

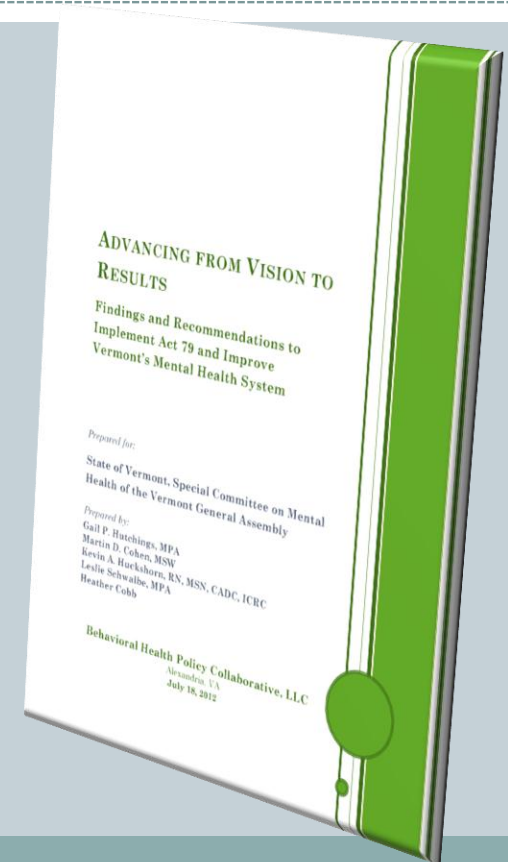
# Advancing from Vision to Results: Findings and Recommendations to Implement Act 79 and Improve Vermont's Mental Health System



**PREPARED FOR:**  
VERMONT GENERAL ASSEMBLY  
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# Background & Introduction

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- Project Purpose
- Scope
- Team Composition
- Approach/Key Activities

# Opportunities

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- Reorganize the mental health system with a focus on developing and providing the services and supports needed by individuals with mental health conditions in the least restrictive setting possible (i.e., integrated community living).
- Infuse evidence-based practices throughout the system of care.
- Realign services and systems to take a whole-person approach to health care, addressing mental health, substance abuse, and primary care with the same urgency.
- Focus greater attention on the adequacy of the crisis response system across the state to appropriately address crisis situations and best utilize limited, high-end resources (inpatient beds).
- Expand recognized models of peer-provided services and supports.
- Build in performance-based outcomes in all service and support contracts.
- Develop processes that use data to manage daily operations, measure performance, inform decisions, and evaluate outcomes.

# Risks

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- Unless the State identifies a set of values and principles, building upon those in Act 79, that most agree on, this process could end up stymied by trying to be all things to all people.
- Vermont's financing strategy for its system of care depends on significant "ifs" ranging from the need for the continuation of its Medicaid Global Waiver to assurances by federal authorities that the new psychiatric hospital will not be considered an IMD (Institution for Mental Disease) and thus will not be precluded from federal payments.
- Systems change and redesign in Vermont must remain cognizant of federal ADA (Americans with Disabilities Act) laws and the Supreme Court's *Olmstead* Decision regarding community inclusion.
- The historic difficulty in moving from "discussing" to "doing" needs to be overcome and Act 79 presents the impetus to do so. The capacity of the Dept. of Mental Health to move forward quickly in priority areas will be tested.

# Indications of System Stressors

## (based on Key Informant Interviews)

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- An increase in the average length of stay in an acute hospital
- Stories of persons with acute psychiatric conditions, including those backed-up in emergency departments, with “nowhere to go”
- A lack of clarity regarding the conditions that permit a person access to adult outpatient services (eligibility, benefits, and designated provider responsibilities)
- The workforce reduction of approximately 70 Vermont State Hospital employees
- A continued pressure to quickly find placements for individuals committed to the Commissioner’s custody while waiting 2-3 years for a new psychiatric hospital
- The acknowledgement that better care coordination among and between providers and DMH is necessary
- Public safety officers who feel overwhelmed and unable to access the mental health system in crisis situations
- Lack of comprehensive, system-wide care management practices

# Priority Recommendations

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- **RECOMMENDATION 2:** The Department of Mental Health (DMH) should develop a detailed ACT 79 implementation plan.
- **RECOMMENDATION 9:** The Department of Mental Health should enhance its capacity to hire sufficient and competent staff with the expertise to aggressively monitor the utilization of all services currently financed under the State's mental health system, including Community Rehabilitation and Treatment clients and clients receiving adult outpatient services.
- **RECOMMENDATION 23:** Create a quality assurance unit within the Department of Mental Health to develop standards and to assess the clinical efficacy, capacity, and effectiveness of current and new services provided under contract to the State.
- **RECOMMENDATION 19:** Immediately direct Act 79 funds toward ensuring timely statewide access to quality crisis services. This should entail the establishment of access and quality standards for these services that can be used to identify and direct new resources to closing gaps in services.
- **RECOMMENDATION 12:** The DMH should create a set of system objectives that ensures that both inpatient and community services align. This should include the establishment of clearly defined clinical expectations relative to admission, discharge, and continuity of care.

# Producing an Updated DMH Mission, Vision, Values, and Principles Statement

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- ***RECOMMENDATION 1:*** The Department of Mental Health (DMH) should develop an updated mission, vision, values, and principles statement that not only aligns and adheres with those in Act 79, but goes beyond to articulate DMH's core values, principles of recovery, and key tenets of service provision.

# Developing a Comprehensive Implementation Plan

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## ***PRIORITY***

- ***RECOMMENDATION 2: The Department of Mental Health should develop a detailed ACT 79 implementation plan.***



# Establishing System Performance Measures

- ***RECOMMENDATION 3:*** Establish a set of broad “system” performance measures that include reports on service and support “process” delivery, as well as outcomes of these changes. All of this data should be used to compile and deliver monthly or quarterly dashboard reports that can be used to track progress and identify needed changes.
- ***RECOMMENDATION 4:*** DMH should provide real-time web access to the Act 79 implementation plan and the measures that will be used to gauge implementation progress.

