

Department of Mental Health

PRESENTATION TO SENATE HEALTH & WELFARE

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JANUARY 18, 2019

Overview

What the Department is working on and what is new as a result of recent legislation.

- Children, Youth and Families
- Adults
- Integration
- Payment Reform

Children, Youth & Families

HIGHLIGHTS, ISSUES AND INITIATIVES

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.

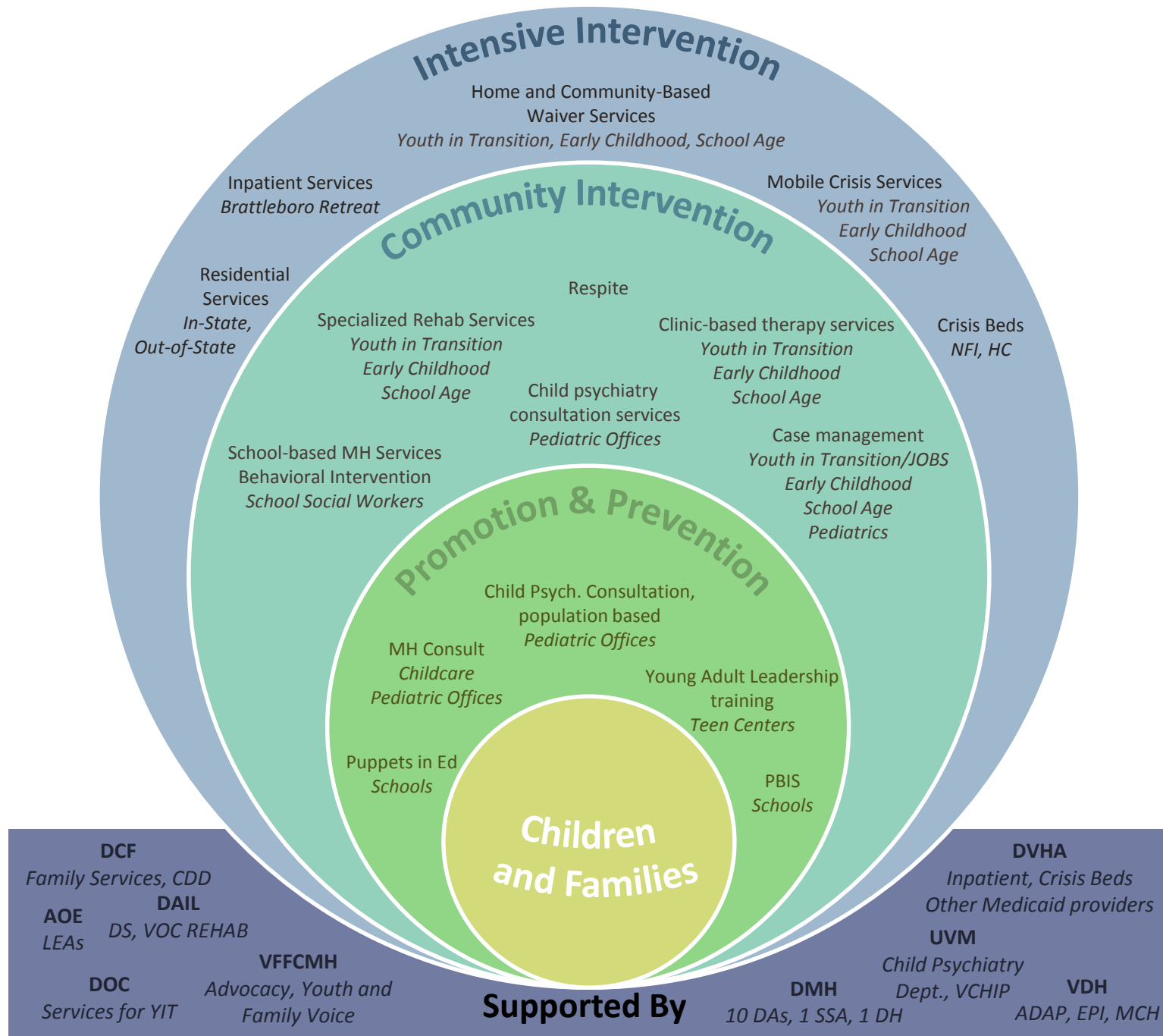
Act 264: Vermont's System of Care for Children

Act 264 was established in 1988 and did the following:

1. Created an interagency definition of severe emotional disturbance.
2. Created a coordinated services plan.
3. Created one Local Interagency Team (LIT) in each of the State's twelve AHS' districts.
4. Created a State Interagency Team (SIT).
5. Created a governor appointed advisory board.
6. Maximizes parent involvement.

