Department of Mental Health

PRESENTATION TO HOUSE COMMITTEE ON HEALTHCARE

SARAH SQUIRRELL, MS, COMMISSIONER

MOURNING FOX, LCMHC, DEPUTY COMMISSIONER

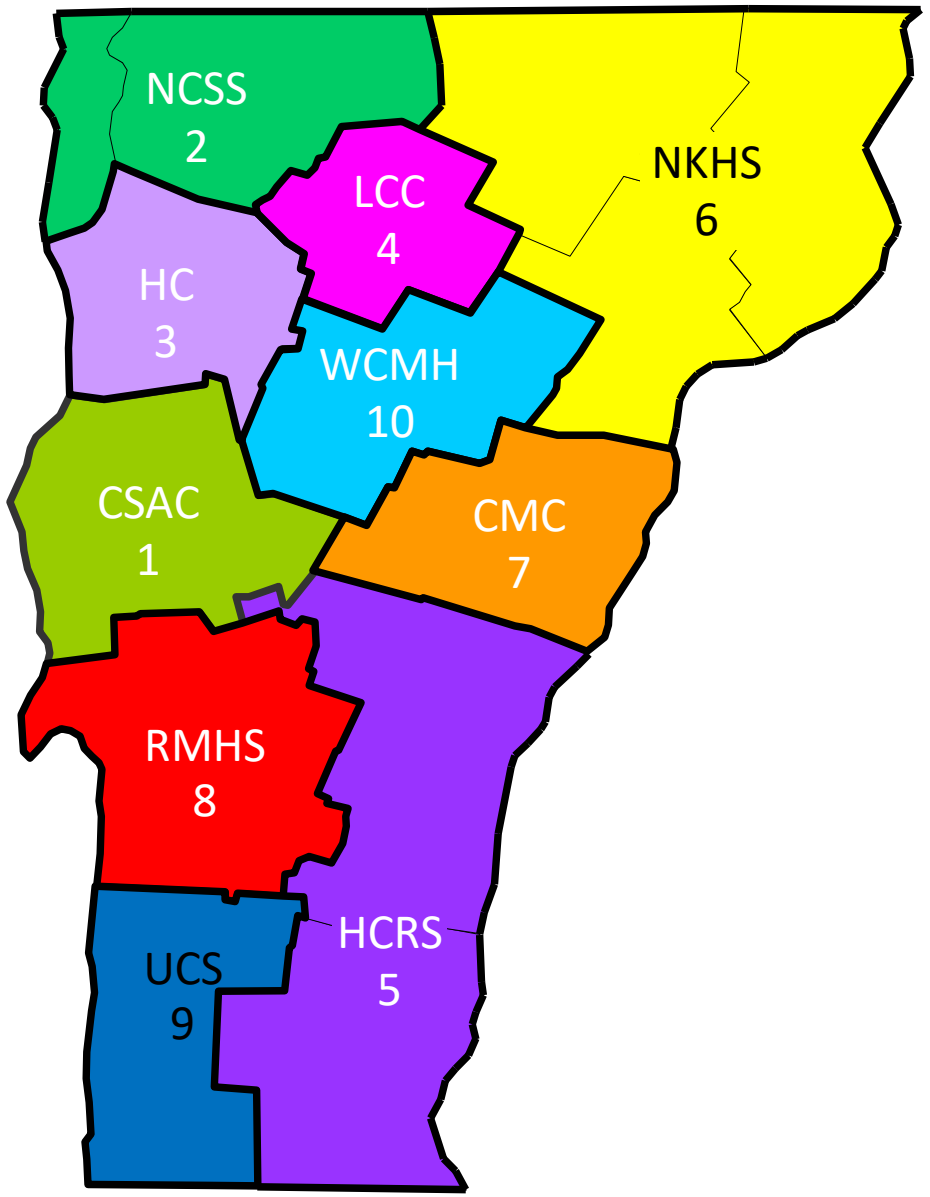
JANUARY 24, 2019

Overview

- Department Overview
- System of Care
- Accountability and Evaluation
- Children, Youth & Families Mental Health
- Adult Mental Health
- Payment Reform

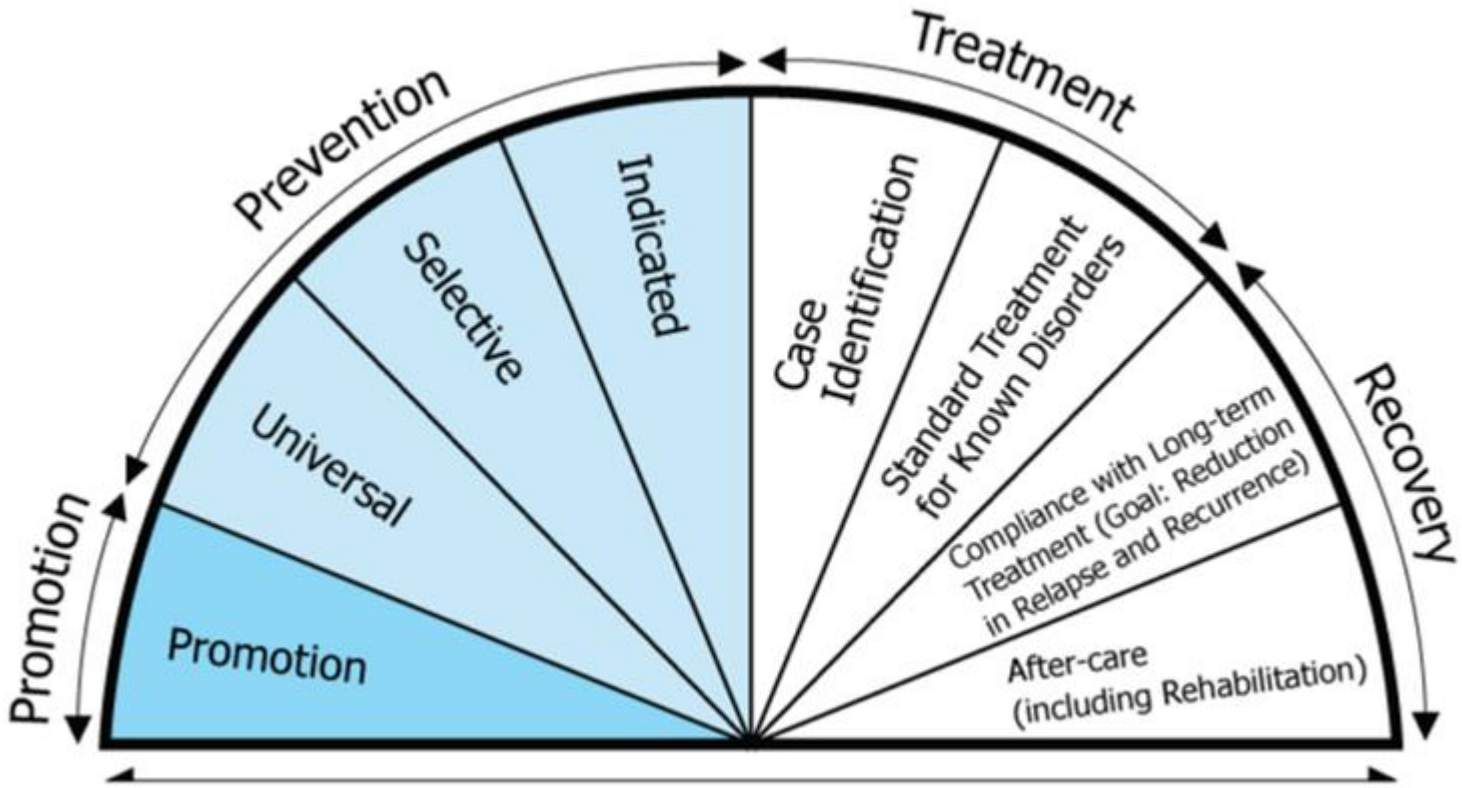
Overview of Department & Responsibilities

- 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 Heath 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)

Accountability and Evaluation

- RESULTS BASED ACCOUNTABILITY

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**

DMH Clear Impact Scorecards

DMH currently has six separate scorecards available on our website:

