

VERMONT2008

Restoration of the Department of Mental Health

Report to the Legislature on **Act 15 2007 (ADJ) Session**
Section 23 - 18 V.S.A. § 7401
January 15, 2008

Department of Mental Health
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Status Report on the Implementation of ACT 15

Legislative Intent

On or before January 15, 2008, and on January 15 of every even-numbered year thereafter, the secretary of human services, the commissioner of health, and the commissioner of mental health shall jointly report to the general assembly. The report shall describe the relationship between the commissioner of health and commissioner of mental health and shall evaluate how effectively they and their respective departments cooperate and how effectively the departments have complied with the intent of this act. The report shall address prevention, early intervention, and chronic care health services for children and adults, coordination of mental health, substance abuse, and physical health services, and coordination with all parts of the health care delivery system, public and private, including the office of the Vermont health access, the office of alcohol and drug abuse, and primary care physicians.

ACT 15, restoration of a department of mental health and a commissioner of mental health, created a statutory framework in which the Department of Mental Health (DMH) is charged to ensure the coordination of mental health, physical health and substance abuse services across the publicly-funded and private health care delivery system. In addition, the act retained the previous responsibilities of DMH to operate Vermont State Hospital and for assuring a system of care for:

- Children and youth with severe emotional disturbance and their families; and for
- Adults with severe mental illness.

Vermont's Agency of Human Services

The primary relationship of the Department of Mental Health (DMH) to all other governmental entities is through the Agency of Human Services (AHS) under the leadership of the AHS Secretary. As AHS has continued to evolve the reorganization of services within and across department, DMH in a new role as a department, is an integrated partner of the agency. This report will identify various efforts within DMH, and in collaboration with Field Services, and the Departments of Corrections (DOC), Disabilities, Aging, and Independent Living (DAIL), Children and Families (DCF), Health (VDH) and the Office of Vermont Health Access (OVHA). The report will also address DMH's many collaborations with the University of Vermont, various hospitals, Designated Agencies (DA's), and other public and private providers. These efforts are an important aspect of the efforts to have AHS departments, contractors, and partners, view the needs of Vermonters in a holistic vision.

On behalf of all Vermonters AHS strives to work in an atmosphere of service provision guided by our organizational values of respect, integrity, and commitment to excellence. These values are embedded in the AHS four key practices of;

- Excellence in Customer Service
- Holistic approach to our clients
- Strength Based Relationships
- Results Orientation

These practices are the basis of the DMH approach to services for all Vermonters who may at some time in their lives, require mental health assistance. The department’s responsibilities as described in Act 15 are broader in scope than those identified either in the previous Department of Developmental Disabilities and Mental Health Services, or as the Division of Mental Health within the Vermont Department of Health. Held accountable by the Secretary of the Agency, the primary difference in responsibility is to assure that integrated mental health, substance abuse, and health services is actualized by collaboration between VDH and DMH. Additionally, DMH is specifically tasked with ensuring coordination of these services across the publicly-funded and private health care delivery systems. Though DMH has only been in existence for six months, we have made process in a number of areas and are actively engaged by AHS, VDH, and DMH in this regard.

Relationship between the Department of Health and Department of Mental Health

Key Achievements
➤ Shared commitment to integration of healthcare services
➤ Joint executive management team
➤ MOU for shared infrastructure

Shared Commitment to Integration of Health Services

The Commissioners of the Department of Mental Health and the Department of Health, as health care professionals, are committed to the holistic wellbeing of an individual and sincerely believe this can only be accomplished through the seamless integration of physical health, mental health and substance abuse services.

The direct relationship between health and mental health services is sought as a healthcare model and is, in part, realized by the physical co-location of the Vermont Department of Health and the Department of Mental Health in Burlington. Both departments share the common infrastructure of a business office, information technology, and business operations such as telephone, internet, mail, and fleet vehicles.

Joint Executive Management Team

The executive management team of each department meets together weekly. This includes the commissioners, deputies, and leadership of the shared infrastructure. This meeting serves to reinforce our shared vision and commitment, and coordinate operations, programs, and policy of VDH and DMH. As well a DMH representative attends bi-weekly VDH Division Management meetings, and as you will note in subsequent sections of this report, VDH and DMH leadership and division staff meet in a variety of settings to facilitate the overall effort to coordinate, collaborate, and most effectively use the resources of both departments. The joint work of the departments and AHS is described in the following sections.

MOU for Shared Infrastructure

The DMH and VDH have a “Memorandum of Understanding” (MOU) indicating in detail the infrastructure requirements of DMH. In turn, the DMH transfers resources to VDH to support this common infrastructure. The MOU is attached to this report and provides detail on specific operating methodology.

Prevention and Early Intervention

Key Achievements
<ul style="list-style-type: none">➤ School health services coordination➤ Early childhood initiatives➤ Transition age youth initiative➤ Suicide prevention platform➤ Trauma Informed Service Provision

School Health Coordination

VDH, DMH and the Department of Education (DOE) meet quarterly to update and coordinate all health projects and initiatives related to schools. These initiatives include: tobacco prevention programs, fit and healthy children, dental services, mental health services, substance abuse and substance abuse prevention initiatives, immunizations, and asthma. Each Division of the Health Department reports on initiatives and how they relate to the Education Department. The discussion also includes how to most effectively coordinate activities at the Health Department.

Ongoing work on the attention deficit and hyperactivity disorders (ADHD) project continues. The ADHD project is sponsored by American Academy of Pediatrics VDH, DMH, Vermont Child Health Improvement Project, DOE, and parents organizations to coordinate comprehensive plans for children with ADHD including screening, assessment, and comprehensive treatment. Over the course of this project (FY05 –Fy08) 14 PCP's have participated in the project and have received the following support:

- Site visits, email education support and conference calls from 2 child psychiatrist
- The ADHD RS IV manual
- Free Access to web-based ASEBA as well as training and related technical assistance.