<https://ifs.vermont.gov/docs/sit>

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

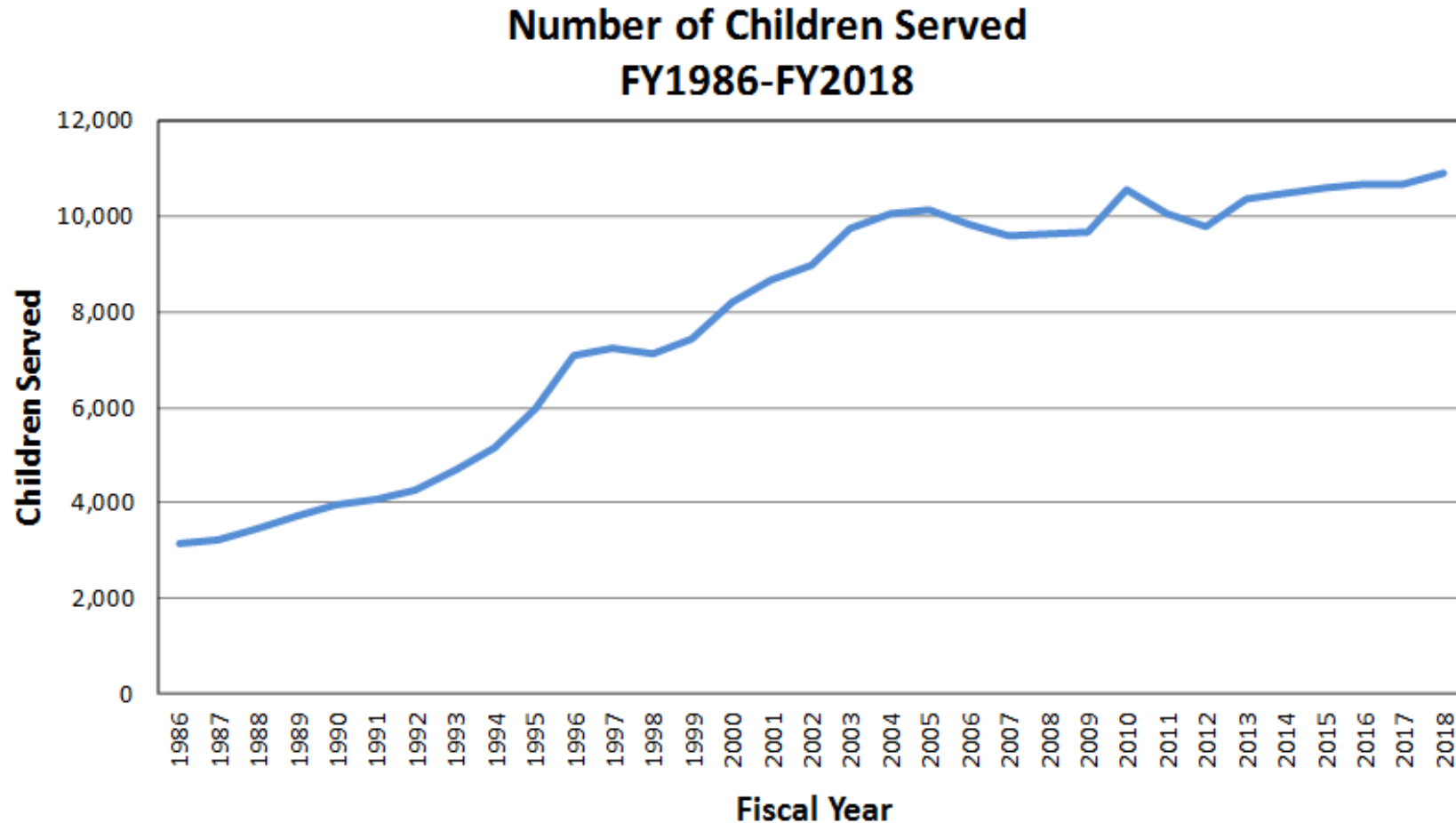
State Government

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

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

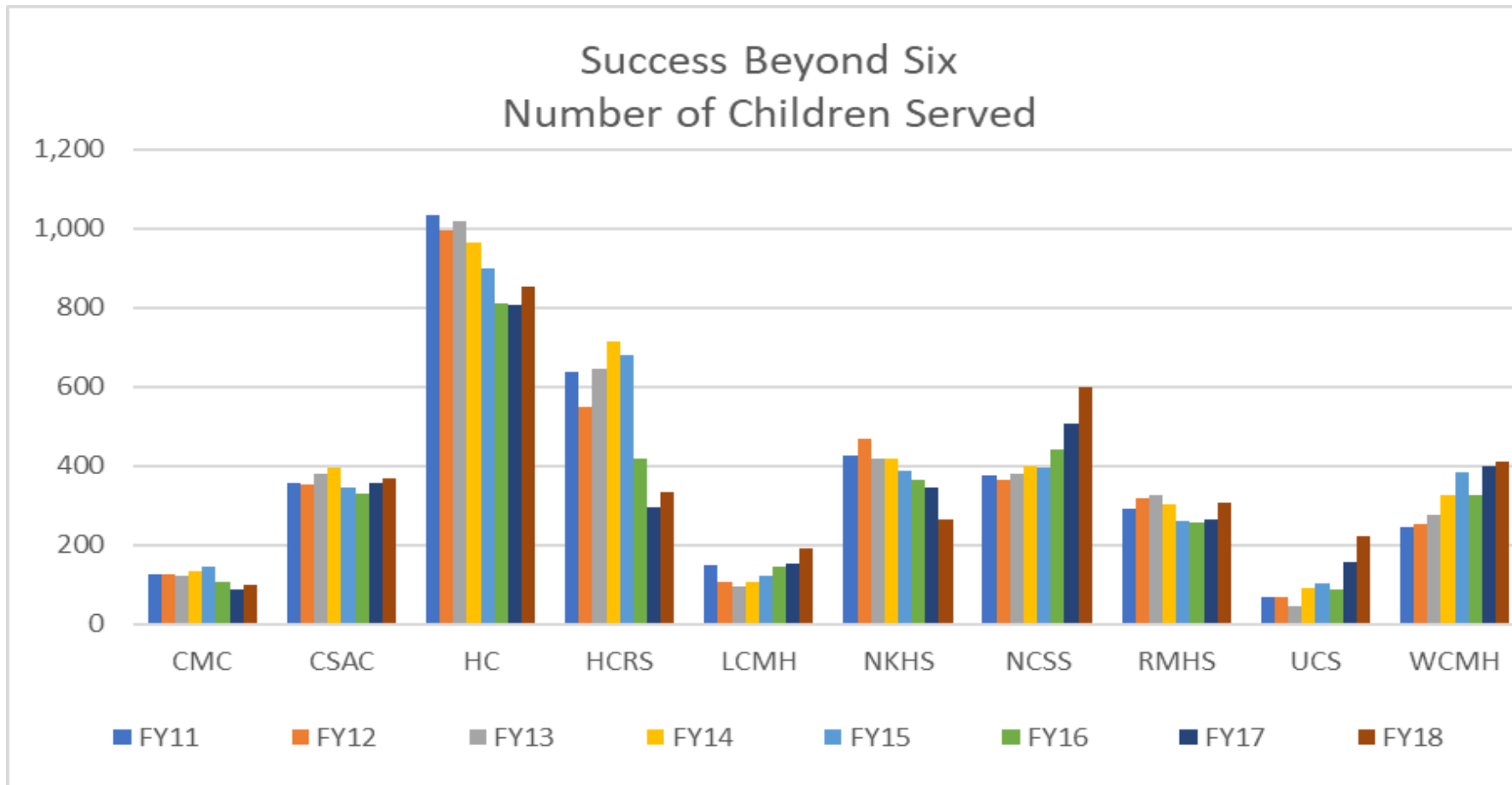
❖ **Implementation of evidence-based practices that address adversity (trauma) and attachment for families with young children, in collaboration with DCF-Family Services Division**

- Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT)

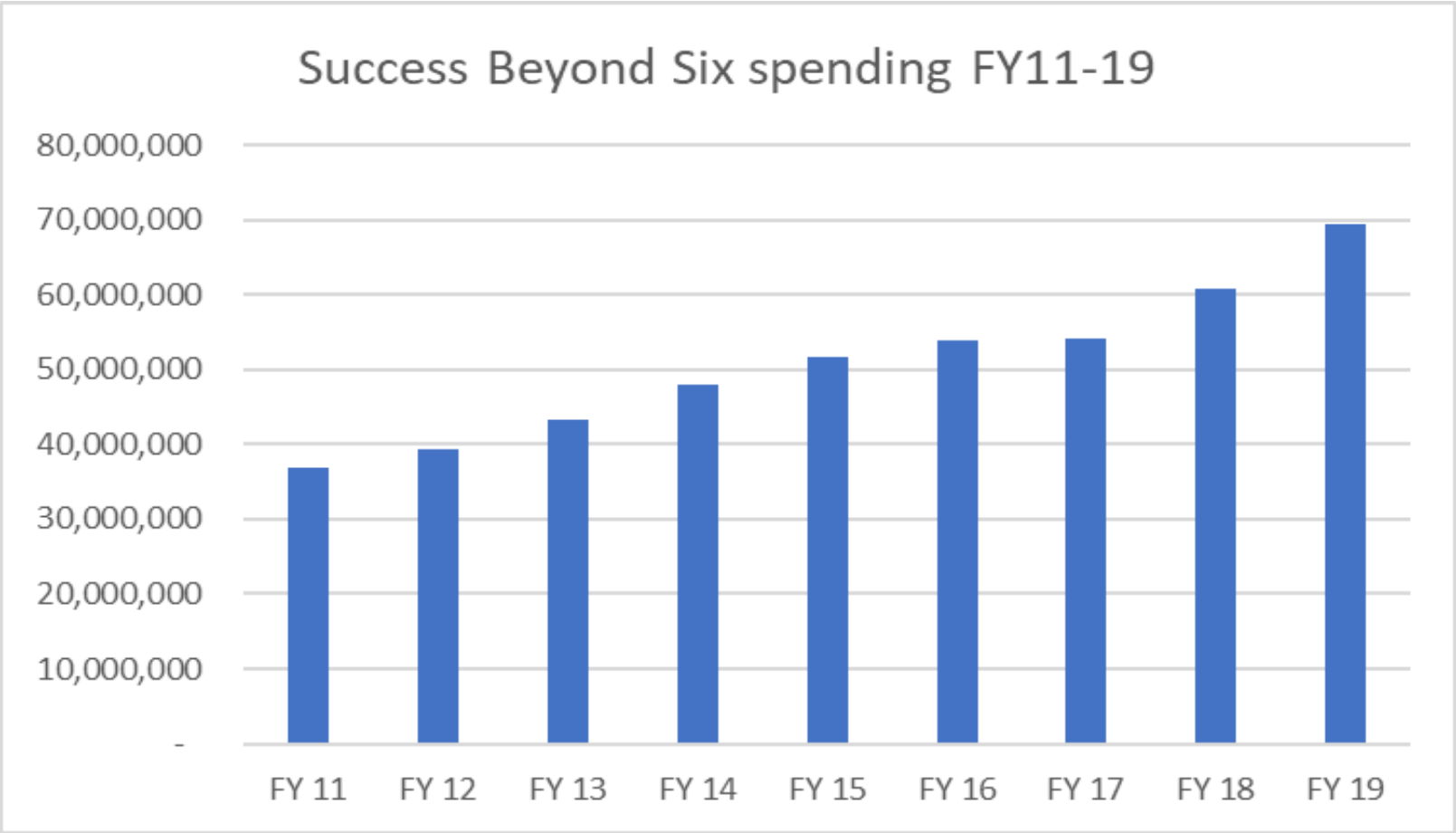
School Based Mental Health

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

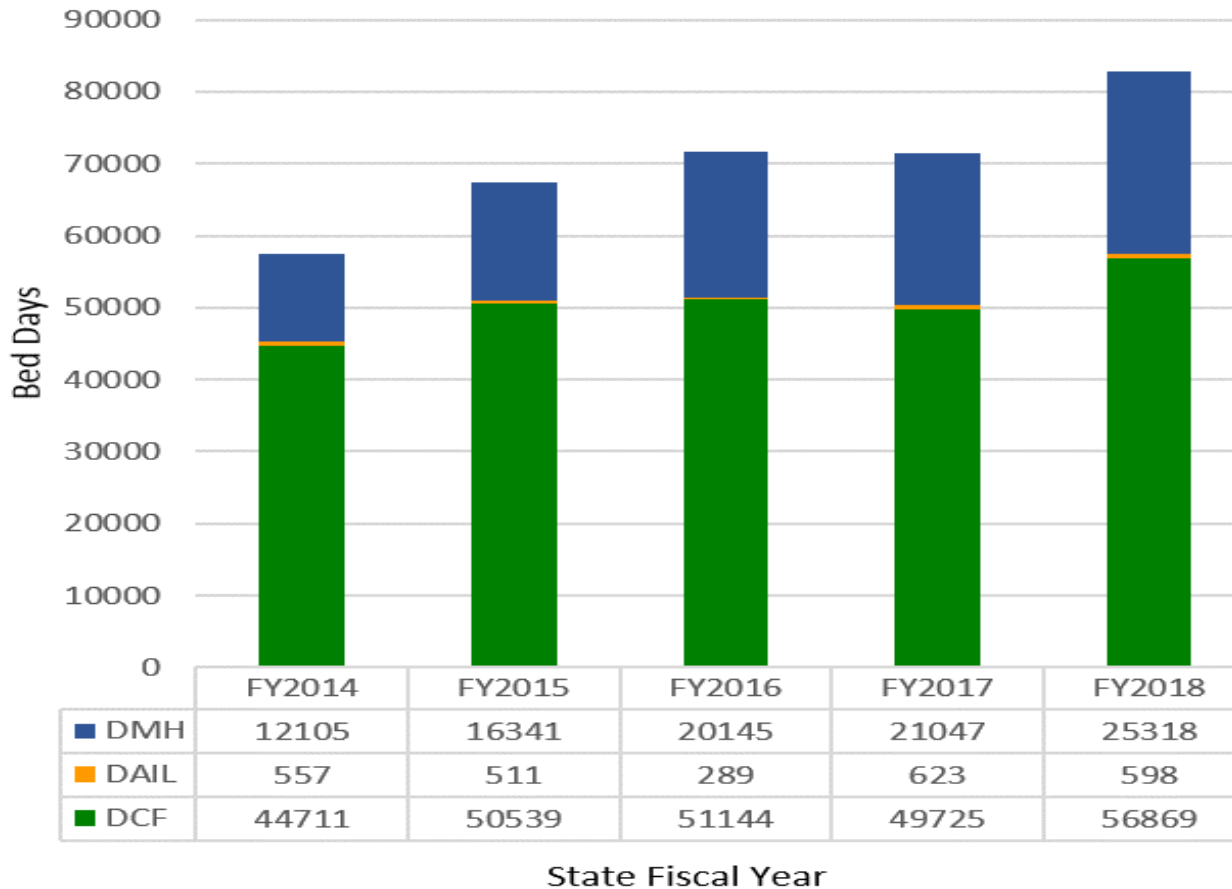


