

Chapter 3: Best Practices

The Department of Mental Health and Developmental Services has strived to develop and maintain a system of services for the developmentally disabled and adults and children with mental health and/or substance abuse problems that meets the best practice standards in the industry today. During the course of this study the best practices developed by the individual Designated Agencies were also identified. The objective of implementing so-called “best practices” is to ensure that the most efficient and efficacious treatment modalities are utilized, providing the greatest opportunity for positive outcomes.

The two key principles on which successful mental health and substance abuse treatment programs and services for the developmentally disabled are based are:

- ✓ Services and treatment must be consumer and family centered
- ✓ Treatment and care must focus on increasing the consumer’s ability to successfully cope with life’s challenges, maximizing the individual’s ability to function productively in society and, where possible, facilitating recovery¹¹

In the Surgeon General’s Report on Mental Health, a vision for the future was provided and a series of action steps were identified:

- ✓ Continue to build the scientific base for treatment
- ✓ Work to overcome stigma
- ✓ Improve public awareness of effective treatment
- ✓ Ensure the supply of mental health services and providers
- ✓ Ensure delivery of state-of-the-art treatments
- ✓ Tailor treatment to age, gender, race and culture
- ✓ Facilitate entry into treatment
- ✓ Reduce financial barriers to treatment

After conducting this study, it appears that DDMHS and the broader community of providers, advocates, consumers and families are taking those action steps in Vermont to the greatest extent possible. While funding has been an issue, particularly in the past few years, it has not prevented the system from continuing to evolve. Vermont has made great strides in reducing the percentage of persons with developmental disabilities who are served in institutional or group settings. The closure of the Brandon Training School was a major and critical step toward the commitment to community-based living and the provision of services to support independent lifestyles for many developmentally disabled persons.

Similarly, the downsizing of the Vermont State Hospital to less than 60 beds is indicative of the commitment of resources to maintain and rehabilitate people in the community. The implementation of the State’s CRT Demonstration Waiver program enhanced DDMHS’ ability to provide and fund community-based treatment for the seriously mentally ill.

¹¹ Based on the principals identified by the President’s New Freedom Commission on Mental Health.

Vermont maintains a comprehensive structure for community input in the design, development and ongoing administration of its programs and services for the populations served by the DA system. Statewide and local program committees provide vital input and ensure community representation in the policy-making process.

The best practices in place today in Vermont include a series of programs and services available through some or all of the Designated Agencies. They are briefly described below:

Developmental Services

Shared Living Arrangements – Individuals, couples and families are recruited to open their home to a developmentally disabled person who requires a supported living arrangement. This service is provided through a network of independent contractors at a lower cost than providing the same type of service with a provider-staffed model. Nearly 1,000 people, in almost 800 different homes, enjoy this service.

Flexible Family Funding – This program provides money to eligible families where there is a child or adult family member with a disability living at home. The funds can be used at their discretion toward services and supports that are in the person's/family's best interest. In FY2004, 808 families received flexible funding.

Self-Management and Shared-Management of Services – DDMHS has developed programs and supports to allow consumers and families to manage some or all of the services being provided by a Designated Agency, Specialized Service Agency, or other contracted provider. Consumer-directed care and direct consumer funding is a growing trend nationally for both the physically and developmentally disabled. Grant funding has supported the development of these programs in numerous states, including Vermont.¹² There are currently 54 individuals managing all of their services either directly or in conjunction with family members.

Supported/Competitive Employment – Approximately 42 percent of the total working age population with developmental disabilities in Vermont are employed in supported or competitive jobs. The state estimates that earnings from these jobs save a little over \$1 million in public benefits (SSI) each year. The State also receives tax revenues from these earnings. Employment services are designed to assist individuals in establishing and achieving career and work goals. The services include employment assessment, employer and job development, job training and ongoing support to maintain employment.

Adult Mental Health

Community Rehabilitation and Treatment (CRT) – This program is operated under the auspices of a Federal Section 1115 Research and Demonstration Waiver and provides comprehensive outpatient treatment and services to seriously mentally ill adults in the

¹² Vermont received a \$2 million Real Choice system grant for this purpose.

state as an alternative to inpatient treatment. It is the only such federal demonstration program in the country.

Evidence-Based Practices – All seven of the nationally-recognized evidence-based practices have been adopted in Vermont for adults with severe mental illness. These practices are found in varying degrees throughout the state: Assertive Community Treatment, Family Psycho-education, Illness Management and Recovery, Integrated Treatment for Dual Diagnosis of Mental Illness and Substance Abuse, Medication Algorithms, Supported Employment, and Dialectical Behavioral Therapy.

It is important to point out, however, that the implementation of best practices in adult psychiatric care is greatly impacted by the client's access to funding for medications. Uninsured, low income persons (or those whose health insurance does not do not cover prescription drugs) often have difficulty paying for recommended medications.

Children's and Family Services

Outreach Treatment Services – This program includes a comprehensive array of outreach and treatment services for children and families based on the best practice in clinical service delivery. Services are provided in the home, school, early childcare settings and other general community settings.

School-Based Mental Health Services – The DA system coordinates with local school districts to provide support services in the schools, allowing children with serious emotional disturbances to participate as fully as possible in the educational process. Vermont has structured its program to ensure the highest level of federal financial participation through the State's Medicaid and SCHIP programs.

Substance Abuse Treatment

While the Designated Agencies are not required to provide substance abuse treatment, many of them have developed and implemented programs. One innovative program is "Quitting Time," an intensive outpatient program available through Rutland Mental Health Services and Evergreen Substance Abuse Services. Each individual enrolled in Quitting Time receives professional help in working toward recovery based on an individualized treatment plan developed with their counselor.

However, more comprehensive outpatient treatment for adolescents and adults is needed. Community-based treatment and prevention programs are important resources for reducing crime and incarceration rates. Nationally, nearly one-in-four prisoners are incarcerated for a nonviolent drug offense.¹³ The Vermont Department of Corrections reports that 70 – 75 percent of its inmates have a history of substance abuse. A shortage of community-based treatment programs in Vermont can be expected to impact costs in the correctional system in the state, although the precise fiscal cost is unknown.

¹³ "Poor Prescription: The Cost of Imprisoning Drug Offenders in the United States," Philip Beatty, Barry Holman, and Vincent Schiraldi.

Emergency/Crisis Services

Given the severe funding constraints for these services (a total of \$1.4 million in state expenditures) the designated agencies have worked to create the most efficient system possible. Less services are actually provided out in the community using mobile crisis teams, with more referrals being made to emergency rooms or clinic sites where agency staff can provide evaluation and triage services in a more timely manner and with less staff. However, this approach increases costs for emergency room services.

Other

In terms of general administrative “best practices,” the DAs/SSAs have worked collaboratively in a number of areas to reduce costs and gain some efficiency. For example, the agencies share legal research, issue joint bonds, and coordinate some IT planning. A number of relatively small agencies also collaborated to jointly purchase billing services through a third party (ARIS), resulting in a reduction to their overall administrative cost ratios.

Agency Chief Financial Officers, Human Resource Directors, and Quality Management staff meet regularly to share best practices, work jointly with state agencies on initiatives, and address shared problems. The Executive Directors, Billing staff, HIPAA compliance officers, IT managers, and Program Directors also collaborate on best practices and problem resolution. The Vermont Council also plays an important role in supporting best practices and administrative efficiencies. This level of coordination is particularly effective because the agencies are not competitors.