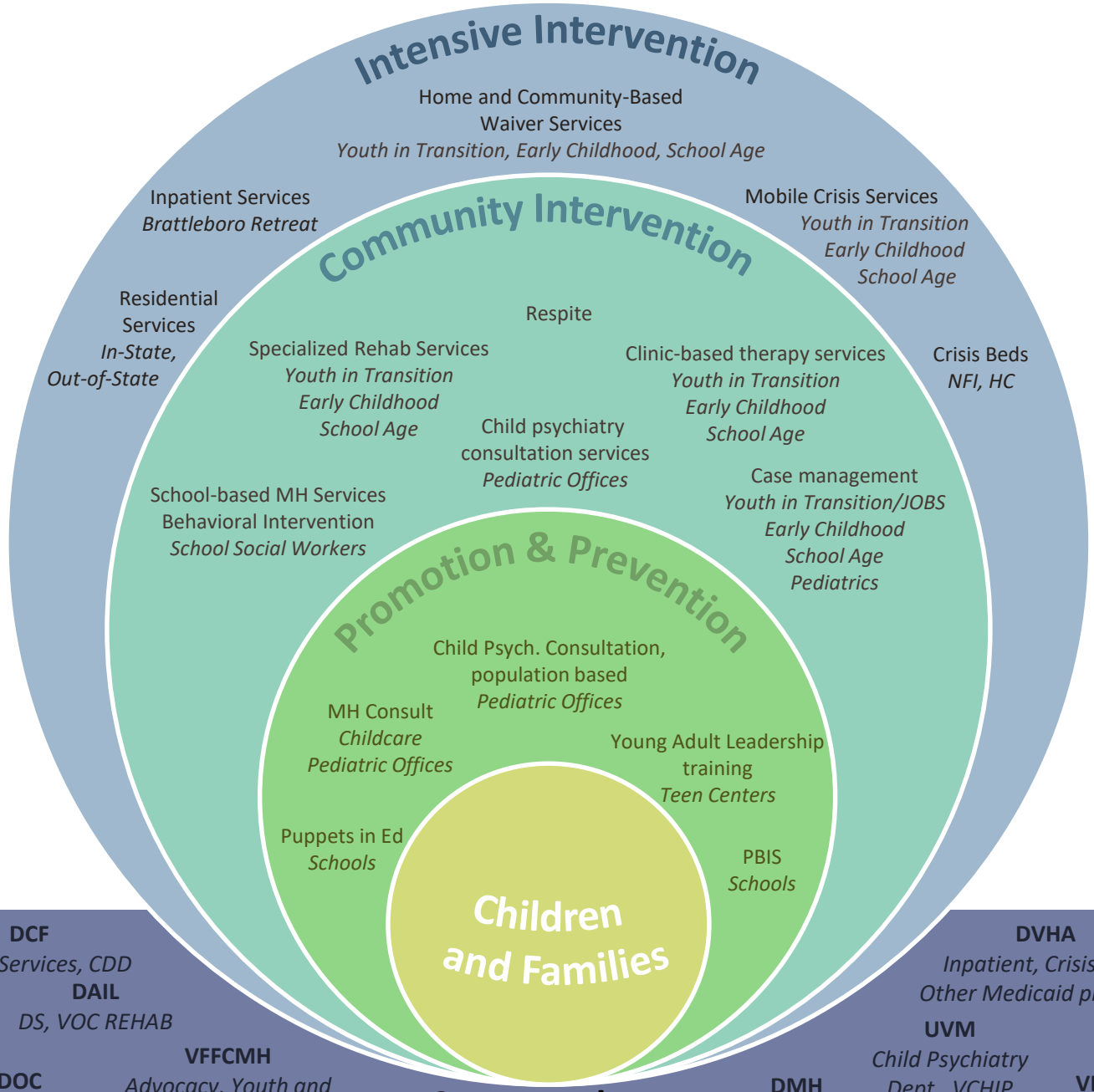
https://mentalhealth.vermont.gov/reports/results-based-accountability

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.

Children, Youth & Families

OVERVIEW, PRIORITIES, DATA AND INITIATIVES

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. **Promotion, Prevention & Early Intervention**
   - Early intervention
   - Public health initiatives such as Building Flourishing Communities
2. **Integration and Collaboration**:
   - Streamline and better coordinate the provision of services
   - 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. **Enhancing system flow and community capacity for Children & Youth**
   - Analysis of trends, need and opportunities to ”turn the curve” for children and youth in inpatient and residential settings
4. **Payment Reform**
   - Move away from fee-for-service and toward accountability focused on performance outcomes.

Children, Youth & Family Initiatives and Data Snapshots

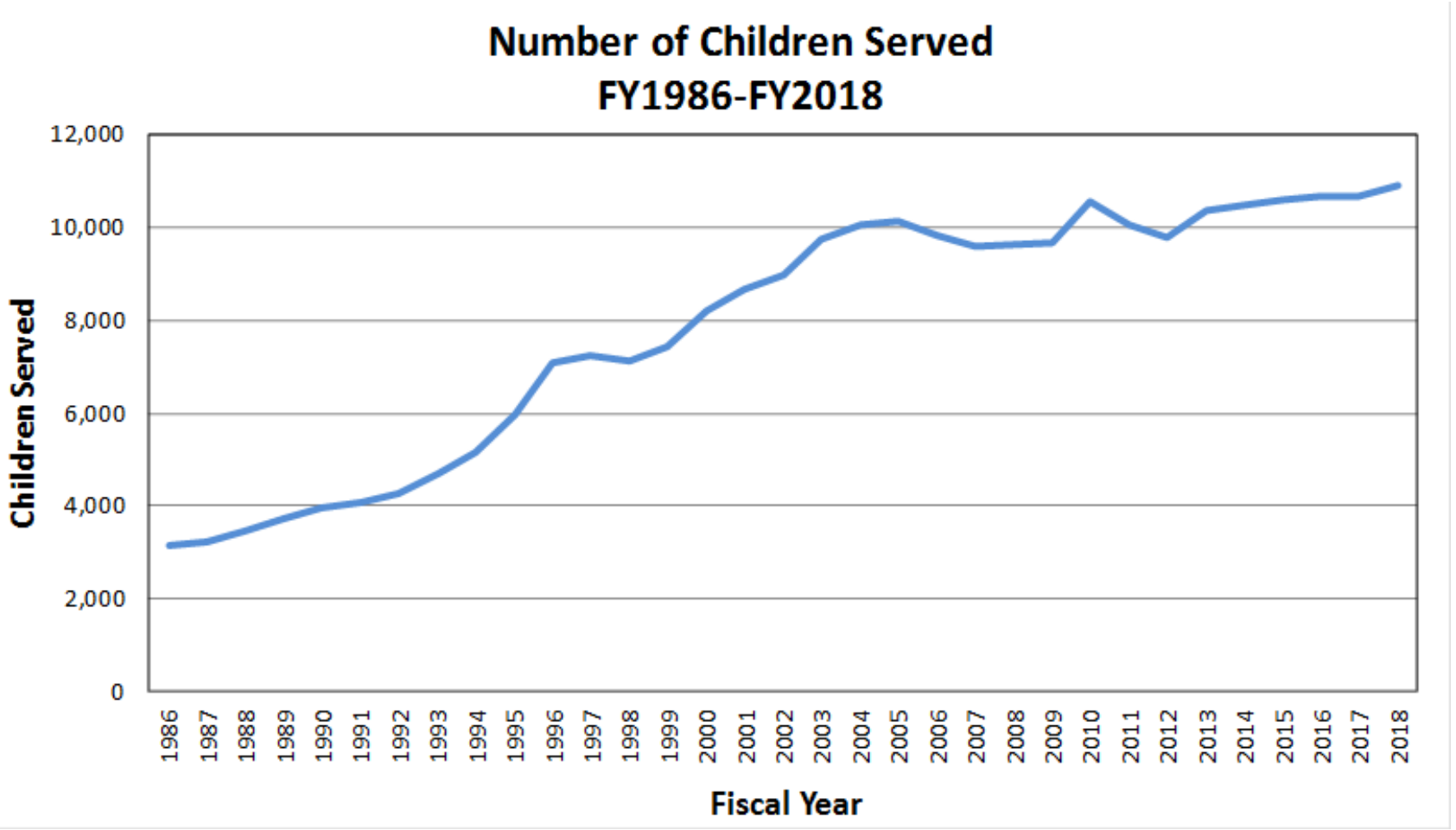
CHILD GRANT

COLLABORATION EFFORTS

CHILD PSYCHIATRY

PROJECT AWARE

Children/youth served by the public mental health system over time



Early Childhood and Family Mental Health (ECFMH)