School Mental Health

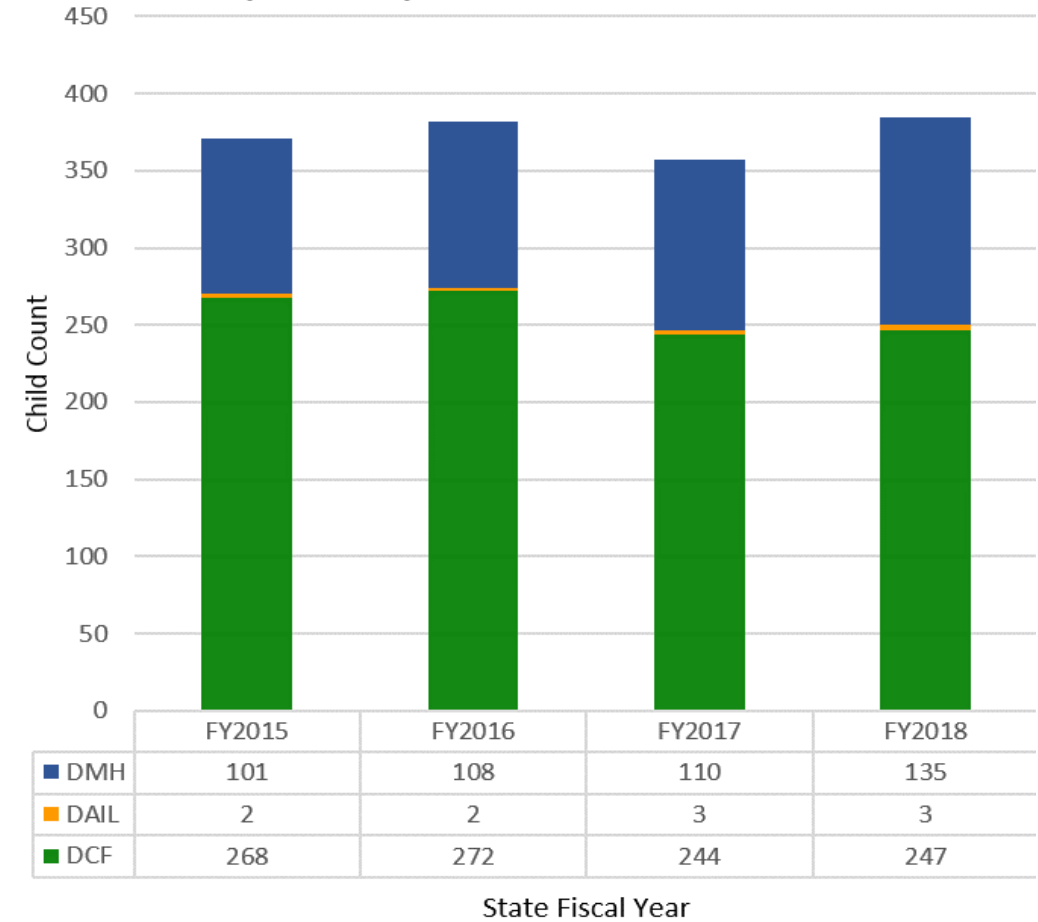


Residential treatment

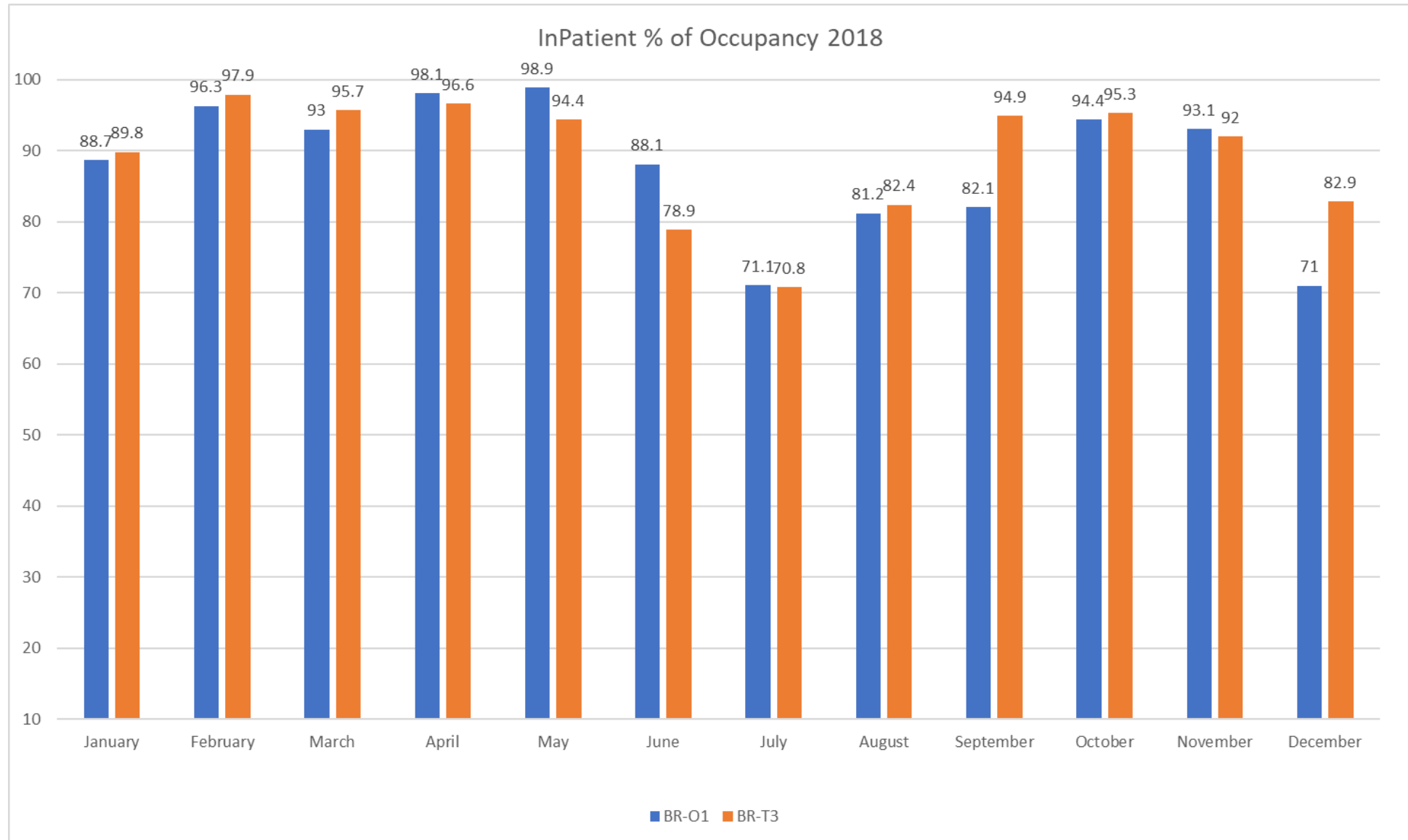
Total Residential Bed Days by Department per Fiscal Year



Total Child Count in Residential by Department per Fiscal Year



Child/Youth Inpatient Occupancy 2018



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/PPP/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)

