



# Department of Mental Health (DMH)

Samantha Sweet, Deputy Commissioner

Laurel Omland, Director of Children, Adolescent & Family Unit

# The Department of Mental Health: Mission & Vision

The **Mission** of the Department of Mental Health is to promote and improve the health of Vermonters. The Department resides under the Agency of Human Services and has the same critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.

Our **Vision**: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.



# What we do at the Department of Mental Health

## We are:

- Responsible through statute for the mental health system of care for Vermonters.
- Composed of 302 staff (including 233 Facility staff and 69 Central Office staff).
- Handling a budget of \$326M that supports mental health services to over 25,000 Vermonters.
- Overseeing our 10 Designated Agencies and 2 Specialized Service Agencies.
- Running the Vermont Psychiatric Care Hospital (25 beds) and River Valley Therapeutic Residence (16 beds).
- Managing several contracts and grants to peer organizations, forensic psychiatrists, psychiatric consultation with primary care, SOS VT for flood response, and Community Roundtable contract to conduct analyses of population-level data related to mental health.
- Partnering with hospitals, community providers, housing specialists, police departments, courts, and more!



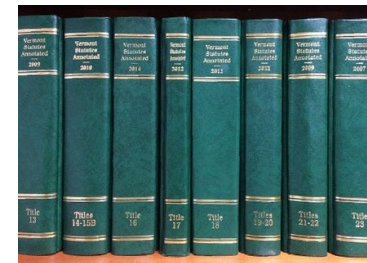
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The Department of Mental Health . . . shall centralize and more efficiently establish the general policy and execute the programs and services of the State concerning mental health, and integrate and coordinate those programs and services with the programs and services of other departments of the State, its political subdivisions, and private agencies, so as to provide a flexible comprehensive service to all citizens of the State in mental health and related problems.

The Department shall ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.



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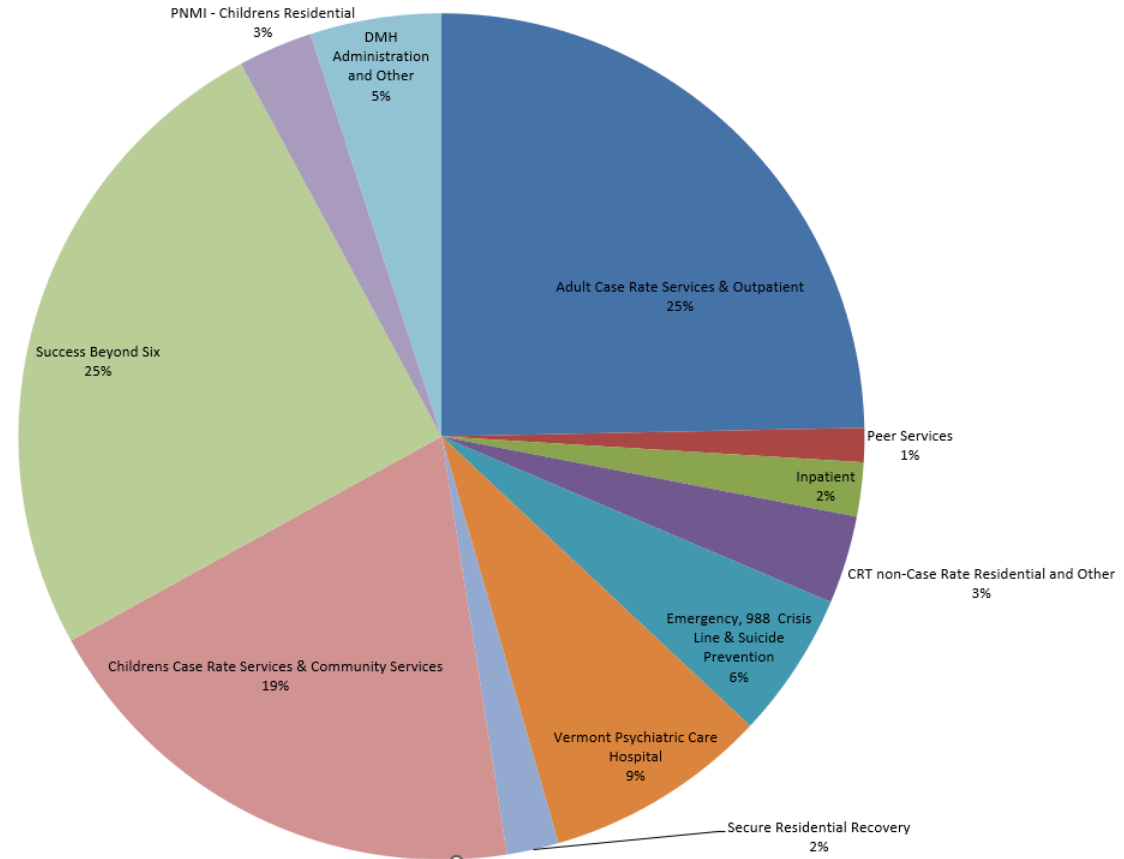
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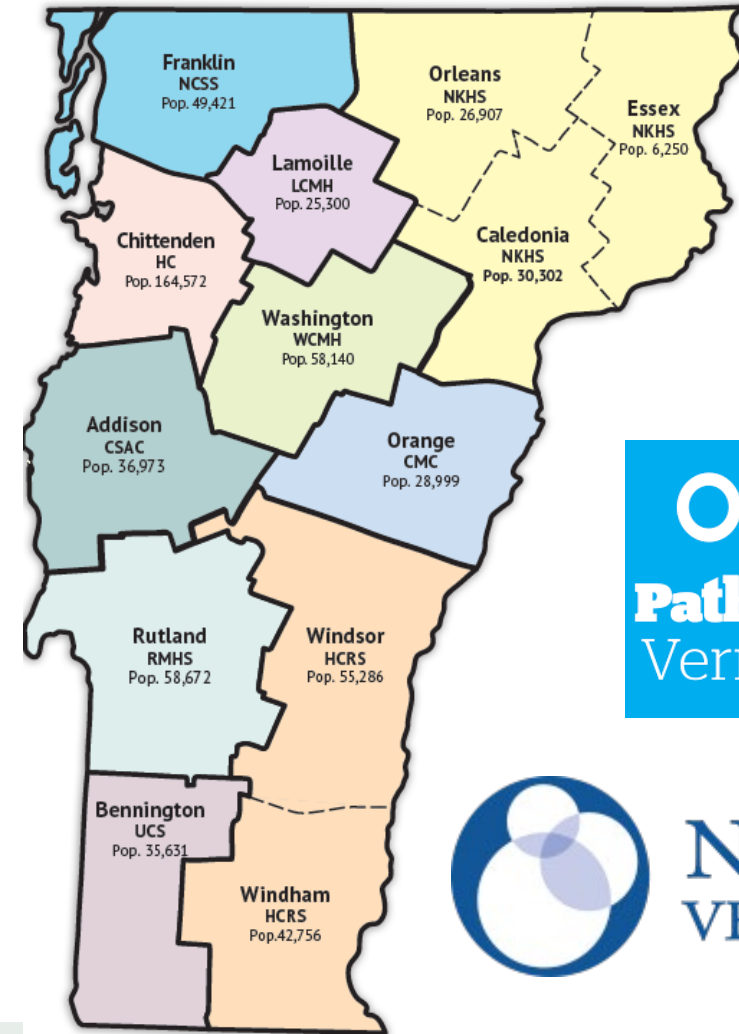
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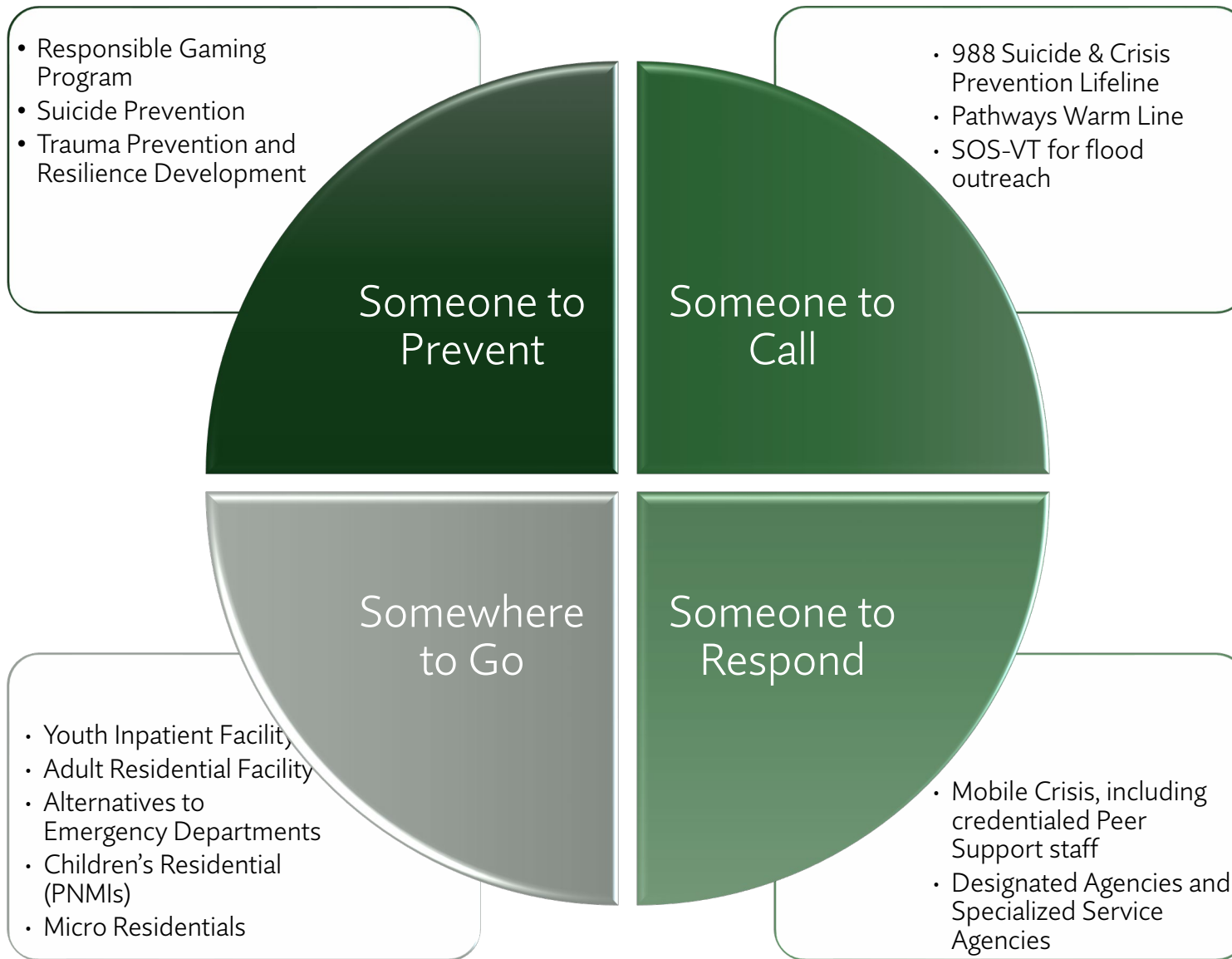