- **Screening, Treatment and Access for Mothers and Perinatal Partners (STAMPP)**
  - HRSA funding to VDH in collaboration with DMH
  - Improve health and well being of pregnant and postpartum women and their children
    - Screening, referral and treatment of depression and related mental health challenges during perinatal period
    - Improving system of screening in OB and pediatric PCP offices and referral protocols with the MH system
    - Improving MH approaches to address mental health needs for pregnant and postpartum women

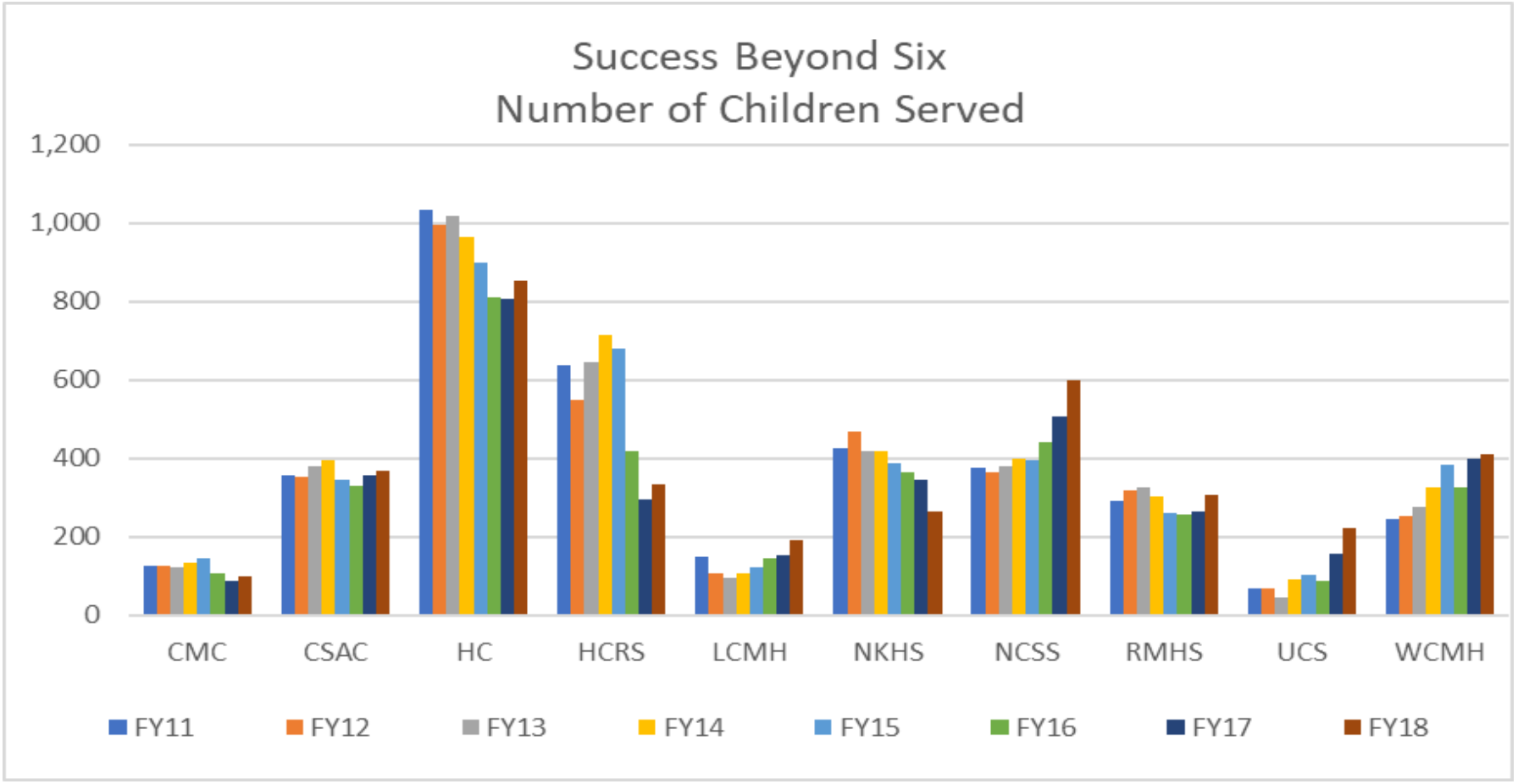
- **Interagency Early Childhood Mental Health Collaborative | DMH & DCF Evaluation of:**
  - effectiveness of funding structure and service delivery
  - what is working well, what opportunities exist?
  - what can be done to steam line this service to work as well as possible for children and their families

- **Implementation of evidence-based practices that address adversity (trauma) and attachment for families with young children, in collaboration with DCF-Family Services Division**
  - Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT)

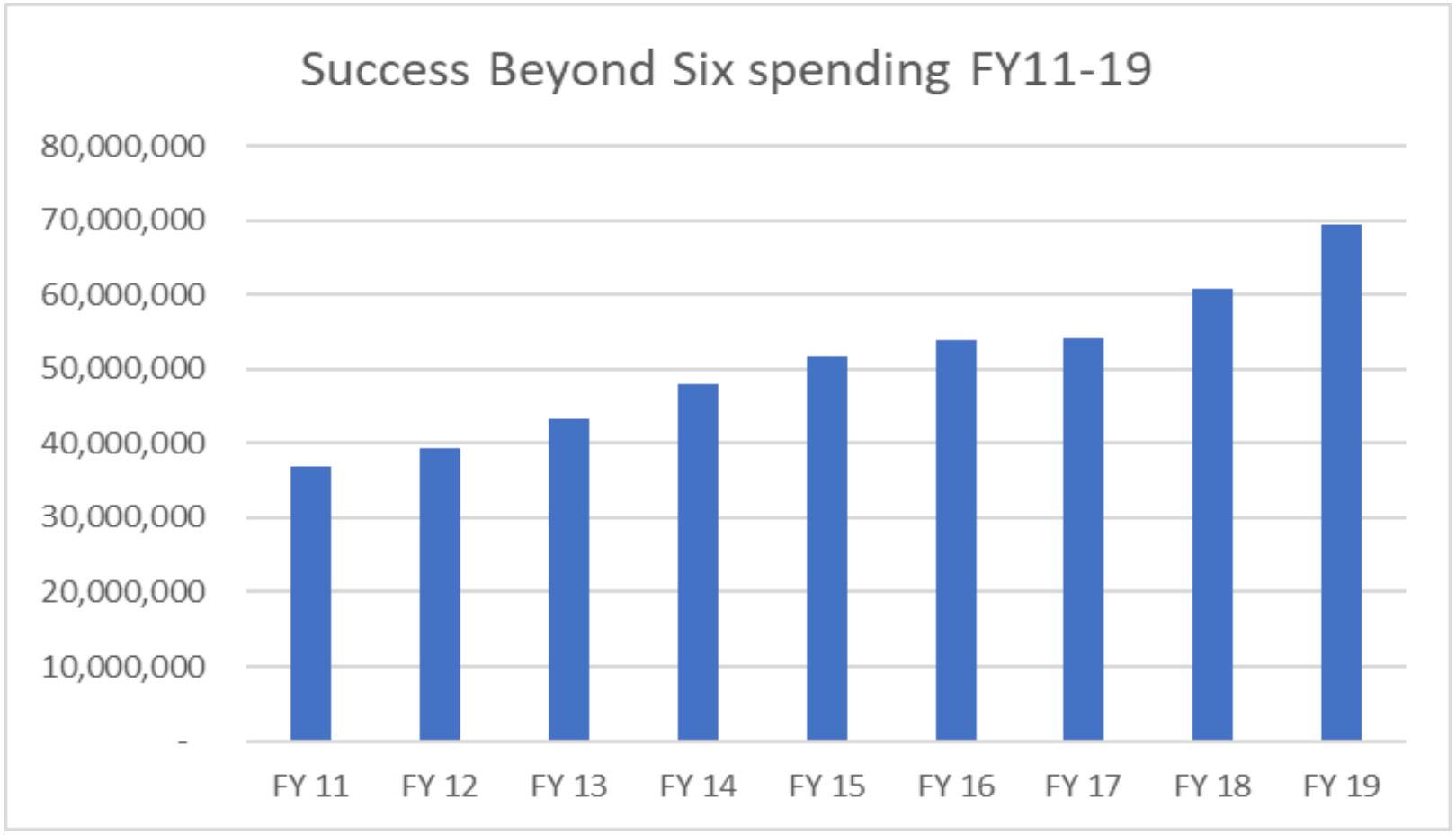
School Based Mental Health

1. Project AWARE (Advancing Wellness and Resiliency in Education)
   - SAMHSA funding to AOE, in partnership with DMH
   - Identify and spread new models for providing consultation and services across the tiers of support to reduce reliance on highest intensity intervention
2. DMH is working with agencies to strengthen outcome measurement across school mental health programs
3. DMH reclassified a position to focus specifically on school mental health: Success Beyond Six and Project AWARE

