



Department of Mental Health (DMH)

Emily Hawes, Commissioner

Alison Krompf, Deputy Commissioner

The Department of Mental Health: Mission & Vision

The **Mission** of the Department of Mental Health is to promote and improve the health of Vermonters. The Department resides under the Agency of Human Services and has the same critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.

Our **Vision**: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. 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.



What we do at the Department of Mental Health

We are:

- Responsible through statute for the mental health system of care for Vermonters.
- Composed of 265 staff (including 200 Facility staff and 65 Central Office staff).
- Handling a budget of \$287M that supports mental health services to over 25,000 Vermonters.
- Overseeing our 10 Designated Agencies and 2 Specialized Service Agencies.
- Running the Vermont Psychiatric Care Hospital (25 beds) and Middlesex Therapeutic Care Residence (7 beds), which will be transitioning to River Valley Therapeutic Residence (16 beds) in early spring 2023.
- Managing several contracts and grants to peer organizations, forensic psychiatrists, psychiatric consultation with primary care, and Vermont Child Health Improvement Plan contract to conduct analyses of population-level data related to mental health.
- Partnering with hospitals, community providers, police departments, courts, and more!



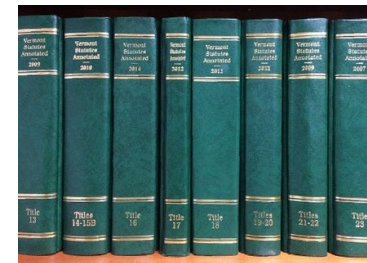
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The Department of Mental Health . . . shall centralize and more efficiently establish the general policy and execute the programs and services of the State concerning mental health, and integrate and coordinate those programs and services with the programs and services of other departments of the State, its political subdivisions, and private agencies, so as to provide a flexible comprehensive service to all citizens of the State in mental health and related problems.

The Department shall ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.



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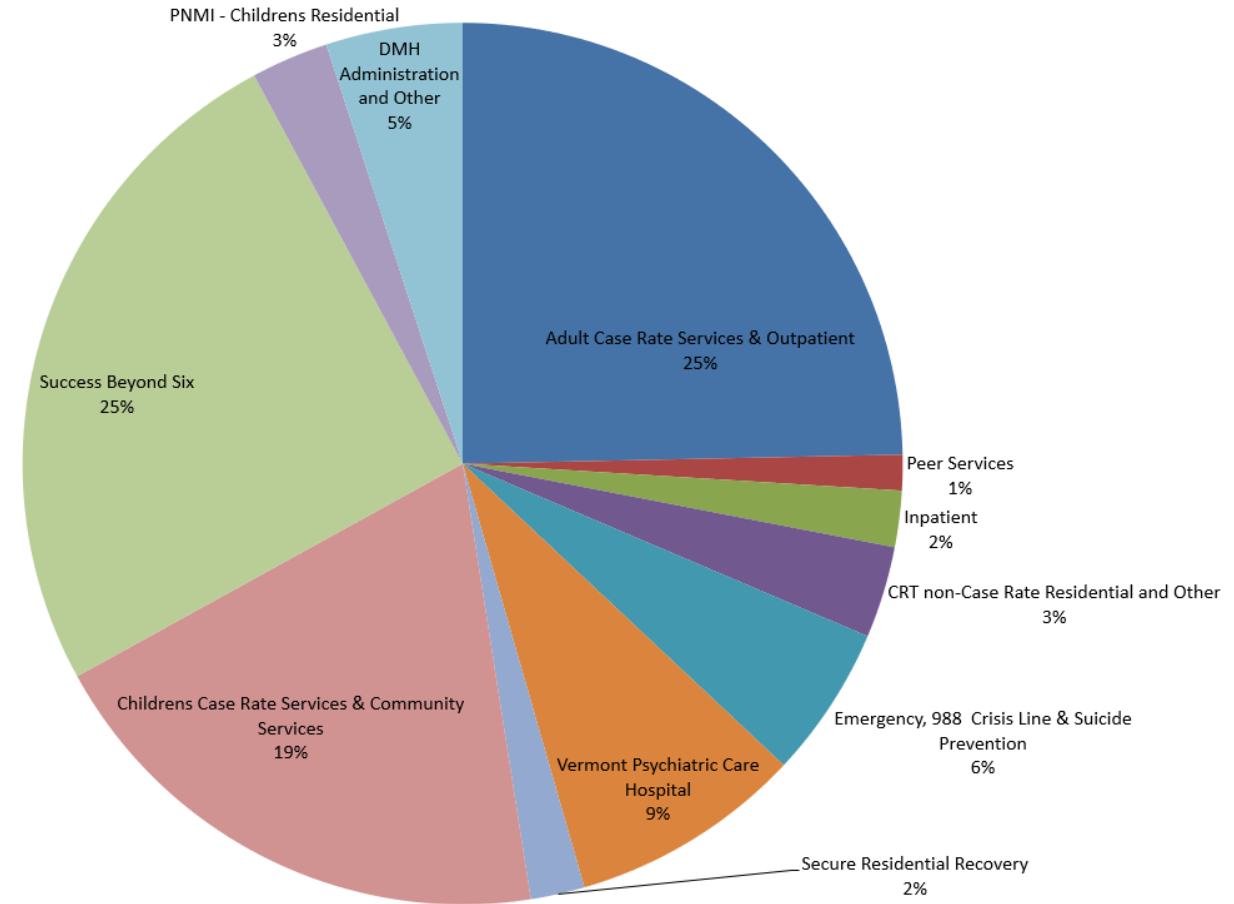
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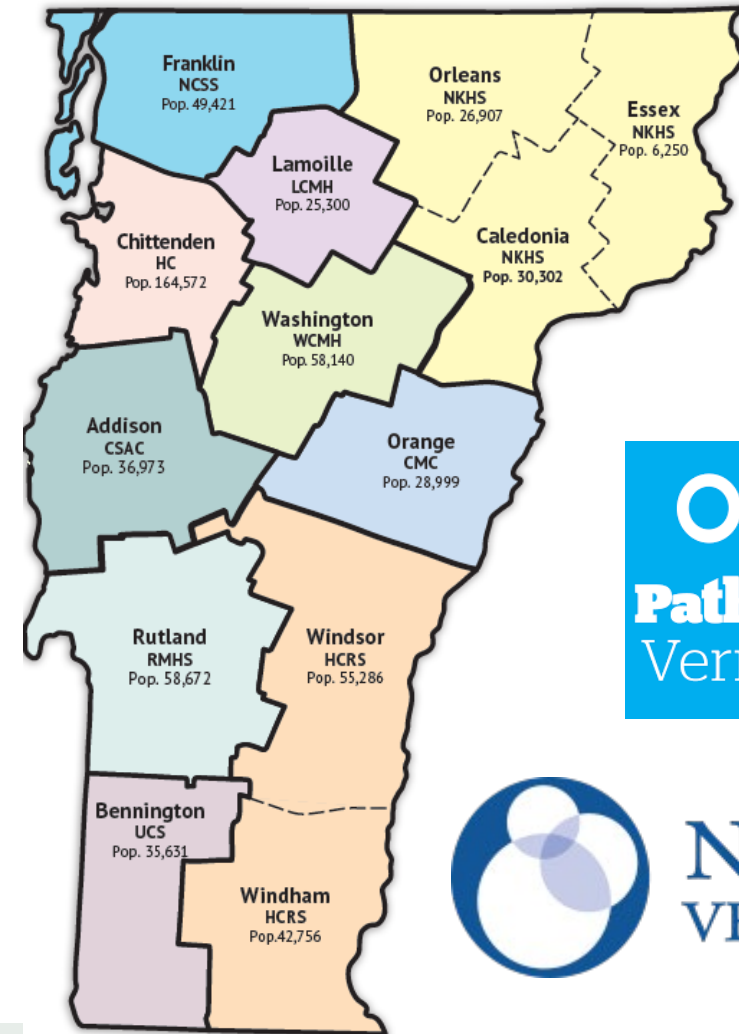
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Community Mental Health Programs & Services