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# MENTAL HEALTH SYSTEM OF CARE

**Key to Provider Symbols**


- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

-  Peer-run Services & Residential Care
-  Department of Mental Health
-  Designated and Specialized Services Agencies
-  Private Providers





**Inpatient Hospitalization**  
229 total beds

<p>Children &amp; Adolescent 1 Facility   30 Beds</p> 	<p>General Inpatient (Adult) 7 Facilities   142 Beds</p> 	<p>Level One Inpatient (Adult) 3 Facilities   57 Beds</p> 
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**Secure Residential**  
16 total beds

<p>River Valley 1 Facility   16 Beds</p> 
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**Intensive Residential & Treatment Programs**  
92 total beds

<p>Youth Residential (PNMI) 5 Residences   45 Beds</p> 	<p>Intensive Recovery Residential 5 Residences   42 Beds</p> 	<p>Peer-run Residential 1 Residence   5 Beds</p> 	<p>Youth Psychiatric Residential Treatment Facility (PRTF) 1 Program   15 Beds</p> 
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**Crisis Supports & Response**  
56 total beds

<p>Children's Crisis Stabilization Program 1 Facility   6 Beds</p> 	<p>Youth Hospital Diversion Program 2 Facilities   12 Beds</p> 	<p>Mental Health Urgent Care for youth</p> 	<p>Mental Health Urgent Care for Adults</p> 	<p>Adult Crisis Beds 12 Facilities   38 Beds</p> 	<p>Crisis Assessment, Support &amp; Referral Continuing Education &amp; Advocacy</p> 	<p>988 Crisis Lifeline Centers &amp; Mobile Crisis Response</p> 
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**Community Mental Health**  
191 total beds/109 vouchers

<p>Micro-residential (HCBS) 5 Homes   22 Beds</p> 	<p>Youth Group Homes (PNMI) 3 Homes   17 Beds</p> 	<p>Group Residential Homes 19 Homes   152 Beds</p> 	<p>Shelter &amp; Care Vouchers DMH Housing Vouchers</p> 	<p> <ul style="list-style-type: none"> <li>• Individual, family, and group therapy</li> <li>• Clinical assessment</li> <li>• Medical consultation and medication</li> <li>• Service planning and coordination</li> <li>• Community supports &amp; employment services</li> <li>• Schools/PCP/Early care &amp; learning ctrs (youth only)</li> <li>• Peer programming (adults only)</li> <li>• Prevention work (youth only)</li> </ul> </p> 
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Highlight on Children, Youth and  
Family Mental Health

# How are VT children, youth and families doing?

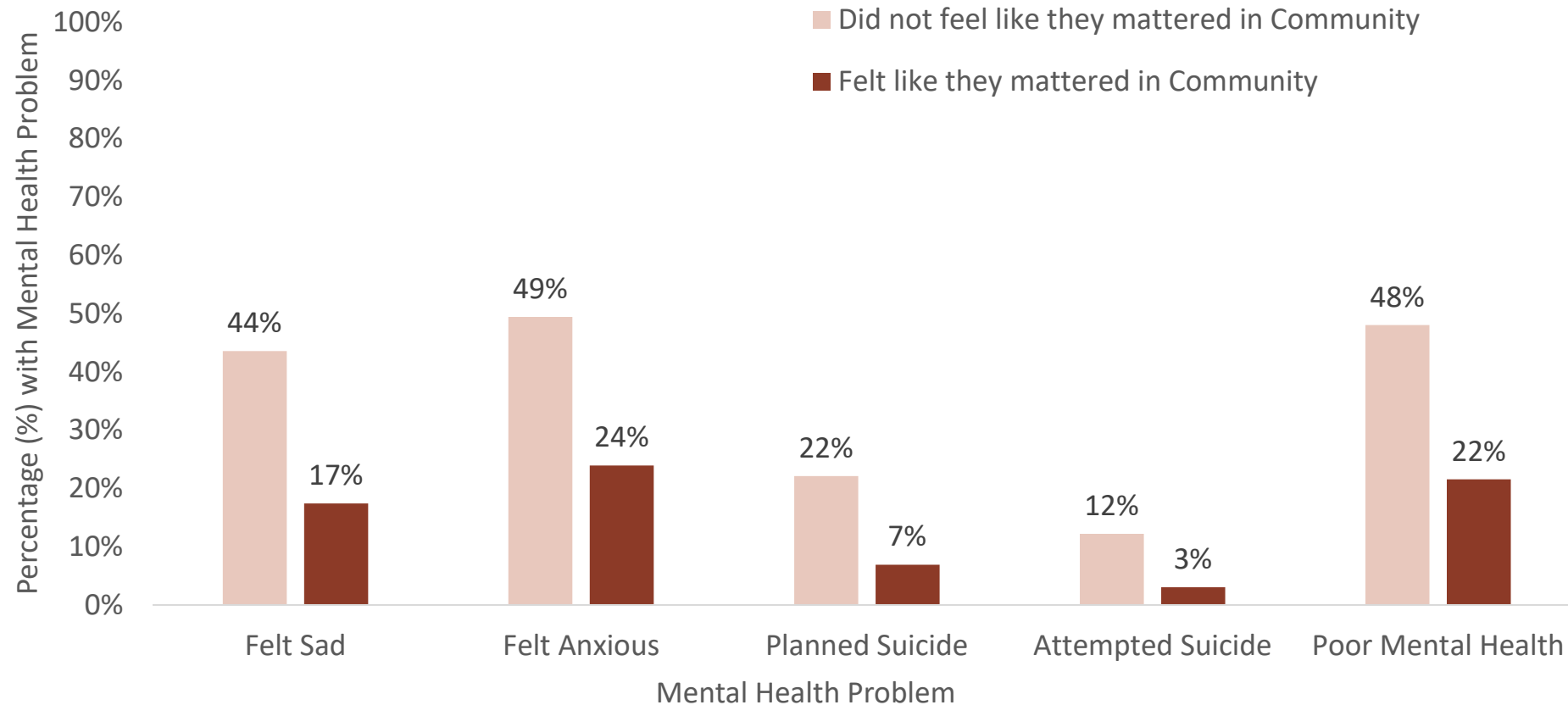
- The mental, emotional, or behavioral problems among Vermont youth (6-17 years) increased after COVID-19 (2021/2022).<sup>1</sup>
  - A higher proportion of Vermont youth had mental, emotional, or behavioral problems than children nationally across all years (2016-2022), with the highest difference in 2021/2022.
- Prevalence of mental health problems is higher among high school students who<sup>2</sup>:
  - do NOT feel like they matter to people in their community.
  - do NOT have a teacher/adult at school to talk to about problems.
  - currently use Marijuana
  - are NOT physically active at least 60 mins/day
  - with more frequent social media use

<sup>1</sup> National Survey of Children's Health over time (2016 – 2022), analyses by VT Child Health Improvement Program (VCHIP), UVM

<sup>2</sup> 2023 Youth Risk Behavior Survey, analyses by VCHIP

# Prevalence of Mental Health Problems is Higher Among Students who Do NOT Feel Like They Matter to People in the Community

Mental Health Problem Prevalence by Feeling Like You Matter



Notes: Simple chi-squared statistical tests showed all  $p < 0.001$

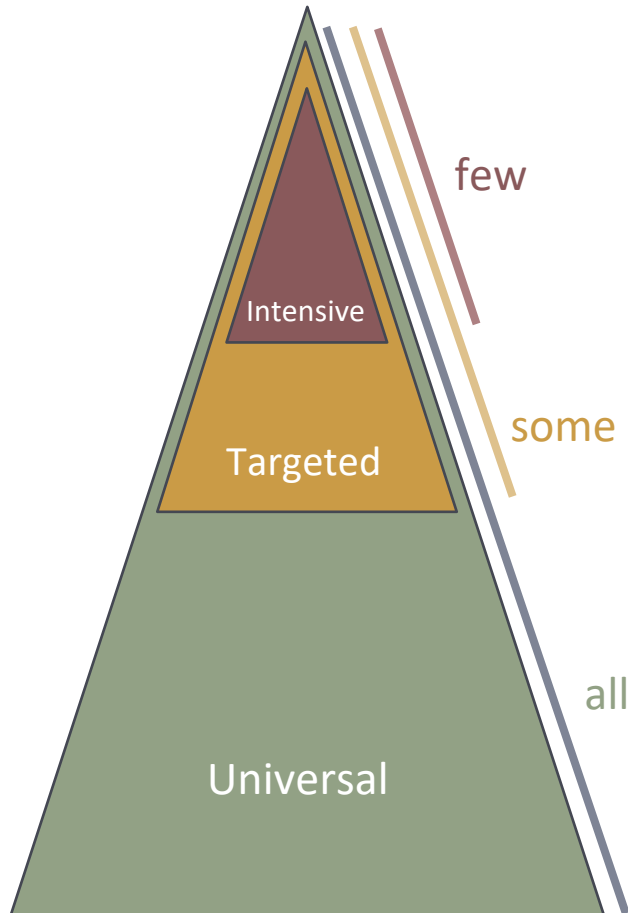
# Vermont's Vision: All children and families are emotionally healthy

