

**REVIEW OF THE FY 2010
MENTAL HEALTH BLOCK GRANT**

STATE OF VERMONT

The regional consultative peer review of the State of Vermont Community Mental Health Services Block Grant Application for fiscal year (FY) 2010 was conducted as an open review on October 22, 2009, in Charleston, South Carolina. Vermont is part of the Northeast Region and submitted a 1-year Plan.

Three members of the Review Panel individually reviewed the Application submitted by the State of Vermont and the Mental Health Planning Council (MHPC). The reviewers consolidated their findings, including strengths and challenges in the Plan, prior to convening with the State and the MHPC for the peer review. The Center for Mental Health Services (CMHS) approved the Plan prior to the review.

This document provides a synthesis of the oral and written feedback of the Review Panel members, as well as the responses of the State designees and the MHPC representative to questions and discussion points posed by the Panel members. This document also includes a summary of information presented by the State and the MHPC on six topics of national importance for community-based mental health services, as identified by CMHS for FY 2010.

STATUS OF MENTAL HEALTH SERVICES

The biggest concerns for the State are the economic downturn and budget constraints. Vermont is experiencing a maintenance of effort (MOE) shortfall. The State has experienced a series of budget cuts and staff layoffs across the past 2 State fiscal years. Future cuts and layoffs are uncertain at this point. So far, the State has managed to maintain services for adults and children. In addition to serving children with serious emotional disturbance (SED), Vermont also serves children at risk of SED. The number of children and families served within the past 2 years has increased.

If the State's financial constraints continue, Vermont will likely not be able to maintain the current level of services for adults and children in FY 2011. Vermont has been fortunate to receive several Substance Abuse and Mental Health Services Administration (SAMHSA) grants that are allowing the State to develop new initiatives. For children's services, the State received a Partnerships for Youth in Transition grant, along with a Garrett Lee Smith Youth Suicide Prevention grant. Vermont also received a trauma prevention grant, a housing services grant, and a co-occurring disorders grant. These grants have helped to increase funding and planning resources available for these types of services in Vermont.

TARGETED TOPIC AREAS

Unmet Needs for Services and Waiting Lists

Vermont works from the bottom up to identify unmet needs. There are 10 catchment areas across the State, each of which prepares a local system of care plan that includes input from a variety of stakeholders. The local system of care plans feed into the State system of care plan, with the goal of informing the budget process. This is the primary mechanism for identifying unmet needs. Because of budget constraints, the current focus is on maintaining services.

In Vermont, there are waiting lists at some agencies. The State's waiting lists are small. Vermont also received a Jail Diversion and Trauma Recovery Program grant that supports the Mental Health/Substance Abuse Intergovernmental Service System Interactive Online Network (MHISSION) program. This program focuses on veterans with mental health disorders, which is an identified area of need.

Capacity to Report Client-Level Data

Vermont is a pilot State for the Client-Level Data Reporting Pilot Project sponsored by the National Association of State Mental Health Program Directors National Research Institute (NASMHPD NRI). A unique client identifier is in place for community rehabilitation and treatment (CRT) programs. Many of the client-level data can be provided from within the mental health service system; however, there are limitations in using data from other agencies. Mental health diagnosis and service data are good, but data are limited for criminal justice involvement, homelessness, and use of health care.

Vermont is at the end of a multiyear project to develop a new database system based on problems associated with the year-2000 date change. Given this, it has not been realistic for the designated agencies to redesign these systems again to accommodate client-level data.

Electronic Health Records (EHRs)

Some agencies are further along than others in developing electronic health records (EHRs). Some providers are working to develop their own EHR, and others are being motivated by the State efforts. At the Vermont State Hospital (VSH), budget cuts have affected the ability to implement EHRs.

Collaborations with Other State Agencies

Collaboration is a statutory requirement in a number of areas. The strongest collaborations within the Department of Mental Health's (DMH) children's system are with the Department for Children and Families and the Department of Education. Within the adult system, the MHISSION program represents a good collaboration among the mental health, corrections, health, and substance abuse agencies. Vocational Rehabilitation (VR) is a strong collaborator for Supported Employment. Within the Department of Health, there are a number of collaborative adult and child projects, required by statute. The Vermont Integrated Services Initiative (VISI) is

also an important collaboration toward addressing consumers with co-occurring mental health and substance abuse disorders. The MHPC Chair said the Council's collaborations with VR and the Department of Education are good.