DMH and VDH have worked together to develop the School Health team report. The School Health Team document was authored in September 2006 after several meetings with VDH, DOE, and various local providers. The question was “When a school Health team is working well, what does it look like?” This paper was important in the development of the Success Beyond Six legislative report due to be issued in the coming Legislative session.

Early Childhood

DMH and VDH are providing coordinated health planning to the Child Developmental Division at DCF to include the Maternal Depression project, Children's integrated services, and coordination with primary care. The interagency agreement included Part C (an agency agreement between Department of Education and the Agency of Human Services) and early childhood services thus DMH assures that the interagency activities and rollout involve the Child Development Division. Currently the DMH, VDH, and CD Division are working to develop best practices regarding Maternal Depression including screening and treatment options. The DMH, VDH, and CDD are working together on projects to support case management and psychiatric consult in primary care and child care settings.

Transition Aged Youth

DMH & VDH provide coordinated health care planning to the Agency of Human Services initiative for youth transition to adulthood. Coordinated planning for youth transitioning to adulthood includes the following objectives:

- access to comprehensive healthcare, high school completion, employment, training and post secondary education,
- safe and stable housing, caring relationships, and
- an incarceration free, and youth-centered future planning process.

In addition, DMH is leading the development within AHS for a large grant application to the Federal Substance Abuse and Mental Health Services Agency (SAMHSA) to organize a system of care for youth with Severe Emotional Disturbance (SED) who are transitioning to adulthood.

DMH and the Agency of Human Services plans to build on the collaboration between Vocational Rehabilitation (VR), the Department of Children and Family Services (DCF), Corrections and Mental Health in the JOBS program to develop a comprehensive approach featuring work, housing, education, and access to health and mental health care to help youth transition safely and responsibly into adulthood. If funded, the SAMSHA grant will be used to further enhance the JOBS programs which help to prevent incarceration and promote employment among at risk, transition age youth.

Suicide Prevention Platform

VDH and DMH published the Vermont Suicide Prevention Platform in 2005. DMH incorporated 2 standardized questions from the PHQ 2 Physicians Health Questionnaire into all VDH Health questionnaires (2005). DMH and VDH are working together to develop an application to the federal Substance Abuse and Mental Health Services Administration to further develop Vermont's suicide prevention programs. The Center for Health and Learning in Brattleboro is working with us to develop an application for SAMSHA suicide prevention grant. This grant is for 3 years up to \$500,000 per year and targeted for youth 10-22. We focused the grant on two of the Objectives of Action from the Suicide Prevention Platform

- Promote awareness that suicide is a public health problem that is preventable.
- Promote gate keeping training throughout youth serving programs and agencies.

Trauma Informed Service Provision

In recognition of the role that trauma plays in the lives of children, adolescents, families and adults, the Department of Mental Health and our Designated Agencies and Designated Hospital partners are working to develop a system of mental health services that are consistent with the Agency of Human Services' "Trauma Informed Systems of Care Policy". In regard to mental health services, this policy acknowledges the following:

“Psychological trauma has a direct effect on the brain; including associated bodily, neurological and stress response systems. This causes imbalances in mood, memory, judgment and involvement in relationships and work. The psychobiological impact of trauma leads to a sense of fear, helplessness, horror, detachment and/or confusion. Persons with severe and persistent behavioral health problems, including mental illness and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms that exacerbate other behavioral health problems, impair psychosocial functioning and interfere with the quality of their and their loved ones' lives.”¹

¹ AHS Trauma Informed Systems of Care Policy

People with mental illness are more likely to have been victims of trauma than members of the general population. It is essential that mental health services be delivered in a trauma-informed manner, sensitive to the individual's vulnerability. This involves striving for treatment and patient management approaches that are free of coercion and avoid re-traumatizing past victims.

Recent examples of the Department's efforts to promote the practice of trauma-sensitive care include:

- The Department's recent SAMHSA grant to develop alternatives to restraint and seclusion at the Vermont State Hospital and the Brattleboro Retreat is an example of an effort to develop non-traumatizing interventions for managing challenging behavior.
- The Child and Family Division has co-sponsored trainings for mental health professionals who work with children and families and who must understand the impact that trauma can have on child development and transition to adulthood. The Division staff is continuing to promote the practice of trauma-informed treatment and integrate SAMHSA's "Criteria for Building a Trauma-Informed Mental Health Service System" into practice throughout Vermont's system of care.
- The recent implementation of alternatives to secure transportation has also been an effort to ensure that necessary transportation of clients is provided in a trauma-sensitive manner that also achieves the goal of maintaining the safety of service recipients and the community.
- Before VDH and DMH separated into two departments, staff had been engaged in a health response to domestic violence. There is wholehearted agreement by both Commissioners now that the departments have separated that participation in the AHS response and strategies to address working with children and adult victims of domestic violence is best achieved by keeping the group of staff that had been working together on an integrated response to this significant area of trauma informed services in tact.

More specific information about the DMH's work to develop a system of statewide trauma-informed services is set out in a report submitted to SAMHSA titled, "Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments, Activities & Resources, Vermont 2007 Report". The Report may be accessed at the following web address: <http://healthvermont.gov/mh/documents/SAMHSAVIREPORT07.pdf>

Chronic Care Health Services for Children and Adults

Key Achievements
<ul style="list-style-type: none">➤ Integration initiative: Depression➤ Bi-weekly clinical collaboration with OVHA➤ Smoking Cessation for CRT Clients

Integration Initiative: Depression

VDH/DMH integration initiative has identified depression as their next public health issue focus.

VDH, DMH, VCHIP and UVM have been meeting regularly with other stakeholders and representatives from OVHA to review efforts to date to integrate children's health and mental health care. While a number of initiatives have been identified, including efforts to augment mental health workers in pediatrician's offices, increase the amount of child psychiatric consultation to pediatricians, look for ways to bring telepsychiatry to Vermont and begin a child psychiatry training program at UVM to help address the shortage of child psychiatrists in Vermont, a common theme emerged of addressing maternal depression as a focus due to the pervasiveness of the condition, the profound impact on child mental health and the efficiency of having major impact on improving child mental health by treating a debilitating condition for the mother.

