

Local Mental Health System of Care Plan

Designated Agency: _____

Plan for: ___ Children's Mental Health
 ___ CRT
 ___ Adult Outpatient
 ___ Emergency Services

Plan Period: July 1, 2007 – June 30, 2010

<u>X</u>	Year 1: full plan	Due date:	<u>February 1, 2007</u>
___	Year 2: update		February 1, 2008
___	Year 3: update		February 1, 2009

Purpose of this plan

Contracts between designated agencies and the Vermont Department of Health (VDH) and the Department of Disabilities, Aging and Independent Living (DAIL) require the submission of local system of care plans consistent with 18 V.S.A. 8908. The statutory language requires that each designated agency

- determine the need for community-based services;
- describe the methods by which the agency will provide those services;
- establish a schedule for the introduction of new or additional services to meet the needs; and
- specify the resources that are needed by and available to the agency to implement the plan.

In addition, VDH and DAIL wish to provide all Vermonters with a better understanding of:

- what the system of care is trying to accomplish;
- how the system of care serves Vermonters;
- how tax dollars and other resources are used;
- the level of resources necessary to support these vulnerable populations and, when possible, to develop services and supports for unmet needs; and
- the priorities for this three-year period.

VDH and DAIL evaluate their ongoing work of quality assurance and quality improvement for the system of care within four domains:

1. *Access:*
Core capacity services will be available to people who need them.
2. *Practice patterns:*
Services will be appropriate, of high quality, and reflect current best practices.
3. *Outcomes:*
The quality of life for consumers and families will improve.
4. *Agency structure and administration:*
Designated and specialty agencies will be fully functional and have strong working relationships with the Vermont Department of Aging and Independent Living, the Department of Health, consumers and families, and other stakeholders.

I. Vision and Mission

A. State the vision of the program

B. State the mission of the program

II. Plan Development

Describe how this plan was developed.

- Identify the number of consumers, families, and other organizations and stakeholders involved.
- State how these individuals and groups were included (*e.g.*, open forum, survey, telephone contact, individual meetings, data review and analysis with Local Program Standing Committee, program management team discussion).

III. Core Capacity Services

[See Appendix at end of document for definition of Core Capacity Services for Children's Mental Health.]

In light of the four quality domains and desired outcomes noted on page 1, please report on the following.

A. Access

Core capacity services¹ will be available to people who need them.

1. Describe your agency's strengths.

2. Specify any significant unmet needs.

3. Explain how the needs were determined.

B. Practice Patterns

Services will be appropriate, of high quality, and reflect current best practices.

1. Describe your agency's strengths.
2. Specify any significant unmet needs.
3. Explain how the needs were determined.

C. Outcomes

The quality of life for consumers and families will improve.

1. Describe any particular strengths of your agency's performance.
2. Specify any significant unmet needs.
3. Explain how the needs were determined.

D. Agency structure and administration

Designated agencies will be fully functional and have strong working relationships with VDH and DAIL, consumers and families, and other stakeholders.

1. Describe your agency's strengths.
2. Specify any significant unmet needs.
3. Explain how the needs were determined.

IV. Identify your Local Priorities **Designated Agency:** _____

Based on a review of unmet needs listed in III above, list your top priorities for this three-year plan.

- Add or subtract rows (but not columns) and enlarge spaces below as needed for content.
- Complete this table in year 1. Update and submit only this table in years 2 and 3.

Priority	Current status	Goal for 3 years	Action needed	Measures of progress [data that describes change]

APPENDIX

Description of Core Capacity Services for Children's Mental Health Programs:

a) Immediate Response

Each DA will provide access to an immediate-response service and/or short term intervention for children, adolescents and their families who are experiencing a crisis. Crisis services are time- limited, intensive support.

Minimum service array: telephone assessment, support and referral; crisis assessment, outreach, and stabilization; education, consultation, and training; crisis/emergency bed/hospital diversion; service planning and coordination; screening for inpatient admission.

b) Outreach Treatment

Each DA will provide a comprehensive array of outreach treatment. These services will employ best practices in outreach clinical service delivery and be available in the home, school, and general community settings. The intensity of the service will be based on the clinical needs of the child and family and the family's request.

Minimum service array: clinical assessment; education, consultation and training; service planning and coordination; intensive in-home and out-of-home community services; medication services; group, individual, and family therapies.

c) Clinic-based Treatment

Each DA will provide a comprehensive array of clinic-based treatment. These services will employ best practices in office-based clinical service delivery and be available during afternoon, evening, and weekend hours for school-age children and/or when families can easily access them. The intensity of the service will be based on the clinical needs of the child and family and the family's request.

Minimum service array: clinical assessment; medication services; group, individual, and family therapies, service planning and coordination.

d) Support Services

Each DA will provide and/or have direct community connections to a comprehensive array of support services for families and youth. These services should be offered in partnership with parents and consumer advocates. Participation in support services is voluntary and based on the family's wants and desires.

Minimum service array: skills training and social support; mutual/peer support and advocacy; education, consultation, and training; respite.

e) Prevention, Screening, Early Intervention, and Community Consultation

These services promote psychological health and resilience in any community environment for youth of any age and their families. Primary prevention: focus on healthy lifestyles and healthy communities. Secondary prevention: focus on mitigating the effects of risk factors and minimizing any trauma potential. Tertiary prevention: focus on eliminating any further trauma that may be created by a difficult event or situation. Each DA will provide and/or have direct involvement in creating and/or maintaining community protocols that promote psychological health for families and youth.

Minimum service array: education, consultation, and training for providers in other community organizations; psycho-educational activities for public at large; early screening, diagnosis, and treatment.