



Vermont Mental Health

THE SYSTEM OF CARE

AUGUST 2, 2023

Topics Covered



Levels of care



Community mental health:
Designated Agencies (DAs)



Emergency services



Role of DMH in youth mental health services



Role of DMH in adult mental health services



Levels of care

- Inpatient hospitalization – involuntary, voluntary
- Residential
 - Secure residential for adults
 - Intensive Recovery Residential (IRR) programs for adults
 - Residential & group homes for kids
- Crisis supports and response
- Community mental health



MENTAL HEALTH SYSTEM OF CARE

Key to Provider Symbols

- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

-  Peer-run Services & Residential Care
-  Department of Mental Health
-  Designated and Specialized Services Agencies
-  Private Providers

Inpatient Hospitalization
229 total beds

<p>Children & Adolescent 1 Facility 37 Beds</p> 	<p>General Inpatient (Adult) 7 Facilities 137 Beds</p> 	<p>Level One Inpatient (Adult) 3 Facilities 57 Beds</p> 
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Secure Residential
16 total beds

River Valley Therapeutic Community Residence
1 Facility | 16 Beds



Intensive Residential & Treatment Programs
92 total beds

<p>Youth Residential (PNMI) 5 Residences 45 Beds</p> 	<p>Intensive Recovery Residential 5 Residences 42 Beds</p> 	<p>Peer-run Residential 1 Residence 5 Beds</p> 
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Crisis Supports & Response
56 total beds

<p>Children's Crisis Stabilization Program 1 Facility 6 Beds</p> 	<p>Youth Hospital Diversion Program 2 Facilities 12 Beds</p> 	<p>Psychiatric Urgent Care for Kids (PUCK)</p> 	<p>Living Room program / Alternatives to EDs 3 Facilities</p> 	<p>Adult Crisis Beds 12 Facilities 37 Beds</p> 	<p>Crisis Assessment, Support & Referral Continuing Education & Advocacy</p> 	<p>988 Crisis Lifeline Centers Call Chat Text</p> 
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Community Mental Health
174 total beds/109 vouchers

<p>Micro-residential (HCBS) 3 Homes 9 Beds</p> 	<p>Youth Group Homes (PNMI) 4 Homes 13 Beds</p> 	<p>Group Residential Homes 19 Homes 152 Beds</p> 	<p>Shelter & Care Vouchers DMH Housing Vouchers</p> 	<p> <ul style="list-style-type: none"> • Individual, family, and group therapy • Clinical assessment • Medical consultation and medication • Service planning and coordination • Community supports & employment services • Schools/PCP/Early care & learning ctrs. (youth only) • Peer programming (adults only) • Prevention work (youth only) </p>  
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Inpatient Hospitalization

Provides:

- Stabilization of acute psychiatric crisis
- Individual must meet level of care – hospitals must follow CMS & Joint Commission regulations
- Primary focus on medication management
- Therapeutic groups, social work for follow-up care at discharge
- Discharge when no longer meeting hospital level of care