In the adult sector, several divisions of VDH met with representatives of DMH to plan ways to better integrate the service delivery systems of health and mental health. It was decided that depression, especially mild to moderate severity, had many of the hallmarks of a condition that public health principles could impact on. It is a common condition in the general population, left untreated becomes more debilitating and is susceptible to interventions at the primary care level. In addition it has many of the hallmarks of a chronic condition and would fit into the Blueprint approach to chronic health conditions. Further many chronic health conditions are frequently complicated with depression, setting up for poor outcomes for the chronic condition.

Bi-Weekly Clinical Collaboration with OVHA

The medical directors of DMH and OVHA began a bi-weekly clinical meeting to provide a forum for individual case consultation. To further coordinate mental health and physical health care services. Both organizations have committed to staff this meeting at a high level as the clinical and systems issues are significant and substantive. As both organizations become more experienced with this collaboration we will likely expand this process.

Smoking Cessation for Community Rehabilitation and Treatment (CRT) Clients

As previously mentioned, adults with severe mental illness experience dramatic disparities in health status as indicated by their decreased life expectancy. Reasons for these disparities include, among other issues, health care access issues, metabolic responses to some psychotropic drugs and lifestyle habits. For example, the majority of CRT clients are smokers. In an attempt to embed concepts and practices of healthy living into recovery efforts, several designated mental health agencies have demonstrated effective programming for smoking cessation among CRT clients. Other agencies have made efforts to follow suit. DMH is collaborating with VDH's Tobacco Cessation Program to work with all 10 Designated Agencies to increase interest and investment in smoking cessation efforts as part of CRT treatment. An invitational training day will be planned for the spring to educate selected staff from all DA's on the evidence base of smoking cessation with this population and stimulate increased treatment activity aimed at this health risk behavior.

Coordination of Mental Health, Physical Health and Substance Abuse Services

Key Achievements
➤ Integrated family health care systems
➤ Public / Private Partnerships
➤ Vermont Integrated Services Project
➤ Evaluation of office-based medication therapies for opiate addiction
➤ Telemedicine and Psychiatric Service Needs
➤ Integrated Health and Mental Health Disaster Planning
➤ Increased Attention to Mental Health and Wellbeing of Older Vermonters

Overview

Several issues stand out in the area of health care for those with serious mental illnesses and mental health care for those with general health issues. Among these are:

- Persons with serious mental illnesses die at a much higher rate than the general population and on average 25 years sooner. These deaths are largely related to preventable conditions such as obesity, hypertension, cardiovascular disease, diabetes and tobacco use illnesses such as lung cancer and emphysema.

- Most individuals visiting their primary care physician do so for primarily physical health issues. However, mental health issues are a significant social/emotional contributor to the morbidity of their conditions (e.g. heart disease and depression).
- Most mental health care, particularly the use of psychiatric prescription medication, is delivered by primary care physicians who frequently report being overwhelmed by the need and often feel expected to practice outside their areas of expertise as they care for these patients with mental health needs.
- Persons early in the course of a mental illness, when it is the most treatable, often present first to their primary care physician. Due to the lack of well coordinated and integrated care, illnesses may go undetected and untreated until these people become debilitated in some aspect of their lives, often needlessly disrupting work and family life. DMH, in collaboration with our governmental and private partners, is pursuing a number of initiatives, to address these problems for Vermonters.

Working with OVHA we are monitoring the impact of health care on people with serious mental illnesses via three new Medicaid based initiatives. Each initiative provides nursing and social work case management and support to primary care physicians for Medicaid recipients who either have one of eleven chronic health conditions, including depression, or who are high volume users of the health system. It is expected that many of the people with serious mental health issues will be served by one of two OVHA programs. However, as many persons with serious mental illness are primarily covered by the federal Medicare program OHVA and DMH are also engaged in working with Community Rehabilitation and Treatment (CRT) programs through the local Designated Agencies. This effort addresses those persons with serious mental illness, who are primarily Medicare insured due to disability. For this population OHVA has funded nursing health assessment and education services that can augment mental health case management in CRT and create integration for clients with serious mental illness and various serious physical disorders such a metabolic syndrome—high blood pressure, diabetes, and high cholesterol.

These programs will offer supplementary care coordination, provider and patient education and support services OVHA is monitoring health indicators for these individuals and it is anticipated that these indicators will improve for individuals with serious mental health problems and co-occurring chronic health conditions. We already know that the nature of the serious mental illnesses often reduces the person of the energy and stamina to pursue healthy life styles and contributes of poor health outcomes. Many of our seriously mentally ill individuals are in the public mental health care system and have a mental health case manager assigned to help them manage in life. Adding health care to the responsibility for the public mental health system will add support for healthy life styles to the performance expectations of these case managers. Many do not have health training in their background and having the backup and assistance of the OVHA care management programs will give them the knowledge and confidence to address the

health issues of these seriously mentally ill individuals. With OVHA's focus on system outcomes, we will be able to determine the impact of this initiative.

Integrated Family Health Care System

DMH has worked to link Mental Health and Substance Abuse care with primary health care in several ways. VDH and DMH have jointly administered a program which co-locates mental health clinicians in primary care office serving children & families. The mental health clinicians are available to screen for mental and emotional conditions, assess the needs of children and families, assist in coordinating mental health care with physical health care and facilitate referral to specialty mental health care when necessary. This approach has successfully operated in two large pediatric and family practices (Newport Pediatrics for eight years and Milton Family Practice for three years). DMH will identify opportunities to further expand this approach.

VDH, primarily through the ADAP Division, and DMH are currently pursuing grant funding that would support a far wider approach to this model of screening and assessment for health, mental health, and substance abuse disorders. Grant funds could help to better organize and institute processes for long term systems improvement in this area.