School Mental Health



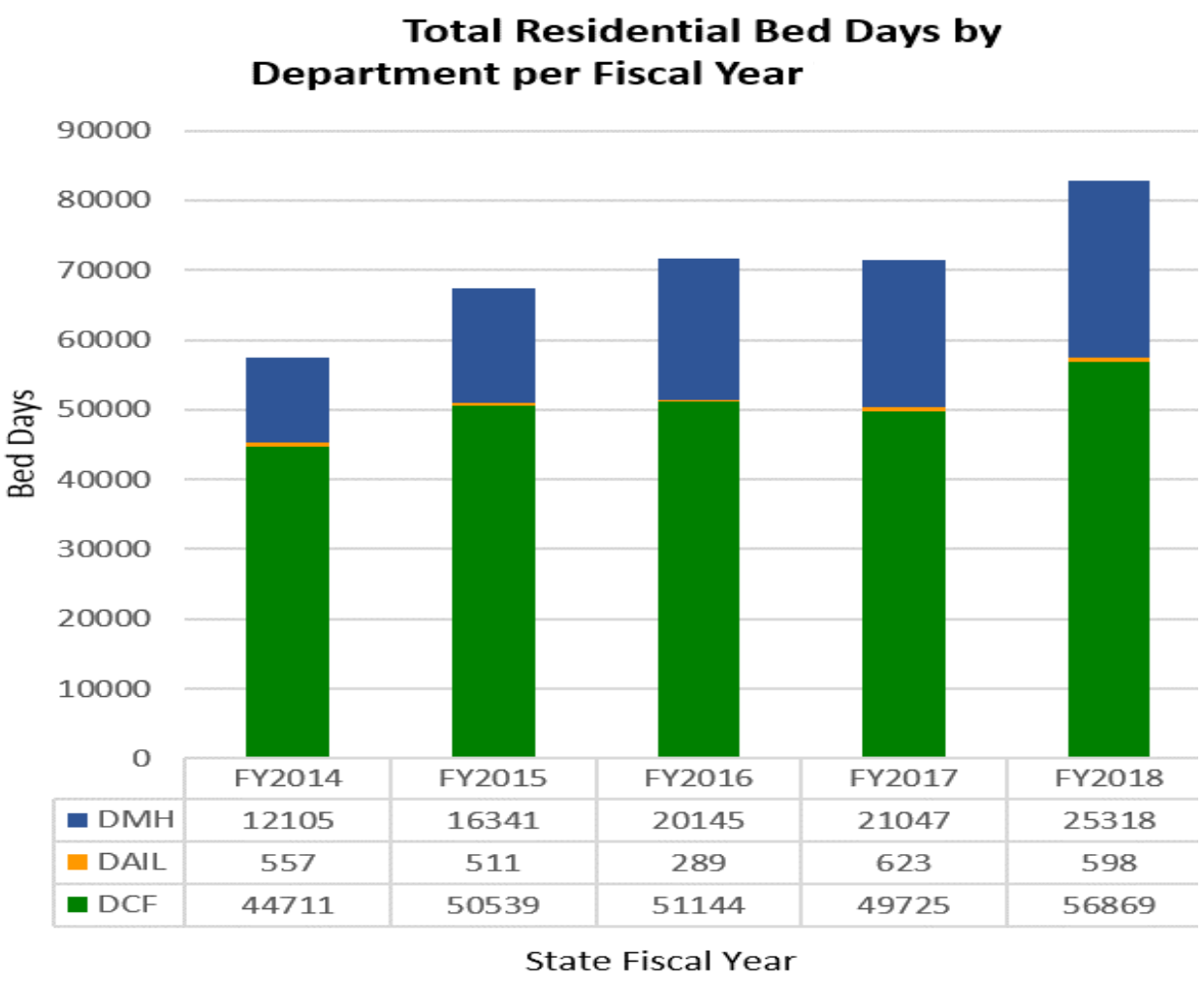
School Mental Health

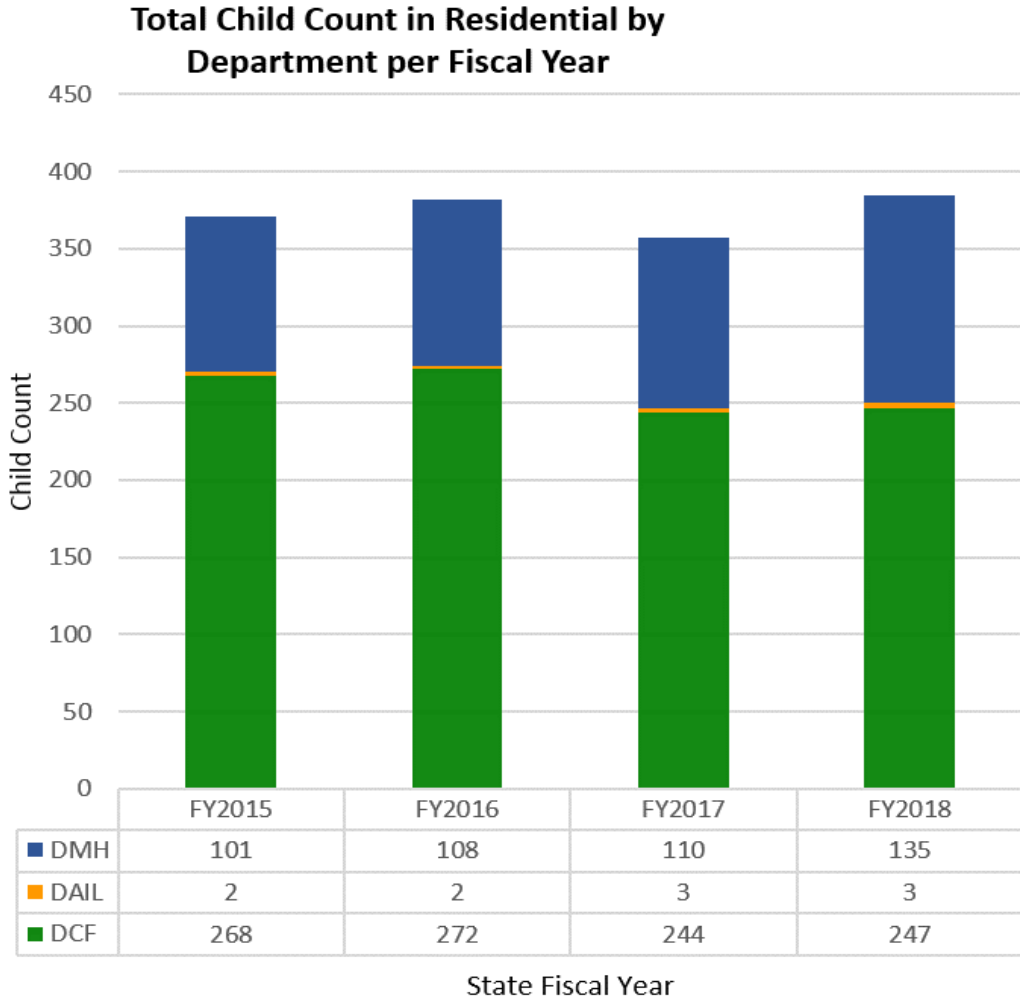


Child, Youth and Family System Flow

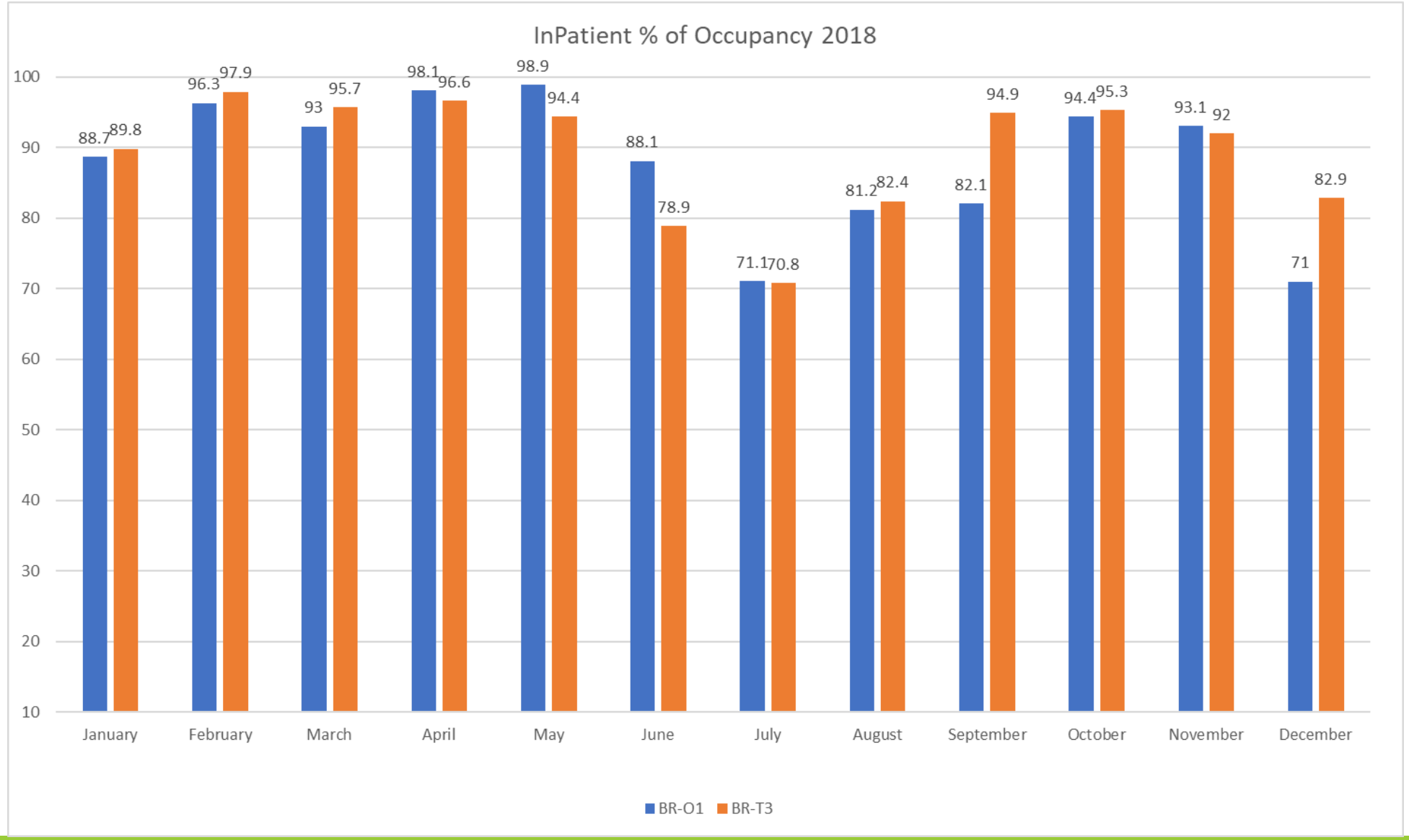
1. Exploring Mobile Response and Support Services (MRSS)
   - Learning from other states about their upstream “mobile response” teams
   - Discussions with AHS and DAs about how to incorporate some of the advances from other states to respond to family-identified crises before they rise to level of behavioral crisis warranting higher levels of care (inpatient, residential)
2. Implementing evidence-based practices to improve community MH response
   - trauma/attachment (ARC/CPP/PCIT), suicidal behaviors (DBT)
3. Expanded Hospital Diversion Program to add 6 beds for children and adolescents in southern Vermont (April 2018)
4. Current proposed legislation to address age of minor consent for inpatient psychiatric care
5. Focus on turning the curve on rates of Residential treatment (next slide)

Residential treatment





Child/Youth Inpatient Occupancy 2018



Collaboration Examples

- SAMHSA grant: Children's Health Integration, Linkage & Detection (CHILD)
  - bi-directional integration between FQHC and DA to improve children's overall health
