



Community Care Network

Rutland Mental Health Services & Rutland Community Programs

Rutland County Mobile Response and Stabilization Services Pilot Program

**Senate Health and Welfare Committee
February 21, 2020**

- **Dick Courcelle- Chief Executive Officer**
- **Laura Kass, LICSW- Chief Services Officer, Behavioral Health**
- **Doug Norford, LICSW- Director, Child and Family Services**



The “Why”- Kids and Families Have Different Needs

A challenge for the children’s behavioral health system is not only to know when clinical intervention is required, but when it is not – and most importantly, when and which interventions could be (re)traumatizing. Connecting to the right service, at the right time, for the right duration is particularly important when parents/caregivers first interact with the behavioral health system. A caregiver’s first impression of the behavioral health system is likely to shape their experience and perception of its helpfulness for years to come. Ensuring a timely, appropriate, family- and youth-driven, individualized response to crisis is key to effective de-escalation and stabilization.

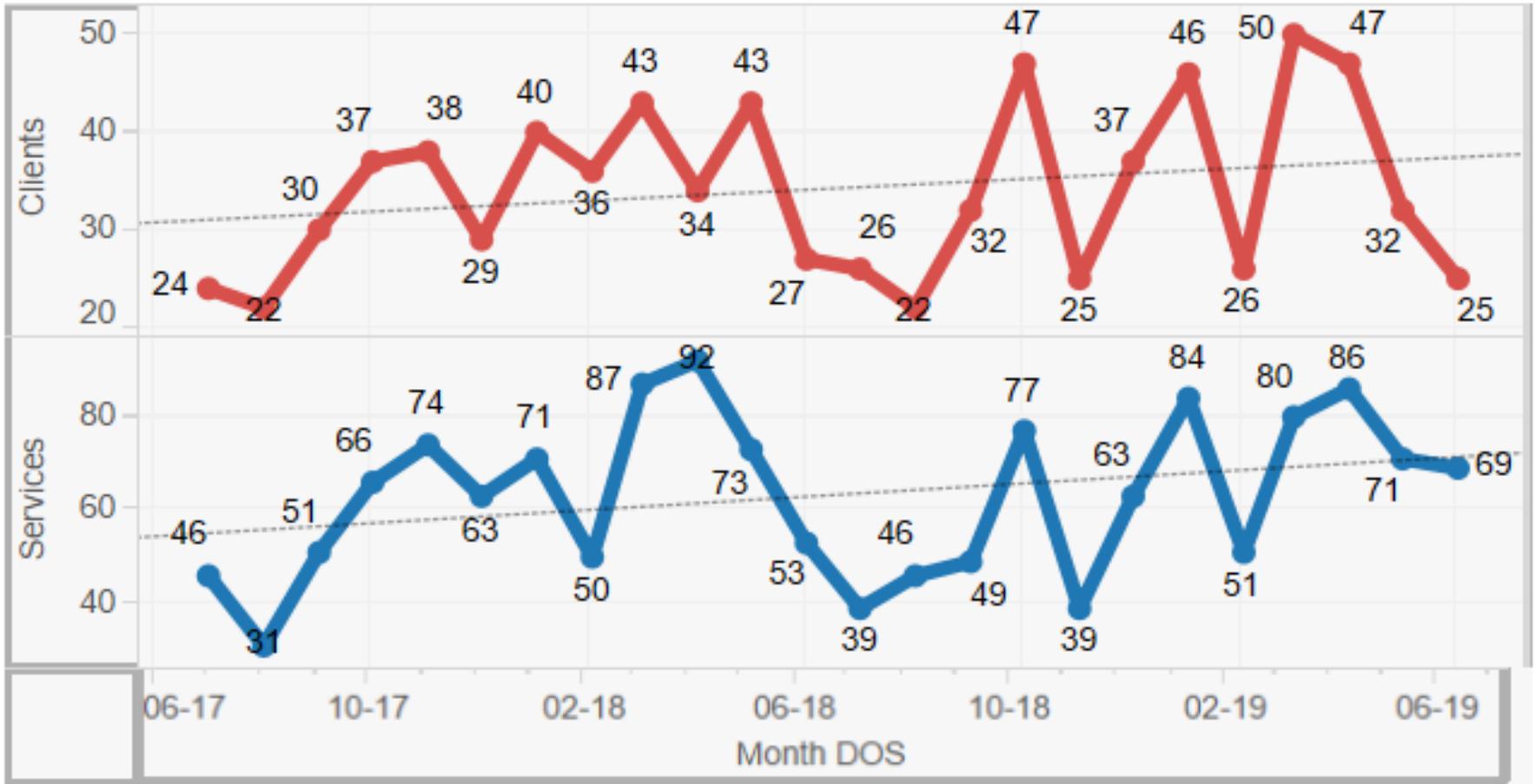
Source: National Association of State Mental Health Program Directors. (August 2018). *Making the Case for a Comprehensive Children’s Crisis Continuum of Care*. Retrieved from:

