Principle of Continuity of Care
Vermont Care Partners
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In Act 82, the Vermont Legislature asks the Department of Mental Health to address challenges, barriers, and gaps in services in our system. As we work together to envision a system of care that works better for those we serve, it is crucial that we elevate the principle that healing and recovery happens when there is continuity in the therapeutic relationship between an individual and the team that supports him or her. This is a fundamental component of excellent care and has a strong evidence base across mental health.[1]

There is an often an impulse when managing flow to develop programs that are intended to provide "brief treatment," or short-term, time-limited care that "triages" or "bridges" from one established setting to another. Unless this programming is intended to move an individual closer to a therapeutic relationship that feels safe and secure to the individual because it is not defined as time-limited, it can actually interfere with or delay recovery. It can also lead individuals to distrust or avoid services because it seems exhausting to begin and end a conveyer belt of new relationships.

The principle of continuity of care can be applied to every specific subtopic of Act 82. For example:

- Data Needs: Does our data allow us to analyze the impact of multiple transitions in care on client outcomes?
- Care Coordination: Does our care coordination system allow for as few transitions between service providers as possible? Do new care coordination initiatives promote continuity of care?
- Staff turnover: Do current salaries promote continuity of care enough by reducing turnover rates for community-based providers in long-term care programs and in outpatient programs? Do current salaries promote continuity of care by reducing turnover rates for case managers and clinicians serving children and families with complex social and behavioral needs?
- Geropsych needs: Does our system require individuals with complex medical and mental health needs to establish as few new therapeutic or clinical relationships as possible?

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[1] Adair et al: "Continuity of Care and Health Outcomes Among Persons with Severe Mental Illness." Psychiatric Services 2005 Sep; 56(9):1061-9. Retrieved 8/11/17 at https://www.ncbi.nlm.nih.gov/pubmed/16148318

Green et al: "Understanding how clinician-patient relationships and relational continuity of care affect recovery from serious mental illness: STARS study results." Psychiatric Rehabilitation Journal. 2008 Summer; 32(1):9-22. Retrieved 8/9/17 at https://www.ncbi.nlm.nih.gov/pubmed/18614445

Here are some questions we offer for evaluating recommendations to improve our system of care:

- Does this solution allow an individual to stay connected to a treatment team that he/she already knows?
- Does this solution prioritize continuity of care for the individual seeking care, or for the functioning of the provider system?
- Does this solution involve an individual physically/geographically transferring between multiple settings more than is needed?
- Does this solution take into account the need for an individual to establish and maintain strong therapeutic relationships? Does it involve a revolving door of providers?

Community mental health has adapted to the changing landscape of mental health care in Vermont for over 50 years. We offer a wide array of programming, which spans from crisis services to outpatient programs to long-term supports and services, and not all of these services are designed to include a long-term therapeutic relationship with one of our providers. All of our programs, however, work to help our clients establish strong formal and informal relationships in the community that will support them on the path to living a safe and satisfying life. Continuity of care is a principle that is foundational to community mental health, and should be foundational to any solutions going forward.