Program	Description
Adult Outpatient (AOP)	Serves adults experiencing mental health challenges. The array of services includes Clinical assessment; Service planning and coordination; Community supports, Therapy; Medication evaluation and management; Emergency care and crisis stabilization; and Psychoeducation and Recovery education.
Community Rehabilitation and Treatment (CRT)*	Serves adults with the most serious mental illnesses such as schizophrenia, bipolar disorder, and major depression. If a person is determined to be eligible for CRT, the individual is the highest priority for treatment services. People are assigned a treatment team which may include a therapist, case manager, psychiatrist, nurse, and a supported employment specialist.
Children, Youth & Families (CAFU)	Serves children, youth and families who are experiencing emotional or psychological distress or are having problems adjusting to changing life situations. All supports and services are provided within the framework and principles that is child-centered, family-focused, culturally competent, strength-based, individualized, community-based, and collaborative between and among families, agencies and community.
Emergency Services	Time-limited, intensive supports provided for individuals and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.
Advocacy and Peer Services	Broad array of support services provided by trained peers (a person who has lived experienced with a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.

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 30 Beds</p>	<p>General Inpatient (Adult) 7 Facilities 142 Beds</p>	<p>Level One Inpatient (Adult) 3 Facilities 57 Beds</p>
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Secure Residential
16 total beds

MTCR → River Valley
1 Facility | 7 Beds → 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) 1 Facility 6 Beds</p>	<p>Mobile Response Support Services Rutland Pilot 1 Facility 6 Beds</p>	<p>Adult Crisis Beds 12 Facilities 38 Beds</p>	<p>Crisis Assessment, Support & Referral Continuing Education & Advocacy 1 Facility 6 Beds</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 1 Facility 6 Beds</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)
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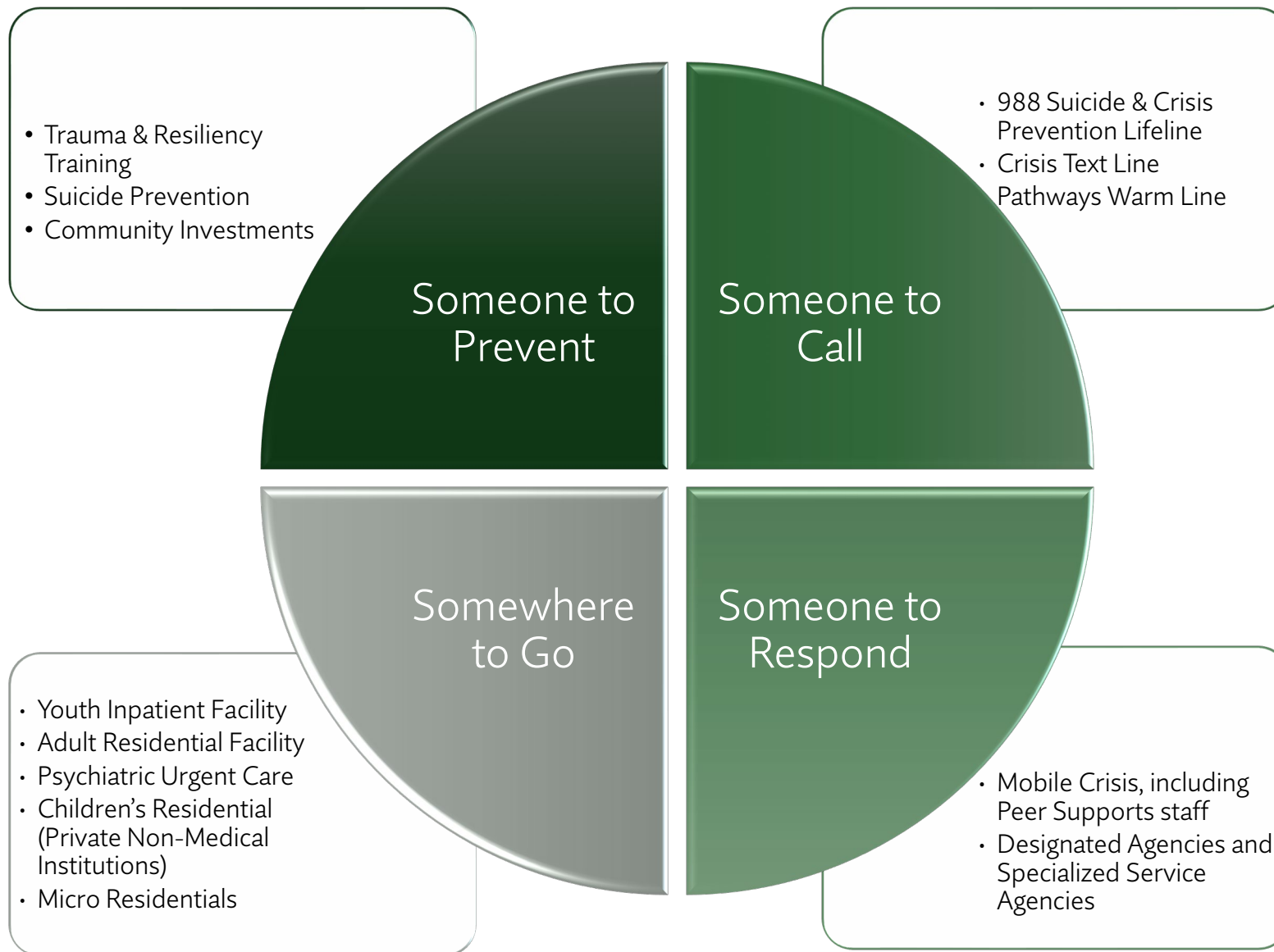
Current Overall Capacity in the Mental Health System*

Type of Bed	Total Beds	Occupied	Closed	Open	Notes
Adult Inpatient	200	153	30	17	This total includes all adult inpatient at UVMMC, BR, VPCH, CVMC, RRMCM, VA, Windham Center
Youth Inpatient	30	16	13	1	All inpatient beds for youth are at the Brattleboro Retreat
Adult Crisis Beds	38	16	7	15	
Youth Crisis Beds	18	8	7	3	

*Point-in-time Data from Jan 10 2023

Department of Mental Health's Legislative Priorities for 2023

- Mobile Crisis Response
- 988 Suicide and Crisis Lifeline
- Peer Supports Services