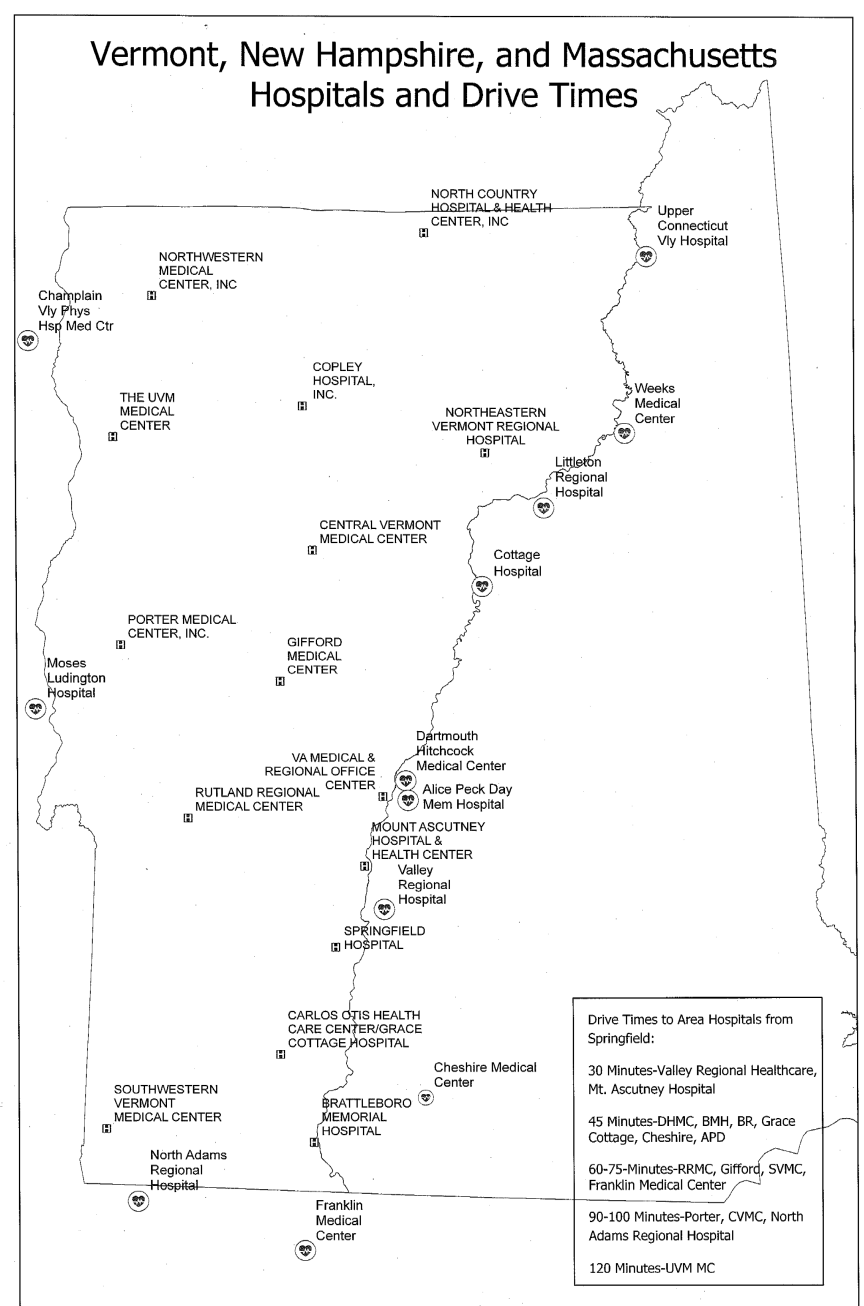
Not part of the hospitalization:

- Competency restoration
- Housing upon discharge



Inpatient hospitals in Vermont

- ❑ Brattleboro Retreat – adults and youth
- ❑ Vermont Psychiatric Care Hospital – involuntary adults only
- ❑ University of Vermont Medical Center – adults
- ❑ Central Vermont Medical Center – adults
- ❑ Rutland Regional Medical Center – adults
- ❑ Windham Center – adults
- ❑ VA Hospital – adults who are veterans only



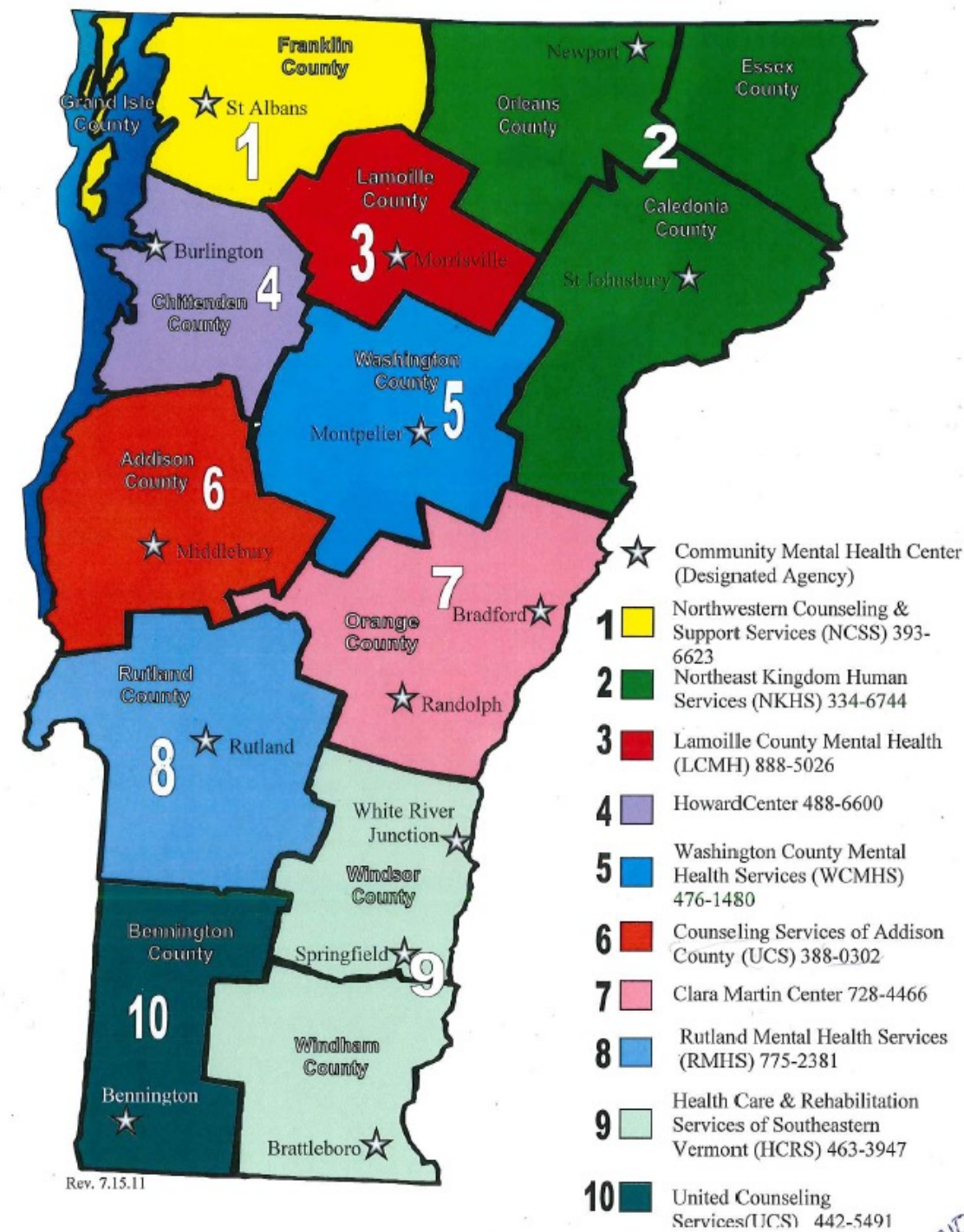
Community mental health: Designated Agencies (DAs)

