

# ***VERMONT2008***

## *Funds Expended & Required to Treat Eligible Children, Adolescents, and CRT Beneficiaries with Co-Occurring Substance Abuse & Mental Health Disorders*

Report to the Legislature on **Act 65 2007 (ADJ) Session**  
**Section 123 (b)**  
January 15, 2008

VERMONT

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**Status Report on Act 65 Sec. 123(b)**  
**Funding for co-occurring mental health and substance abuse services**  
**For eligible children, adolescents, and CRT clients**

Legislative Intent

*(b) The department [DMH] shall ensure that the mental health and substance abuse treatment needs are fully funded for eligible children, adolescents, and community rehabilitations and treatment (CRT) program beneficiaries with co-occurring substance abuse and mental health disorders. The department shall work with the designated services provider agencies and report to the general assembly in January 2008 as to the funds expended to date and as to the adequacy of funding for the remainder of the fiscal year.*

**Overview**

This report describes what the Department of Mental Health, in partnership with ADAP and the system of Designated Agencies, is doing to help meet the needs for treatment of Vermonters with co-occurring mental health and substance use disorders. We recognize that there is still work to be done. This is why we have sought out grants to help us develop an improved system of evidence-based programs to ensure that available funds are spent effectively. We will continue to seek opportunities to expand and improve the system of care.

**Child & Adolescent MH funding for co-occurring treatment**

Adolescents, defined as clients under 19 years of age or over 18 but still attending high school, served by Designated Agencies and involved in substance abuse treatment have access to specific services which are part of the mental health Medicaid plan with a funding match from the Division of Alcohol and Substance Abuse Services. The services are Service Planning (Targeted Case Management) and Community Supports (individualized or group psychosocial and skill-building). These functions and services augment traditional substance abuse treatment.

**Service planning and coordination** assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Service planning and coordination includes discharge planning, advocacy and monitoring the well being of individuals (and their families), and supporting them to make and assess their own decisions.

**Community Supports** are specific and goal oriented services to assist children (and their families) in developing skills and social supports necessary to promote positive growth. These supports may be provided individually or in a group setting and include support in accessing and effectively utilizing community services and activities, advocacy and collateral contacts to build and sustain healthy personal and family relationships, supportive counseling, and assistance in managing and coping with daily living issues.

In Fiscal Year 2007 community support services for this population exceeded \$201,000 and case management services were just over \$86,000.

## **Community Rehabilitation and Treatment (CRT) funding for co-occurring treatment**

The Department of Mental Health has been involved in three significant adult initiatives focused on developing system treatment capacity for individuals with co-occurring treatment needs:

- I. Long-term support for two Co-occurring Disorders Treatment Programs in Designated Agencies serving northern and southern Vermont**
  - II. Statewide Evidence-Based Practices Training and Evaluation Grant**
  - III. State Incentive Grant for Treatment of Persons with Co-Occurring Related and Mental Disorders (COSIG)**
- I. Long-term support for two Co-occurring Disorders Treatment Programs in Designated Agencies serving northern and southern Vermont**

The HowardCenter and HealthCare and Rehabilitation Services of Southeastern Vermont (HCRS) offer focused Co-occurring Disorders Treatment programs (CODTP) for individuals who have a serious and persistent mental illness and substance-abuse problems in addition to involvement with the criminal-justice system. The CODTP's offer comprehensive integrated services that are tailored for vulnerable, high-needs individuals who can benefit from ongoing assistance to minimize risk of relapse, the recurrence of mental illness, and re-arrest or incarceration, and to maximize the chances for successful reentry into the community

Depending upon each individual's need, typical services that could be offered include assertive outreach and case management, psychopharmacology, multiple psycho-educational and skills groups, service coordination with the criminal justice system, vocational rehabilitation, housing supports, supportive counseling, and relapse-prevention activities. Clients are typically served in the CODTP programs for eighteen to twenty-four months. The programs have been in operation for about a decade.

- HowardCenter Co-occurring Disorders Treatment Program (CODTP)

HowardCenter is provides this team-based treatment to 32-35 consumers at any given time. The program emphasizes harm-reduction strategies (reduced substance use) to keep consumers safe. The program offers a multitude of services in one location. Treatment impact is monitored frequently using urine screens and breathalyzers to assess substance use. In addition to mental health and substance abuse clinicians, two probation officers, a nurse, and a vocational counselor comprise the team. They are co-located with the Community Re-entry Program, funded by the Department of Justice, and D.E.T.E.R. (Drug Education, Treatment, Enforcement, and Rehabilitation), which is working with young women with substance-abuse issues who are involved in Corrections.

- Health Care and Rehabilitation Services Co-occurring Treatment Disorders Program (CODTP)

This program serves approximately 25 individuals at any given time. The program works collaboratively with its consumers, their families, the Department of Corrections, and other community agencies to provide a fully integrated treatment service to minimize risk or relapse, recurrence on mental illness, and re-arrest or incarceration. The length of service time is designed to operate in conjunction with the sentence structure of clients referred to the program. A full time Probation Officer is assigned to work as a member of the treatment team.