- Collaboration with Vermont Children's Health Improvement Program, VDH Maternal & Child Health, and UVM's Vermont Center for Children Youth and Families to improve care for child, youth & family health through coordination, co-location, and integration of pediatric primary care and mental health providers.
- Shortage of child psychiatry in VT and across the nation – DMH efforts to address:
  - Support psychiatric consultation for pediatric PCP to expand their ability and comfort to assess and appropriately manage more complex and co-morbid mental health needs
  - psychotropic trend monitoring group
  - Fiscal support for child psychiatry fellowship at UVM

Collaboration examples cont.

Community care planning for people with complex health, mental health, and/or substance use challenges:

Children's Integrated Services

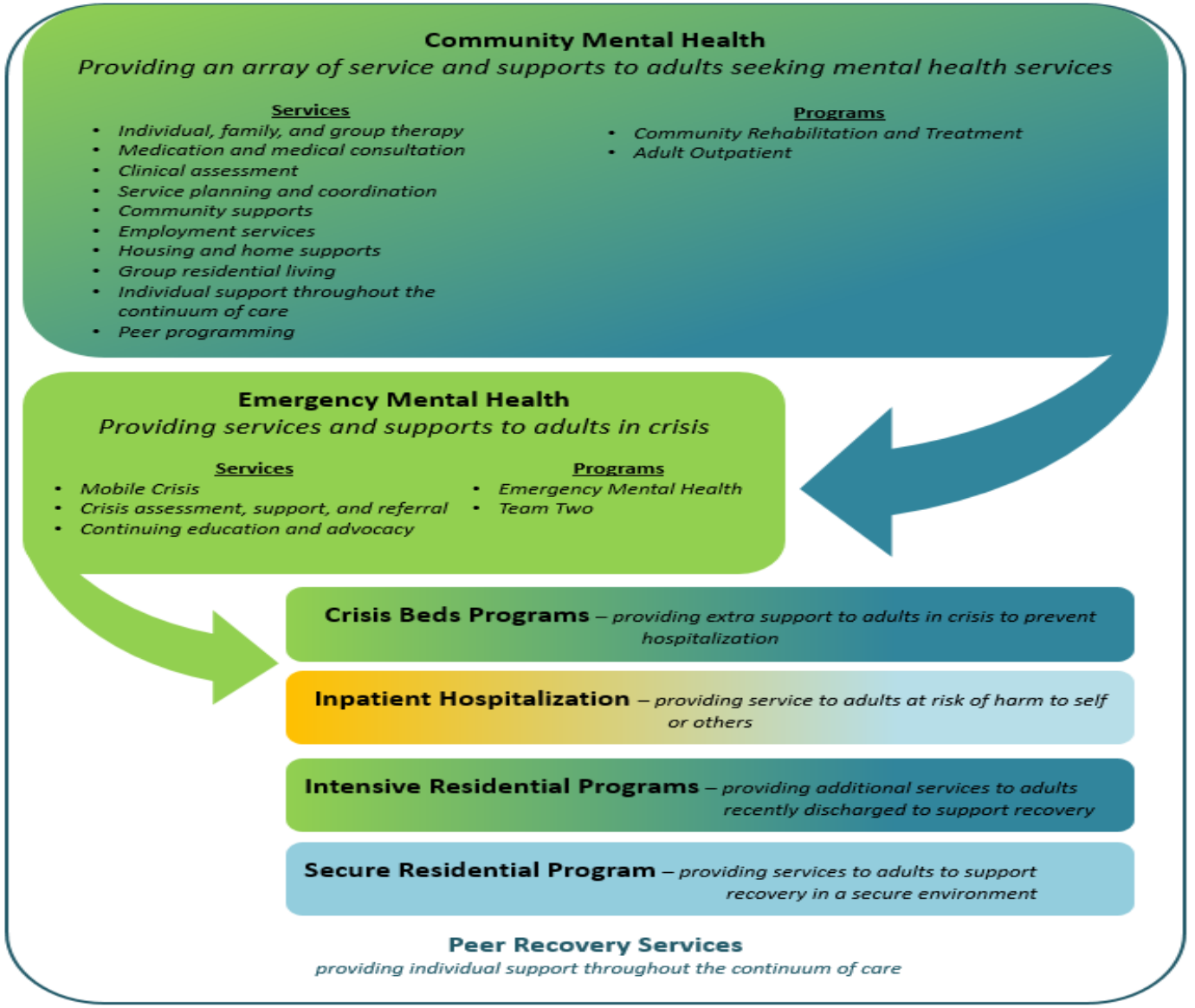
Local Interagency Teams

- Project AWARE
  - 5 year SAMHSA grant in partnership with AOE to enhance School Based Mental Health Services
  - Pilot locations include 2 LEA's in Rutland County and 1 LEA in Lamoille County
  - Initiatives include: Youth Mental Health First Aid, Increased utilization of PBIS framework, Suicide Prevention and Youth Leadership opportunities.
  - Working to enhance existing SBMH services and enhancing opportunities for collaborative partnerships between school and designated agencies