Director of Trauma Prevention and Resilience Development

- Has trained over 2,000 people since assuming the position in June of 2021
 - Created over a dozen different trainings
- Serves as an advisor to State Agencies, AHS Secretary's Office, Community Partners, Schools and Colleges.
- Co-Creating and Co-Leading the Agency Learning Collaborative and will be going out to all District Offices to provide training in person.
- Completed Robert Wood Johnson International Fellowship on Gender in Government

Suicide Prevention Efforts: Grant Activities

FY23 Budget Expanded Suicide Prevention Efforts:

- Funding allocated to expand Zero Suicide to all 10 Designated Agencies and 2 Special Service Agencies
- Statewide leadership position: Director of Suicide Prevention – *recently hired!*
- 988 Implementation
- Increased funding for mental health outreach to older Vermonters

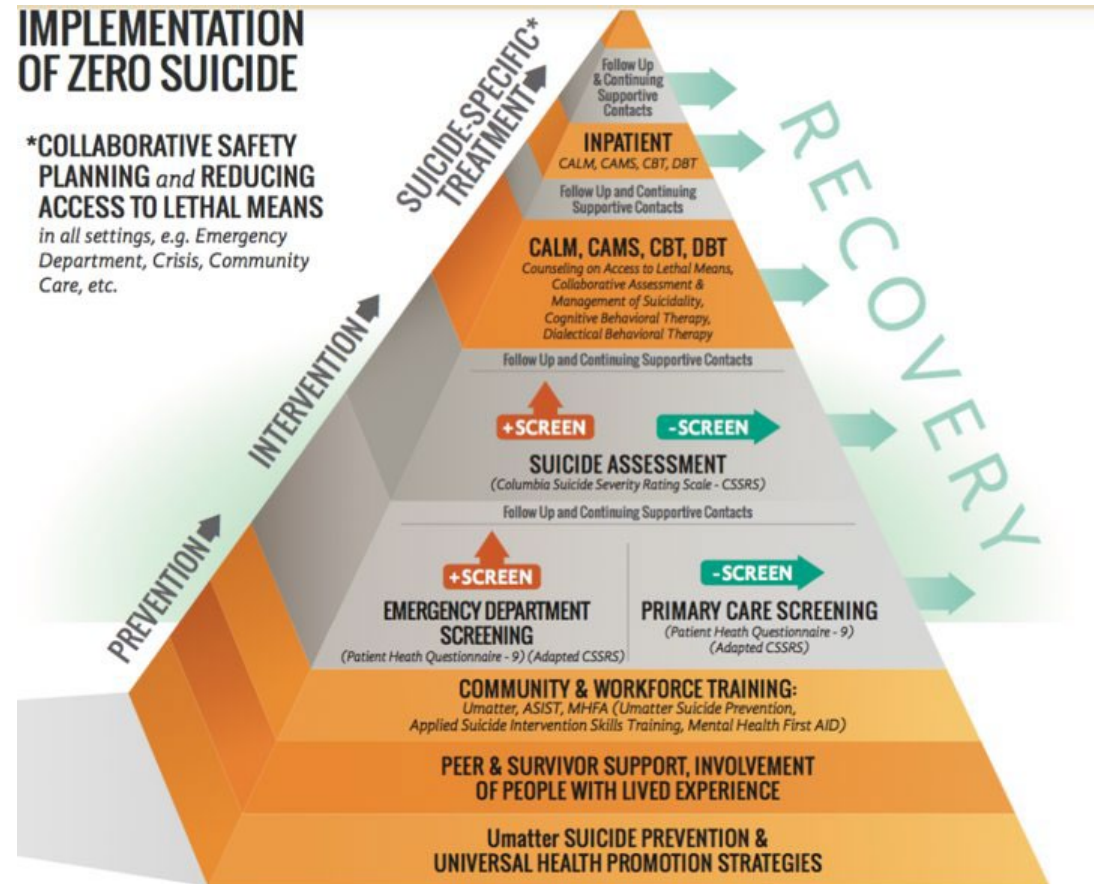
Other Notable Grants

- Garret lee Smith
- CDC Suicide Prevention Grant

Suicide Prevention Efforts: Zero Suicide

ZS focuses on the evidence-based foundation that suicide is preventable.

- Universal Screening
- Assessment & Referral
- Treatment of Suicidality
- Care Coordination, Follow-up and Caring Contacts



Suicide Prevention Efforts: The Governor's Challenge

VA/SAMHSA Governor's Challenge: To Prevent Suicide Among Service Members, Veterans, and their Families

- **Summary:** The [Governor's Challenge](#) is a call to action, asking state military and civilian interagency teams to embark on a process of collaborating, planning, and implementing suicide prevention best practices and policies for Service Members, Veterans and their Families state-wide. Technical assistance offered through this initiative is designed to provide a forum for states to consider how existing policies, practices, infrastructure, and resources influence the effectiveness of the systems that support Service Members, Veterans and their Families.

OBJECTIVES

- Form an interagency military and civilian team of state leaders and policy makers to develop and implement a strategic action plan to prevent and reduce suicide
- Define and measure success, including defining assignments, timelines, and measurable outcomes to be reported

Community Investments

- Cultural Liaisons at Howard Center, U.S. Committee for Refugees & Immigrants, and Association of Africans Living in Vermont
- Wellness supports for first responders and mental health providers
- Emergency outreach grants
- The Child and Adolescent Needs and Strengths (CANS) & The Adult Needs and Strengths Assessment (ANSA) training for Designated and Specialized Service Agencies
- Abenaki cultural training
- Mental health language access programming
- Case Management support
- Mobile Response Rutland Pilot
- Support early childhood and family mental health information dissemination through Building Bright Futures
- Support children, families and adult mental health service access through Hannah's House
- Peer supports for parents of children with Severe Emotional Disturbance (*federal language for eligibility*)
- Supports for justice-involved adults with mental health and substance use challenges
- NFI Recruitment and Retention Support

Community Investments (continued)

Community Investment Housing grants

The purpose of \$3,195,000 in funding allocated was to make existing housing and community-based service facilities providing mental health services more accessible, safe, and compliant with the Americans with Disabilities Act or to expand capacity in community settings. These grants were awarded to organizations that demonstrated the greatest ability to respond immediately to the need for housing and for projects that did not require additional State funds for operating costs in future years. These grants were awarded to Designated and Specialized Service agencies and peer organizations that met the eligibility requirements.