http://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf



RMHS Children's Crisis Services- Trend increasing overall³

Crisis Services KPI Trend by YearMonth

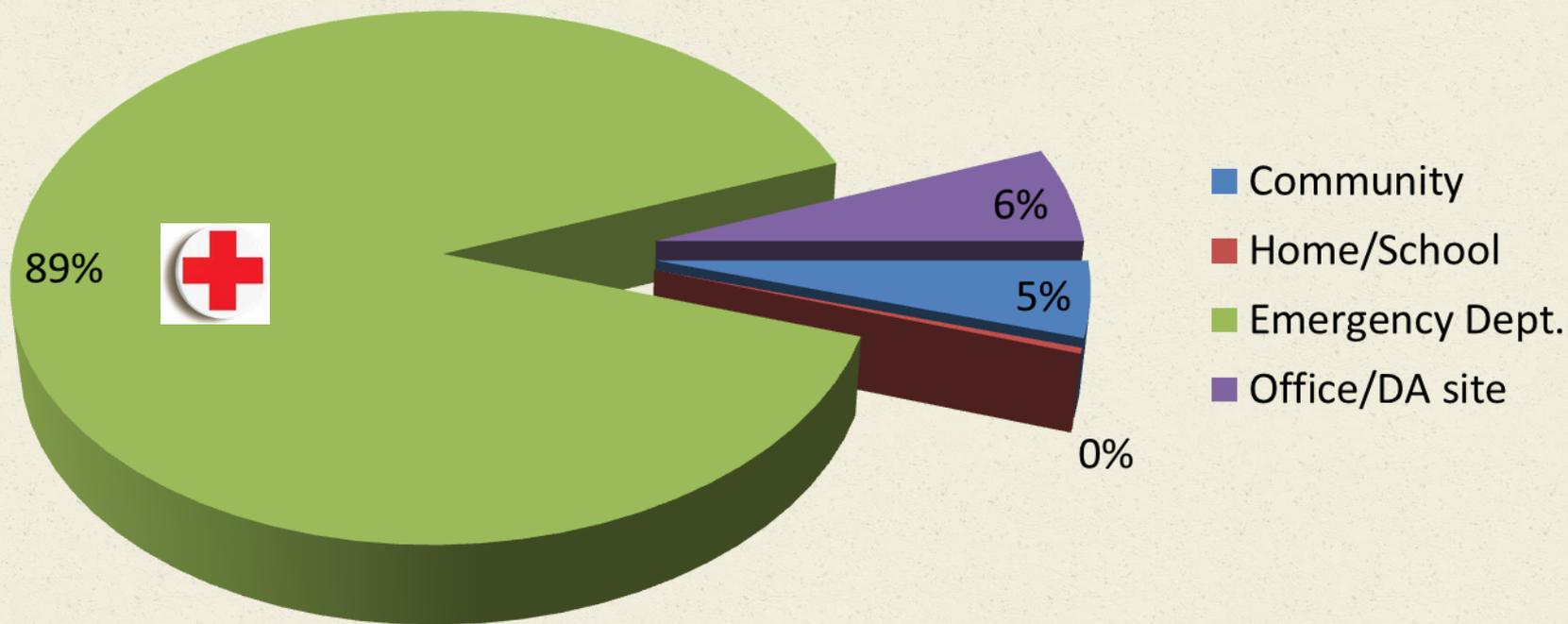


Clients age 0-22 for period July 1, 2017-June 30, 2019

Source: Vermont Department of Mental Health Monthly Service Report via VCP Data Repository



RMHS Crisis Response Location for Kids 0-18 CY 2018



For the two year period July 1, 2017-June 30, 2019, RMHS saw 600+ children and youth in crisis. Most seen at ED.

Source: Vermont Department of Mental Health



Rutland has the highest ED visits for children and youth with mental health needs across the state among High Utilizers (CY 2018). ⁵

Member HSA	# Members	# ED MH Visits	Avg ED Visits/Member
Burlington	1056	631	0.60
Barre	644	481	0.75
St Albans	577	230	0.40
Rutland	505	626	1.24
Bennington	470	411	0.87
White River Jct	447	252	0.56
Brattleboro	290	292	1.01
St Johnsbury	277	152	0.55
Springfield	269	243	0.90
Newport	268	126	0.47
Morrisville	264	80	0.30
Randolph	200	80	0.40
Middlebury	124	77	0.62
Grand Total	5391	3681	0.68

Source: L. Omland testimony. Senate Health and Welfare Committee, February 11, 2020



Why Mobile Response? What is Different about it?

MRSS teams serve as resources in educating the public and in responding to and deescalating crises in homes, schools, and the community. They bridge partners in children's behavioral health delivery systems, providing access points for linkage and referrals to services and supports (both formal and informal), such as care management entities, faith-based and family/youth organizations, and other behavioral health service providers.

As part of a comprehensive crisis response system for children, youth, and young adults, MRSS are valuable in preventing and diverting from higher, more expensive levels of care and improving the overall cost and quality of behavioral health care for this population.

Source: National Association of State Mental Health Program Directors. (August 2018). *Making the Case for a Comprehensive Children's Crisis Continuum of Care*. Retrieved from:

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- Shift from “traditional mental health crisis” to “behavioral crisis.”
 - Community impact
- Root Causes:
 - Increase in opiate addicted parents
 - Complex trauma
 - Decreased use of restraint/seclusion
 - Cultural changes
- How we are addressing the need:
 - Improving access
 - Increasing community response
 - Expanding collaborations
 - Evidence-based practices



- Gaps/What is Needed
 - Immediate home and community-based supports for de-escalating/managing out-of-control behaviors.
 - Relationship-building
 - Creating hope
 - Prevention

