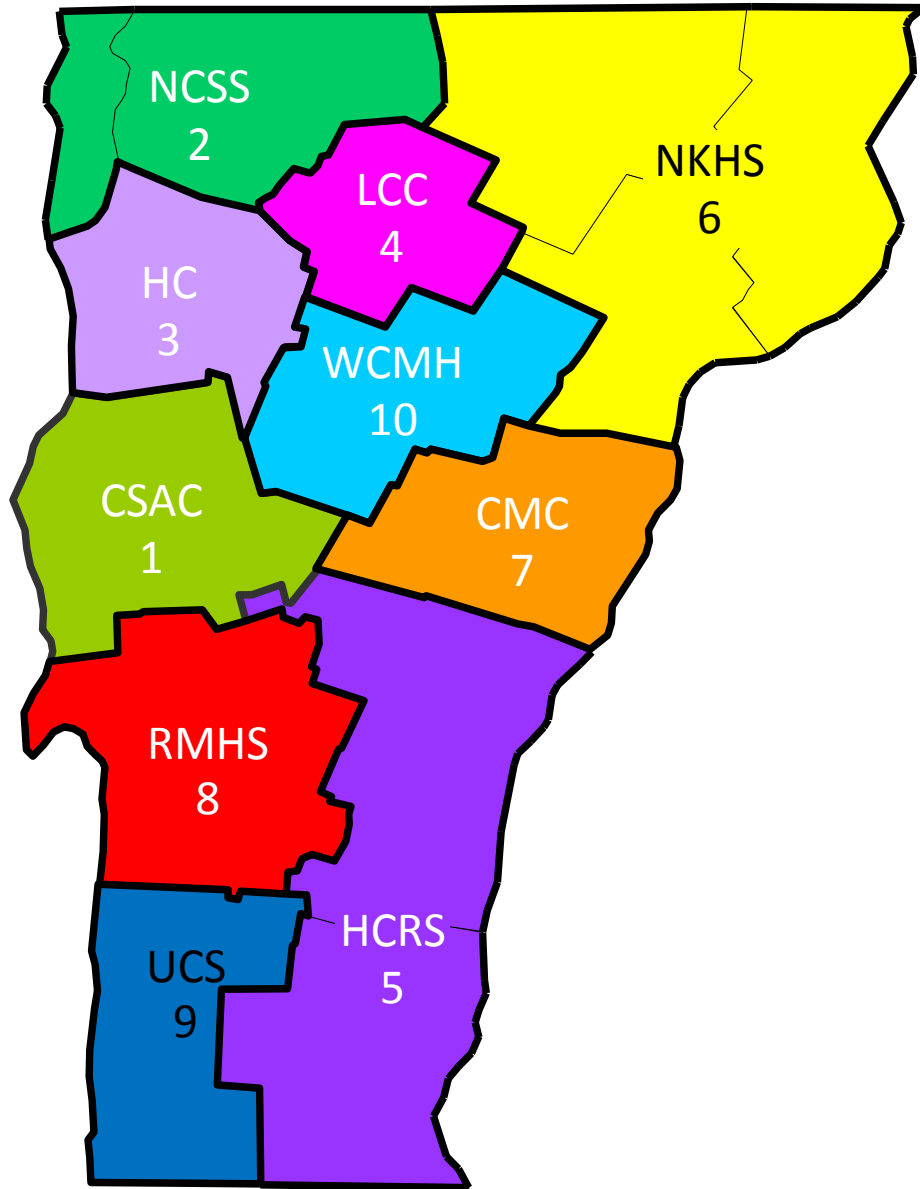
# Overview

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- Department Overview
- System of Care
- Priorities
- Snapshots of system capacity
- Current Pressures
- Results Based Accountability