# Developing a Communications Strategy

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- ***RECOMMENDATION 5:*** The Administration and Legislature should develop a communications strategy for sharing with the public the progress made to implement Act 79.

# Clinical Resource Management and Oversight

## Establishing Clinical Authority and Leadership

- *RECOMMENDATION 6:* There should be an established single point of clinical responsibility and authority within the State’s mental health system.
- *RECOMMENDATION 7:* The State should undertake a “high utilizer” study to identify those individuals who cycle through community and state inpatient psychiatric facilities, homeless shelters, emergency departments, prisons, and other costly settings.
- *RECOMMENDATION 8:* The Department of Mental Health should consider using contractual performance measures to incentivize providers to meet system level outcomes by allocating a small percentage (2-5%) of all service dollars tied to ACT 79 funding.

# Employing Care/Utilization Management

## ***PRIORITY***

- ***RECOMMENDATION 9:*** The Department of Mental Health should enhance its capacity to hire sufficient and competent staff with the expertise to aggressively monitor the utilization of all services currently financed under the State’s mental health system, including Community Rehabilitation and Treatment clients and clients receiving adult outpatient services.
- ***RECOMMENDATION 10:*** Based upon the “high utilizer” review (see Recommendation 7), the Department of Mental Health should enhance its care management capacity to include sufficient staff and expertise to identify and coordinate behavioral health and medical care for the top (10-20%) of high-risk/high-cost consumers with serious mental illness and high risk/high cost consumers receiving adult outpatient services.

# Integration of the Treatment for Mental Health, Substance Abuse, and Physical Health

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## **Expanding on the Blueprint for Health**

- *RECOMMENDATION 11*: The Department of Mental Health should work with the Department of Vermont Health Access, Department of Health, and the Division of Alcohol and Drug Abuse Programs to expand the scale and scope of Blueprint activities as they relate to the integration of mental health and substance abuse services with primary medical care.

# System of Care

## Ensuring Alignment of Inpatient & Outpatient Care

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### ***PRIORITY***

- ***RECOMMENDATION 12:*** The Department of Mental Health should create a set of system objectives that ensures that both inpatient and community services align. This should include the establishment of clearly defined clinical expectations relative to admission, discharge, and continuity of care.
- ***RECOMMENDATION 13:*** The Department of Mental Health should establish comparative performance targets and measures (e.g., admission, discharge, readmission) that document how well providers manage patient flow between inpatient and community-based care. DMH should develop methods for incentivizing its providers to attain specific system level outcomes aimed at aligning inpatient and community care.

# Planning for Inpatient Hospital Beds

- **RECOMMENDATION 14:** The Agency of Human Services should continue to seek written clarification from the Centers for Medicare and Medicaid Services on the opportunity for Medicaid reimbursement for the future psychiatric hospital.
- **RECOMMENDATION 15:** The Department of Mental Health should immediately develop a workgroup led by its medical director to develop appropriate policies, procedures and plans for the operation of the new Vermont state psychiatric hospital that meet federal standards of care and are directed by the ADA and the *Olmstead* Decision, for example, in terms of discharge planning. The workgroup should prioritize the development of new services that will prevent people from entering the inpatient care system, and provide intensive services and supports to those being discharged from care to help them become integrated in their communities.
- **RECOMMENDATION 16:** The State should formally establish “use liens” for any space where state capital funds are being used to renovate non state-owned or -controlled space as alternatives to the state psychiatric hospital.

# Expanding Community Services

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- ***RECOMMENDATION 17:*** Evaluate the clinical eligibility criteria and raise the cap on Community Rehabilitation and Treatment (CRT) to accommodate increased need for CRT services.
- ***RECOMMENDATION 18:*** Consider the benefits and drawbacks of “Medicaiding” most or all of mental health services for the Community Rehabilitation and Treatment program and adult outpatient population.



# Providing Mobile Crisis and Emergency Psychiatric Services

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## ***PRIORITY***

- ***RECOMMENDATION 19:*** Immediately direct Act 79 funds toward ensuring timely statewide access to quality crisis services. This should entail the establishment of access and quality standards for these services that can be used to identify and direct new resources to closing gaps in services.
- ***RECOMMENDATION 20:*** The Department of Mental Health should expand jail diversion and crisis intervention teams available to work with local and state police.

# Expanding Peer Services

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- ***RECOMMENDATION 21:*** The Department of Mental Health should ensure adequate training and supervision of lay peer counselors as peer-run services expand. DMH should also explore the potential to certify peer counselors for quality assurance purposes and to understand potential reimbursement for these services under Medicaid.
- ***RECOMMENDATION 22:*** The Department of Mental Health should establish a relationship with a nonprofit support center or other similar organization to help consumers develop new peer-operated services.

# Conducting Quality Management

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## ***PRIORITY***

- ***RECOMMENDATION 23: Create a quality assurance unit within the Department of Mental Health to develop standards and to assess the clinical efficacy, capacity, and effectiveness of current and new services provided under contract to the State.***

# Building Capacity

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- ***RECOMMENDATION 24:*** The Department of Mental Health should establish a dedicated program development team that can provide training, technical assistance, and support to new and existing providers in the development of new programs and services across the State.

# Conclusion

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- The State's mental health system is at a pivotal junction on its journey to create a community-based and recovery-oriented statewide mental health system.
- The increase in funding is a beacon for Vermont's future mental health system. Yet, the State is only at the beginning of a system wide change effort that will span several years.

# Questions?