Impact of Returning Veterans on the Mental Health System and Available Services

Vermont has been heavily affected by the wars in Iraq and Afghanistan, especially in terms of casualties on a per capita basis. Many veterans (in particular, those with post-traumatic stress disorder (PTSD)) are entering the public mental health system because they do not want to go through the Department of Veterans Affairs (VA) to receive services. The Jail Diversion and Trauma Recovery Priority Veterans grant supports the MHISSION program, which is focused on veterans with mental health disorders.

Suicide Trends in the State

There is no specific adult suicide prevention project, but a youth suicide prevention project is getting started, based on receipt of the Garrett Lee Smith grant.

Vermont has been compared with other States and is about average in terms of suicide rates for both adolescents and adults. Deaths by suicide in Vermont tend to increase with age, and are much higher in men than women, especially in older age. For the MHPC, the State will be preparing future weekly reports that include suicide data. There was a decrease in the State's suicide rate, demonstrated by a 20-year evaluation completed for 1986 to 2006.

MENTAL HEALTH PLANNING COUNCIL (MHPC)

The Vermont Council has 24 members and various membership categories. Currently, the Council is under the 51-percent requirement for non-State, nonprovider members and is working to address this. The Council has two primary committees: an adult standing committee and a child standing committee. These committees meet monthly to complete the primary work of the MHPC. The full Council meets twice per year to review the Block Grant Application, make recommendations, and review the work of the adult and child committees.

The adult and child committees participate in site visits for community mental health agencies and advise DMH on designation of these organizations. They also provide input into the State's system of care plan. The Council advises DMH on a variety of additional topics, including advocacy for adults and children. The Futures Project focuses on replacing the functions of the VSH by developing community-based rehabilitation facilities to provide long-term care and providing acute inpatient care in general hospital psychiatric programs. Other areas of focus for the Council include housing, seclusion and restraint, and mental health training for law enforcement. The Council also provides input on proposals for grant applications.

A strength in Vermont is the State's support of peer initiatives, which includes programs where consumers provide mental health education in schools and assist with training for law enforcement. Consumers are also involved in staff interviews and hiring. The State facilitates

consumer involvement across a range of activities, and the consumer community has a strong relationship with DMH.

The Council is strong and goes beyond the Federal mandate in a number of ways, including advising on designation and redesignation of provider agencies and reviewing performance indicator project reports weekly. There is a strong representation of parents of children on the MHPC. In addition, Vermont has a separate advisory council on transformation. The MHPC interfaces with this group by designating a Council member to participate on the Transformation Council. The Transformation Council resulted from the Futures Project and the restoration of DMH as a separate department, rather than its former status as a division of the Department of Health. The Transformation Council is currently focused on the Futures Project and the replacement of the VSH, along with increasing the capacity for community-based services.

Regarding the Council letter, Vermont requested being excused from the standard Block Grant Application process based on the low amount of Block Grant funding received. The CMHS will need to address this request.

Regarding technical assistance, possible interests include assistance with Peer Support Specialist training.

REVIEW OF THE ADULT PLAN

The DMH contracts with community providers of mental health services for adults with serious mental illness (SMI) and for children and adolescents with serious emotional disturbance (SED) and their families. The public mental health system has 11 Commissioner-designated nonprofit agencies, called DAs, which are located in all major geographical areas of Vermont. One of the DAs is a Specialized Services Agency (SSA) that serves as a statewide resource for children, youth, and their families. Many agencies have more than one office to serve their respective catchment areas.

The DMH central office staff members provide leadership and direction for the community-based public mental health system, along with program and service monitoring and assessment to ensure adherence to State and Federal regulations and to monitor the quality of services and supports delivered by the DAs. The DMH also operates the VSH, Vermont's only public psychiatric hospital. Inpatient psychiatric services at the hospital are the only services that DMH provides directly. Additionally, DMH contracts with five designated hospitals (DHs) for emergency inpatient psychiatric assessment and treatment of adults in need of acute care that cannot be provided in a less restrictive setting. The DHs also provide voluntary inpatient psychiatric services and limited partial hospitalization.

The DAs provide comprehensive services and supports for adults with SMI through CRT programs. In addition, DMH provides limited funding support for DA programs for other adults who do not meet CRT eligibility criteria but who can nevertheless benefit from mental health services. These services are delivered through adult outpatient programs (AOPs) at the DAs.