Annual expenses for the two programs: The annual cost of \$450,000 was originally shared by DMH, ADAP, and DOC. Subsequently, these appropriations were bundled into one to be expended solely by DMH. The programs are also funded with small amounts of self pay and other insurances and local/other contributions.

## **II. Statewide Evidence-Based Practices Training and Evaluation Grant**

An Evidence-Based Practices Training and Evaluation Grant was secured over three-year (FY 2004-2007) funded by the Federal Substance and Mental Health Services Administration. The grant provided \$325,000 per year and focused on implementing integrated treatment for individuals with co-occurring psychiatric and substance disorders in Vermont's Community Rehabilitation and Treatment Programs and evaluating what factors contributed to successful implementation. The overall goals of the grant activity were to:

1. Systematically develop, evaluate and monitor the evidence-based practice of integrated dual disorder treatment (IDDT) for adults with severe and persistent mental illness (SPMI) statewide.
2. Train and support staff in each CRT program to develop clinical and programmatic capacity to provide IDDT.
3. Support the local and state-level systems change necessary to sustain the clinical practice.
4. Assure fidelity of the practice to the IDDT model in CRT programs statewide.

For the past 4 years, minimum expectations for implementation progress have been developed using an annual “charter” consensus document to support greater consistency and integrated treatment practices. All CRT programs have staff designated as members of the statewide trainers cohort to promote systems change and develop IDDT skills within their programs. At nine of the ten sites, the trainers have formed the core of local multidisciplinary steering groups to develop and monitor implementation plans. At most sites these steering groups have taken on the role of consult groups providing training/supervision opportunities via presentation of challenging dual diagnosis cases. All sites have participated in a guided self-evaluation/fidelity measurement exercise. All CRT programs have addressed the following over the course of current funding:

- mission statements and developing in-house policies that affirmatively welcome and engage clients with co-occurring disorders into treatment (welcoming housing, supported employment, appropriate medication, harm reduction, contingency management)
- Screening and assessment protocols for co-occurring disorders
- Stage-specific treatment planning
- Workforce development to include co-occurring disorders competencies (e.g., core substance abuse knowledge, motivational interventions, Cognitive Behavioral Therapy)
- Group treatment for clients with co-occurring disorders
- Enhancing outreach to medical, business, and criminal justice communities
- Enhancing outreach to recovery, family and self-help organizations

By June 2007 the reported rate of DSM substance disorders among CRT clients had increased by fifty-three percent. Nearly one third (28%) of CRT clients are receiving active treatment targeted to co-occurring mental and substance abuse disorders. All CRT programs have steadily increased their adherence to the model of best practices over time (as measured by a formal program fidelity assessment). Linkages to peer recovery organizations and NAMI have helped enhance educational curricula and support for peer-run groups for people with co-occurring disorders.

### **III. State Incentive Grant for Treatment of Persons with Co-Occurring Related and Mental Disorders (COSIG)**

In July 2005, DMH received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant award totaling \$3.4 million over five years to increase the capacity of Vermont’s treatment systems to provide effective, comprehensive, integrated and evidence-based treatment services to persons with co-occurring substance abuse and mental disorders. The grant focuses on outpatient programs, health centers, and homeless programs and is designed to compliment the earlier work completed in the Designated Agencies community CRT Programs. The initiative focuses on ensuring that a broader spectrum of service providers screen for both mental and substance use disorders, perform integrated assessments to understand the course, severity and interaction of co-occurring disorders on the individual, and then plan the appropriate treatment.

The Vermont Integrated Services Initiative (VISI) is working with 26 service providers around the state with the goal of enhancing their capacity to provide co-occurring mental health and substance use services. VISI is working with all of the Designated Agency outpatient programs and has included two adolescent programs (Clara Martin and Northwest Counseling Services). VISI is also working with Centerpoint Adolescent Treatment Services which is a program of Northeastern Family Institute (NFI).

VISI has collected baseline information from all of the designated mental health agencies in Vermont on the capability of programs to provide co-occurring services. This was done by using a nationally recognized assessment tool. This information allowed the agencies and the VISI team to specifically assess where improvements are needed in areas of identification of client issues, provision of treatment and competency of staff to treat co-occurring conditions.

Based on information obtained through the assessment, participating agencies have developed goals pertaining to the identified areas needing improvement and the VISI team is coordinating the technical assistance to aid in improvement. Continued periodic assessments will assess progress of improvement and accomplishment of goals.

As participants in the grant, the **26 agencies** are responsible for **collecting data on screening, assessment and treatment of clients with co-occurring issues, and on those clients they cannot treat and must refer**. They have begun pilot collections and should be reporting totals beginning with the first quarter of 2008. In addition to aggregate data requested by SAMHSA, VISI has requested agencies add the client ID # when submitting data which will allow additional client level data to be obtained and compiled from the DMH database. This will provide Vermont with the concrete data on a broad group of clients with co-occurring conditions.