COVID Relief Funds: Healthcare Provider Stabilization Funding

The purpose of over \$1,700,000 in funding allocated was to stabilize the Designated and Specialized Service Agency (DA and SSA) workforce due to significant turnover exacerbated by the COVID-19 pandemic. Funding assisted direct services staff in the following areas:

- 24/7 Residential Direct Services Staff
 - Emergency Services Clinicians
 - Crisis Bed Direct Service Staff

This effort was subsequently extended to include over \$12,050,000 in Premium Pay for Agency workforce recruitment and retention

The history of 988: Building on the Existing National Suicide Prevention Lifeline

988

November 2018

Northwestern Counseling & Support Services signs as Vermont's First National Suicide Prevention Lifeline Center

June 2021

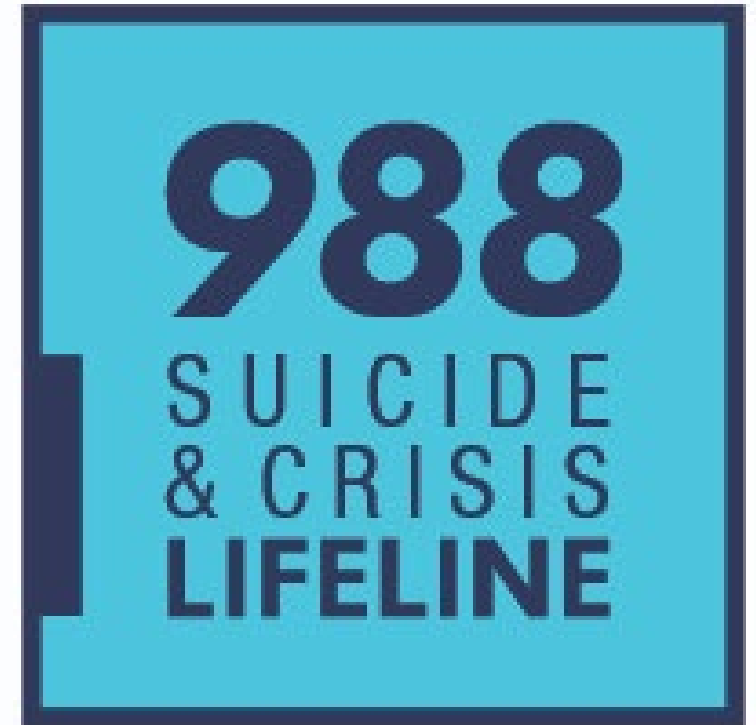
Northeast Kingdom Human Services begins answering calls as Vermont's Second Lifeline Center

February 2021

Vermont Receives 988 Planning Grant and Builds 988 Planning Coalition

July 2022

988 dialing code launches along with chat and text





988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.

People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.

988 by the Numbers

988

	September	October	November	December
Calls/Chats/Texts Received*	531/0/0	720/3/1	614/23/14	605/5/2
Calls/Chats/Texts Answered	471/0/0	605/2/0	465/3/3	503/3/2
Calls/Chats/Texts Answer Rate	89%/0%/0%	84%/67%/0%	76%/13%/21%	83%/60%/100%

	Results
Contacts offered a follow-up	591
Contacts agreeing to a receive a follow-up	34
Contacts where emergency rescue was needed due to imminent risk	29
Contacts where imminent risk was reduced during the contact	482

An individual is determined to be at imminent risk of suicide if the crisis counselor believes that there is a connection between the individual's current risk status and actions that could lead to suicide. Risk may be determined where both a desire and intent to die exists and caller has the capability of carrying through on that intent. Risk must be present in that it creates an obligation on the counselor to take action to reduce the individual's risk - the belief that if no actions are taken, the individual is likely to seriously harm or kill him/herself.

Between January and June 2022, 2,608 calls were answered, with 277 callers expressing suicidal ideations during the call. Of those callers:

- 245 calls resulted in de-escalation such that emergency rescue was not needed as imminent risk reduced during the call
- 32 calls resulting in active rescue (1.2%)
 - 24 gave consent to active rescue (.9%)
 - 8 did not give consent (.3%)

Supporting Peer Workforce Development

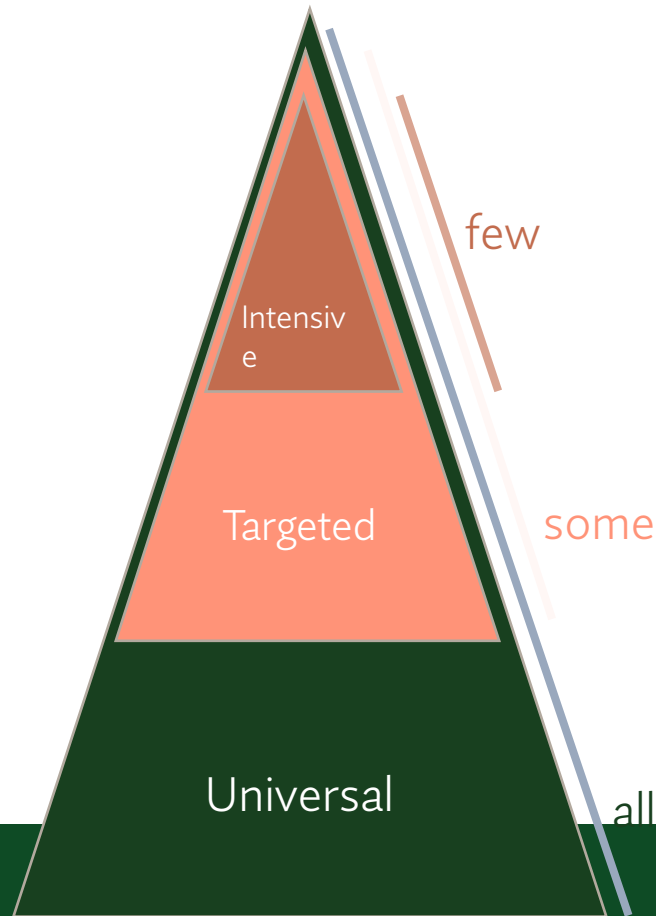
The Peer Workforce Development Initiative grant was developed by DMH to help the state build and maintain an infrastructure for a statewide mental health peer workforce. First awarded to Pathways Vermont in early 2020, it represents a continuation of work funded by Act 79 to expand and support peer services through a focus on peer workforce development.

The goal of the Peer Workforce Initiative is to promote the development of a well-trained and supported peer workforce that provides effective, robust peer support services.

A Steering Committee has convened for a series of meetings from September through December. Recommendations are expected soon from that group.



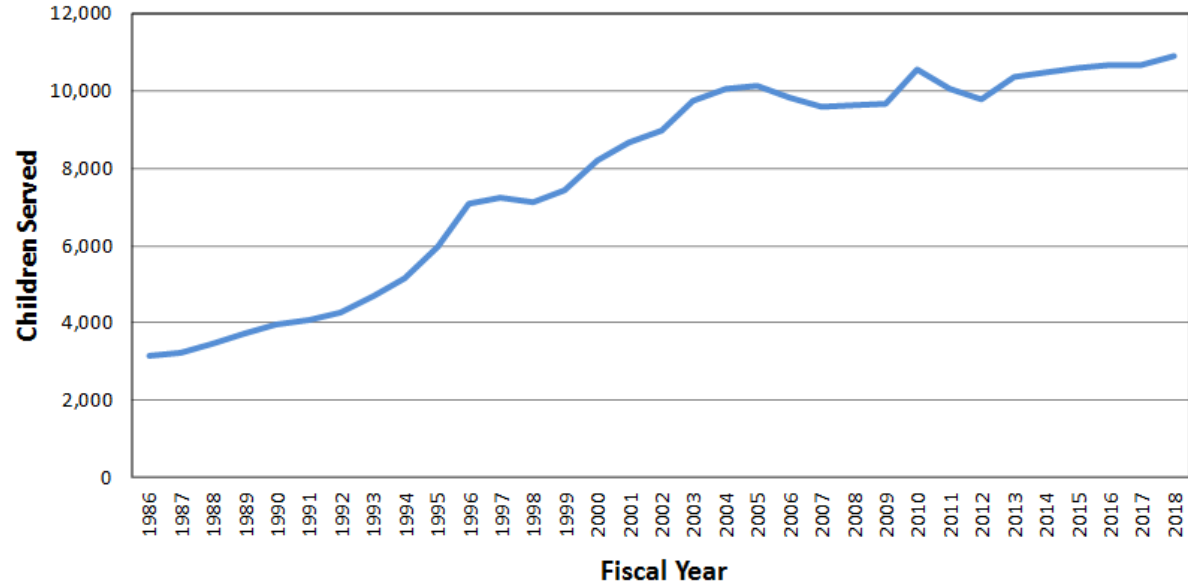
Child, Youth & Family Mental Health



Vermont's vision is that all children and families are emotionally healthy. Department of Mental Health uses the public health approach to:

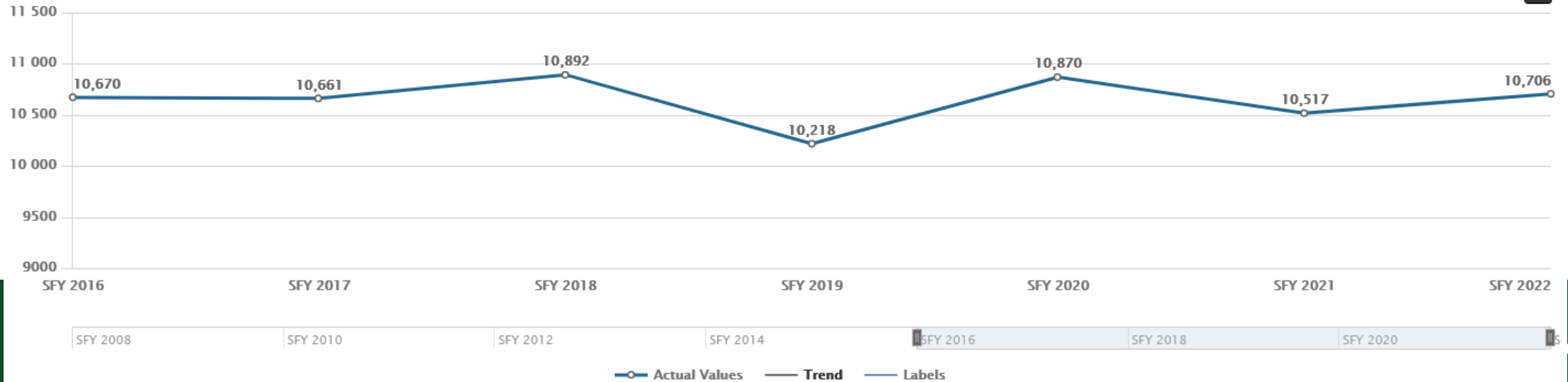
- Promote mental wellness for all children, youth, families, and communities (Universal);
- Provide prevention services to reduce risk factors and increase resiliency and protective factors for children, youth, families and, communities at risk (Targeted); and
- Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)

**Number of Children Served
FY1986-FY2018**



Children/youth served by the public mental health system

Data Source: Monthly Service Report (MSR)



Vermont children ages 6-17 years: School Engagement (NSCH 2018/2019)

Percent of Students ages 6-17 engaged in school

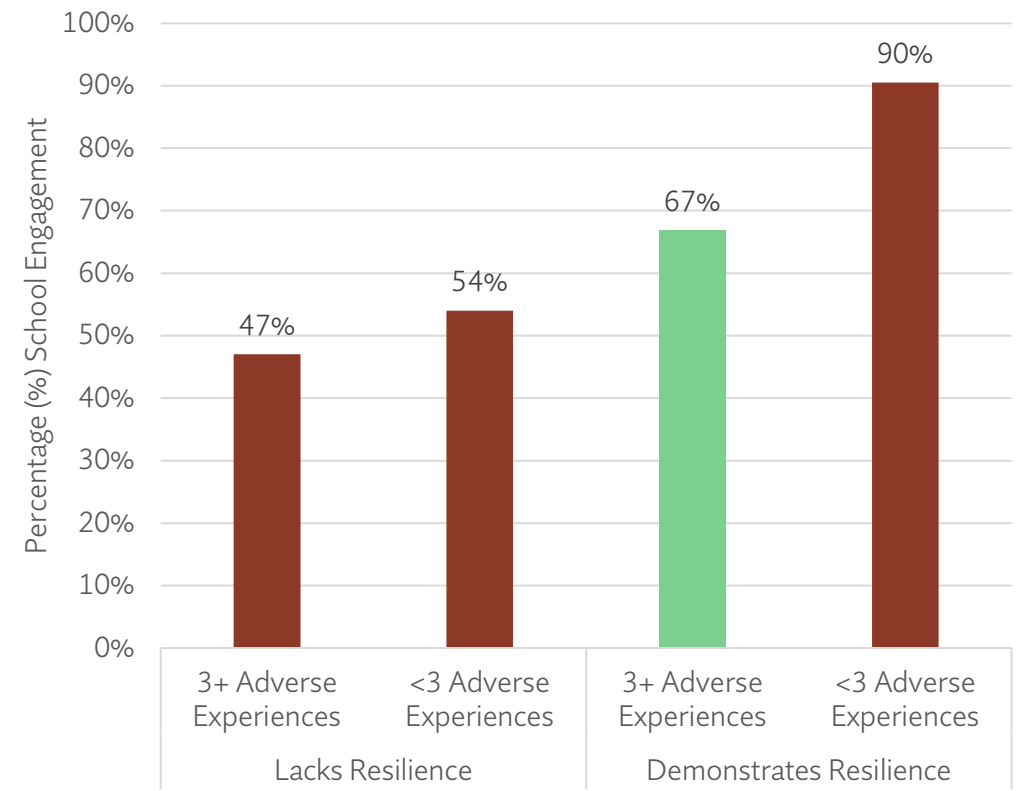
Cares About Doing Well in School	
No (Sometimes or Never)	14%
Yes (Usually or Always)	86%
Does Required Homework	
No (Sometimes or Never)	16%
Yes (Usually or Always)	84%

Survey questions assessed children's emotional (cares about doing well in school) and behavioral (does required homework) school engagement.

Vermont analyses of NSCH data is shared through Mental Health Minute data briefs:

<https://mentalhealth.vermont.gov/prevention-and-promotion/mental-health-public-information/mental-health-minute>