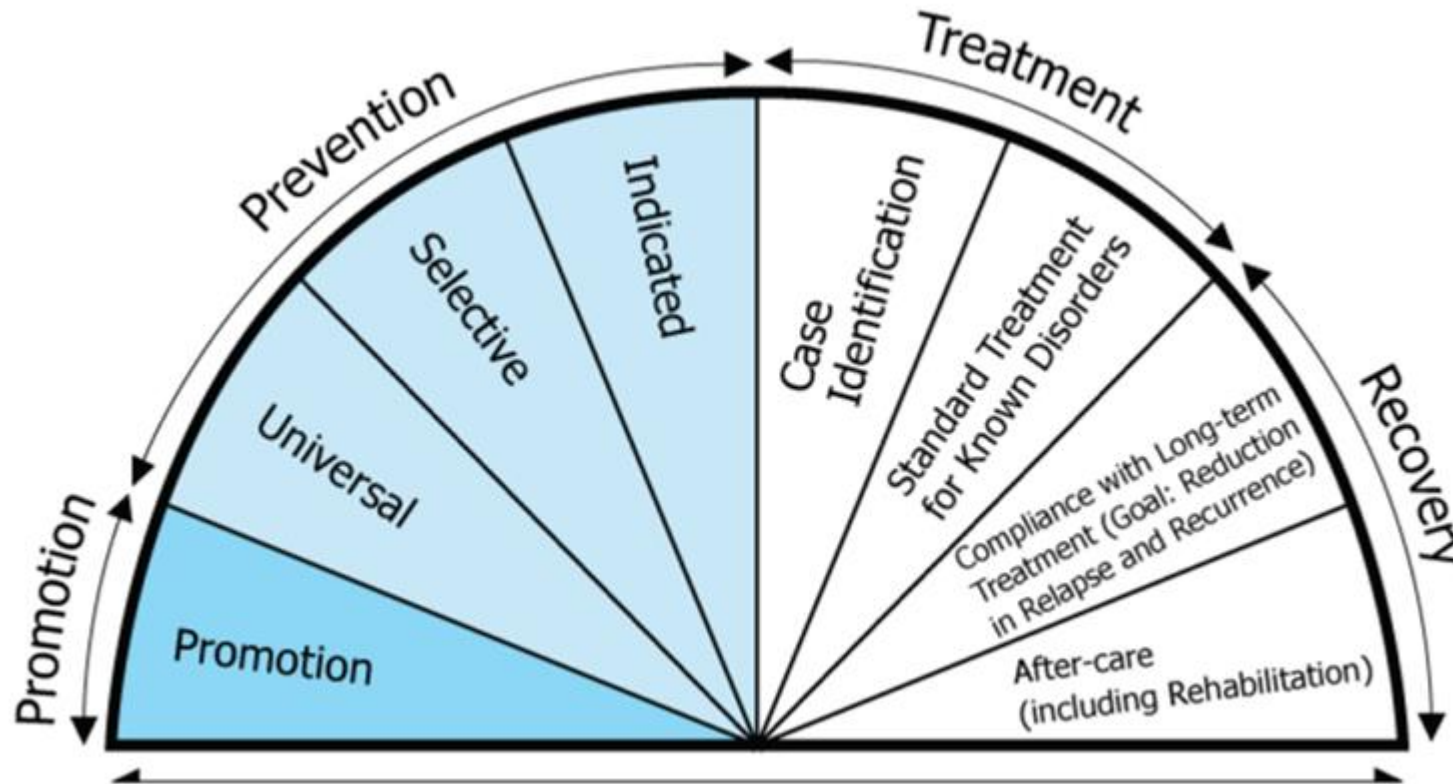
# Overview of Department & Responsibilities

- ❑ Budget \$264 M
- ❑ Oversight, Designation and Collaboration with:
  - 10 Designated Agencies
  - 2 Specialized Service Agencies
  - 7 Designated Hospitals
- ❑ 25,000 people served through the DA/SSA system with even more served through Community Outreach, Emergency Services, and Crisis Teams
- ❑ Operations of
  - Vermont Psychiatric Care Hospital (25 beds)
  - Middlesex Therapeutic Care Residence (7 beds)
- ❑ 320 staff, 255 at the facilities, 62 at Central Office
- ❑ 586 Behavioral Interventionist and 226 School Based Clinicians in partnership with over 250 local schools
- ❑ Other Notable Partnerships: forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM, Vermont Federation of Families for Children's Mental Health, Center for Health and Learning, Vermont Psychiatric Survivors, National Alliance on Mental Illness VT, Pathways Vermont and many others.
- ❑ Collaboration with sister departments, hospitals, other community providers, One Care, police departments, courts and others



- 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)

# Public Health- Mental Health Intervention Spectrum



The mental health intervention spectrum for mental disorders (from Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention ...By Patricia Beezley Mrazek, Institute of Medicine (U.S.). Committee on Prevention of Mental Disorders, United States. Congress)