Public / Private Partnerships

Another initiative we are pursuing in collaboration with VDH, Vermont Child Health Improvement Project, and UVM child psychiatry division and Otter Creek Associates is providing supports to improve mental health care to pediatricians and primary care physicians. We are working with VCHIP and VDH to provide psychologists' and child psychiatrists' consultation to three pediatric practices in the Chittenden County area. DMH, in collaboration with a private practice group, is providing child psychiatry consultation to five pediatric and primary care practices in eastern Vermont. Early indicators demonstrate satisfaction and decreased pressure to refer cases to child psychiatry as the pediatric practices comfort level for caring for the mental health needs of these children improves. While the current need is to address some of the more difficult issues in the pediatricians' caseload, we expect to move the supports to develop methods for early identification and intervention for children and families showing early signs of depression and anxiety. This program is beginning its second year and will increase from five (5) practices to seven (7). The primary care practices served are in Newport, St. Johnsbury, Rutland, Deerfield Valley, White River and this year Bennington and Bradford.

Another area of partnership is with the Veteran's Administration Hospital in White River Junction. Dr. Andrew Pomerantz has overseen the development of a process of integrating health clinic services and mental health care that has greatly increased access for VA patients, reducing waiting times for assessment and diagnostic visits from weeks to minutes. This project has been cited in literature and has been adopted by over 80 VA hospitals across the U.S. In 2008 DMH will be engaging with local hospitals, DA's, and private providers to explore how

this model, which is highly efficient in terms of accessibility for patients and cost, might be applied statewide.

Finally, DMH has begun to work with leaders in the private mental health provider community to identify how to configure our larger system of care to be inclusive of and recognize the contribution of this community to the mental health of all Vermonters. While the AHS contracted system of Designated Agencies are anchors for serving over 30,000 persons in need of mental health services, another 10,000 or more persons with OHVA/Medicaid coverage regularly are cared for by private providers. DMH will be working to ensure these providers become more a part of statewide planning for an improved system of care.

Telemedicine: Psychiatric Supports for Emergency Departments

As stated in the previous section, the need for psychiatric service and consultation is a significant issue in Vermont. Two of our regions, the Northeast Kingdom, and Franklin and Grand Isle Counties, have been identified as underserved areas via the US Department of Health and Human Services. In addition, the DMH Commissioner, Deputy Commissioner, and Medical Director engaged in a round of consultation visits with all hospital CEO's and Emergency Department Directors across Vermont in the Summer of 2007. The outcome of these visits indicated that nearly all hospitals are overwhelmed with increasing numbers of persons with mental health and/or substance abuse disorders who are seeking assistance at local emergency departments. In most of cases, especially after hours and on weekends, the ability to have psychiatric or substance abuse assessment or consultation is limited or non-existent.

The effort of working with pediatric practices also included the use of telemedicine in collaboration with the UVM School of Medicine. As well, at the White River Junction VA, this is one avenue that allows for extension of the psychiatric staff outreach across Vermont. DMH is currently seeking grant opportunities and is engaged in ongoing efforts with OVHA to determine how this option might help address the emergency department needs identified above, and to increase the psychiatric consultation with primary care and pediatric providers beyond an initial grant period. To address our needs, this is an effort that will ultimately require maximum collaboration across a number of private and public resources to address our needs.

The Vermont Integrated Services Initiative

Funded by an infrastructure planning grant from SAMHSA, the Vermont Integrated Services Initiative (VISI) has two broad goals. First is to restructure ADAP and Mental Health administrative and funding practices at the state level to support integrated treatment for people with co-occurring mental health and substance use disorders. Second is to provide training and technical assistance to a wide group of service providers to increase their programmatic and clinical capacity to effectively treat clients with co-occurring disorders. Twenty-six different service provider agencies are participating in the project including community mental health

centers, federally qualified health centers, housing and homeless service providers, and specialty residential providers.

The 26 agencies involved in VISI are responsible for collecting data on screening, assessment and treatment of clients with co-occurring issues, and on those clients they cannot treat and refer. They have begun pilot collections and should be reporting data in for the first quarter of 2008. In addition to aggregate data requested by SAMHSA, VISI is collecting client level data. This will provide Vermont with the first concrete data on clients with co-occurring conditions.

Accomplishments in ADAP and DMH integration include:

- ADAP has added a new section to their program standards that outlines expectations for treatment and service delivery for people with co-occurring mental health conditions.
- VDH with assistance from DMH has published its Policy Statement on Co-occurring Mental health and Substance Use conditions.
- DMH and ADAP are co-sponsoring an information restructuring and integration project that is analyzing ADAP reporting requirements to see if they can be integrated into the MSR business function. The vision is to have all ADAP preferred providers and community mental centers reporting within a common and integrated information system.
- DMH and ADAP staff have agreed upon and outlined core components of an integrated client assessment which is used as guidance by the mental health and substance use providers in their efforts to do integrated treatment.
- DMH and ADAP have jointly established a clinical consultation model for mental health, substance use and primary care providers to discuss difficult co-occurring cases. These consultations form the basis of a co-occurring clinical learning community and continuing education credits are awarded for participation.
- DMH and ADAP have established joint trainings on co-occurring treatment and best practice for service providers.
- DMH and ADAP have also drafted a consensus document that outlines basic core competencies for co-occurring mental and substance use conditions for all AHS staff and contracted providers
- DMH and ADAP are working with 26 agencies on a quality improvement process that will measure and increase their capacity and capability to treat people with co-occurring conditions.

Evaluation of Office Based Medication Assisted Therapies: Phase I

The Office of Vermont Health Access (OVHA) and ADAP commissioned an evaluation of the office-based medication assisted therapies for opiate addiction (methadone and buprenorphine). The study was led by Dr. Tom Simpatico, the medical director of Vermont State Hospital and director of the Division of Public Psychiatry at the University Of Vermont College Of Medicine and completed in September, 2007. This evaluation is a concrete example of collaboration and coordination between the University, AHS, and primary care practice physicians on an important public health issue, opiate addiction and treatment services.