Adult Mental Health

OVERVIEW, PRIORITIES, DATA AND INITIATIVES

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

Priorities

1. **10 Year Vison**
   - 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
   - Collective vision shared with health care partners
2. **Improve Inpatient & Community Capacity to Achieve 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.
3. **Payment Reform**
   - Move away from fee-for-service and toward accountability focused on performance outcomes
4. **Focus on Quality & Training**
5. **Addressing stigma**

Adult Mental Health Initiatives and Data Snapshots

- INPATIENT
- COMMUNITY
- MYPAD
- STREET OUTREACH
- EDUCATION AND TRAINING WITH ED STAFF

Inpatient Capacity

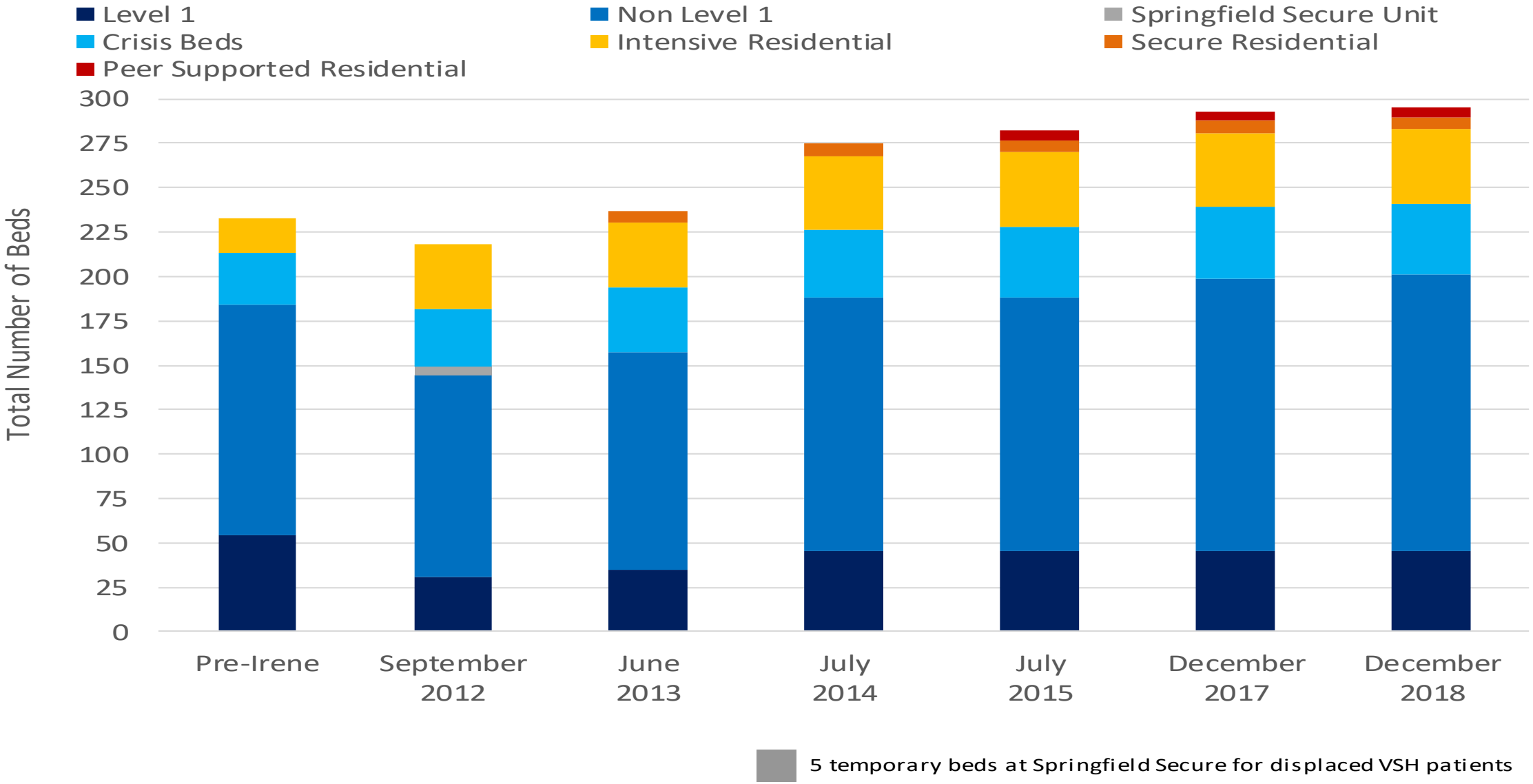
Brattleboro Retreat renovation and fit up for expanded capacity

- $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

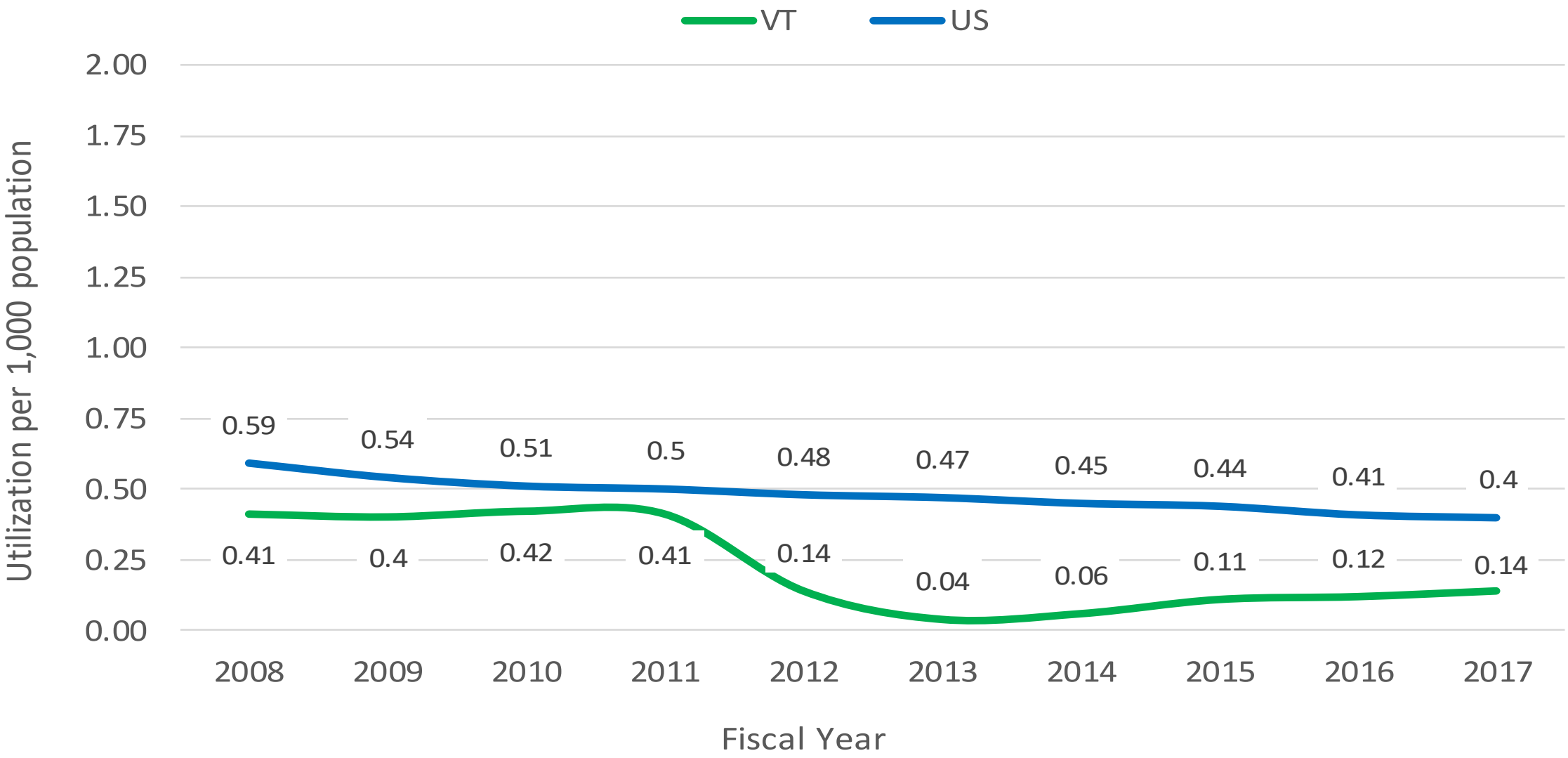
UVM-Health Network- development of additional in-patient capacity at CVMC