## 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.

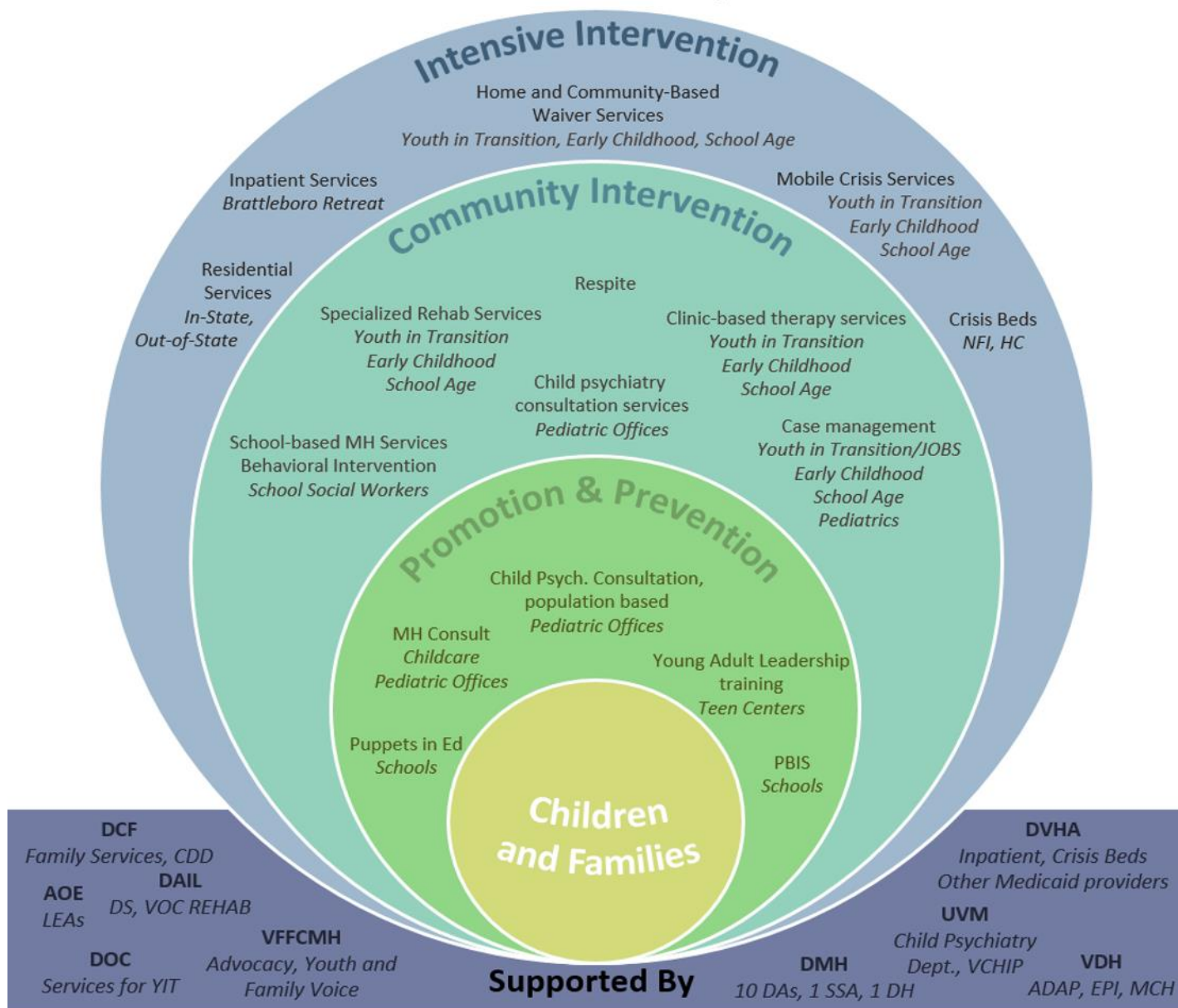
### Specialized Services Agencies

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

# Priorities

## 1. Prevention and Promotion:

- Early intervention
- Public health initiatives such as Building Flourishing Communities

## 2. Integration and Collaboration:

- Streamline and better coordinate the provision of services
- Articulation of a common, long term vision and collective commitment toward full integration of mental health services within a comprehensive and holistic health care system
- Increase collaboration with early childhood service providers and community supports to address the high rate of young children being placed into DCF custody, young children being expelled from childcare, young children being placed in residential settings, and the impacts of trauma on development.

## 3. System Flow

- Improve the capacity ability of hospital inpatient and emergency departments to meet mental health needs
- Increase community capacity the number of people served in community settings and the ability of the community to help people step down from higher levels of care.
- Analysis of trends, need and opportunities to "turn the curve" for children and youth in inpatient and residential settings

## 4. Payment Reform

- Move toward accountability focused on performance outcomes versus fee for service



# Inpatient Capacity

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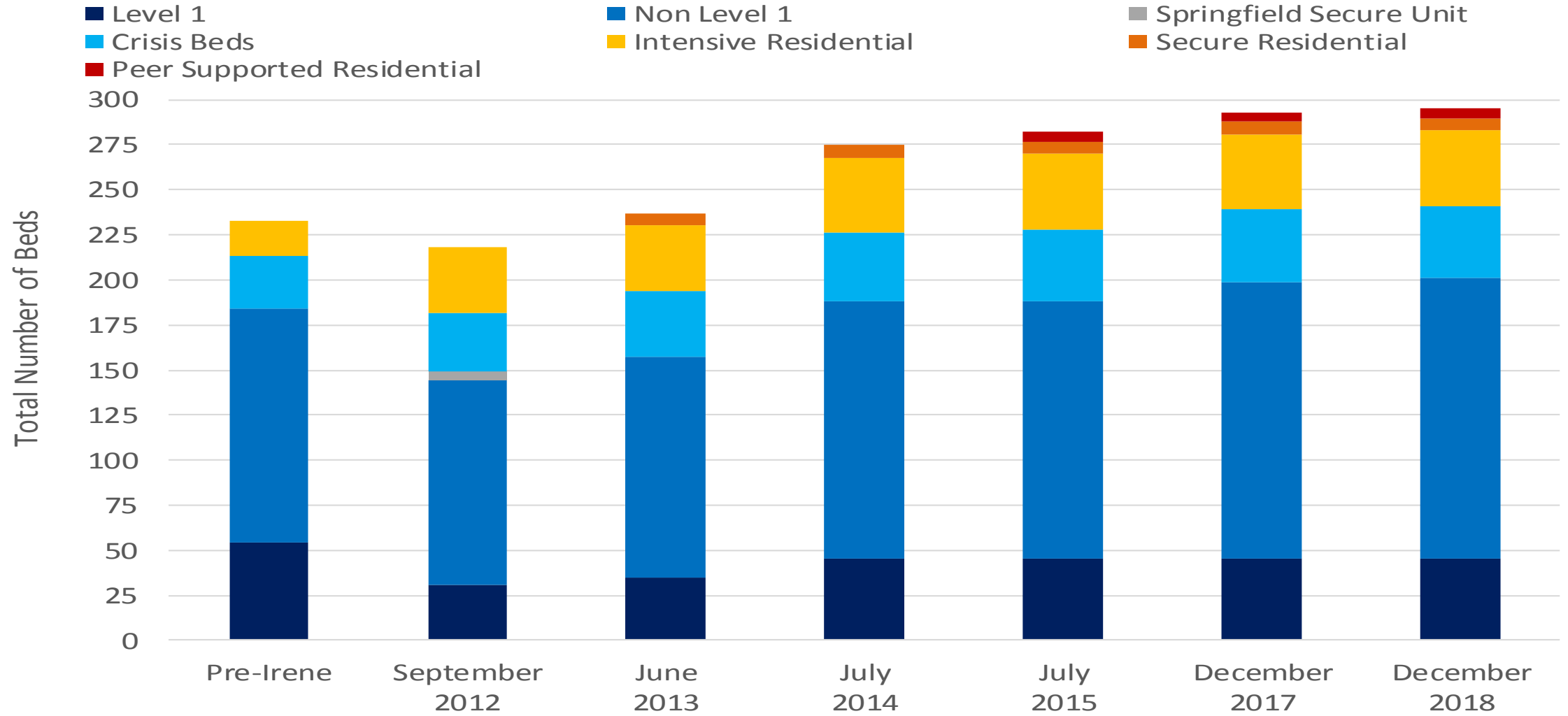
## **Brattleboro Retreat renovation and fit up for expanded capacity**