Disaster Planning: An Integrated Mental Health Response

Beginning under the previous Division of Mental Health, and continuing into the future DMH and VDH have strived to design disaster response plans as they relate to of health and mental health needs. This work, begun in 2005, includes Washington County Mental Health Services as the field provider to organize and train DA and private mental health providers; and school, pastoral, and other human services staff to respond to natural or manmade disasters. This work has been performed under a CDC grant provided to VDH to ensure that state and local systems were prepared for disasters, and could provide a coordinated and effective response. These efforts have resulted in over 300 persons being trained to support health providers and citizens with emergency mental health services to reduce stresses on the emergency response systems as well as assess the onset of acute stress reactions, which can develop into Post Traumatic Stress Disorder for a small number of individuals. This has assisted Vermont in attaining high marks for disaster preparedness.

Increased Attention to Mental Health and Wellbeing of Older Vermonters

The demographic reality of an aging population has been recognized as a key challenge to which providers of health care services must respond. Older Vermonters not only experience more chronic illnesses than the general population, but they are vulnerable to stresses and conditions that may lead to mental health issues such as depression, delirium, dementia and substance abuse. Mental Health issues can also interfere with response to and compliance with treatment plans for medical conditions. As part of DMH's work to partner with other state agencies and other key partners, the Department is actively involved in working to improve the health and mental health of older Vermonters.

Since 2002, DMH and the Department of Disabilities, Aging and Independent Living (DAIL) have jointly administered the Eldercare Clinician Program (ECP), an initiative which primarily offers outreach mental health services to elders. At the local level, program funds flow through the five Vermont Area Agencies on Aging who, in turn, contract with Designated Agencies to provide mental health screening, assessment and treatment to elders age 60+. Approximately 500 individuals are served annually by this program. DMH and DAIL have recently conducted a

qualitative evaluation of this program to form the basis of further program development, quality improvement and improved response to population need.

DMH is also participating in a VDH workgroup to identify the needs of the older population from a public health perspective. Because VDH has not previously focused on this population, the workgroup is beginning its work by conducting an inventory of all the public health initiatives that currently touch this population. Unmet needs will be identified through this process, and priorities for addressing unmet needs will be identified. DMH presence signifies how the health, wellbeing and mental health of older Vermonters are inextricably linked.

In recognition that the mental health needs of caretakers of older Vermonters, themselves often older, must also be addressed, DMH has a presence on the advisory board of the UVM Department of Psychiatry's 2007 Rosalyn Carter Institute for Caregiving/J & J "Science to Practice" grant to replicate a highly regarded evidence-based NYU Caretaker Intervention Program to promote wellbeing for caregivers of elders.

Summary

As DMH works to create a new identity as a Department with a broader statutory framework than that previously held, we are working to actualize the spirit of the Agency of Human Services Reorganization and Act 15 for integration and coordination across the full range of health, mental health, and substance treatment services. In our vision, mission, and values statements (see attached) we are proud to promote the wellness of Vermonters, and the need to emphasize the path of recovery for persons who are challenged by illnesses, both of a physical and mental nature. The accomplishment of our mission is dependent on the ability of DMH to work effectively with VDH, and with all other departments within AHS. However, our efforts, as detailed here, require a far wider range of participants than those identified by Act 15 as we begin planning with DOC to construct improved treatment options for community supervised offenders having cognitive impairments, mental illness, and/or substance abuse. As well we are participating in various efforts to help recent combat veterans who may have brief or extended need from the DA or private mental health provider system as complimentary to care efforts by the VA. In this latest veteran group there are likely to be new complications of treatment for persons with both brain injury and psychological trauma. Supporting these emerging needs will be particularly challenging in an environment lessening federal financial participation.

In the President's New Freedom Commission on Mental Health report, *Achieving the Promise: Transforming Mental Health Care in America* the issues of co-occurring mental health and substance abuse disorders, and healthcare delivered in a systemic environment of recovery and consumer centered care are endorsed as necessary for a system of care for all Americans. The entire Agency and DMH endorses this concept and are committed to system transformation that will imbed this philosophy throughout all aspects of care. We have not yet achieved these goals, and it is likely we will always be challenged to do so completely as the needs, resources, and

knowledge about care for both physical and mental illness are constantly evolving. However, DMH has identified our efforts to date and believe we are in step, or slightly ahead of national and international practices to help fashion an integrated and improved system of care.

We are engaged in a constant learning process, which most importantly is a process that must involve providers, consumers, advocates, and family and support persons. The evolution of our system toward one that must be consumer centered has been challenging for all involved. In a trauma-informed, recovery-based model, the treatment plan serves as a working and dynamic road map to help clients achieve personally meaningful goals. The person-centered approach eschews the traditional medical model as paternalistic and often insensitive to the client's worldview. Borrowing heavily from the affirming humanistic values of psychiatric rehabilitation and the recovery movement, the person-centered approach emphasizes the development of partnerships between clients and providers. All aspects of person-centered treatment planning rely on shared decision-making and client-defined outcomes. Furthermore, this process promotes client choice, empowerment, resilience, and self-reliance.

Rather than relying on cookie-cutter plans whose primary target is to reduce the symptoms that make up the client's diagnosis, person-centered treatment plans are holistic, are highly individualized, and identify positive outcomes based on clients' strengths and available supports. Thus we encourage the development of a system of trauma informed and recovery based care that engages in a hope filled approach involving education, employment, alternative approaches and flexibility in care environments. This is the ideal of the DMH vision statement which offers that, "Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities."

APPENDIX I

Vermont Department of Mental Health
Memorandum of Understanding for Services From
The Vermont Department of Health

December 31, 2007

PURPOSE

The Departments of Mental Health (“DMH”) and Health (“VDH”) have engaged in collaborative efforts to best serve Vermonters in need of healthcare services for nearly a decade. In recent years this collaboration has included reorganization efforts producing new opportunities for integrated public health, substance abuse, and mental health services. This integration has been concurrent with actions of the Secretary of the Agency of Human Services office to better coordinate agency programs between all departments. This latter effort has been in a framework of four key principles of service provision by AHS programs;

- Customer service
- Holistic services
- Strengths based services
- Results/Outcomes oriented services

These areas of concern address the needs of both individuals receiving services or supports and for the staff who provide them. As well, these address the environment of the services provision, that is, the various combinations of physical location, informed and shared decision making, and ability to maximize resources.

