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## MEMORANDUM

**TO:** Mental Health Oversight Committee

**FROM:** Paul Dupre, Commissioner  
Department of Mental Health

**DATE:** July 21, 2014

**RE:** "Beyond Level I" Document

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Attached please find the "Beyond Level I" document that I was asked to provide on July 14, 2014 for the July 22, 2014 Mental Health Oversight Committee meeting.

As outlined in e-mail and conversations with the committee's legislative counsel, the document addresses:

"the status of the system/services beyond the no refusal system—including non-level I hospital beds, intensive residential recovery facilities, secure residential recovery facility, crisis beds, Soteria House, outpatient services, etc. The reports should include information on the capacity and waitlists for these services, if a particular service is not yet online the anticipated date on which it will open, what is working well, and where there are shortcomings or challenges in the system."

Respectfully submitted by the Department of Mental Health

Please direct any inquiries for additional data collection or report content development to Paul Dupre, Commissioner of the Department of Mental Health; [paul.dupre@state.vt.us](mailto:paul.dupre@state.vt.us).

"Beyond The No Refusal System" - Status of the System/Services

Mental Health Oversight Committee

July 21, 2014

**Non-Level I hospital beds**

**Waits:** Monthly reports continue to reflect that there are involuntary and voluntary admissions waiting for available psychiatric inpatient beds. Involuntary wait times are identified in the monthly reports. Voluntary wait times for inpatient psychiatric beds average 24 hours.

**Gains:** Vermont Psychiatric Care Hospital opened July 2, 2014 adding between 10 -12 psychiatric inpatient beds over the next several weeks. DMH anticipates general psych bed availability will increase as the new hospital expands its Level I capacity.

**Challenges:**

- Managing transition of Level I bed availability as the new hospital ramps up services.
- Increasing non-level 1 bed availability in psychiatric settings. See current total bed availability and bed closures report.
- Managing the flow of forensic admissions that are not Level I, but are court-ordered for inpatient evaluation and subject to existing statutory time lines of the legal process in Title 13.
- Level I inpatient length of stay has seen a gradual increase over the past two years. Level I bed availability requires that inpatients move to lower levels of care as soon as acute needs are addressed.
- Managing, through effective utilization review, both requests to convert admissions to Level 1 payment after admission and movement of patients who are no longer Level I to other inpatient units when general psychiatric involuntary management is possible.

**Secure Residential:**

Opened June, 2013 for 7 residents. Pending report from BGS with DMH input on permanent planning for Secure Residential Bed facility by 1/15/15. Meetings with BGS scheduled in August.

**Waits:** DMH Care Managers work closely with inpatient facilities to identify potential candidates for secure residential and better anticipate residency and plan for timely admission.

**Gains:**

- This facility added a new capacity that had previously been using acute inpatient beds for individuals who were unable to be stepped down to less secure community support services.
- Program has been at 100% capacity for the past 6 months.

**Challenges:**

- While secure, the facility can only serve a population that is less acute and relatively stable and is unable to utilize emergency seclusion and/or restraint interventions. Need planning for higher acuity resident management needs in permanent program.
- Site selection and resource allocation that will be necessary to construct a permanent program for this population.
- Determining the number of beds needed for this level of care. Meeting with Department of Corrections planned to review that Department's needs.
- Balancing secure residential support services to individuals who are court ordered to reside at the secure program with efforts to promote treatment and community re-integration presents challenges within a therapeutic community residential program model.
- Operating a new level of care comes with a learning curve for DMH personnel. Oversight surveys have found areas for improvement and plans of correction are in place to address survey findings.

**Intensive Residential Recovery Facilities**

**Waits:** 7 beds identified in Act 79 in northwestern Vermont

**Gains:**

- 8 bed program in Westminster
- 8 bed program established in Second Spring - Westford.
- Expanded two bed capacity at Second Spring - Williamstown
- 4 bed program opened in Rutland (Maplewood) in June. Capacity for 4 bed expansion if needed and if funding is available.
- Total of 44 IRR bed capacity currently.

**Challenges:**

- Funding not currently allocated for additional Intensive Residential Recovery Beds.
- Determining the "right" number of group IRR beds versus supported individual living beds in the community. Program utilization rates tracked monthly.

## **Crisis Beds**

**Waits:** No wait for this level of care. Determined by individual clinical assessment. Bed Utilization at 77% in the most recent quarter.

**Gains:**

- Increase in the number of crisis beds and crisis bed availability statewide in every Designated Agency catchment area.
- Total 38 bed capacity currently.

**Challenges:**

- Determining the cost effectiveness of regional 1-2 bed programs to provide alternative and/or step-down management capability for individuals experiencing crisis.
- Managing the crisis bed program mission with regulatory oversight standards pertaining to management of the clinical needs of the target population in these programs

## **Soteria House**

**Waits:** Anticipate 5 bed program opening 2015

**Gains:** Program Director hired. Site selected and renovations of facility underway.

**Challenges:**

- Delays from interested parties, permitting and Act 250, now resolved. Funding for program operation available January, 2015.
- Determining cost effectiveness and impact of this alternative level of care option for acute episodes of mental illness versus traditional inpatient treatment service options.

## **Supported Independent Living and Other Mental Health Support Services**

**Waits:** Further expansion of Pathways Vermont service areas.

**Gains:**

- Pathways Vermont with its "Housing First" Model serving approximately 160 individuals with mental illness and mental health treatment needs.
- Pathways funding at the end of its Federal Grant secured. Provisional designation granted. Stable service levels to population in FY 15.