- \$5.5M allocated in 2018 for Level I capacity at the Brattleboro Retreat.
  - Contract between BGS and Brattleboro Retreat executed December 2018.
  - 12 Level 1 beds to increase statewide capacity by January 2020

## **UVM-Health Network- development of additional in-patient capacity at CVMC**

- A concept proposal by the UVM Health Network recommending the development of additional inpatient beds on the campus of the Central Vermont Medical Center.
  - Development of the concept proposal is ongoing and likely part of a longer-term inpatient bed replacement plan.

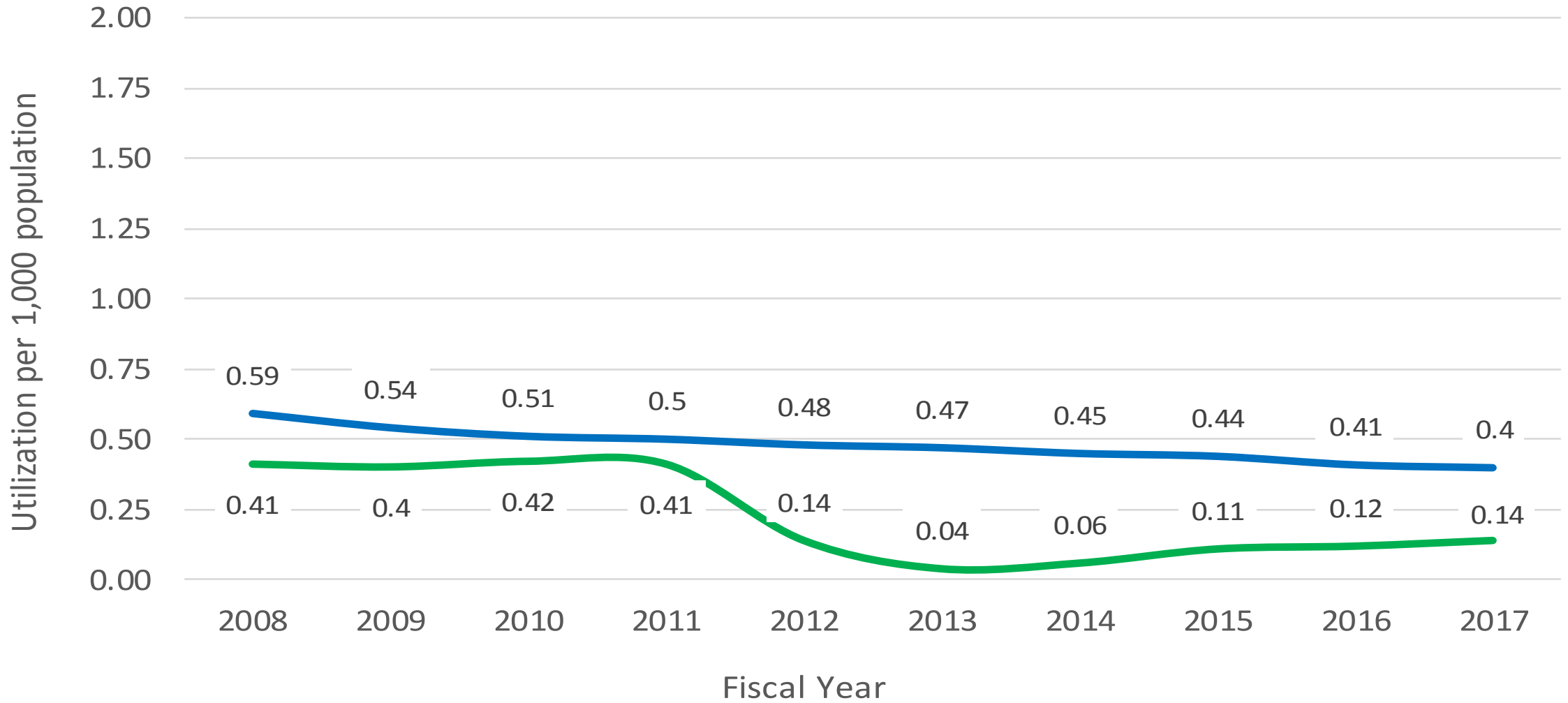
## Vermont Department of Mental Health Psychiatric Beds in Adult System of Care