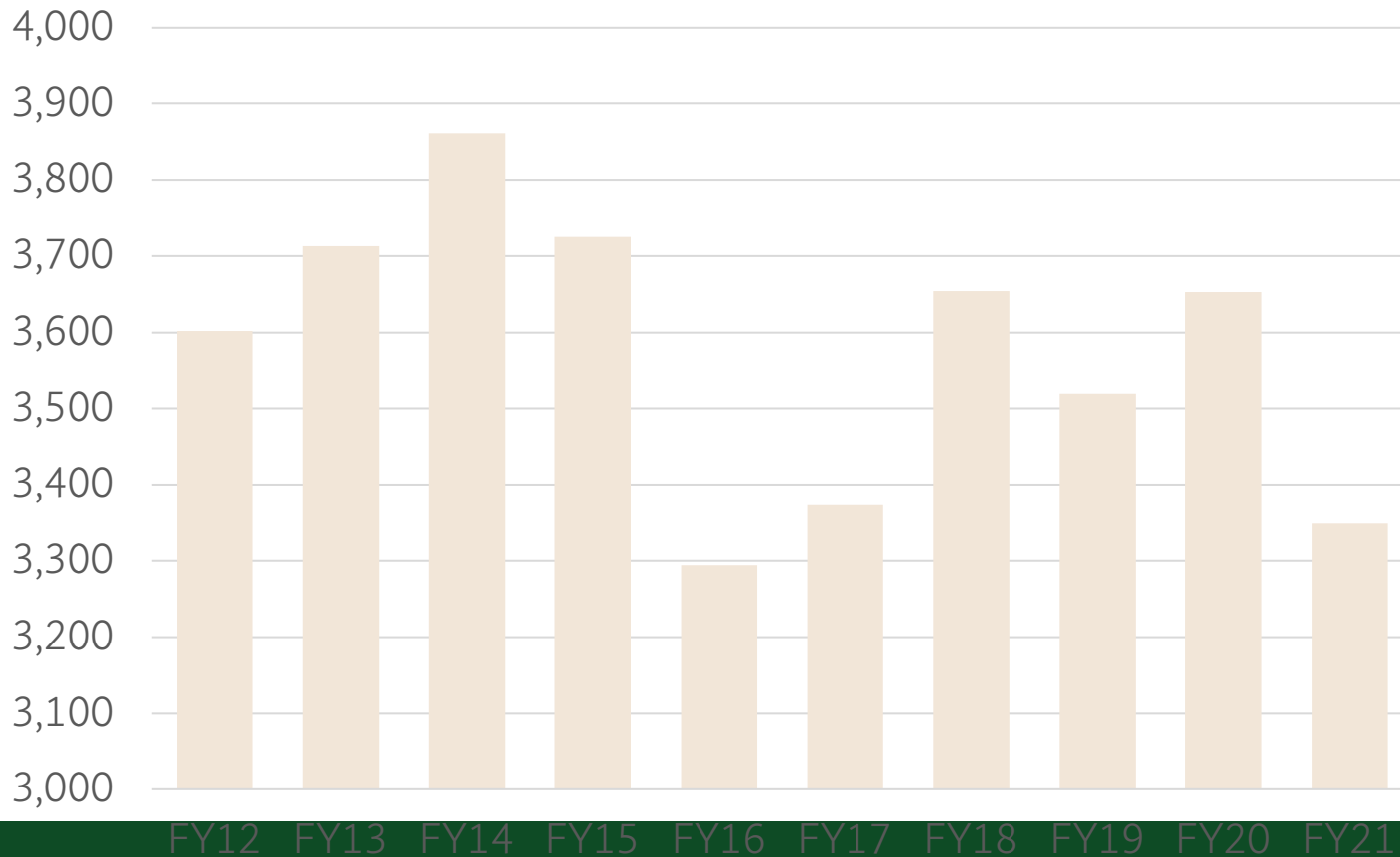
How are Adversity and Resilience Related to School Engagement?



Resilience helps to ameliorate, or lessen, the negative impact that adverse experiences have on school engagement

SCHOOL MENTAL HEALTH

Total Number of Children Served in SB6 Medicaid School Mental Health, by Year



COVID-19 impacted FY21 due to staff vacancies, staff & student illness, reduced local contracts, etc.

Success Beyond Six (SB6) Medicaid-funded School Mental Health services

Partnership between Local Education Agency & Designated MH Agency

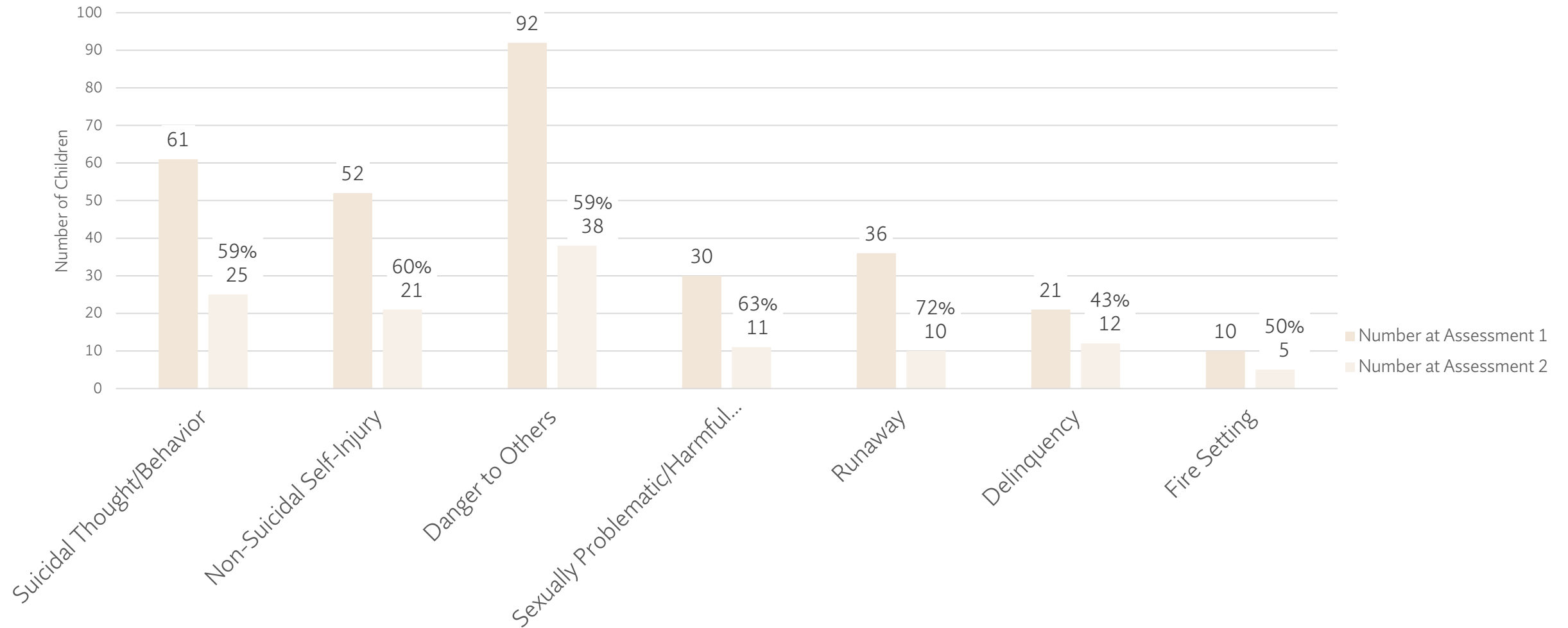
- Clinical & behavioral treatment & interventions in public schools
- Therapeutic independent schools run by DAs
- [Legislative report](#) on SB6 school MH (Jan 2020)

Project AWARE (Advancing Wellness and Resiliency in Education)

- SAMHSA funding to AOE, in partnership with DMH
- Implementing Interconnected Systems Framework to connect MTSS/PBIS with school mental health
- Identify and spread new models for providing consultation and services across the tiers of support to reduce reliance on highest intensity intervention