Other Impacts of recent Legislation

- ACEs, trauma, and resilience are woven throughout our work
 - DMH part of AHS interview team for new Director of Trauma Prevention and Resilience Development
 - DMH co-facilitates Child & Family Trauma Workgroup
 - Supporting continued implementation of trauma-specific treatment EBPs
- Minor consent for outpatient MH treatment
 - DMH has seen new language in DA policies and procedures related to the new law
 - still some questions among providers about implementation (reimbursement, records release)

Adult Mental Health

HIGHLIGHTS, ISSUES AND INITIATIVES



Priorities

1. 10 Year Vision

- 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

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

Inpatient Capacity

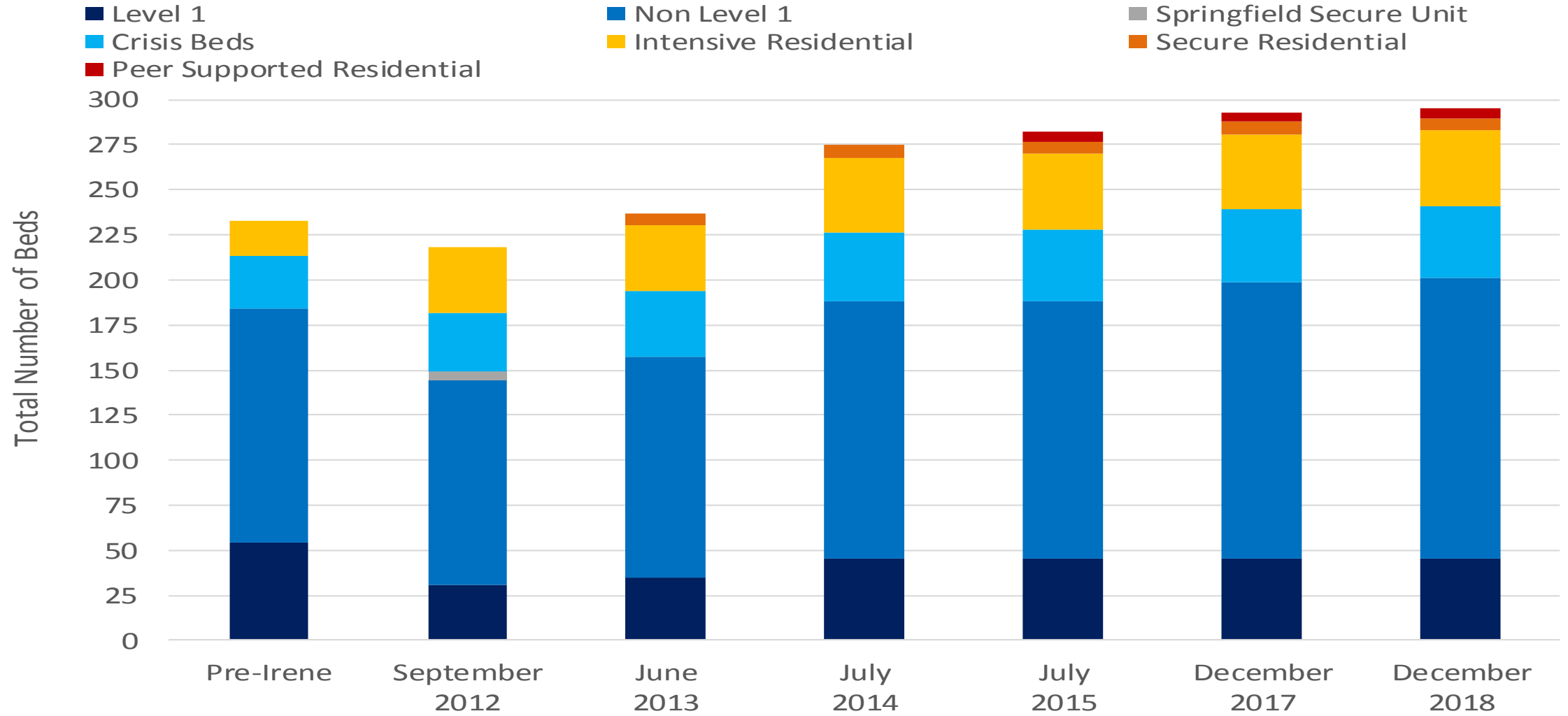
Brattleboro Retreat renovation and fit up for expanded capacity

- \$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.