- Outpatient mental health services across the lifespan
- Residentials
- Emergency services (next section)



Designated Agencies & services offered

- ❑ Services for children, families with complex needs, and adults through several programs
- ❑ Youth/families: school-based mental health services, staffed living, family education/consultation, therapeutic foster care, ECFMH
- ❑ All: Individual and group therapy, clinical assessments, service planning & coordination, community supports, eligibility determinations
- ❑ CRT/CSP: medication management, supported employment, residential programs (if applicable)
- ❑ Oversight of ONHs
- ❑ Partnership with primary care, substance use providers, inpatient providers as applicable



Children/Youth programming: Residential & Crisis Beds

- ❑ **Crisis/Hospital Diversion Beds** — Access through screeners
 - ❑ Crisis Stabilization for 7-10 days
 - ❑ Jarrett House (HC) -- 6 beds for children aged 6-12
 - ❑ NFI HDP – 6 beds in So. Burlington and 6 beds in Brattleboro for youth aged 11 - 17
- ❑ **Psychiatric Urgent Care for Kids** — Access through screeners
 - ❑ Emergency day treatment and crisis stabilization work intended to divert children/youth from Emergency Departments.
 - ❑ HCRS (Brattleboro), UCS (Bennington), & LCMH (Morrisville)
- ❑ **Residential Programs** — Access through DA/DMH/DAIL/DCF
 - ❑ Staff secure Residential Programs with schools (PNMI)
 - ❑ Staff-secure Group Homes (PNMI)
 - ❑ Approved through Case Review Committee (CRC)
- ❑ **Micro-Residential Programs** — Access through DA/DMH/DCF
 - ❑ NFI – Village House and DBT Program
 - ❑ WCMH – Crescent House, ICAP and Highland
- ❑ **Therapeutic Foster Care** — Access through DA/SSA/DCF
 - ❑ Limited Availability through DA/SSA's



Adult programming: Residentials & crisis beds



Intensive Recovery Residentials

- Physically secure (RVTR)
- Staff-secure (Second Spring, Meadowview, Maplewood, Hilltop)
- Peer-run (Soteria)

Crisis beds – for DA clients & all community members

- All 10 DAs
- 2 peer-run crisis beds

Coming online in 2023 – Living Room Models / Alternatives to EDs

DA-run group homes (for CRT clients)

- 8 out of 10 DAs

Privately-run residential care homes / community care homes

Emergency services

- Role and accessing services
- Contact information



Services and how to access them

- Every DA, 24/7/365
- Pathways peer support / warm line
- Telephone, telemedicine, in-person
- Services
 - Crisis response
 - Inpatient screenings
 - Reassessment
 - Community emergencies
 - Mobile outreach
- 988 call / text /chat
- Embedded police social workers
- Coming early 2024 – Mobile Crisis program