SB6: Child Risk Behaviors Domain FY2021

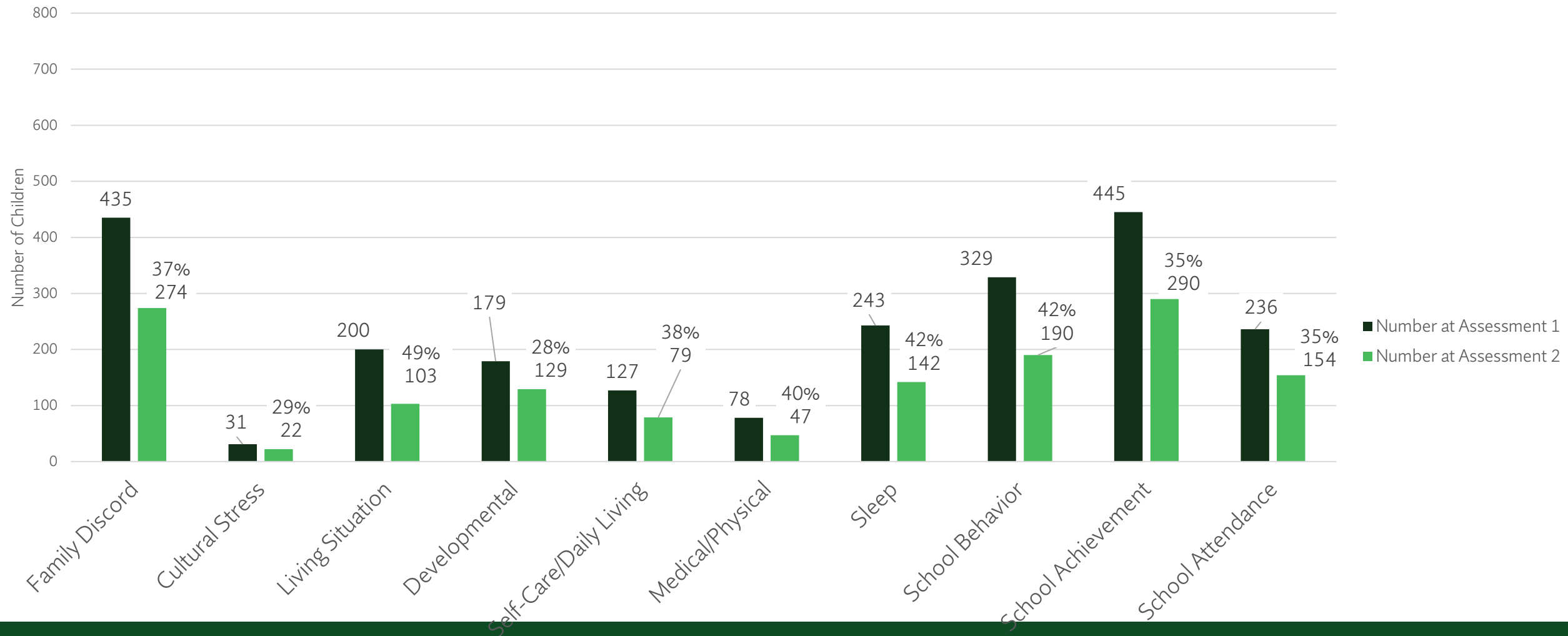
Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved



CANS Measure

SB6: Life Functioning Domain FY2021

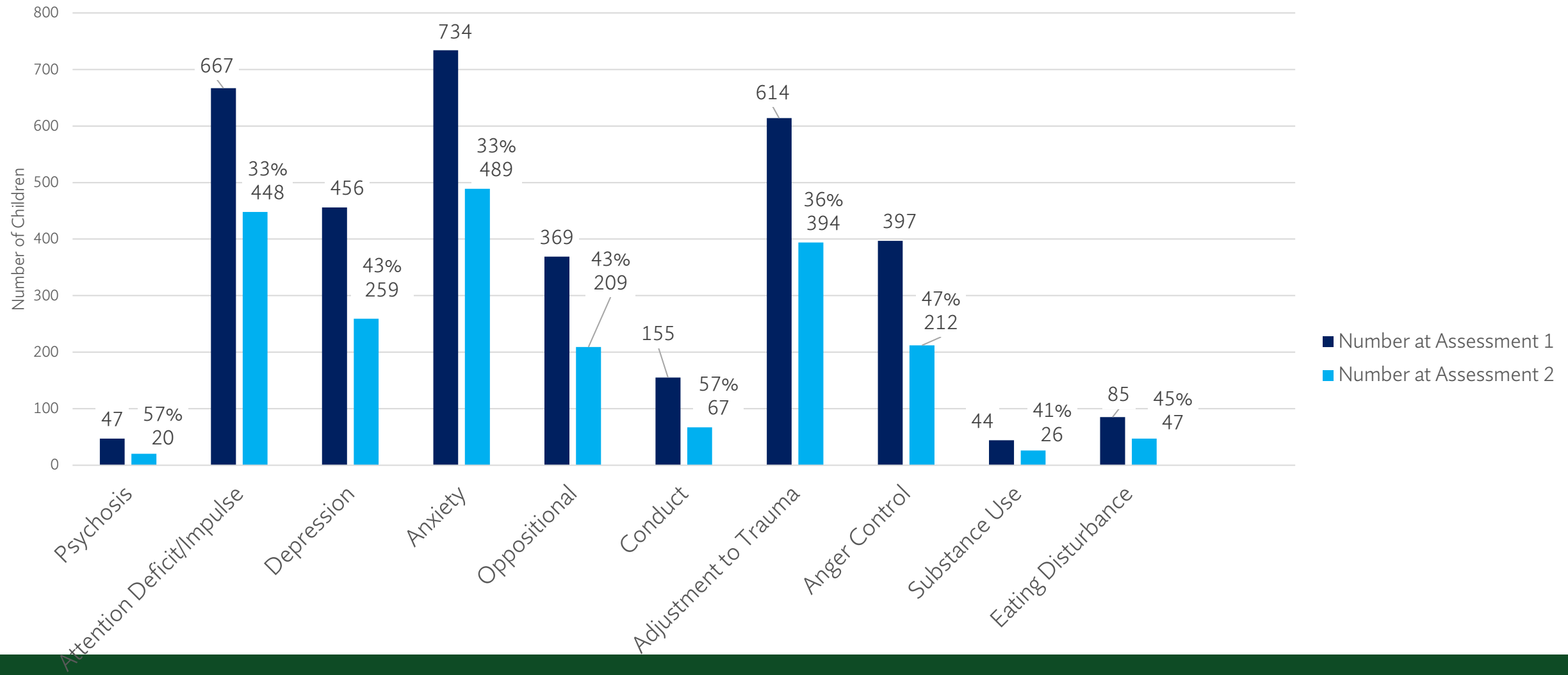
CANS Students FY2021 Report: Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2