5 temporary beds at Springfield Secure for displaced VSH patients

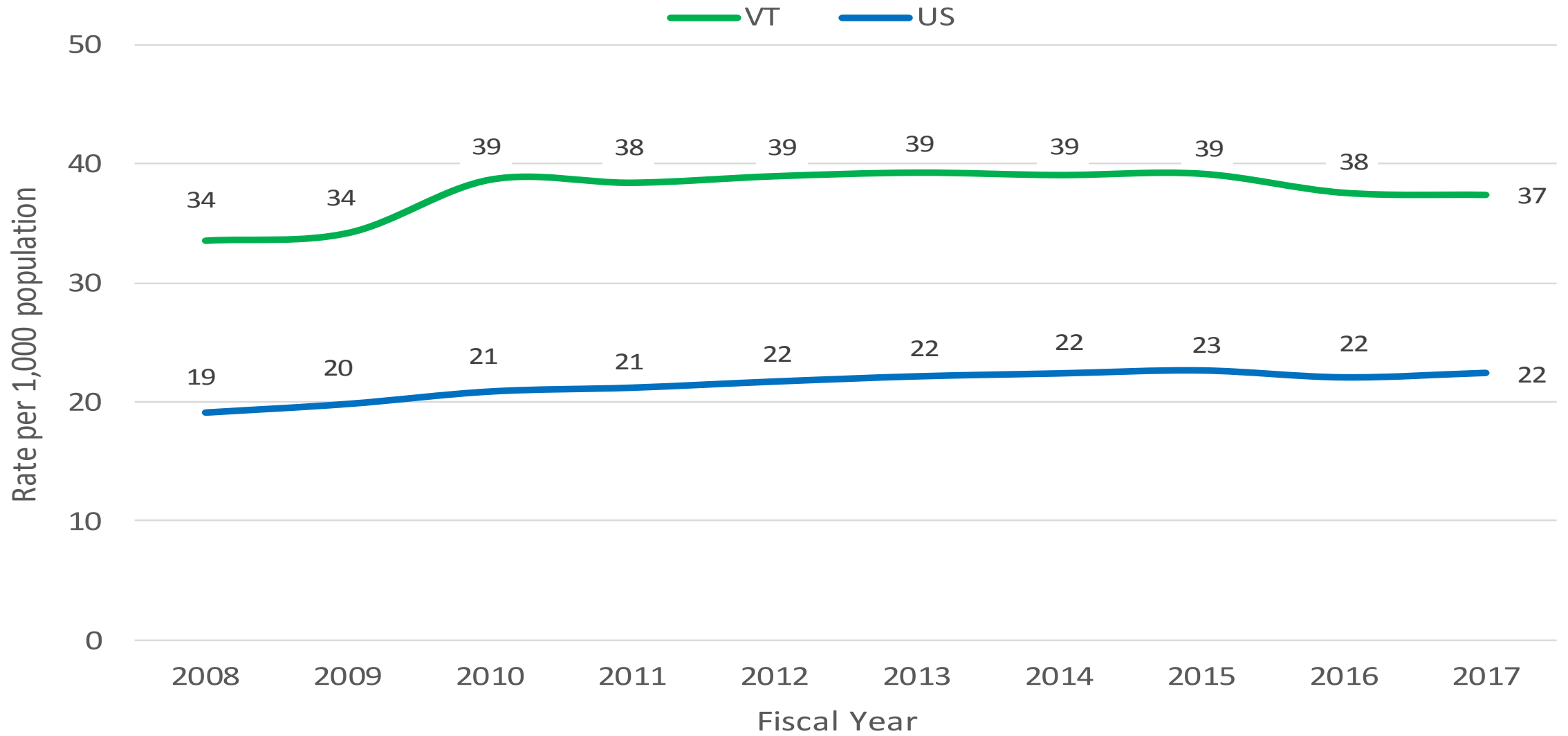
# State Hospital Utilization per 1,000 People

— VT — US



Based on URS data provided by US States and Territories per annual reporting guidelines for fiscal years 2008 - 2017.

# Community Services Utilization per 1,000 Population



Based on URS data provided by US States and Territories per annual reporting guidelines for fiscal years 2008-2017.

# Community Capacity

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Community resources must be in place to respond to individual needs:

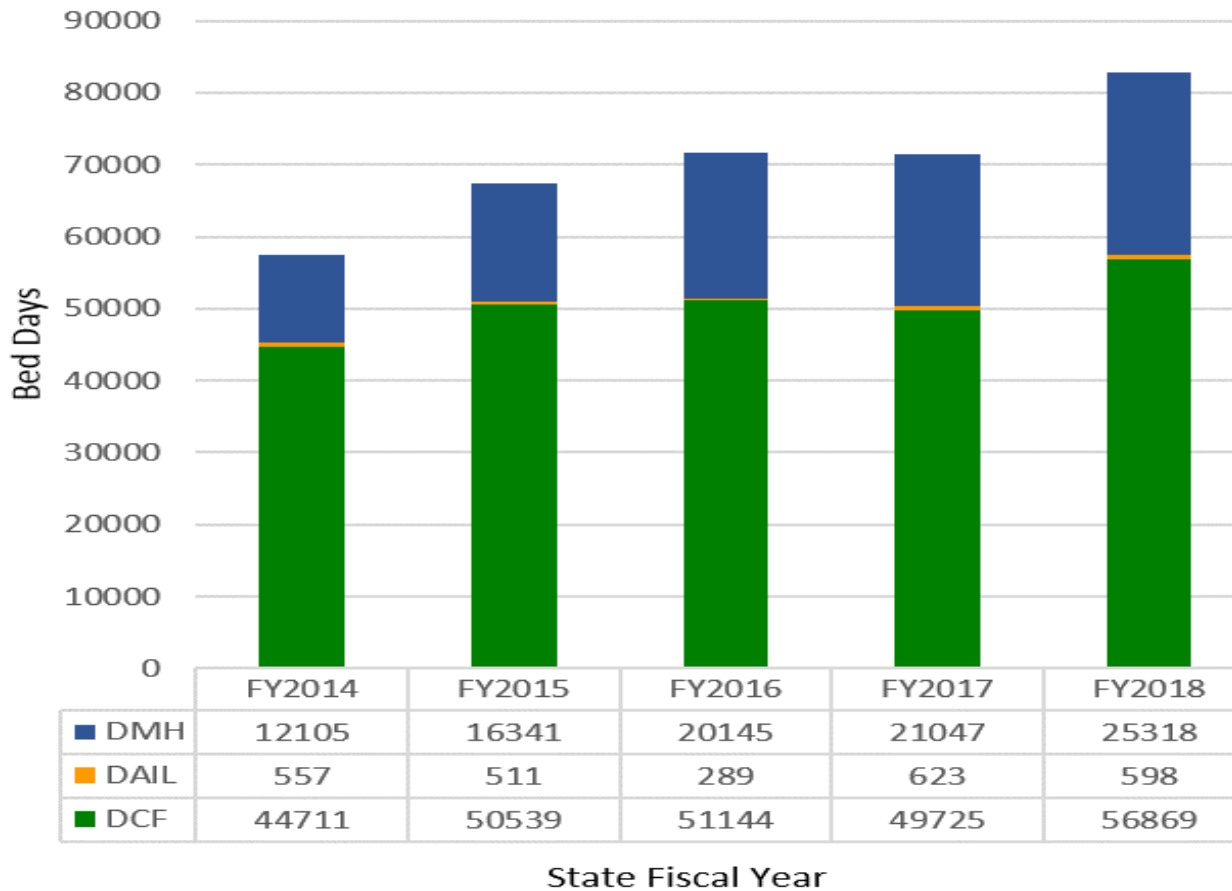
- when inpatient care isn't necessary; and,
- when transfer from hospitals is needed to more appropriate resources or levels of care.

Current options for community re-entry and recovery are not available in every region:

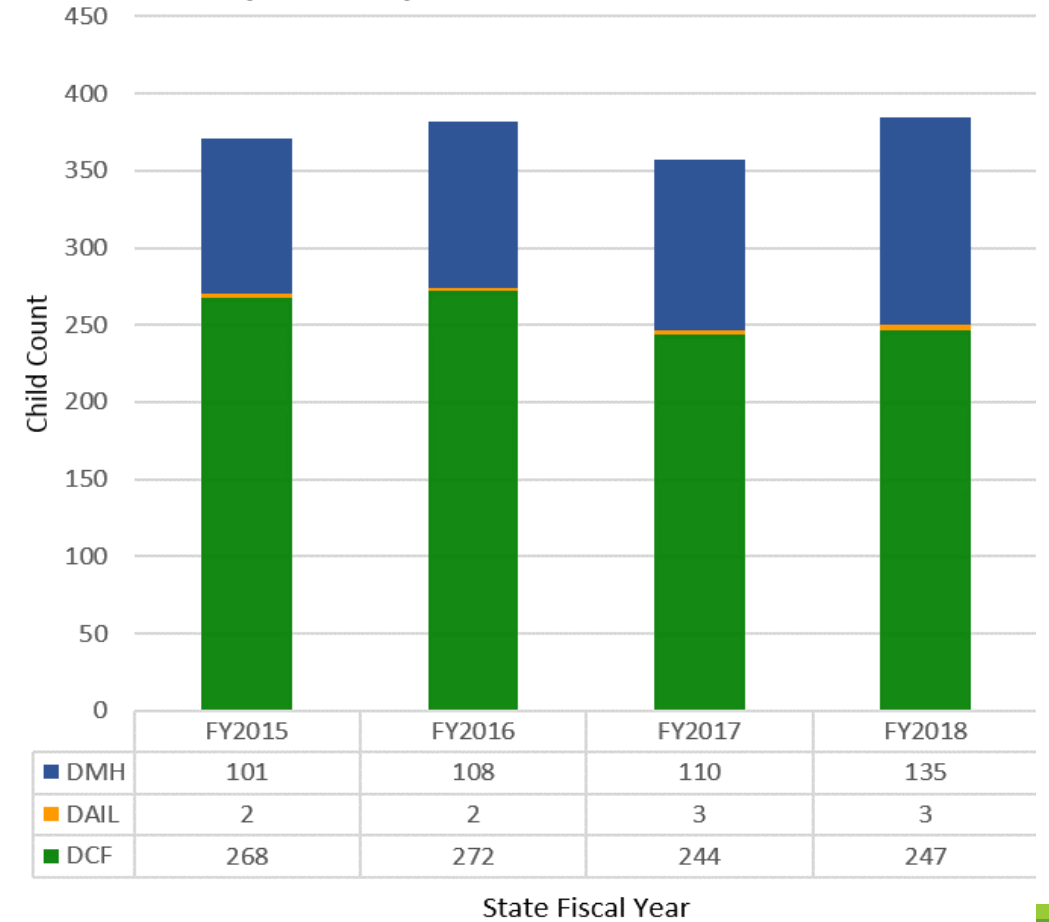
- MyPad housing (a housing model that provides on site supports to individuals living independently) in Chittenden County,
- Soteria and Alyssum peer-supported transitional residential and crisis programs,
- DA crisis beds
- Secure and Intensive Residential Recovery Facilities