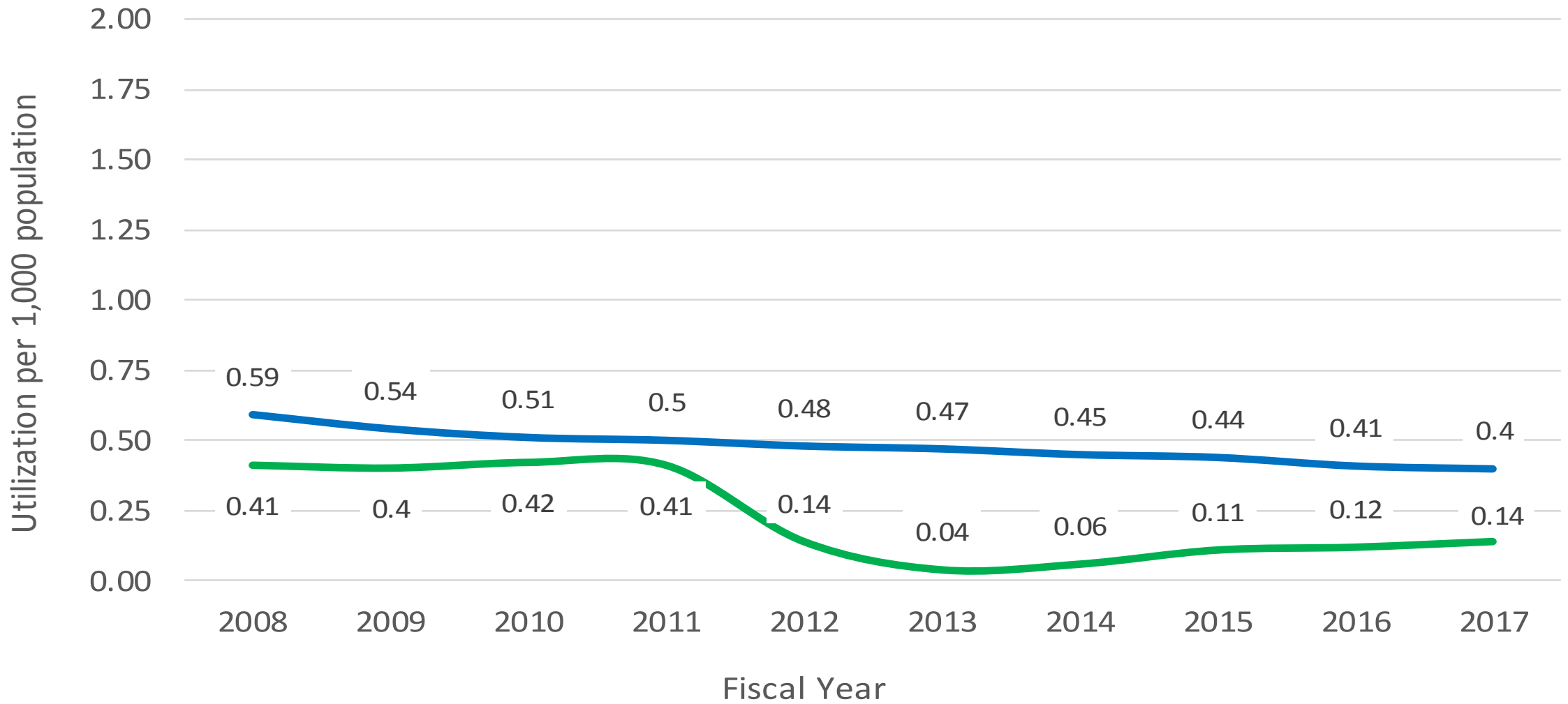
Vermont Department of Mental Health Psychiatric Beds in Adult System of Care



5 temporary beds at Springfield Secure for displaced VSH patients

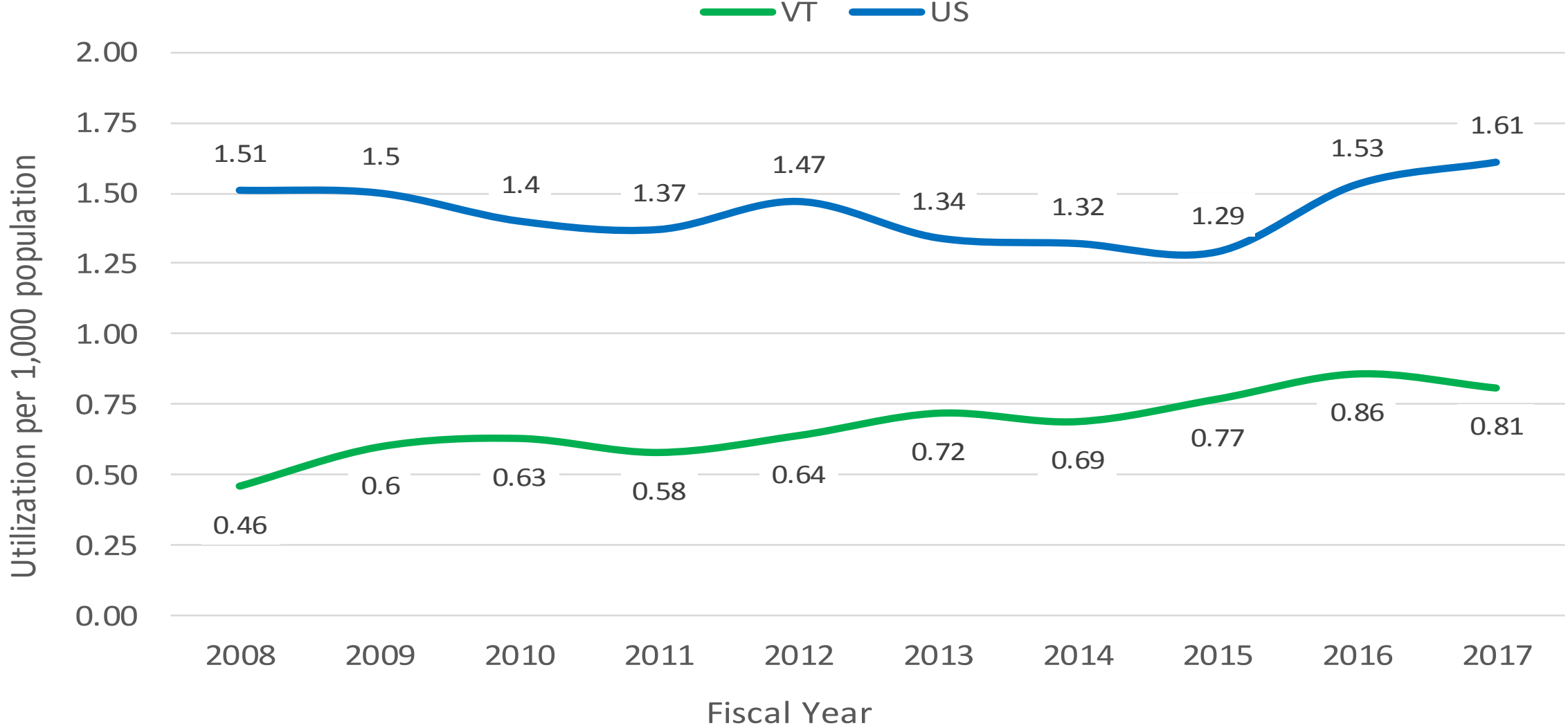
State Hospital Utilization per 1,000 People