Department of Mental Health uses the public health approach to:

Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)

Provide prevention services to reduce risk factors and increase resiliency and protective factors for children, youth, families and, communities at risk (Targeted)

Promote mental wellness for all children, youth, families, and communities (Universal)



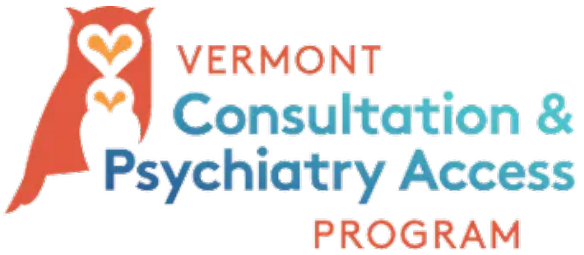


# Community Mental Health Programs & Services for Children, Youth & Families

Children, Youth & Families	<p>Serves children, youth and families who are experiencing emotional or psychological distress or are having problems adjusting to changing life situations.</p> <p>Supports and services are provided within the framework and principles that are child-centered, family-focused, culturally competent, strength-based, individualized, community-based, and collaborative between and among families, agencies and community.</p> <p>All services must adhere to Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements for Medicaid-enrolled children and youth.</p>
Emergency Services	<p>Time-limited, intensive supports provided for individuals and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.</p>

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit

- Federal mandate under Medicaid for children and youth up to the age of 21 (Section 1905(r) of the Social Security Act )
- “The EPSDT benefit is...designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.” (DHHS)
- [EPSDT](#) entitles eligible children under the age of 21 to Medicaid coverage of health care, diagnostic services, treatment, and other measures described in section 1905(a) that are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions, whether or not such services are covered under the state plan.
- This is a higher standard of coverage for eligible children than for adults.



<https://www.vtcpap.com/>

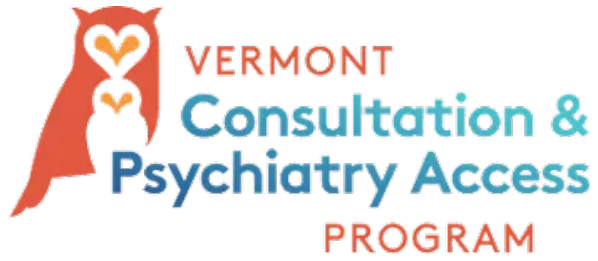
Hosted by the VT Program for Quality in Health Care (VPQHC) with some staffing from the UVMHC Vermont Center for Children, Youth & Families

- The *Vermont Child Psychiatry Access Program* merged with the *Perinatal Psychiatric Consultation Service* to become the **VT Consultation and Psychiatry Access Program (VTC PAP)**
  - Funded through two federal awards\* as well as Four Pines Fund grant to Vermont Program for Quality in Health Care (VPQHC)
- Consultative services and supports for Vermont primary care providers who have questions about diagnosis and treatment planning for children and adolescents ages 21 and under and perinatal people
  - Consultation service
  - Referral resource
  - Educational opportunities

#### Successes:

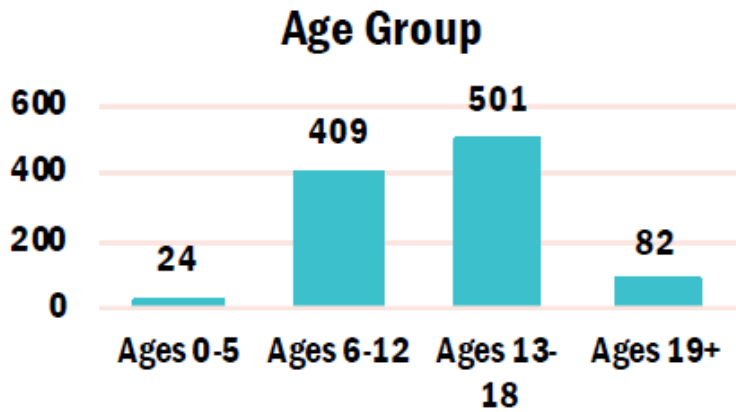
- 100% of pediatric practices are enrolled.
- Over 1,000 consultations provided since VTC PAP began in June 2022.
- 61 training events in FFY24, reaching 572 providers with training on mental health topics and evidence-based practices for primary care and mental health providers.
- [VTC PAP Impact Report](#)

\* For more information, click links [PMHCA](#) and [MMHSUD](#)



Child & Adolescent Consultations

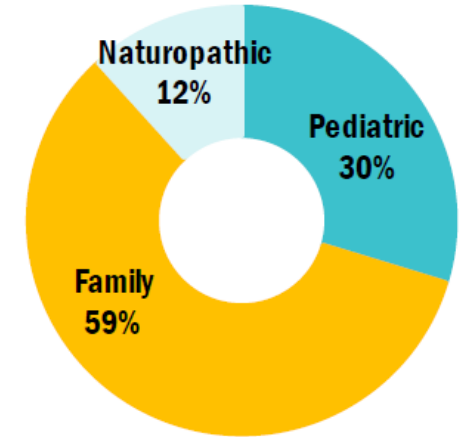
Consultation Activity	Total
Completed Consults	1,126
Patients service (unique)	1,030
Providers who called multiple times	164



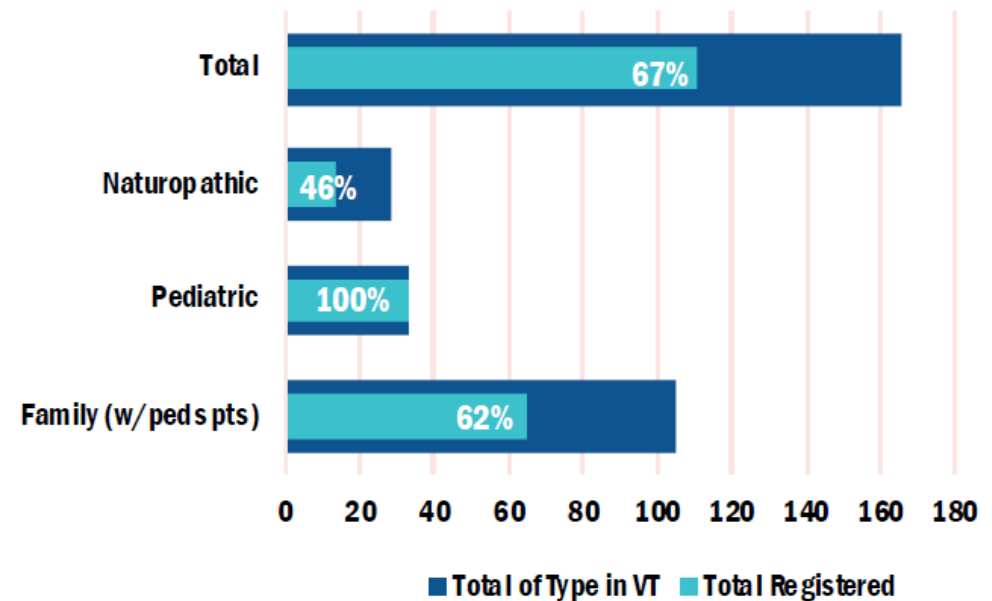
Pediatric-serving Provider Enrollment  
(As of November 2024)

Clinics	116
Providers	620

**% of Clinic Types Registered**



**Proportion of Registered Practices by Type**



# Early Childhood and Family Mental Health (ECFMH)

- Mental health supports for families during the perinatal period through 6 years old
- Focus on helping families form close, secure relationships with their infant, toddler, young child so they have healthy development in the social, emotional and behavioral realms
- Children can show signs of social, emotional and behavioral problems at a young age and it can impact their ability to form healthy relationships and attain developmental milestones
- ECFMH providers are trained to assess and provide evidence-based intervention and treatment to address challenges early on using:
  - Postpartum Support International (for assessing and treating perinatal mood and anxiety disorders)
  - Parent-Child Interaction Therapy
  - Child-Parent Psychotherapy
  - Attachment, Regulation and Competency framework for complex trauma
  - Strengthening Families framework



# School Mental Health under DMH: Project AWARE

Project AWARE (Advancing Wellness and Resilience in Education)

- \$1.8M per year, for up to 5 years (09/30/2023 to 09/29/2028), award from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- DMH is the recipient, in partnership with the Agency of Education (AOE)
- Project is focused in 3 Local Education Agencies (LEAs) and partnership with their local designated mental health agency, with broader statewide impacts where possible
- Goal to strengthen mental health **awareness (literacy), screening, referral and access to supports/intervention** within Vermont's Multi-Tiered System of Supports (VTmtss) in districts/schools

LEA	DA
Barre Unified Union School District (BUUSD)	Washington County Mental Health (WCMH)
Caledonia County SU (CCSU)	Northeast Kingdom Human Services (NKHS)
Southwest VT Supervisory Union (SVSU)	United Counseling Services (UCS)