In the context of the aforementioned efforts both DMH and VDH have entered into a unique relationship promoting the wellbeing of individuals and their families in the areas of health, mental health, and substance abuse services. This relationship is integrated beyond services agreements to include business, information technology, communications, and other key elements of everyday functions of two departments serving tens of thousands of citizens. The cooperative agreement is one that is developed to promote the maximum of integration of service, resource use, and successful outcomes to reduce the risk of health related risks, and increase wellness across all ages and economic strata. The purpose of this Memorandum of Understanding, “MOU”, is to specify the VDH resources that will be used by DMH to support daily operations. The MOU will be one aspect of the integrated care, but the true outcome will be found in the efforts of all staff to seamlessly provide supports and resources when needed in addition to those mentioned here toward the overarching goal of improvement of health for all Vermonters.

RESOURCE MANAGEMENT

VDH and DMH will utilize the existing joint executive management team to oversee and assure the implementation of this MOU, for quantifying and assessing the infrastructural resource needs of each department (ongoing), assessing the sufficiency of available resources, prioritizing the distribution of resources (staff and budget), and maximizing the efficient use of public resources. This will include the through consideration of the effect of reduction in resources due to budget pressures, position reductions and other federal or grant related decreased in funding.

The executive team will establish a dispute resolution process for the two departments to resolve issues related to this MOU. The executive team will meet at least quarterly to review progress in meeting the terms and conditions of the agreement, to plan for needed adjustments to the agreement and to assure that informed and cooperative decision making occurs. The executive team will lead the coordination of joint policy, programming and other initiatives between public health, mental health and substance abuse.

BUSINESS OFFICE FUNCTIONS

VDH agrees to perform services for DMH. The services are organized by the business processes required to manage the work of DMH and to manage the Designated Agency provider network.

BUDGET PLANNING, PREPARATION. TRACKING AND MONITORING

- Develop every fall: work with MH units to build budgets
- Budget execution: financial monitoring throughout year
- Chartfield Maintenance
- Administer Grant/contract including support for development of grants and contracts, timely processing, accounting and reporting
- Prepare excess receipt requests
- Prepare plan for year end close out
- Prepare budget vs. actual expenditures and revenue monthly
- Track special fund receipts and expenditures monthly
- Financial Plan management
- Analyze accounts to answer questions related to financial reports monthly

FEDERAL GRANTS REPORTING AND SUB-RECIPIENT MONITORING

- Administer all federal grants including the preparation of financial information for grant applications and reapplications, ongoing monitoring and reporting
- Develop cost allocation plan
- Serve liaison function for audits and research / resolve identified issues
- Oversee development and processing of grants and contracts to sub-recipients to ensure compliance with federal requirements
- Medicare cost reporting

PAYROLL

- Review time reports for accuracy, research and resolve issues and revise as necessary(this does not extend to the responsibilities of supervisors to assure the accuracy of timesheets and sign off of time sheets)
- Enter time reports in Paradox system and submit to Payroll in Montpelier
- Review expense reports for accuracy, research and resolve issues and revise as necessary
- Distribute correct time reports to new or reassigned employees

PROGRAM AND PROVIDER OVERSIGHT

- Collect and monitor financial data from the Designated Agencies (“DA”)
- Collect and analyze annual financial audit report from each DA
- Collect and analyze annual budgets from each DA
- Provide all financial and statistical data for annual Performance Grant Contracts with the DAs
- Monitor and reconcile Medicaid payments to DAs
- Develop, adjust and monitor exhibit schedules in order to provide grant, CRT Case Rate, Children’s PNMI and Waiver payments to the DAs
- Provide ad hoc reports in collaboration with IT related to program monitoring and oversight
- Monitor and analyze CRT Case Rate payments to DAs
- Interdepartmental coordination and collaboration: Provide DS financial data to DAIL from monthly financial submissions from DAs
- Perform fiscal oversight of Designated Agencies as part of the Re-Designation process.
- Develop unit costing and other costing models for all programs, update this biennially.
- Coordinate to oversee Medicaid payments and bill-processing; liaison between providers, OVHA and EDS (requires significant interface with EDS and Client Encounter Data System)

GRANTS AND CONTRACTS PROCESSING

- Review contracts and grants developed by program staff for compliance with Administrative Bulletins and other applicable policies and procedures
- Enter Information about contracts and grants into appropriate information system(s), e.g. VISION, AHS tracking system
- Route and track contracts or grants through Business Office and other necessary reviewers for sign-off, including grantees, in a timely fashion. Track routing process to ensure efficient and timely action and payment to contractors.
- Route signed contract to DMH Commissioner for final signature
- Serve as a resource to staff for questions and information about grants and contracts.

ACCOUNTS PAYABLE AND RECEIVABLE

- Review and process coding slips from DMH for payment on invoices and to grantees and contractors
- Verify (budget-check) all vouchers prior to payment and subsequently verify that payment has been processed; file for reference and auditing.
- Research and resolve payment issues that arise either internally or externally
- Serve as resource for information and questions about accounts payable
- Vermont State Hospital: on-site personnel shall manage patient accounts, transition funds, Canteen receipts and any other institution-specific funds.
- Deposit and record funds received

PURCHASING

- Manage purchasing of all goods and supplies either directly from VDH for purchases < \$2500 or by generating a requisition for the state bidding process for orders > \$2500
- Make payments via purchasing card to procure goods or arrange conferences, registrations, memberships, hotels, etc. if purchase order not accepted.
- Place orders for items on contract
- Review, approve and process coding slips for payment of purchased goods and services
- Approve office supply orders via Staples on-line ordering
- Serve as resource for questions related to purchasing