— VT — US



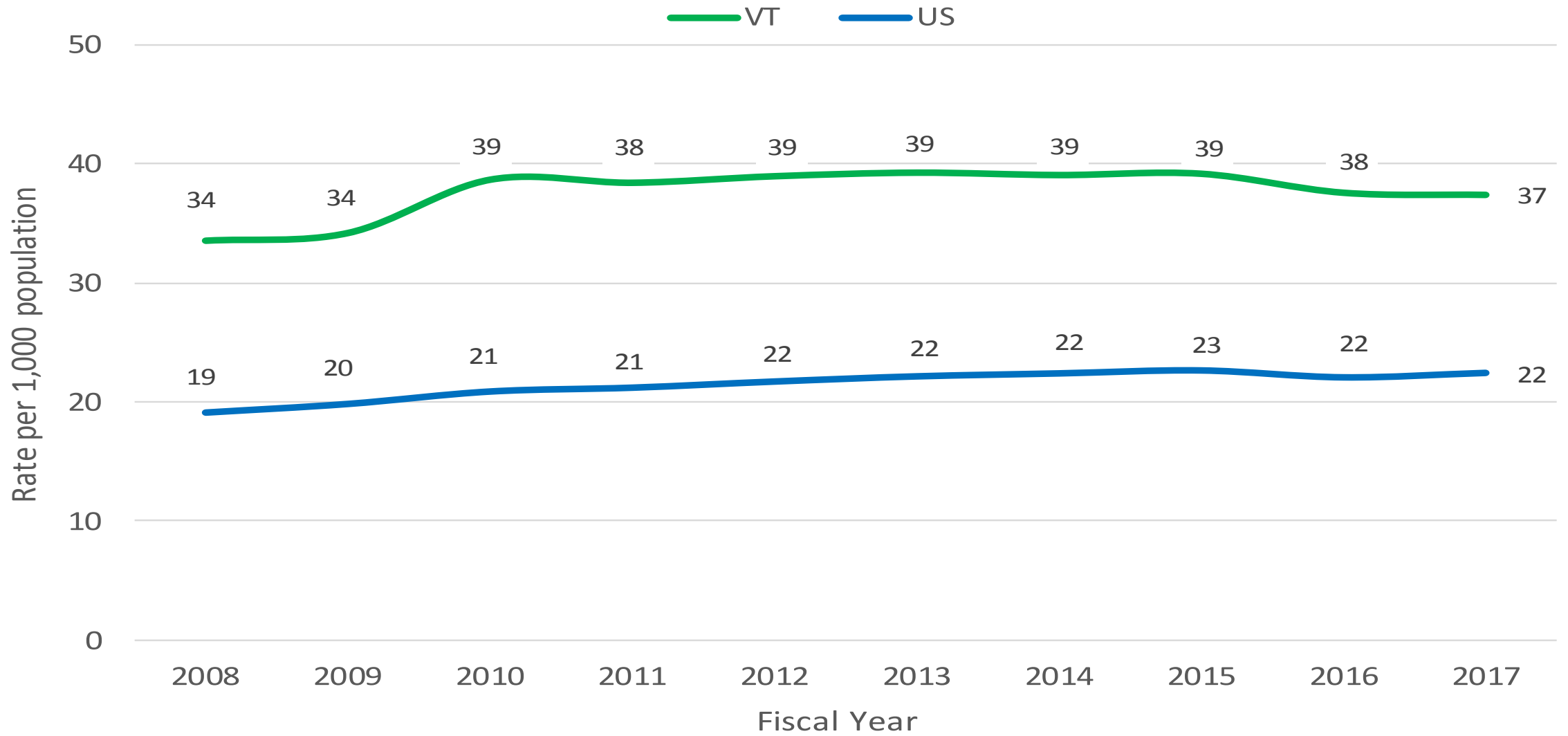
Based on URS data provided by US States and Territories per annual reporting guidelines for fiscal years 2008 - 2017.

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 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 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

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 County
- 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.

Integrated Care

- Integrated mental health care = any situation in which mental health and medical providers work together.
- Integrated care addresses the needs of the whole person and is not limited to treatment for specific illnesses.
- Mental health care can't stand apart, it needs to be integrated



Integration 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

Integration Examples- cont.

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,
- Children's Integrated Services,
- Supports and Services at Home
- VT Chronic Care Initiative

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

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 <u>Waiver:</u> <ul style="list-style-type: none">• 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. <u>State Plan:</u> mental health clinic services, specialized rehabilitation services

Questions?