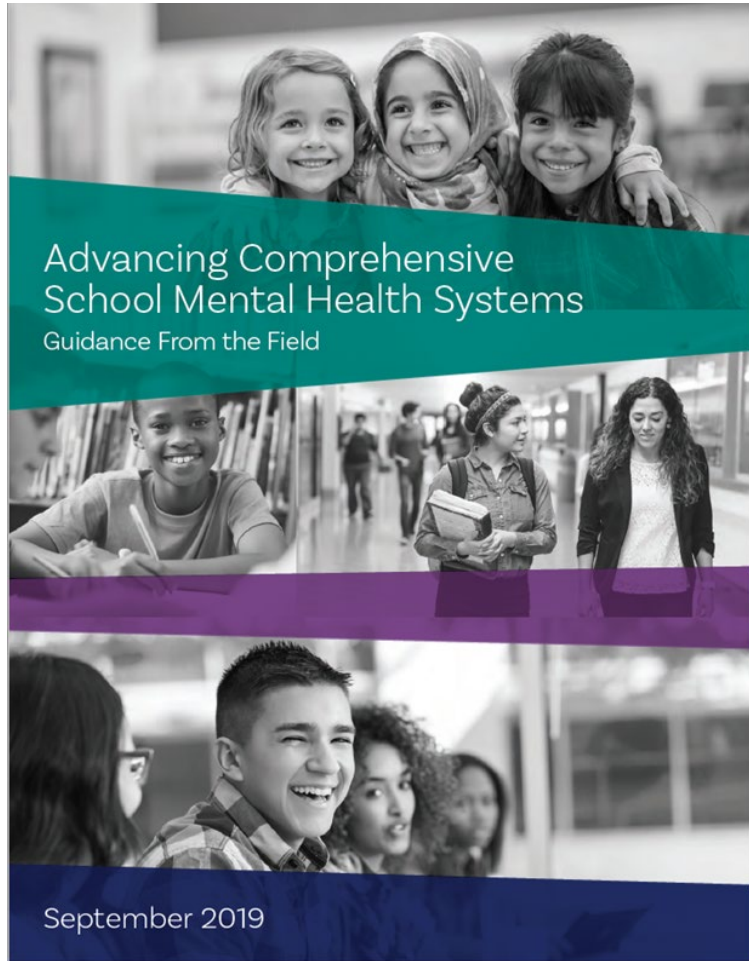
# Project AWARE

Local education and mental health leaders form District-Community Leadership Team to:

- Use data-driven decision-making to understand the local needs and resources related to mental health and wellness;
- Use universal screening of student social, emotional and behavioral strengths & needs
- Strengthen referral processes for in-school and community-based supports through MTSS
- Develop or update crisis protocols
- Track and improve access to supports
- Provide mental health literacy and suicide prevention awareness trainings for youth and adults

Partnering with these entities to carry out the goals:

- UVM Center on Disability and Community Inclusion: technical assistance to the regions
- Center for Health and Learning: training on Umatter® suicide prevention (for schools, community, and high school students)
- Vermont Care Partners: training on Youth Mental Health First Aid
- UP for Learning: student engagement with local data
- NFI: training and consultation on transforming trauma in schools
- Outright Vermont: training of educators and expansion of student GSAs
- WestEd: project evaluation



**1**  Well-Trained Educators and Specialized Instructional Support Personnel

**2**  Family-School-Community Collaboration and Teaming

**3**  Needs Assessment and Resource Mapping

**4**  Multi-Tiered System of Support

**5**  Mental Health Screening

**6**  Evidence-Based and Emerging Best Practices

**7**  Data

**8**  Funding

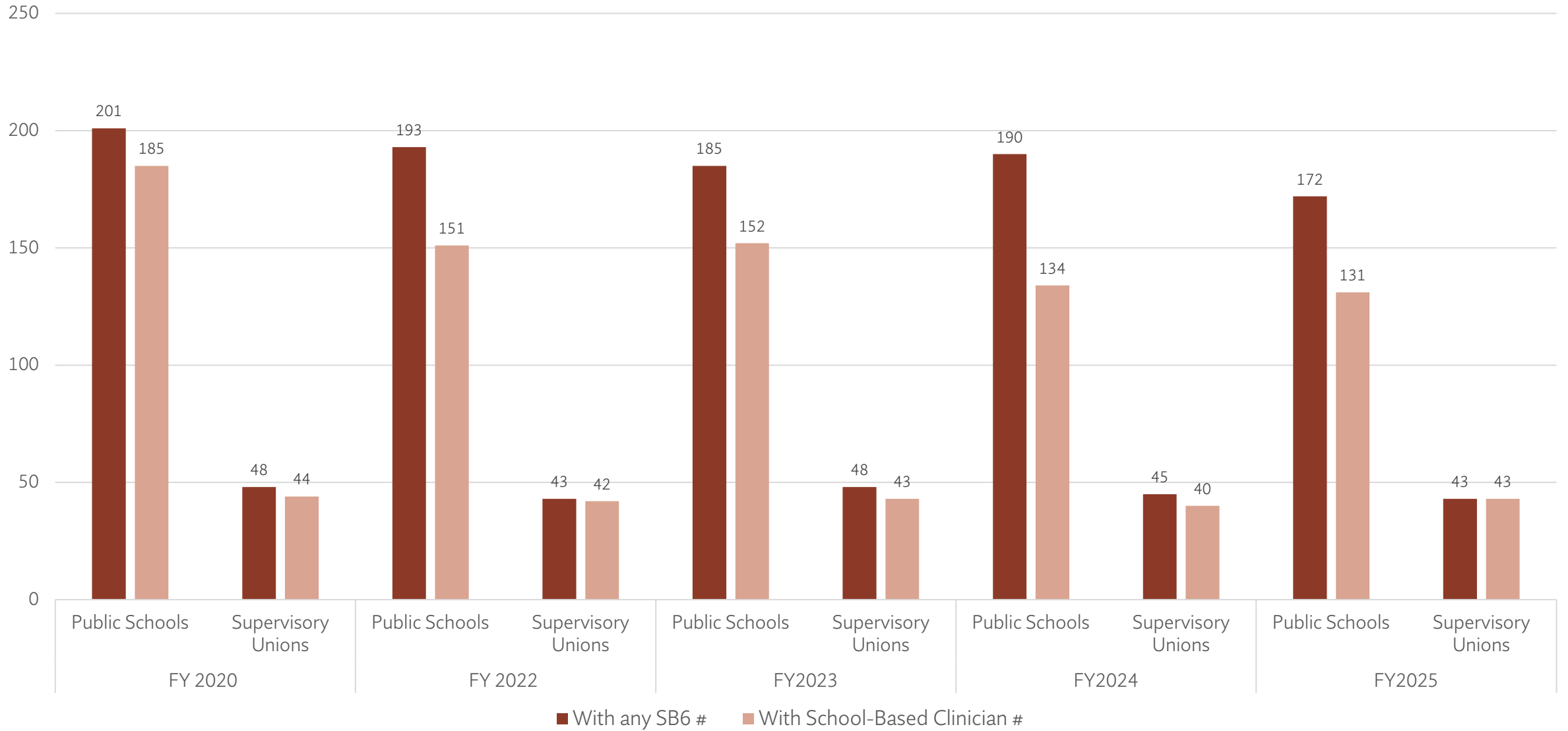


# School Mental Health under DMH: Success Beyond Six (SB6) DMH Medicaid Program

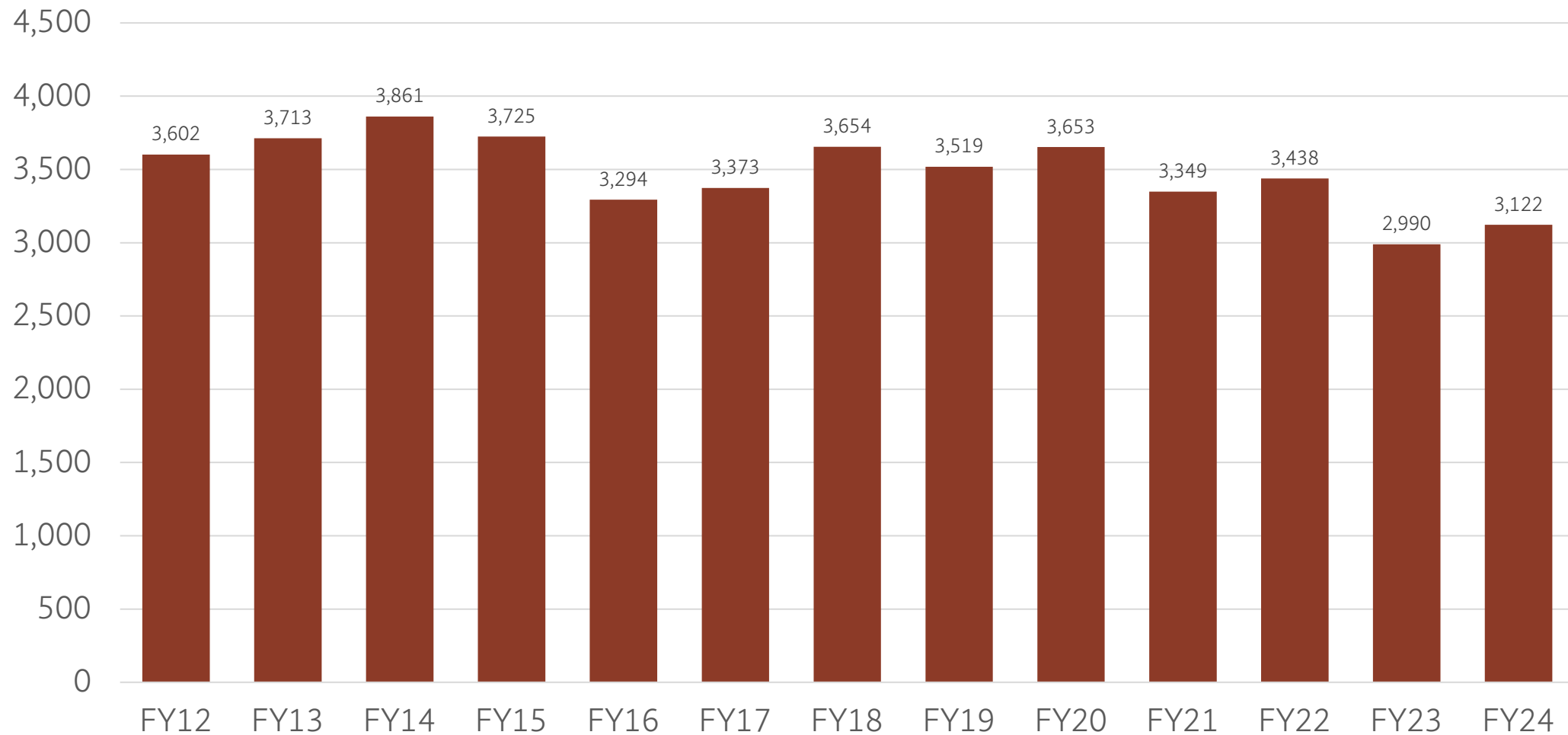
- Medicaid funding mechanism for school mental health services provided through Designated Agencies in partnership with a Local Education Agency (LEA)
- Local contract between a Supervisory Union/ School District (SU/SD) or school and a Designated Agency (DA)
  - SU/SD or school determines what mental health services to purchase from their local DA
  - SU/SD or school provides local match to draw down Medicaid federal share through DMH/DA authority
  - DMH contracts with each DA for their SB6 Medicaid programming
- DA provides clinical treatment & behavioral interventions in public schools
- Therapeutic independent schools run by DAs