# Residential treatment

**Total Residential Bed Days by Department per Fiscal Year**

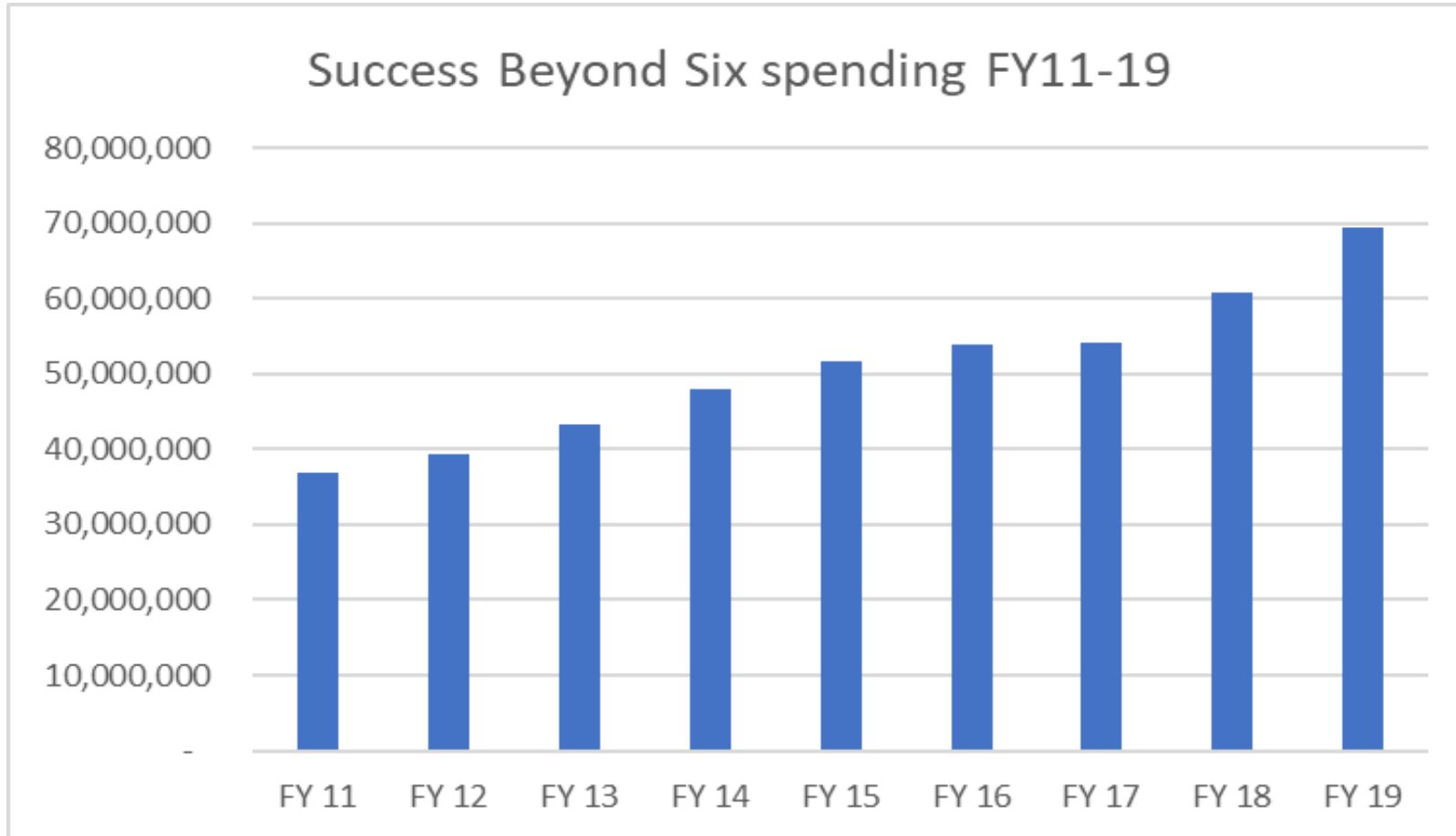


**Total Child Count in Residential by Department per Fiscal Year**



# School Mental Health

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# DMH Overview Results Based Accountability

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Jess Bernard, Assistant Director of Quality, DMH

A solid green horizontal bar at the bottom of the slide.



## Benefits of RBA:



gets from talk to action quickly;



is a simple, common sense process that everyone can understand;



helps groups to identify and challenge assumptions that can be barriers to innovation;



builds collaboration and consensus; and



uses data and transparency to ensure accountability for both the well-being of people and the performance of programs.

There are two types of accountability in RBA:

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**Population accountability** is focused on the health and well-being related to entire communities, cities, counties, states, or nations.

**Performance Accountability** is responsible for the health and well-being related to clients enrolled or served by specific strategies or programs.

RBA  
**Performance  
Accountability**  
asks three  
simple  
questions to get  
at the most  
important  
performance  
measures

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

# RBA in Practice at DMH

Example from FY19 Master Agreement  
Attachment A:  
*Performance measures for Adult Mental  
Health programming*

The DA will report the following performance  
measures to the State to measure  
achievement of stated program purpose(s).