- Several individuals diverted from long term sub-acute utilization of Level 1 beds through investment of resources in higher cost, intensive individualized support models.
- Housing Subsidies and Treatment Services – Currently serving 131 individuals with housing vouchers and treatment support services.
- START outreach services and MyPad Program providing more intensive, periodic in home support services in Chittenden County.

**Challenges:**

- Pathways attaining financial self-sufficiency to manage current supports and billable services with current base funding.
- Determining cost effectiveness and results-based program outcomes of higher cost, intensive individualized support models in comparison to other shared living service models.
- Securing permanent state housing subsidies which have been curtailed, in order to transfer eligible persons from voucher supported housing.

**Outpatient Services**

**Waits:**

- All Designated Agencies maintain a waitlist for Adult Outpatient Services and waits vary from days to several weeks when services may also require medication management.
- DMH is initiating evaluation with Department of Vermont Health Access for adult outpatient service access and wait times for other Medicaid enrolled private mental health practitioners who provide substantially more Medicaid billed outpatient mental health treatment services.

**Gains:**

- Numbers served in FY 13 grew by nearly 500 from FY 12. Anticipate higher final numbers served when FY 14 numbers are finalized.
- Funding allocated for adult Suicide Prevention Initiative; Training in Collaborative Assessment and Management of Suicidality (CAMS) planned for FY 15.
- Mobile Outreach capacity for Emergency Services increasing throughout the State with Act 79 funding.
- Non-Categorical Case Management Services expanding under Act 79 funding.
- Outreach and Law enforcement collaboration- Team Two has finished its series of Train the Trainers and has completed its first DA/Local Law Enforcement training. Scheduled to complete 8 trainings over the next 14 months around the state.
- Participation in the "Reach Up" initiative to provide more readily accessible mental health and substance abuse assessment and treatment services in regional offices.

**Challenges:**

- Need DVHA provider network and services/paid claims information in order to “provide a longitudinal capacity, caseload, expenditure, and utilization analysis with the FY16 budget presentation”.
- Ongoing workforce development and retention issues in the Designated Agency services system.

**Care Management System**

**Gains:**

DRVT formally identified as mental health care ombudsman for individual psychiatrically hospitalized or residents of IRR's and Secure Residential program

Patient representatives available to all facilities above via Vermont Psychiatric Survivors contract.

Electronic Bed Board of Inpatient, Intensive Residential Recovery, and Residential Program Capacity is operational

DMH maintains an active care management team that interfaces with all levels of care, including individuals held in Corrections, to ensure individual movement to less restrictive care settings when possible;

Final draft of DMH/DOC protocol for the transfer of people to and from DOC facilities to Designated Hospitals for psychiatric treatment, for both adjudicated individuals and court ordered forensic evaluations, is about to be approved.

DMH leadership has recurring meetings with DOC, DAIL, and participates in the SA Treatment Coordination Initiative

DMH Commissioner sits on the Blue Print Executive Committee

New DMH Senior Policy Analyst under recruitment and Health Care Reform Liaison hired.

DMH Medical Director and Commissioner are on the State Innovations Model (SIM) Steering Committee.

In the area of service reform and care coordination, DMH will be exploring the “Excellence in Mental Health Act” Medicaid Pilot Program funding opportunity. Information is still coming out from HHS regarding planning grants and criteria for the creation of a limited number of potential State demonstration programs for “Certified Community Behavioral Health Clinics”.

**Challenges:**

Comprehensive admission and discharge criteria for all levels of care still pending.

Integration of mental health and physical health care is ongoing, requiring DMH staff time and resources to participate in the multiple groups and initiatives underway.

### **Transport:**

**Waits:** Reliable statewide peer provided transportation services

**Gains:**

Limited peer transportation services available through VPS, Alyssum, and Vermont Vet-to-Vet Programs.

Involuntary transports reflected in monthly reports and DMH snapshot for adults and children

Alternative Transport options by law enforcement, and transport training (via Behavioral Health Network), established in northern and southern regions;

**Challenges:**

Funding and development work needed for reliable peer transport options.

Developing FY 16 budget cost projections for only contracting with trained transport providers statewide.

### **Peer Services**

**Waits:** Expanding existing peer warmline services. Current funding (\$200,000) provides operation 6 hours/day, seven days/week including holidays.

**Gains:**

- Alyssum crisis and respite bed program has been operation for two years. Program has expanded capacity to accept higher acuity.
- Northeast Kingdom Human Services has trained and is using peer staff ("Peer Cadre") to provide peer support to individuals in the emergency room waiting for inpatient placement. NKHS has also provided training on the development of peer cadre teams for other programs throughout the state.
- Another Way community center has expanded capacity for outreach, service linkages, and crisis prevention.
- Northeast Kingdom Youth Services has fully operational community outreach and crisis prevention for young adults at risk of hospitalization.

- Vermont Psychiatric Survivors has fully operational Community Links program providing community outreach, support, service and support linkages, crisis prevention, and transitional care for individuals leaving hospitals and corrections.
- Vermont Vet-to-Vet has fully operational transportation support, wellness coaching (WRAP) and crisis warm-line
- Vermont Center for Independent living has fully operational core training and workforce development program (Wellness Workforce Coalition) for peer service providers.
- Peer-supported crisis bed alternative (Maple House) at WCMH operational.
- Infrastructure investments in training and personnel benefits at Another Way and VPS supported to stabilize workforce and programs

**Challenges:**

- Additional funding needed to expand warmline capacity to 24/7
- Funding for additional peer initiatives, infrastructure, and peer workforce development