LEAs may also contract with DA outside of SB6 for non-Medicaid students and non-Medicaid covered services (e.g. MH training, consultation)

# Number of Schools and Supervisory Unions with SB6 Contracts; School-Based Clinicians



## Total Number of Children Served in SB6 Medicaid School Mental Health, by Year



# Other work related to school mental health

- AOE and DMH guidance for LEAs on [Social Emotional Learning \(SEL\) and Mental Health Well Being](#)
  - [The Vermont School Mental Health Systems Toolkit](#)
  - [SEL And Mental Health: Making Connections with VTmtss](#)
  - [Universal Screening for Social, Emotional, and Behavioral Needs and Strengths in Vermont Schools](#)
- Review of [CMS guide](#) on School-Based Services with Medicaid Policy VT AOE, Dept of Health, DMH, and technical assistance entity
- DMH representation on School Safety Planning Committee; Afterschool & Summer Learning Advisory Committee

# Different Structures for School Mental Health

Structure	Description	Considerations
<b>Internal</b>	Schools directly hire mental health providers	<ul style="list-style-type: none"> <li>• Schools provide administrative oversight, not clinical supervision</li> <li>• As school employee, MH provider needs to develop relationship with community MH</li> <li>• LEA responsible to pursue insurance reimbursement</li> <li>• MH provider follows LEA documentation requirements</li> <li>• Ease of access for student</li> </ul>
<b>Integrated</b>	Local partnerships between school/district and community mental health (Designated Agencies)	<ul style="list-style-type: none"> <li>• Success Beyond Six Medicaid funding limited to Medicaid enrolled students for covered services</li> <li>• DA pursues Medicaid reimbursement; maintains clinical documentation under HIPAA</li> <li>• Agency Designation means increased oversight by State including reporting and documentation requirements</li> <li>• LEA could contract for services beyond what is covered by SB6 using other fund source(s)</li> <li>• MH provider supported by DA's clinical supervision structure, billing and compliance, and link with the other CYF services</li> <li>• Ease of access for student; often involves work with family</li> </ul>
<b>Co-located</b>	Schools open space for private mental health provider in building or via telehealth	<ul style="list-style-type: none"> <li>• Clinician bills insurance; only therapy is covered</li> <li>• May not be available for consultation, teaming</li> <li>• Ease of access for student</li> </ul>
<b>Coordinated</b>	Schools refer out to community provider	<ul style="list-style-type: none"> <li>• Waitlists, access challenges</li> <li>• Limited number of after school hours</li> </ul>

Urgent Care  
programs served  
approximately 125  
youth in FY24

# Youth-Focused Alternatives to EDs

- **United Counseling Services - Psychiatric Urgent Care for Kids (PUCK) Program:** Offers intensive day-treatment for youth, involving clinical assessment and skill-building, operational M-F, 8:30-3:30pm, serving youth aged 3-18.
- **Health Care and Rehabilitation Services - Youth Stabilization Program (YSP):** A high-intensity outpatient program in Brattleboro providing intensive support to help youth stay in their natural environments, offering a range of therapeutic services. M-F, 9am-5pm
- **Lamoille County Mental Health - Emergent Psychiatric Intervention for Children (EPIC) Program:** Similar to PUCK, providing intensive day-treatment and support for youth aged 6-18, focusing on developing coping skills and comprehensive treatment plans. M-F, 9am-4pm
- **Northeast Kingdom Human Services – Front Porch:** open 24/7/365 for all ages, providing assessment and case management services.

# Current Capacity in the Youth Crisis Programs

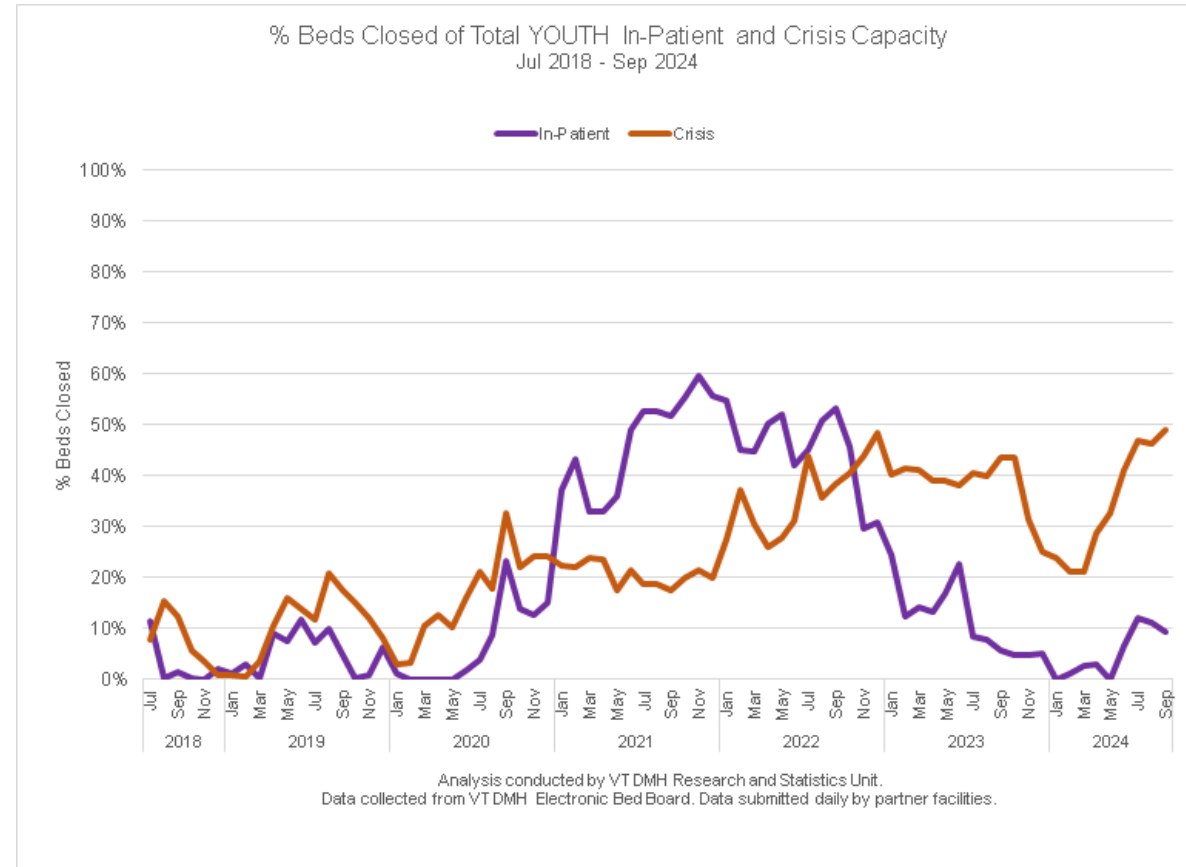
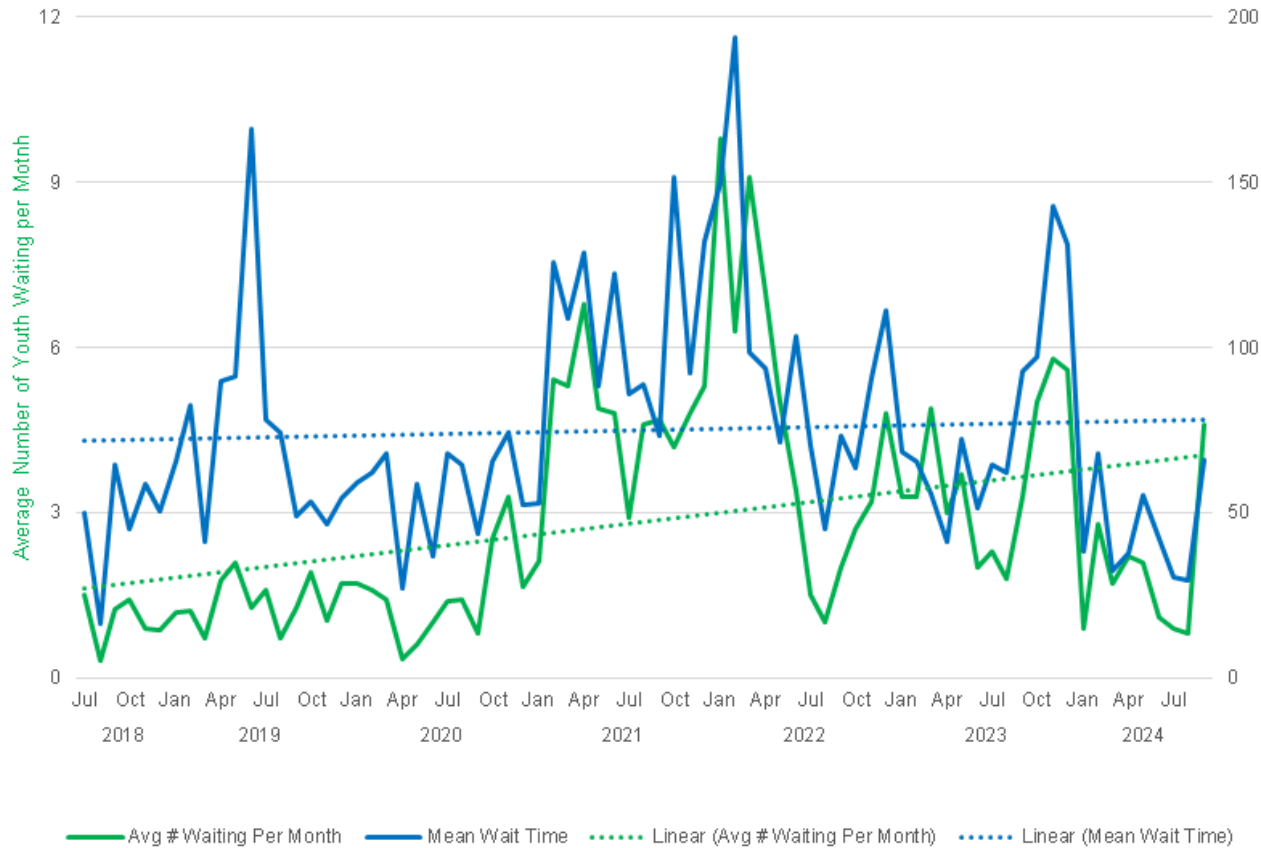
Type of Bed	Program Name	Total Beds	Occupied	Open	Closed	Days/week
<b>Vermont</b>						
<b>Child Crisis Beds</b>	Howard Center Jarrett House	6	4	0	2*	Mon-Fri (5 days/wk)
<b>Youth Crisis Beds</b>	NFI Hospital Diversion Programs	12	5	1	6*	South: Mon-Sat (6 days/wk) North: Mon-Fri (5 days/wk)