- 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

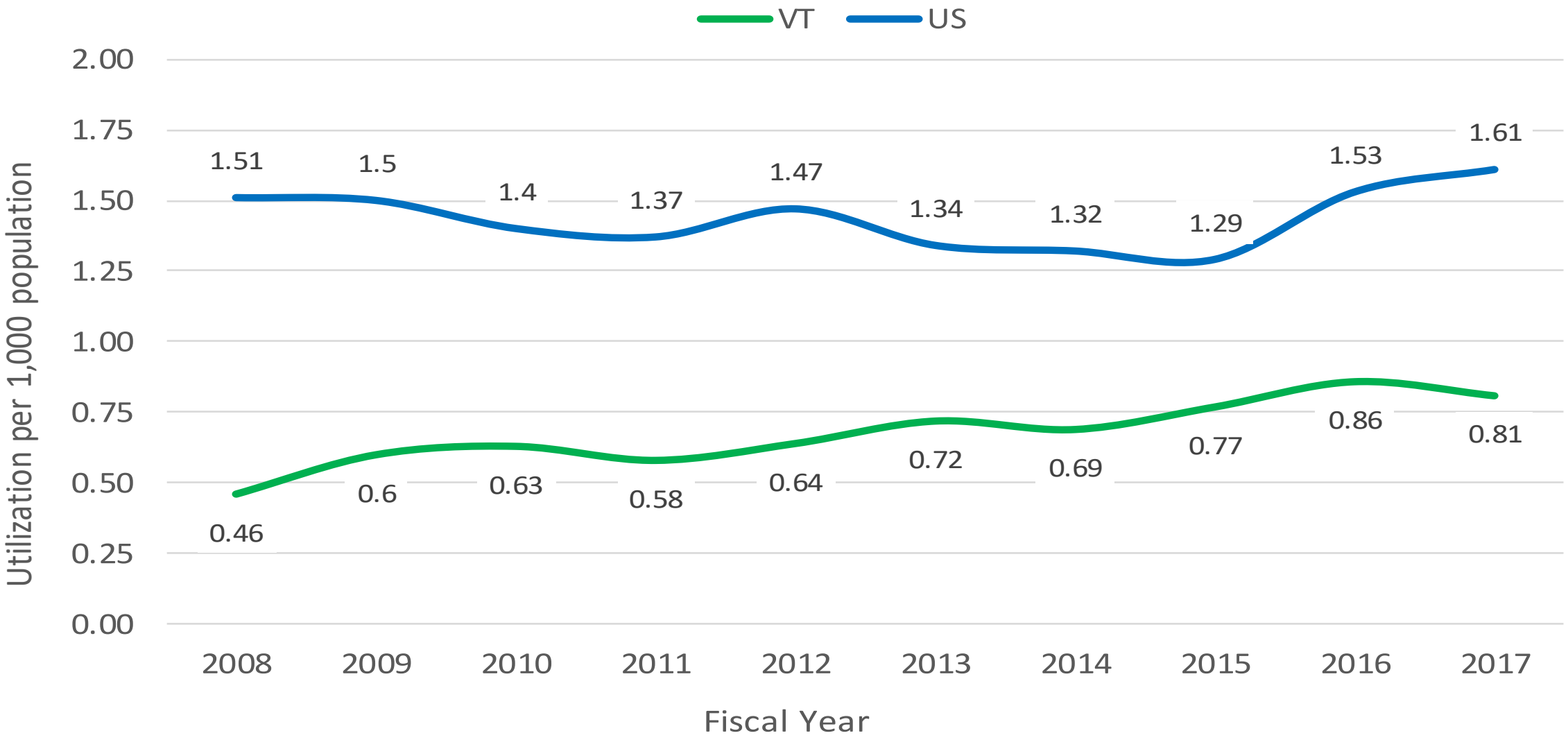


State Hospital Utilization per 1,000 People



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

Other Psychiatric Inpatient Utilization per 1,000 People



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

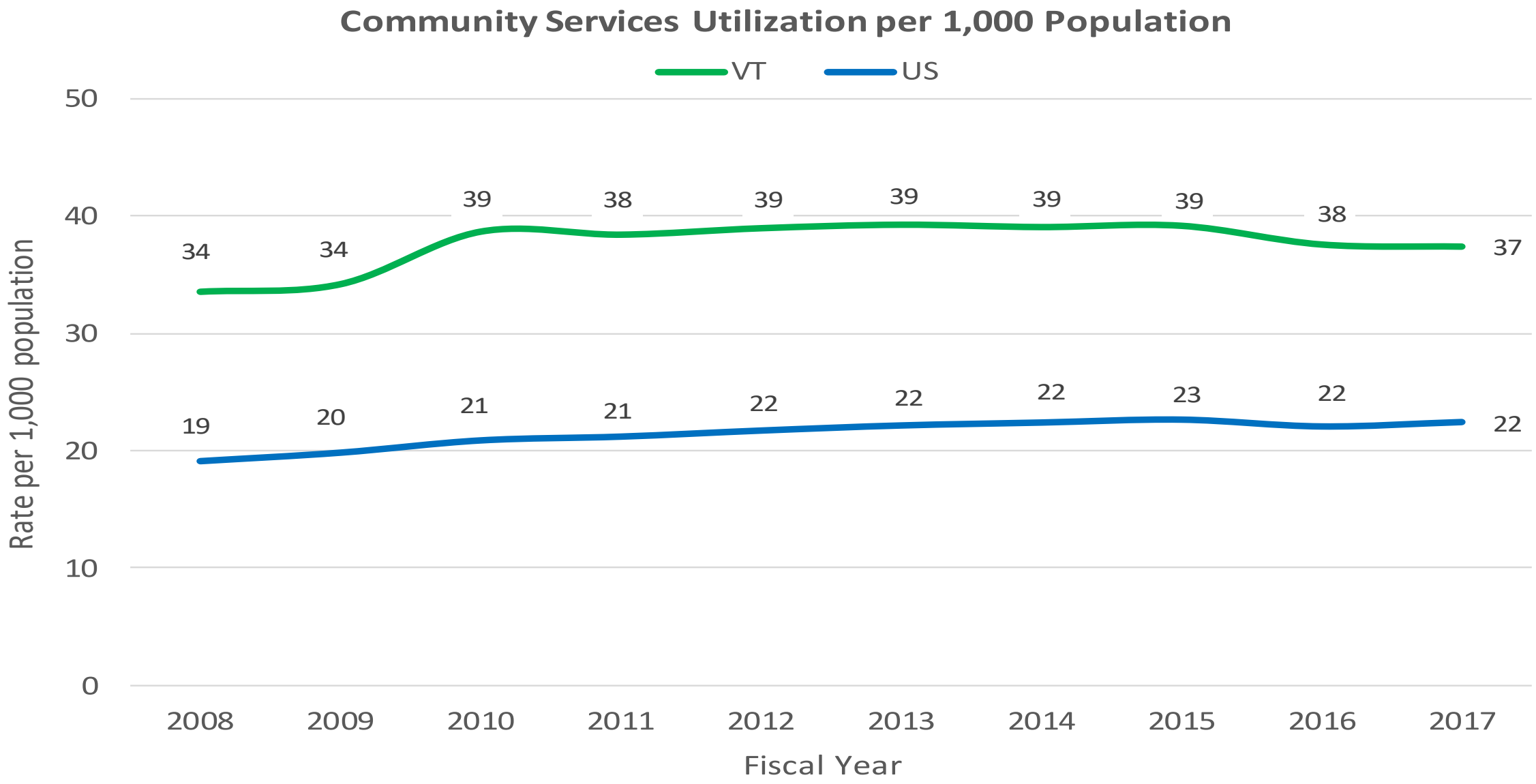
Community Mental Health Capacity

Community resources and programs must be in place to respond to individual needs in the community to prevent ER and inpatient need and admissions

- Continue to build on and improve community supports that include outreach, diversion and mobile crisis programs that are being delivered by our designated mental health system
- Community Outreach Teams

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



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

Housing with Supports – My Pad

Residential program of Howard Center and the Champlain Housing Trust

Hybrid of a supervised apartment and a group home with 24/7 staff coverage

- Includes two awake overnight staff,
- designed for people who have been repeatedly admitted to psychiatric hospitals.