FACILITIES MANAGEMENT AND OPERATIONS

- **Mail**: Sort, stamp and process outgoing mail (including packages); sort and deliver incoming mail; deliver certified mail to post office; assist with bulk mailings.
- **Telecommunications**: Receive and process requests for new phones, repairs and relocating phone lines. Process new voice-mail accounts and voice-mail repairs. Purchase, track, code and pay for wireless communication tools (smart phones, cell phones and pagers.). Distribute long-distance phone bills to staff for payment.
- **Facilities**: Allocate and pay rent; resolve space needs and related issues. File work orders with Buildings & General Services (“BGS”), manage requests and distribution of parking passes, door “keys” and photo I.D.’s from BGS. Assist with furniture purchases and with arranging work space renovations and reconfigurations. In coordination with the supervisor and employee, arrange for ergonomic assessments and follow-up. Coordinate in-house storage space. Arrange, with BGS, for needed maintenance and general upkeep of office space, including cleaning of office and other space. Work with BGS to identify parking needs of employees
- **Copying**: Complete large volume copying jobs upon request using folding machine. .
- **Fleet Cars**: Book and manage fleet and rental cars. Track availability of cars when requested and arrange for an appropriately sized fleet to meet needs of both departments.

- **Other Support:** Book meeting rooms, receive and forward calls from public, provide assistance with records management through Records Officer (archiving), manage shredding contract and arrange for surplus truck runs as needed

MANAGEMENT AND OVERSIGHT OF BUSINESS FUNCTIONS

- Supervise Business Office functions and work products
- Serve as liaison with community providers, Agency of Human Services (“AHS”) Secretary’s Office and AHS Chief Financial Officer re: fiscal and operations issues
- Provide high-level oversight of budget development process
- Prepare and present fiscal-related legislative testimony
- Provide financial advisory and consultative function for programs and program development
- Provide interdepartmental collaboration re: fiscal issues
- Conduct monthly financial monitoring for DMH
- Review of out-of-state travel requests and recommendations regarding approval for DMH staff, with final sign off by the Commissioner of Mental Health to be forwarded to the Secretary of the Agency of Human Services.

COMMUNICATIONS

VDH agrees to provide the following services to DMH dependent on the available resources of staffing, and funding for this unit and based on priority pressures such a public health threat or emergency:

- Website development, consultation, revision and maintenance (this could be delegated to DMH staff)
- Support identified DMH staff who have the authority to post information on the DMH web page
- Prepare press releases in coordination with DMH management.
- Develop and implement communications plans for key functions (e.g. operations of VSH) and large initiatives (e.g. Futures project)
- Provide communications consultation to DMH management team.
- Assist DMH leadership in managing crisis communications
- Coordinate links with print, radio, and TV media
- Provide consultation and assistance with media relations
- Facilitate and maintain DMH presence and access to intranet
- Facilitate and maintain DMH presence and access to VOICE
- Provide consultation and assistance with publications and brochures
- Provide consultation and assistance with developing media products
- Serve as link to public relations firms and resources

INFORMATION TECHNOLOGY

VDH agrees to perform the following services for DMH:

SYSTEMS OPERATIONS

- In collaboration with VSH IT manager, provide leadership for IT development and policy to DMH leadership team and the network of DAs and Designated Hospitals
- Provide system planning and change management for both systems operations and application development
- Manage DMH security policies and procedures
- Infrastructure planning and management
- Purchase hardware, application servers and related software, install, maintain and support DMH
- Support application Software (e.g. MS Office applications)
- Manage and support DMH network and database
- Manage Backup and Restore process
- Provide E-mail Support
- Manage operating systems and application software version upgrades and updates
- Provide IT services and support including helpdesk resource, desk top support both local and remote, and follow-up
- Coordinate with AHS IT to provide infrastructure support, RFP and contract support and other IT services to DMH
- Vermont State Hospital: Provide 24 hour on-call, help desk support, with the recognition that IT support services are managed and supervised through the AHS Chief Information Officer.

DATA BASE ADMINISTRATION

- Provide a computing environment that supports the collection, storage and management of accurate data on client demographics, service delivery, finances, and staff/HR in order to monitor expenditure of public funds and promote effective and efficient system of care with high satisfaction levels from consumers, families, and stakeholders
- Assure timely, accurate, and complete monthly submissions of client encounter data.
- Manage interface with reporting providers, resolve reporting issues.
- Prepare and manage data base of client encounter data such that it is accessible for use by the VDH Business office, DMH program staff, and the Research and Statistics Unit.
- Assure continuity of access to MSR, PMIS at VSH, and HRD data over time. Retain all historic reporting; assure access for retrospective reporting and analysis.
- Participate in the ITAT (Information Technology Advisory Team) with assigned DMH staff. This is a forum for reviewing and prioritizing new application development/system operations projects for both the Department of Mental Health and the Department of Health. The process will afford sufficient flexibility to respond to new application development/system operations reporting demands that may be introduced in the course of Department activities. Requests from DMH will be given equal consideration to those of VDH. Examples of upcoming needs include new program reporting capabilities

developed under Futures initiative, accessing data from old MCIS system and revising MSR and HRD reporting requirements. Regarding projects for which VSH will provide the funding and resources (e.g., Risk Management, Pharmacy, EHR, and PsychConsult extensions) DMH/VSH

- Manage and provide IT services including identification and resolution of automatic data loading issues, process desired changes to data elements and reporting codes as they evolve over time, write code for the production of routine and *ad hoc* reports from various mandated reports to federal and state agencies, public and private grant applications, etc. Provide support to DMH data analyst who will assist in the functions described above.
- Serve as technical advisor to DMH on MSR and other data-base collection and reporting
- Support network at VSH with on-site staff (in coordination with AHS and DII)
- Support the implementation and operation of clinical application databases (e.g., ADT, Pharmacy, and EHR) at VSH to ensure solutions are functional and integrated with clinical operations
- Participate and provide feedback to the IT reporting requirements review for the Agency Designation standards outlined in the Administrative Rules on Agency Designation.