Bed closures means running at 55% capacity

Bed closures due to:  
\* Lack of staffing

# Youth Waiting for Inpatient and Bed Closures

Comparison of Average Wait Time to Average Numbers of Youth Waiting Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary and Forensic Observations  
Jul 2018 - Sep 2024



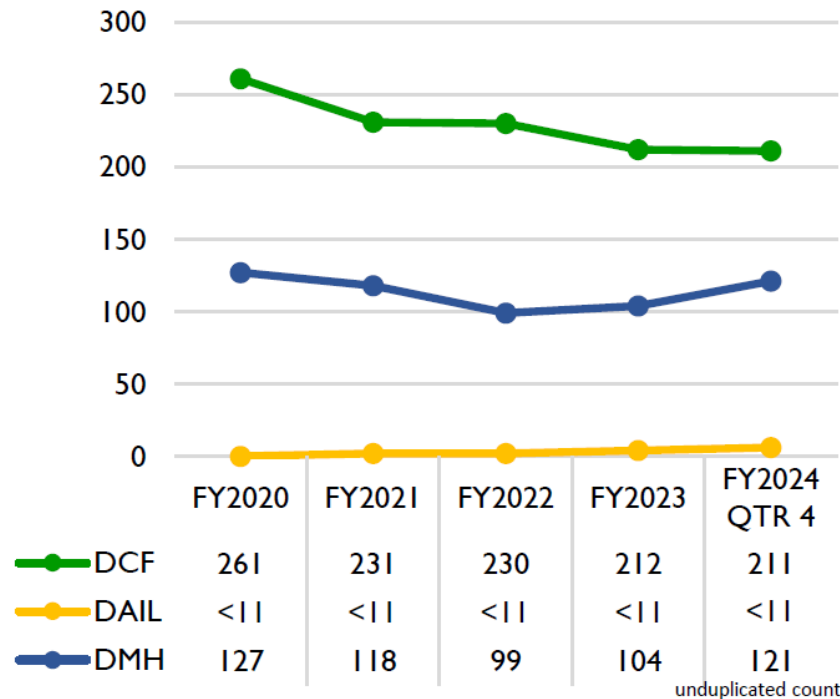
Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for persons with applications for emergency exam or youth medicaid voluntary patients. Wait times are point in time and based on week of disposition. Average number waiting per day is based on the VPCH admissions' unit morning update report and end of shift reports regarding persons awaiting inpatient placement. All patients waiting are included, regardless of eventual disposition

Analysis conducted by VT DMH Research and Statistics Unit.  
Data collected from VT DMH Electronic Bed Board. Data submitted daily by partner facilities.

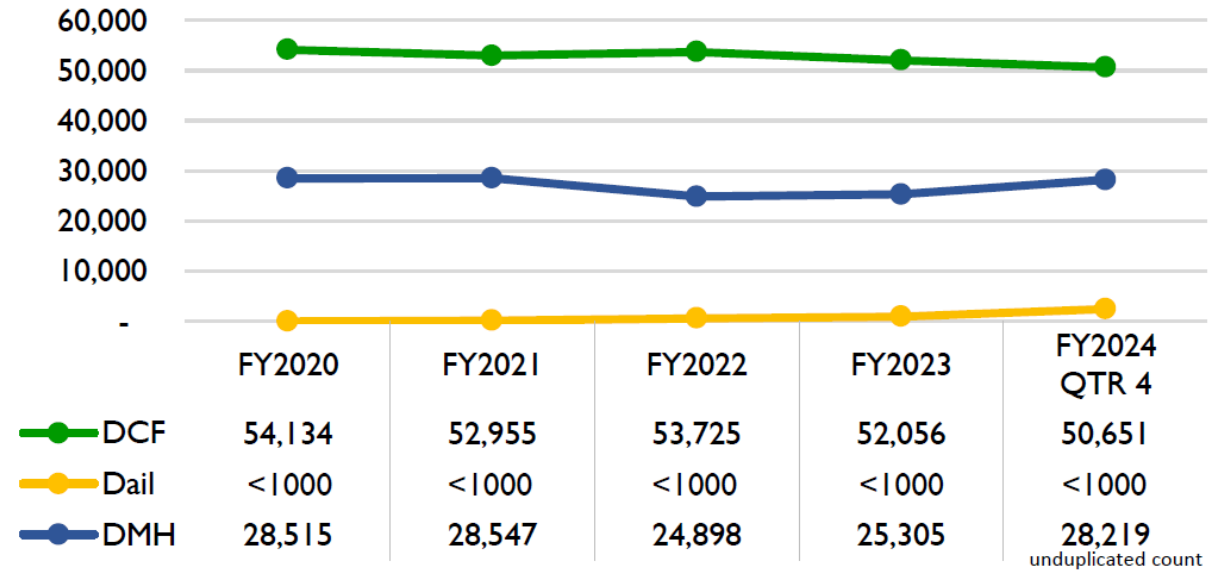


# Residential Treatment for Children and Youth

**Total Child Count Residential by Department per Fiscal Year Through FY24 Q4**



**Total Residential Bed Days by Department per Fiscal Year Through FY24 Q4**



Total Bed Days is the total number of days a child/ youth stays overnight in a residential program. For the Total Bed Days chart, children who were placed in more than one program during the fiscal year are represented more than once so that all bed days are calculated.