The program helps keep individuals out of the hospital by providing the support they need.

Funds allocated for the development of 2 more “My Pad” type residences expected to open in 2019

- Chittenden Counter
- Addison County

Street Outreach- Chittenden County

Funds allocated and matched by 6 communities in the Burlington area to expand the Street Outreach program in Chittenden County

The Street Outreach Team helps to coordinate services for individuals who have :

- mental health
- substance use
- homelessness
- unmet social service needs

Goals:

- Increase access to services for all individuals
- Address unmet mental health needs or concerning behaviors that require immediate intervention but do not rise to the level of an emergency response

Education and Training for Emergency Department staff

Partnership with Licensing and Protection to provide Emergency Department (ED) staff with guidance:

- treatment of individuals in their care who are struggling with a psychiatric crisis
- use of Sheriffs and other law enforcement

Vermont Psychiatric Care Hospital support and education of other Hospitals:

- VPCH hosted nursing staff from one ED
- provided support, skills, and techniques to help treat people during a psychiatric crisis
- DMH and VPCH to continue to provide this source of support and education

DMH partnership with sheriffs

- Additional training in engagement and communication strategies as part of their transport role for involuntary hospitalization and decreased reliance on restraint.

Collaboration Examples

DA collaboration with hospitals include:

- wellness coaching
- embedded clinicians and crisis services in emergency rooms
- provision of mental health assessments,
- high utilizers /high-risk individuals wrapped with services to avoid unnecessary ER and hospital utilization

Community care planning for people with complex health, mental health, and/or substance use challenges:

- Community Health Teams,
- Unified Community Collaboratives,
- Local Interagency Teams,
- Supports and Services at Home
- VT Chronic Care Initiative

More formalized care coordination with providers through electronic shared care plans such as Care Navigator.

Payment Reform

Mental Health Payment Reform

Section 12 of Act 113 of 2016 requires the Secretary of the Agency of Human Services to embark upon a multi-year process of payment and delivery system reform for Medicaid providers that is aligned with the Vermont All-Payer Accountable Care Organization Model and other existing payment and delivery system reform initiatives.

Effective Date	January 1, 2019
Payment Model	Monthly Case Rates: Child Case Rate & Adult Case Rate + Value-based Payments
Total Funds	~$98,000,000 (~$40,000,000 for the child case rates and ~$58,000,000 adult case rates)
Services	Mental Health Services provided by Designated Agencies and Pathways Vermont Waiver: • Specialized mental health services for individuals with serious and persistent mental illness. • Specialized mental health services for children under 22 with a serious emotional disturbance. State Plan: mental health clinic services, specialized rehabilitation services

Long Term Goals

- To promote and improve the mental health of Vermonters by:
  - Simplifying payment structures and predictability of provider payments;
  - Shifting to Value-Based payment models that reward outcomes and incentivize best practices; and
  - Improving the flexibility and coordination of mental health programs and services around the State.

Current Issues

- State funded mental health programming can be complex:
  - 6 AHS Departments
  - 11 AHS Divisions
- Lack of coordination has resulted in a system of care that can be fragmented, inefficient, and difficult to navigate.
- Complex, confusing and restrictive eligibility requirements.
- Payment structures vary and billing practice limit providers' flexibility to deliver needed services.

How Can Payment Reform Help?

- Delivers more predictable payments;
- Improves accountability and transparency;
- Provides flexibility that supports comprehensive, coordinated care;
- Standardizes an approach for tracking population indicators, progress, and outcomes; and
- Supports AHS's goal, moving away from FFS to a more value-based approach to payment.

Payment Model & Methodology Overview

Two separate work groups were convened to design the payment model & methodology for Child and Adult programs. Both work groups recommended that Designated Agencies receive a separate bundled payment for each case in each month (a case rate) for child and adult services, and focused on:

- Defining what programs and services are included in the child & adult case rates
- Methods for constructing the case load and case rate
- Methods for addressing risk
- Methods for constructing value based payments

Quality & Value Component Overview

Two separate work groups were formed to select diverse measures for child and adult programs and design a value based payment model that is linked to quality and performance on selected measures that:

Focus on outcomes;	**Increase the quality and the value** of the programs and services provided;	Are **feasible to collect** and;	**Produce meaningful data** for CQI efforts.

A “Scoring and Metrics Committee” has been formed to oversee ongoing evolution of the selected measure set.

Legislative Reports

Mental Health Related Legislative Reports

Act 79 (18 VSA 174 § 7256) requires the Department to submit an annual report regarding the extent to which individuals with a mental health condition or psychiatric disability receive care in the most integrated and least restrictive setting available.	Annually, on or before January 15
Act 264 (33 VSA § 4302) annual report to the commissioners of developmental and mental health services, social and rehabilitation services and education on the status of programs for children and adolescents with a severe emotional disturbance which shall include a system of care plan. In 2019 this report also responds to requirements of Act 204 (2018)	Annually, on or before January 15
Act 114 addresses three areas of mental-health law; the administration of nonemergency involuntary psychiatric medication in inpatient settings for people on orders of hospitalization, the administration of nonemergency involuntary psychiatric medication for adults on orders of non-hospitalization (community commitments), and continuation of ninety-day orders of non-hospitalization.	Annually, on or before January 15
Act 11 (2018 Special Session) "Big Bill" E.207 Inmate Transportation Work Group	November 1, 2018
Act 11 (2018 Special Session) "Big Bill" E.314 Designated Agency Staff Retention	September 1, 2018
Governor's Executive Order 03-18 Community Violence Prevention Task Force	Dec 2018, June 2019, Dec. 2019
Act 113 (2016) Section 12, Act 82, Section 7 – Delivery System Reform Report	January 15, 2019, January 15, 2020, January 15, 2021

Mental Health Related Legislative Reports

Act 200 (S.203) - An Act relating to system improvements of the Mental Health System Section 3 - ONH Study Committee	December 1, 2018
Section 6 - Transporting Patients	January 15, 2019
Section 7 - Patients Seeking Mental Health Care in Hospital Settings	On or before January 15* of each year between 2019 and 2021 (ext. received to 1/31, data are not available by 1/15)
Section 8 - Rates of Payment to DA and SSA	January 15, 2019
Section 9 - Evaluation of Overarching Structure	January 15, 2019
Section 10 - Institutions for Mental Disease	On or before January 15 of each year from 2019 to 2025
Act 173 (H. 897) An act relating to enhancing the effectiveness, availability, and equity of services provided to students who require additional support	March 15, 2019
Act 204 (S. 261) -An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience	January 15, 2019

Report Sections:

- Access to Care
- Access and Flow
- Quality
- Person-centered Care
- Coercion
- Vision of an integrated, holistic health care system
- Structural Changes
- Mental Health and Payment Reform
- Mental Health Spending and Provider Workforce Parity

Report Highlights- Evaluation of the Overarching Structure of the Mental Health System of Care

STRUCTURAL CHANGES

- More work is needed to achieve an integrated and holistic health care system.
- Resources must be directed to services delivered in the community, and those services must be delivered in a coordinated and integrated continuum of care.
- 10-year vision: while inpatient capacity must grow initially, additional capacity in community residential levels of care, expansion of integrated care and prevention and health promotion activities should help decrease the number of Vermonters who find themselves in need of such levels of care.