APPLICATION DEVELOPMENT

- Identify and resolve defects that occur in existing software in time frames which maintain program accountability and operational responsiveness.
- Support development of and resolve defects in databases in time frames that support timely data collection modifications and ad hoc and routine report production.
- Build and deliver software routines to enable Mental Health staff to monitor and process MSR data that is submitted by the Designated Agencies
- Build and deliver software routines to enable Mental Health staff to process billing for all programs including: CRT billing, Waiver billing, and Fee for Service billing.
- Build and deliver new billing processes as designed under Global Commitment
- Build and deliver new applications for utilization review and management of VSH, DA, and DH network
- Continue approved work-in-process on software development to reconstruct the MCIS infrastructure and the existing software applications to fully automate them for efficient use of staff resources.
- Coordinate with VSH IT in the development and acquisition of clinical software at VSH and as needed for other programs such as the Futures Care Management System.
- Support program staff in the design of ongoing data reports for program management, oversight and utilization review.
- Produce and update timely reports for program management, oversight and utilization review.
- Build, deliver and support software routines that enable the DMH Legal Unit to manage flow of cases and produce reports on legal system and involuntary care including: evaluation orders, Judges' decisions, and orders of non-hospitalization (see below for more details).

RESEARCH AND STATISTICS

VDH agrees to perform the following services for DMH:

ACTIVITIES REQUIRED FOR THE DATA INFRASTRUCTURE GRANT (FEDERAL GRANT TO MHRS UNIT)

- Annually complete 23 SAMHSA Uniform Reporting System data tables, including twelve SAMHSA NOMS (National Outcome Measures). Involves significant data quality checks, data analysis and ongoing reporting
- Participate in conference calls, regional meetings, and national meetings

STANDARD REPORTS FOR THE DEPARTMENT OF MENTAL HEALTH

VDH will complete the following reports:

- Annual Statistical Report
- Annual Inpatient Report
- Quarterly CRT Employment Report
- Quarterly Elder Programs Report

CONSUMER SURVEYS FOR THE DEPARTMENT OF MENTAL HEALTH

VDH will complete the following surveys:

- CRT Consumer Survey
- Children/Parent Survey

DATA ANALYSIS AND REPORTING FOR THE VERMONT STATE HOSPITAL

- Produce monthly reports regarding VSH census, patient characteristics, and treatment patterns
- Ad hoc reporting in response to requests for information including, but not limited to, medication patterns, involuntary treatment, readmissions to VSH and other facilities, admission to community treatment after discharge
- Conduct special analyses for VSH Futures Project and Legislative study of Medicaid health-related expenditures for service utilization.

REPORTS FOR MENTAL HEALTH PROGRAM MANAGERS

- Upon request VDH will complete reports for DMH managers in a timely manner. These include, but are not limited to the following: requests from Adult MH and Children's MH divisions and requests from the VDH Business Office (e.g. regarding mental health

caseload, services, and staffing, data for DMH Wide Book, projections for annual contracts and responses to AHS and other inquiries)

- Requests from the MH Legal Unit, such as: quarterly/yearly statistical reports (for number of civil commitments); demographics of length of hospital stay, monitoring orders of non-hospitalization, and forensic admissions; assessing response of forensic doctors, court dates, and disposition of cases; monitoring number of IVM petitions filed and disposition; support materials for ongoing DOJ requirements / reports; and, the collection, reporting, filing and tracking of patients under involuntary treatment

GRANTS

- Provide support to the Co-SIG grant (approximately .2 FTE), such as: attendance at Steering Committee Meeting (quarterly / 3-4 hours each); attendance at monthly manager meetings (as needed for specific subjects); consultation on available data and recommended measures to use; and, ad hoc data queries (scope similar to PIP Reports)
- Provide support to the VISI grant (evidence-based practices grant) as requested. Support role will primarily be to assist in instructing Kathy Brown (evaluator) in using SPSS and running automated queries to produce data / reports needed for the grant. Provide support on producing some of the analysis, which can occur over the fall/winter time period.

WEEKLY PIP REPORTS

- Convert responses to miscellaneous data requests, formal reports, and other analyses into PIP reports for general education of stakeholders and other interested parties.
- The weekly reporting of PIP will need to be continuously assessed in relationship to other analysis demands for DMH.

SPECIAL PROJECTS

- Upon request VDH IT staff will serve on workgroups and committees on behalf of DMH for expertise with specific topics or data sources with consideration of time and staffing demands.
- Recent examples include: data analysis and reporting on results of Point-in-Time Homeless Census data; the Public Inebriate Legislative Study Group; the Department of Corrections and Chief Justice Study Group; and, the BISHCA Act 129 Task Force regarding mental health inpatient and outpatient service utilization pattern.

OTHER

- Prepare mental health data for DMH and VDH leadership on documents that cross-cut both departments. For example, the Health Status Report and the Community Assessment Report
- Serve as the “experts” and provide consultation on the utilization of Medicaid data

MISCELLANEOUS

VDH agrees to perform the following services for DMH again within the resources of funding and personnel available and as prioritized between the commissioners of mental health and health:

- Assist with DMH workforce development including, but not limited to, orientations, on-line training opportunities, satellite broadcasts, reproduction of training tapes/DVD's
- Provide access for participation in NEPHLI- New England Public Health Leadership Institute
- Provide consultation and assistance from VDH Director of Operations regarding operational or infrastructure needs
- Provide technical assistance from VDH Planning staff for preparation of state plans that must reflect both public health and mental health system issues.
- Provide consultation and technical assistance from VDH Quality Management Unit regarding the process of Root Cause Analysis at VSH in compliance with federal Patient Safety Act.

TERMS AND CONDITIONS

This MOU may be amended through written agreement of the commissioner's of Mental Health and Health.

This MOU shall be in effect as of the date of execution by both parties, and until terminated or modified by both parties in writing. This MOU will be reviewed at least annually by the commissioners of Mental Health and Health.

Sharon Moffat

Commissioner for VDH

Michael Hartman

Commissioner for DMH