For admissions funded through DMH Medicaid

- FY24: 69 in-state; 57 out-of-state

Intensive and Community-based Residential programs in Vermont used by DMH :

- F25: 75 licensed beds; 61 open; 14 closed (81% capacity)

Quarterly reports of Regional and State Residential Data are [here](#), scroll to bottom of page

# Current Capacity in the Youth Inpatient Psychiatric Programs

Type of Bed	Program Name	Total Beds	Occupied	Open	Closed	Days/Hours
<b>Vermont</b>						
Child Inpatient (ages 5-13)	Brattleboro Retreat Linden Lodge	12	12	0	0	24/7
Youth Inpatient (ages 10-17)	Brattleboro Retreat Osgood 2 & 3	23	13	2	8**	24/7
<b>Out of State</b>						
Children & Youth (voluntary only)	Champlain Valley Physicians Hospital (CVPH) in Plattsburgh	12	4	2	6*	24/7

Bed closures means running at 77% capacity in state

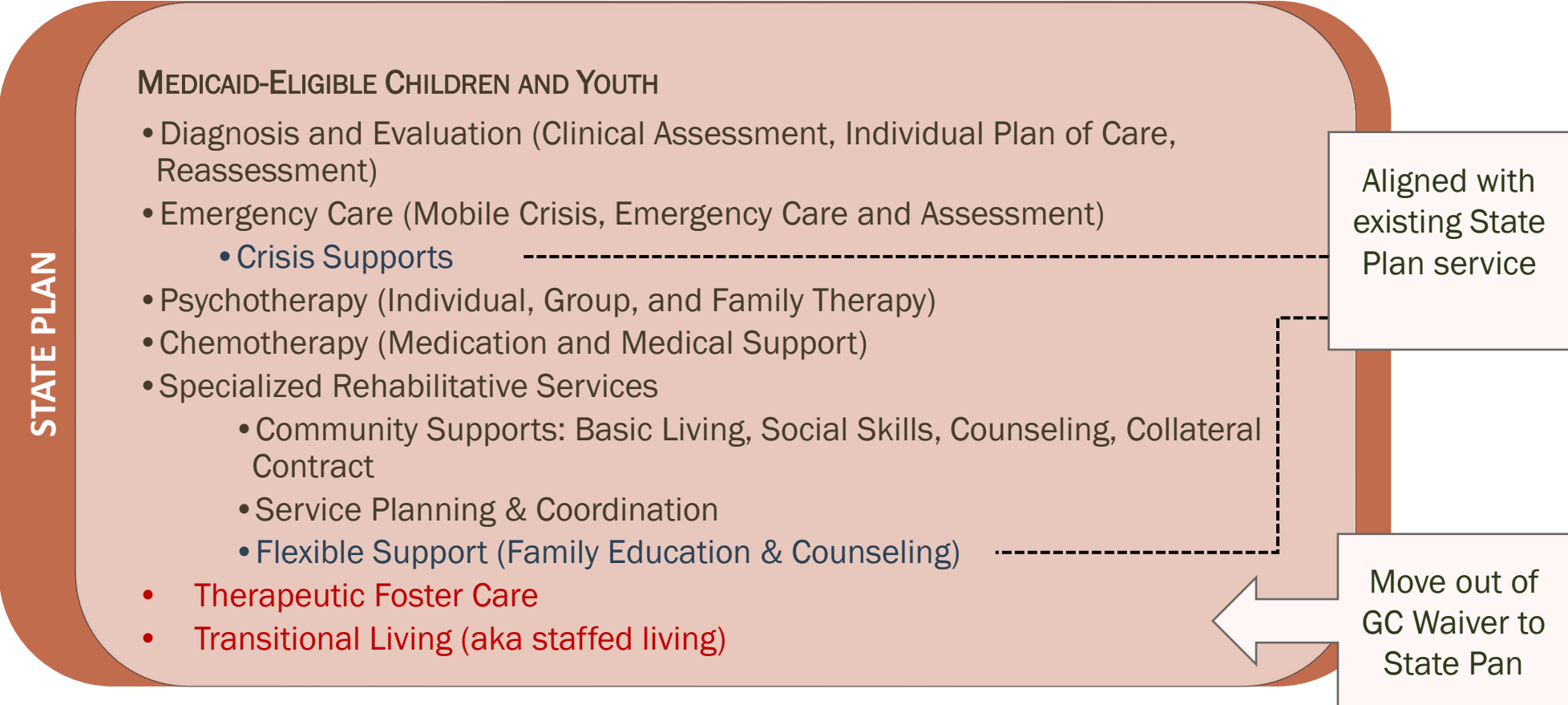
Bed closures due to:

\* Lack of staffing

\*\* Acuity/facilities issue on unit

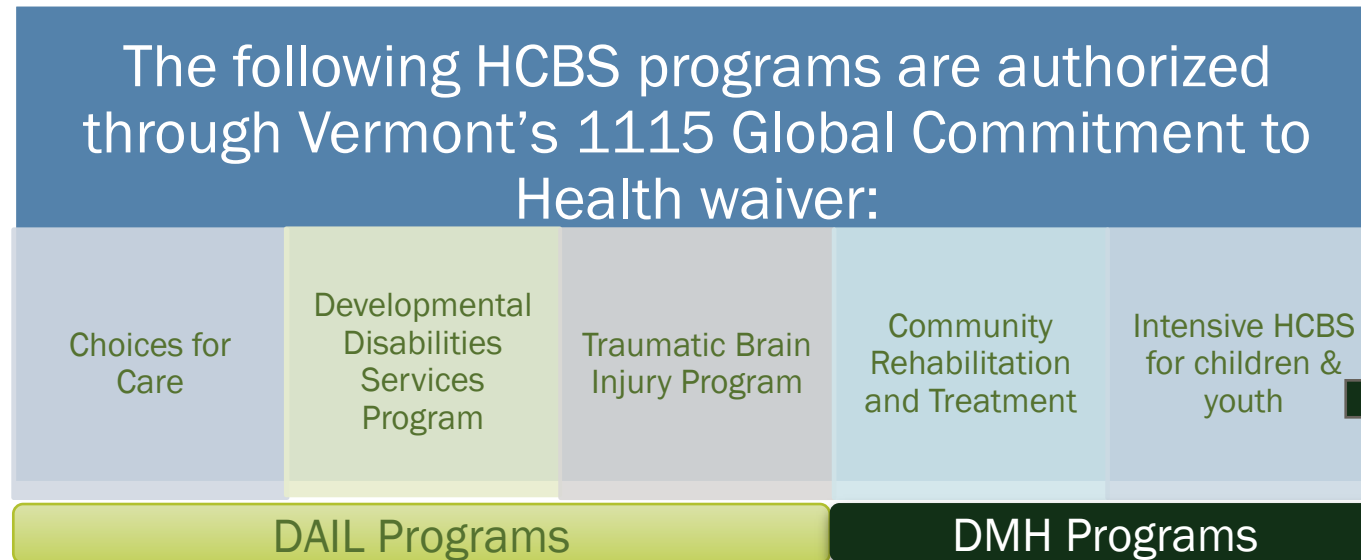
Thank you!

# Appendix



# What is HCBS/ IHCBS?

Home & Community Based Services (HCBS)



- Formerly known as the children's mental health waiver and Enhanced Family Treatment
- Currently called Intensive Home & Community Based Services (IHCBS)
- Defined population & clinical eligibility criteria
- Through IHCBS, DA/SSAs may create plans of care with an intensive level of support and also expand Medicaid coverage to services beyond State Plan covered services

# CURRENT INTENSIVE HOME & COMMUNITY BASED SERVICES (IHCBS) FOR CHILDREN AND YOUTH

## 1115 WAIVER

INTENSIVE HOME & COMMUNITY BASED SERVICES (IHCBS) FOR CHILDREN/YOUTH  
*EPISODIC, SHORT TERM*

HCBS-specific Services:

- Therapeutic Foster Care and Transitional Living (aka staffed living)
- Flexible Support (Family Education & Counseling)
- Respite
- Environmental Safety Devices
- Crisis Supports



## STATE PLAN

### MEDICAID-ELIGIBLE CHILDREN AND YOUTH

- Diagnosis and Evaluation (Clinical Assessment, Individual Plan of Care, Reassessment)
- Emergency Care (Mobile Crisis, Emergency Care and Assessment)
- Psychotherapy (Individual, Group, and Family Therapy)
- Chemotherapy (Medication and Medical Support)
- Specialized Rehabilitative Services
  - Community Supports: Basic Living, Social Skills, Counseling, Collateral Contract
  - Service Planning & Coordination

IHCBS plan may also include any State Plan service(s) for children/youth with SED

# IHCBS → State Plan authority

Vermont will transition IHCBS benefits out of the 1115 Global Commitment demonstration and into the VT Medicaid State Plan.

The State will need to submit state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS).

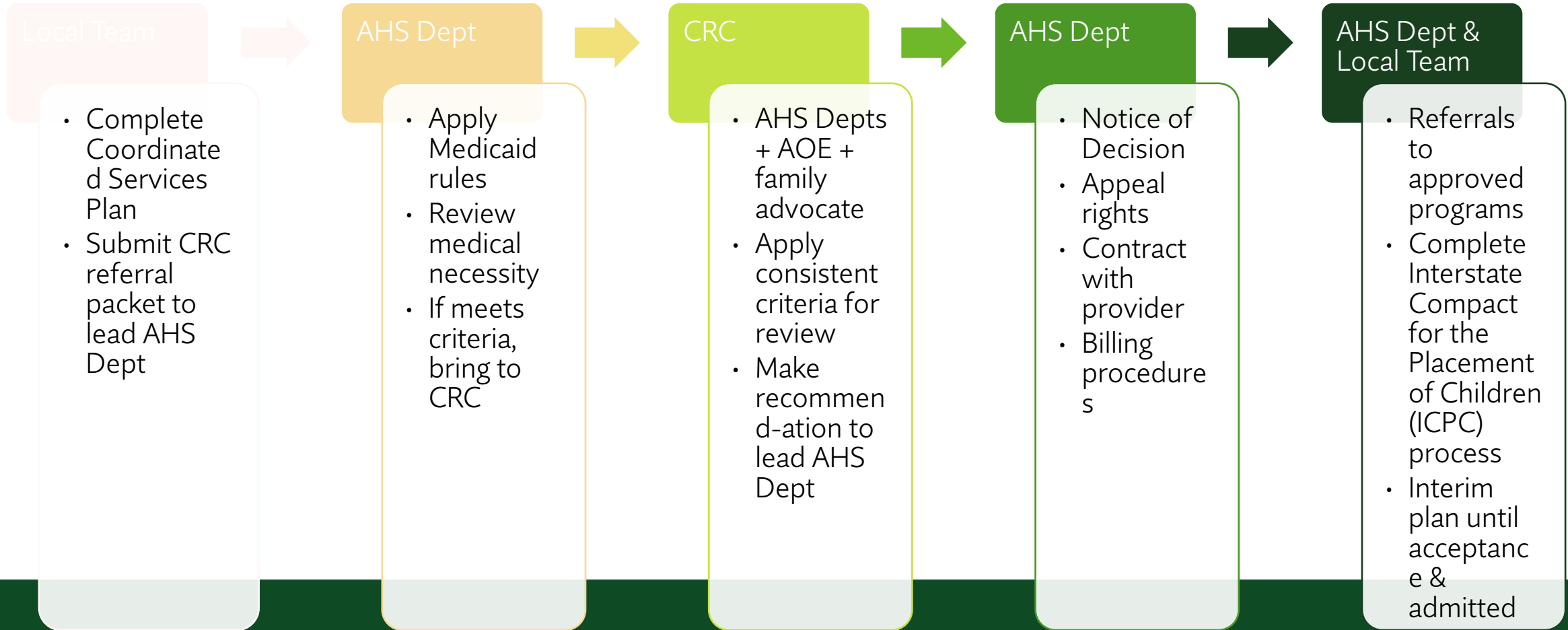
To initiate this shift, in April 2024, VT submitted to CMS an amendment to the Global Commitment demonstration to transition the benefits to the State Plan as of July 1, 2025.

