

COMMUNITY REHABILITATION AND TREATMENT

DEPARTMENT OF MENTAL HEALTH

PROGRAM DESCRIPTION

The Community Rehabilitation and Treatment (CRT) program serves adults with serious mental illnesses such as schizophrenia, bipolar disorder, and major depression that result in significant functional impairment, and who have demonstrated that a higher level of care is required for adequate treatment. People in the CRT program have a wide array of services available to them including case management, psychiatry, supported employment and counseling. For eligibility criteria see Section 2.2 POPULATION SERVED located in the [Mental Health Provider Manual](#).

CASE MANAGEMENT ASSESSMENT

The table below identifies whether certain tasks or direct services are performed by CRT case management providers. It also identifies the number of people served, which can be used as a tool to understand what resources may be required if changes are needed.

Case Management Assessment							Scope	
Provider	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Directs beneficiaries to specific service providers?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of people receiving Direct HCBS Services
1	Yes	Yes	Yes	Yes	Yes	No	162	179
2	Yes	Yes	Yes	Yes	Yes	No	177	186
3	Yes	Yes	Yes	Yes	Yes	No	378	400
4	Yes	Yes	Yes	Yes	Yes	No	575	626
5	Yes	Yes	Yes	Yes	Yes	No	113	127
6	Yes	Yes	Yes	Yes	Yes	No	234	253
7	Yes	Yes	Yes	Yes	Yes	No	228	229
8	Yes	Yes					45	47
9	Yes	Yes	Yes	Yes	Yes	No	259	281
10	Yes	Yes	Yes	Yes	Yes	No	137	165
11	Yes	Yes	Yes	Yes	Yes	No	320	343

CONSUMER SATISFACTION SURVEY DATA

The “CRT Clients Reporting Positive Outcomes” survey is administered by the Department of Mental Health biennially to CRT clients served by Designated Agencies (DA). See the [DMH Results Based Accountability Scorecard](#).

The full report of the [Consumer Evaluation of the CRT Program in Vermont for FY2016](#) is available here. Below are some highlights from the survey:

- 78% of respondents reported overall favorable outcomes.
- 78% of respondents reported they make decisions about their treatment goals rather than staff.
- 74% of respondents reported that they can see a psychiatrist when they want to.

CURRENT AREAS OF POTENTIAL CONFLICT OF INTEREST

- 1) Psychosocial rehabilitation services, which include case management services, are provided by Vermont's Designated and Specialized Services Agency (SSA) system of care.
- 2) The DA/SSA determines eligibility for the CRT program and develops a service plan based on an assessment of individual treatment needs.
- 3) The DA/SSA is responsible for the provision of services identified in the service plan.

CURRENT PREVENTION AND MITIGATION OF CONFLICT OF INTEREST

Effective January 1, 2019, the Department of Mental Health, in collaboration with the Department of Vermont Health Access, launched a substantial mental health payment reform initiative for how publicly funded services for both children and adults are delivered and paid for. The payment model includes a single prospective monthly case rate payment to participating DA and SSA providers for each population served. Clinical services can more readily focus on individual assessment and their service needs rather than being limited by program eligibility criteria or billable clinician productivity requirements. Provider access within the network of providers has been expanded, allowing the individuals served to have more choice in where and from whom they get services.

Individuals and families have a choice of providers from the DA or private sector for clinical services in the service plan. The [Mental Health Provider Manual](#) identifies HCBS requirements for the person-centered planning process and the need for strategies for solving conflict or disagreement within the process:

“Person-centered planning is a way to assist individuals needing services and supports to construct and describe what they want and need to help facilitate good treatment and recovery. In mental health programs, a person-centered plan is required for treatment and must meet the requirements described below” (Mental Health Provider Manual, p. 50).

Quality oversight occurs through a [regular agency review process \(Re-Designation\)](#) that occurs every four years and includes minimum standards chart review, program review, and review of adherence to administrative practices and quality standards. These include an assessment of the agencies' provision of service options, person-centered planning, and grievance and appeal process. [These reports are available on the DMH website.](#)

[Grievance and appeals regulations](#) outline the process for resolving disagreements, disputes, or complaints about service delivery (Health Care Administrative Rule 8.100).

APPLICABLE STATUTES, REGULATIONS, AND PROCEDURES

- [18 V.S.A. § 7401\(15\)](#) requires DMH to contract with Community Mental Health Centers (Designated Agencies)
- [DMH Statewide System of Care Plan](#)
- [DMH Policy: Care of Psychological Trauma in the Mental Health System](#)
- [Administrative Rules on Agency Designation](#)
- [Mental Health Provider Manual](#)