AGENCY	WEBSITE	CONTACT NUMBERS	CRISIS TEAM LEADERS
Clara Martin Center (CMC)	Emergency Mental Health Services in VT Clara Martin Center	(802) 728 – 4466 (800) 639 – 6360 (Crisis)	Kristen Briggs kbriggs@claramartin.org
Counseling Service of Addison County	Emergency and Crisis Services – CSAC (csac-vt.org)	(802) 388 – 6751 (802) 388 – 7641 (Crisis)	Matt Fox mfox@csac-vt.org
Health Care & Rehabilitation Services (HCRS)	Vermont Emergency Mental Health Services 24-Hour Crisis Services HCRS	(802) 886 – 4500 (800) 622 – 4235 (Crisis)	Becky Gilbert bgilbert@hcrs.org
Howard Center (HC)	I Need Help Now – Howard Center	(802) 488 - 6000 (802) 488 - 7777 (Crisis)	Brandi Littlefield brandil@howardcenter.org
Lamoille County Mental Health (LCMH)	In Crisis : Lamoille County Mental Health Services	(802) 888 - 5026 (ext. 1 for crisis)	Monique Reil monique.reil@lamoille.org
Northeast Kingdom Human Services - Saint Johnsbury (NKHS)	https://nkhs.org/service/emergency-and-enhanced-emergency-services/	(802) 748 - 3181 (802) 748 - 3181 (Crisis)	Josh Burke JBurke@nkhs.net
Northeast Kingdom Human Services - Newport (NKHS)	https://nkhs.org/service/emergency-and-enhanced-emergency-services/	(802) 334 - 6744 (802) 334 - 3744 (Crisis)	Josh Burke JBurke@nkhs.net
Northwest Counseling and Support Services (NCSS)	Counseling Services Mental Health Support Support Services for Family and Children Northwestern Counseling & Support Services (ncssinc.org)	(802) 524 - 6554 (802) 524 - 6554 Ext. 1 (Crisis)	Tony Stevens astevens@ncssinc.org
Rutland Mental Health Services (RMHS)	Rutland Mental Health Services - Community Care Network (mhscn.org)	(802) 775 - 2381 (802) 775 - 1000 (Crisis)	Loree Zeif lzeif@mhscn.org
United Counseling Services (UCS)	Emergency Services - United Counseling Service (ucsvt.org)	(802) 442 - 5491 (Bennington) (802) 447 - 0860 (Manchester)	Rachel Munoz RMunoz@ucsvt.org
Washington County Mental Health Services (WCMHS)	Washington County Mental Health Services (wcmhs.org)	(802) 229 - 1399 (802) 229 - 0591 (Crisis)	Karen Kurlle karen.kurlle@wcmhs.org
Other available crisis supports in Vermont	Website	Phone number	
Pathways Vermont Support Line	Get Support - Apply for Housing & Support Services - Pathways Vermont	(833) VT-TALKS / (833) 888-2557	
Vermont 211	Get Ready for the Cold Season — VT 211 (vermont211.org)	211	
Vermont Crisis Text Line	VT Crisis Text Line	Text “VT” to 741741	
988 Suicide & Crisis Lifeline	Lifeline (988lifeline.org)	Call or text 988	

Vermont Emergency Services Contact Information

Role of DMH in youth mental health services

- ❑ Consultation with the DA's around children/youth with acute behaviors or mental health diagnosis.
- ❑ Discharge Planning from Brattleboro Retreat and other Crisis Programs
- ❑ Requests for Residential Treatment for children who meet **Medical Necessity Criteria** due to a mental health diagnosis
- ❑ DMH Quality Oversight of the Designated Agencies



Act 264:

Coordinated services planning

Overview and background:

- ❑ Act 264, passed in 1988, requires that human services and public education work together, involve parents and coordinate services for better outcomes for children and families.
- ❑ The act developed a coordinated system of care so that children and adolescents with a severe emotional disturbance and their families receive appropriate educational, mental health, child welfare, juvenile justice, residential, and other treatment services in accordance with an individual plan.
- ❑ The 2005 DOE/AHS Agreement expands the rights to children with other disabilities.



Why do a CSP?

Because coordinated services planning...

- creates the opportunity for representatives from different agencies or from the community to plan together;
- offers family members access to support from a family representative;
- follows a family-friendly, strengths-based format;
- is necessary if residential or high-end wraparound is being considered.