CANS Measure

SB6: Behavioral/Emotional Domain FY2021

CANS Students FY2021 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved



CANS Measure



Certified Community Behavioral Health Clinics

Planning Grants to Designated Agencies

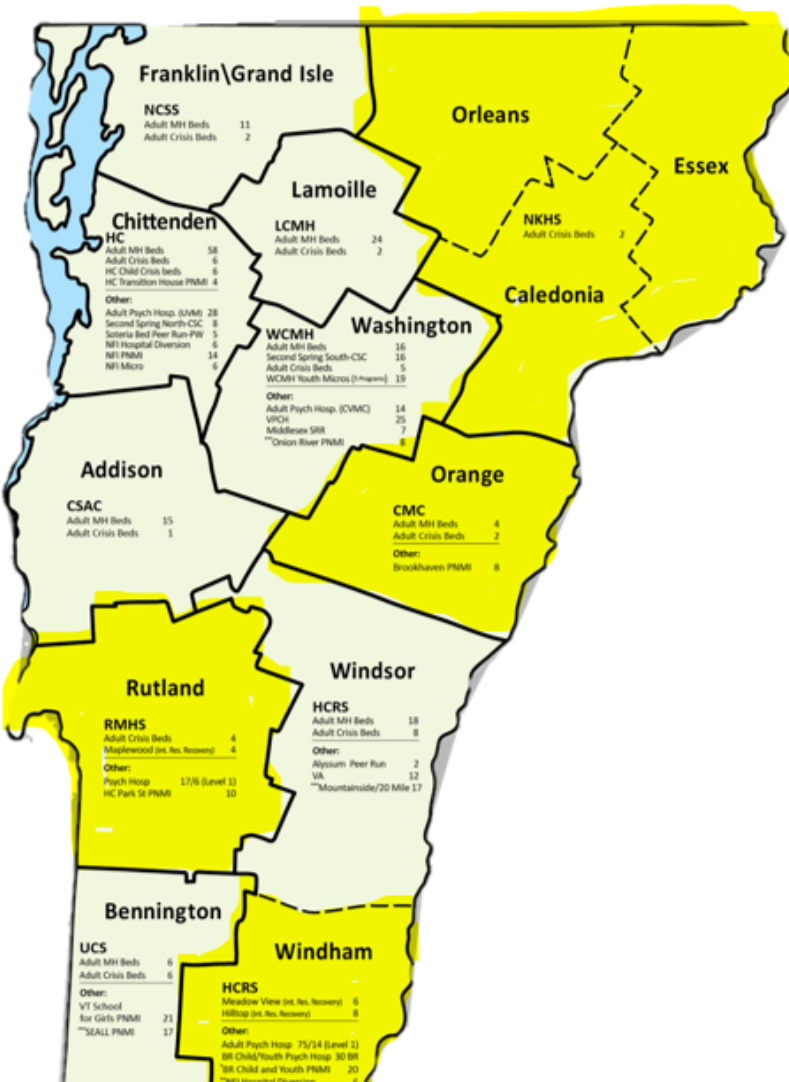
- \$1 million per year for four years, will allow the mental health agency to prepare to become a Certified Community Behavioral Health Clinic (CCBHC). CCBHCs are specially funded organizations that provide a comprehensive range of mental health and substance abuse services that are required to meet certain quality standards of care.

BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
UCS	United Counseling Services
VA	Veterans Administration
WCMH	Washington County Mental Health

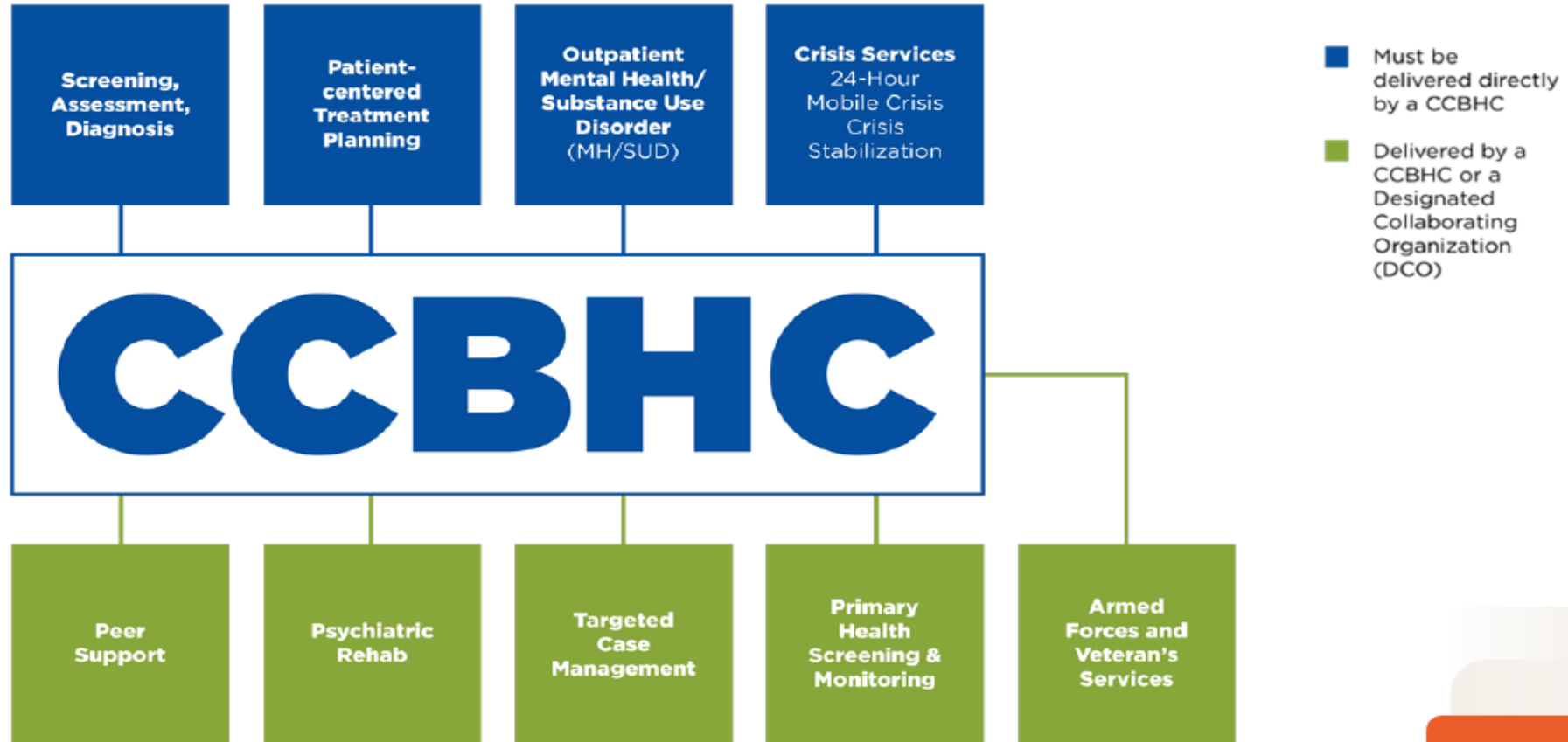
* BR Linden (12 beds) closing Jan 2021

**NFI Hospital Diversion Capacity 6, Currently only 4 open beds

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CCBHC Scope of Services



NATIONAL
COUNCIL
for Mental
Wellbeing

Certified Community Behavioral Health Clinics: Screening and Assessment

- Reason for seeking care; list of current medications, risk-assessment; Mental Health, Substance Use & Social Determinants of Health screenings; active duty/military status
- Brief intervention and/or referral to full assessment and ongoing treatment
- Comprehensive assessment and treatment planning evaluation within 60 days
- Person Centered Treatment Planning
- Update to comprehensive assessment at least every 90 days

Thank you!