- **Quantity** (“*how much are you doing?*”),
- **Quality** (“*how well are you doing it?*”),  
and
- **Impact** of services delivered (“*is anyone  
better off?*”).

|    | Measure                                                                                                                                            | Target               | Time Period                                                | Monitoring Method | Type    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|-------------------|---------|
| 1  | % of people improved upon discharge from AOP                                                                                                       | Maintain or increase | Quarterly                                                  | DMH calculation   | Impact  |
| 2  | % of working age clients who are employed                                                                                                          | Maintain or Increase | Quarterly                                                  | DMH calculation   | Impact  |
| 3  | % of CRT enrollees that are living independently in community settings (and not living in institutional settings including residential facilities) | Maintain or Increase | Quarterly                                                  | DMH calculation   | Quality |
| 4  | % of CRT clients reporting positive outcomes                                                                                                       | Maintain or Increase | FY                                                         | DMH calculation   | Impact  |
| 5  | % of working age clients who are employed competitively                                                                                            | Maintain or Increase | FY                                                         | DA calculation    | Impact  |
| 10 | % of crisis services occurring within the community                                                                                                | Maintain or increase | Quarterly/ End of month following the close of the quarter | DMH calculation   | Quality |
| 11 | % of clients receiving non- emergency services within 7 days of emergency services                                                                 | Maintain or increase | Quarterly/ End of month following the close of the quarter | DMH calculation   | Quality |

|                              |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outcomes</b>              | Pregnant women and young children are thriving                                                                                                                                                                                                                                                                                                  | Families/Communities are safe, stable, nurturing, and supported                                                                                                                           |
| <b>Population Indicators</b> | <ul style="list-style-type: none"> <li>a. Demonstrates Resilience / Flourishing</li> <li>b. Prevalence of Emotional, mental or behavioral conditions</li> <li>c. Level of severity of Emotional, mental or behavioral conditions</li> <li>d. How often have these conditions affect child's ability to do things, severity of impact</li> </ul> | <ul style="list-style-type: none"> <li>a. Family Strengths</li> <li>b. Child involvement in Community Activities</li> <li>c. Parent's physical health, mental/emotional health</li> </ul> |

**Performance Measures proposed for Payment Reform Value Based Payment – Children’s Mental Health**

| How Much?                                                                                                                                                                                                                                                                                                                                                                                                                                                  | How Well?                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                              | Is Anyone Better Off?                                                                                                                 |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Delivery System Measure                                                                                                                                                                                                                                                                                                                                                                                                                                    | Process Measure                                                                                                                                                                                                                                                                                         | Patient Experience Measure                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       | Outcome Measure                                                                                              |
| <ul style="list-style-type: none"> <li>• # of children/youth (0-17) served</li> <li>• # of Medicaid eligible children/youth (0-17) served</li> <li>• #of Medicaid eligible children/youth (0-17) served [per 1,000 children residents]</li> <li>• #of young adults (18-21) served</li> <li>• # of Medicaid eligible young adults (18-21) served</li> <li>• # of Medicaid eligible young adults (18-21) served per 1,000 age specific population</li> </ul> | <ul style="list-style-type: none"> <li>• % of clients offered a face-to-face contact within five days of initial request</li> <li>• % of clients seen face-to-face within 14 calendar days of intake assessment</li> <li>• % of clients with a CANS update recorded within the last 6 months</li> </ul> | <ul style="list-style-type: none"> <li>• Array of Services               <ul style="list-style-type: none"> <li>• % of clients indicate services were right for them</li> <li>• % of clients indicate they received the services they needed</li> </ul> </li> <li>• Client Interactions               <ul style="list-style-type: none"> <li>• % of Clients indicating they were treated with respect</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Array of Services</li> <li>• % of Clients who indicate services made a difference</li> </ul> | <ul style="list-style-type: none"> <li>• % of clients improved upon annual review of Plan of Care</li> </ul> |

# DMH Clear Impact Scorecards

DMH currently has six separate scorecards available on our website:

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

1. The Department of Mental Health Scorecard;
2. Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals;
3. Vermont Psychiatric Care Hospital (VPCH) Outcomes;
4. Integrating Family Services (IFS);
5. DMH System Snapshot; and
6. DMH Continued Reporting.

The scorecard is interactive, allowing users to expand and collapse measures. It is also coded with color and symbols that allow users to quickly see the performance of a measure.

|   | VPCH | Vermont Psychiatric Care Hospital (VPCH) | Time Period                                                | Actual Value | Target Value | Current Trend |     |
|---|------|------------------------------------------|------------------------------------------------------------|--------------|--------------|---------------|-----|
| - | P    |                                          |                                                            |              |              |               |     |
| + | PM   | How_Well                                 | # hours of seclusion and restraint per 1,000 patient hours | SFY 2016     | 0.40         | 1.30          | ↘ 2 |

The color box around the *Actual Value* represents how close the measure scored as compared to the established targets. The current trend represents how long the data has been moving in the indicated direction. The color indicates whether that movement is good (**green**) or bad (**red**).

NOTE: the arrow does not indicate magnitude! An arrow going down over one time period could represent one less person served, or several hundred less people served. It is always important to click on the +/- sign next to each **P** or **PM** to see the full picture.

# Department of Mental Health

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Questions, comments, suggestions