To prepare for the SPA submission process, Vermont is developing/ updating the service description, medical necessity criteria, and provider qualifications for each IHCBS benefit transitioning to the State Plan.

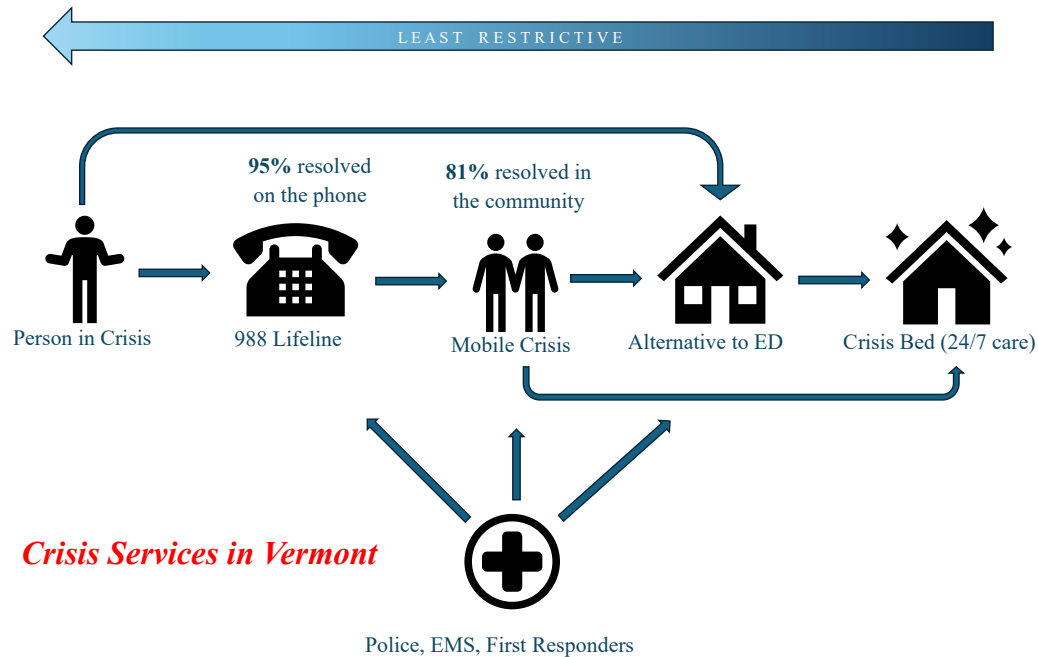
- Therapeutic foster care
- Staffed Living



# Agency of Human Services Referral Process for Residential Treatment



# Crisis System of Care



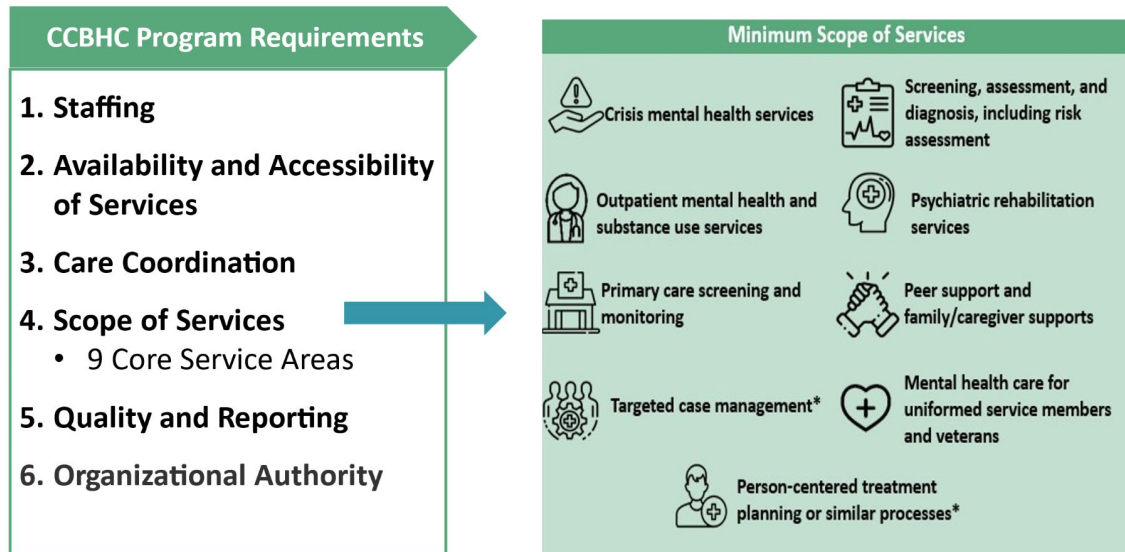
This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.



- The goal of crisis services are to keep individuals in community and in the least restrictive level of care
- Based on Substance Abuse and Mental Health Services Administration (SAMHSA) best practices
- Focus on integration of peer support in all aspects of crisis care
- Mobile Crisis
  - A two-person team going into the community to provide care
  - Designated Agencies (DAs) are working to integrate peer providers into all Mobile Crisis teams
  - Mobile Crisis is not specific to catchment area; DAs collaborate to provide crisis care as needed throughout the state.
- Alternatives to Emergency Department sites provide short-term crisis stabilization.
  - 4 sites serve adults, with a peer support focus
  - 2 sites serve youth
  - 1 site serves all ages
- Crisis Beds provide a 24/7 level of care outside of a hospital setting.
  - 13 crisis stabilization programs serve adults
  - 1 crisis stabilization program and 2 hospital diversion programs serve youth and children

# CCBHC Model

## CCBHC 2023 Certification Criteria



- Certified Community-Based integrated Health Centers (CCBHCs)
- Vermont was one of 10 new states chosen to join the demonstration phase of implementation of the CCBHC model on June 4<sup>th</sup>, 2024
- Designed to provide integrated treatment for Mental Health, Substance Use, and Co-occurring Disorders.
- Provides services to veterans
- Focus on peer workforce
  - The implementation of Peer Certification in Vermont aligns with the timeline for implementation of the CCBHC model
- 6 program requirements and 9 core services provided (see diagram)
- The State of Vermont and five Designated Agencies (DAs) have received planning grants to transition to the CCBHC model.
- Clara Martin Center and Rutland Mental Health Services are the first DAs to implement the CCBHC model and will begin operating as CCBHCs on July 1, 2025.

# Hospital Level Care

- Seven hospitals in Vermont have inpatient psychiatric units. Three hospitals provide Level 1 inpatient care, serving individuals with higher levels of acuity.
- DMH designates inpatient hospitals to provide services to individuals who are in the care and custody of DMH (hospitalized on an involuntary basis).
  - All 7 hospitals can provide care to individuals who are admitted on an involuntary basis.
  - DMH reviews the quality of care provided to individuals in DMH custody at hospitals to reapprove hospital designation on a two-year cycle.
- DMH refers individuals in DMH custody to hospitals, tracks their care, and conducts regular Utilization Reviews to determine whether an individual still meets criteria for a hospital level of care.
- When an individual no longer meets criteria for hospital level care, DMH, in partnership with hospital and community partners, develops discharge plans to residential, community, or home-based treatment, and connects individuals with services.
- Involuntary hospitalization is a last resort based on defined legal criteria and clinical guidelines.
- The goal and best clinical practice is always to serve a person in the least restrictive appropriate level of care.

# Community Mental Health Programs & Services

The organizations that make up the community-based mental health services within Vermont are known collectively as the Designated Agencies (DAs). DAs accept all clients and all insurance, but primarily serve individuals covered by Vermont Medicaid.

Programs & services provided by DAs include:

Program	Description
Adult Outpatient (AOP)	Serves adults experiencing mental health challenges. The array of services includes Clinical assessment; Service planning and coordination; Community supports, Therapy; Medication evaluation and management; Emergency care and crisis stabilization; and Psychoeducation and Recovery education.
Community Rehabilitation and Treatment (CRT)*	Serves adults with the most serious mental illnesses such as schizophrenia, bipolar disorder, and major depression. If a person is determined to be eligible for CRT, the individual is the highest priority for treatment services. People are assigned a treatment team which may include a therapist, case manager, psychiatrist, nurse, and a supported employment specialist.
Children, Youth & Families*	Serves children, youth and families who are experiencing emotional or psychological distress or are having problems adjusting to changing life situations. All supports and services are provided within the framework and principles that is child-centered, family-focused, culturally competent, strength-based, individualized, community-based, and collaborative between and among families, agencies and community.
Emergency Services	Time-limited, intensive supports provided for individuals and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.
Advocacy and Peer Services	Broad array of support services provided by trained peers (a person who has lived experienced with a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.