Process for approving residential treatment for children

1. Local Team holds Coordinated Service Plan Meeting
2. Local Team presents case a Local Interagency Team (LIT) -- not necessary in all counties.
3. Local Team submits CRC packet (which includes CSP and all necessary supporting documentation) to Lead AHS Department (determined by custody status and primary presenting issue/diagnosis).
4. Funding Department (DMH, DCF, or DAIL) determines if case meets Medical Necessity Criteria according to their policies/procedures.
5. Case Presented to CRC to identify and approve possible residential programs.
6. Funding Department works with local teams to refer child/youth to approved residential programs.

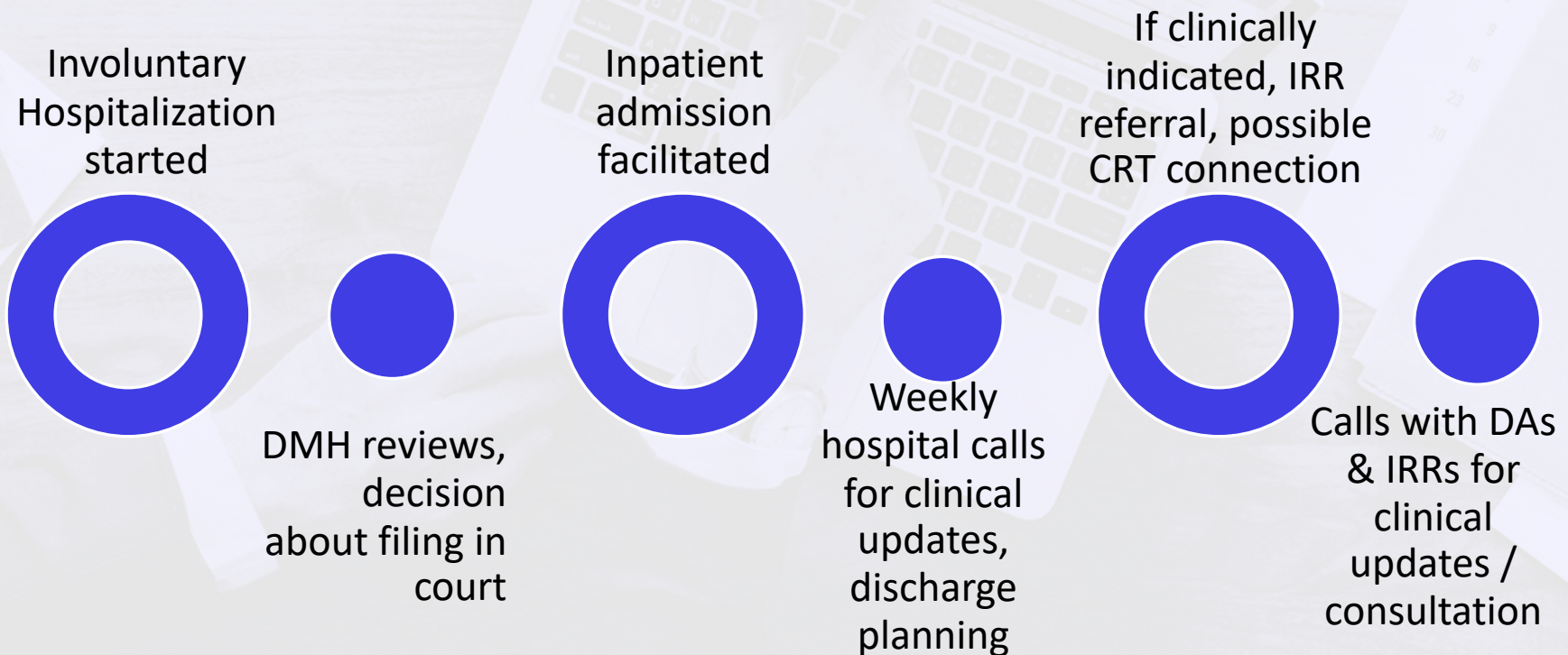


Role of DMH in adult mental health services

- Triaging involuntary inpatient admissions
- Care management while inpatient
- Orders of Non-Hospitalization (ONHs) in the community
- Coordination with Intensive Recovery Residential programs



DMH Adult Care Management's role in continuum of care



Orders of Non-Hospitalization (ONHs)



- Court order, signed by judge
- Mandates mental health treatment in community
- Names a DA/SSA
- Has a set length of time
- Has specific conditions for the individual to follow, or the DA/SSA could seek hospitalization
- Attempt at breaking a cycle of repeated inpatient treatment
- Focus on engaging in community-based treatment



Thank You!

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