The CRT programs serve adults with the most serious types of mental illness, such as schizophrenia, bipolar disorder, and major depression. The AOPs serve adults who are experiencing emotional or behavioral distress severe enough to disrupt their lives but who do not meet CRT eligibility criteria. The AOPs offer a range of mental health services that vary somewhat from DA to DA.

The State's adult population is less than 500,000. Only 7 communities have over 10,000 people; nonetheless, a variety of community-based mental health services is available given the small population and low Block Grant funding received, especially in rural areas and for older adults.

The State submitted a well-written Plan. The State is to be commended for receiving the grants discussed above. The State is also commended for the number of Evidence-Based Practices (EBPs) currently being implemented and for its focus on recovery efforts.

Criterion 1: Comprehensive, Community-Based Mental Health Services Systems

Ten DAs provide the foundation for the State's system of care for adults. The State has been focusing on integrating primary health care with mental health care, along with the provision of dental services. Recent monitoring visits demonstrate progress in this area. The Chronic Care Initiative is primarily a Department of Health initiative that involves designing a system of care around people with chronic conditions such as diabetes and high blood pressure.

The State is moving forward in addressing the needs of consumers with co-occurring mental health and substance abuse disorders. In addition, good collaboration is in place with VR for Supported Employment.

Concerning different levels of case management available to consumers, all agencies provide case management. At some agencies, case management ranges from more intensive to less intensive services.

The inpatient readmission rate at the VSH is low. Some inpatient readmissions to the State Hospital are part of treatment plans for a few clients who can benefit from short-term, voluntary stays in an inpatient setting to increase their community tenure.

Criterion 2: Mental Health System Data Epidemiology

This criterion contains good information, but a decrease in the number of CRT clients in community treatment has been noted over the past several years.

Criterion 3: Children's Services

Not applicable to the Adult Plan.

Criterion 4: Targeted Services to Rural and Homeless Populations and to Older Adults

Vermont has an aggressive approach to addressing homelessness. The State appears to work well in attempts to obtain housing for consumers. The DMH has a Housing Coordinator, who collaborates with other State agencies. There is much advocacy from stakeholders for addressing housing needs as well. The State efforts to address consumers' transportation needs are commendable.

Regarding services for older adults, DMH appears to have a strong partnership with the Department of Disabilities, Aging, and Independent Living (DAIL).

Criterion 5: Management Systems

The Plan outlines resources well. Vermont appears to have strong trainings available. In addition, providers receive comprehensive disaster response training.

REVIEW OF THE CHILD PLAN

In Vermont, mental health services for children, adolescents, and their families are delivered by the 10 DAs and the 1 SSA that serves as a statewide resource. The DAs receive funding and oversight from DMH. The Child, Adolescent, and Family Unit (CAFU) is part of DMH. Vermont's Act 264 charges CAFU with serving children who have SED or are at risk of SED within an interagency system of care. Together, CAFU and the DAs are dedicated to expanding and improving the core capacity services offered throughout Vermont. A team of professionals, paraprofessionals, and community volunteers provides or arranges mental health services for youth, with the intensity and duration determined by family and individual need.

Criterion 1: Comprehensive, Community-Based Mental Health Services Systems

Child services include immediate response, outreach, screening, and residential care. Block Grant funds provide respite care to parents. This direct supportive service to families is helpful toward keeping children in the community.

Criterion 2: Mental Health System Data Epidemiology

The criterion contains good information on the prevalence estimate for children with SED.

Criterion 3: Children's Services

The partnership with schools and the Success Beyond Six program has many strengths. In addition, promotion of positive behaviors and preventions are integrated with the school system. Again, Vermont demonstrates good integration of primary health care with mental health care, including placing mental health staff in pediatric offices. In addition, the focus on youth in transition is strong. The Partnerships for Youth in Transition grant is an important catalyst for service development and will demonstrate results across the next few years.

Criterion 4: Targeted Services to Rural and Homeless Populations

The Plan addresses the needs of youth who are homeless. Spectrum Youth and Family Services provides broad services to youth statewide, in addition to targeting youth who are homeless.

Criterion 5: Management Systems

The State provides training on disaster response and mental health training to emergency responders. The State presents data on staffing in three key program areas and is analyzing additional data from its designated agencies.