

DEPARTMENT OF MENTAL HEALTH

Mental Health System of Care Status Update

REPORT DATE	SENT TO	SENT FROM	PREPARED BY
3/20/24	<ul style="list-style-type: none"> House Committee on Health Care Senate Committee on Health and Welfare 	Emily Hawes, Commissioner, Department of Mental Health	Nicole DiStasio, Director of Policy, Department of Mental Health

HIGH-LEVEL TAKEAWAYS

- The Department is pursuing numerous strategic community mental health investments to cover the broad array of an individual's needs; they include:
 - 988 Suicide and Crisis Lifeline, which now includes call, chat, and text options, to de-escalate mental health crises.
 - Mobile Crisis Response, which provides an alternative to law enforcement, to meet people who are experiencing mental health and/or substance use crises when and where they are.
 - Certified Community Based integrated Health Clinics (which will continue to be referred to as CCBHC's), provide coordinated substance use and mental health care in a community setting. Phase One of the CCBHC initiative is now in progress. DMH submitted the Demonstration Grant Application on March 20, 2024, and has received an extension until March 2025 to strengthen data infrastructure and finalize certification. The Steering Committee, representing diverse stakeholders, is planning to rename CCBHCs as the term "behavioral" has negative connotations.
 - Forensic Assertive Community Treatment (FACT) Pilot, which targets at-risk individuals returning to the community following incarceration, to prevent recidivism or unnecessary hospitalizations/Emergency Department visits.
 - Psychiatric Residential Treatment Facility, which will serve youth ages 12 up to 21 who are currently being placed out of state or at in the wrong level of care in Vermont.
 - Alternatives to Emergency Departments, which serve individuals early in the crisis cycle with the goal of avoiding escalation and need for higher levels of care. Currently, five Alt to ED programs are being operated across the state, with three more in development.

UPDATES ON CURRENT SYSTEM CAPACITY

Current Overall Capacity in the Mental Health System					
Type of Bed	Total Beds	Occupied	Closed	Open	Notes
Adult Inpatient	181	145	19	17	This total includes all adult inpatient at UVMMC, BR, VPCH, CVMC, RRMCM, VA, Windham Center
Youth Inpatient	34	29	5	0	All inpatient beds for youth are at the Brattleboro Retreat
Adult Crisis Beds	38	21	13	4	
Youth Crisis Beds	18	12	2	4	

Key for above acronyms: UVMMC – University of Vermont Medical Center; BR – Brattleboro Retreat; VPCH – Vermont Psychiatric Care Hospital; CVMC – Central Vermont Medical Center; RRMCM – Rutland Regional Medical Center; VA – Veterans Administration

**The above data pertains to the week beginning on March 18th, 2024*

UPDATES ON FUTURE SYSTEM CAPACITY

PROMPT: Any significant and unexpected changes, if they have occurred, in the status of future system capacity that would impact ED delays. [Examples: the great news about a response to the RPF for youth inpatient beds; a major delay opening the SRR; not an example, RRMC press announcement today about new capacity to help with ED delays, resulting from a \$4 million expansion project... which was an overstated report, as it actually only added 3 beds to its capacity...]

- **Vermont Psychiatric Care Hospital.** Has current physician coverage for up to 21 persons with a census of 13. The hospital is in the process of extending an offer for the Director of Hospital Operations.
- **River Valley Therapeutic Residence.** Has current physician coverage for up to 10 persons with a census of 9.
- **SVMC.** In 2023, DMH issued a Request for Proposals for a youth inpatient unit to be connected to a medical center. The sole successful bidder was the Southwestern Vermont Medical Center (SVMC). Currently, SVMC is in the process of entering the Certificate of Need process with the Green Mountain Care Board. DMH will proceed with contractual arrangements with SVMC for the construction and operation of this facility pending the outcome of this regulatory process. The proposed in-patient psychiatric unit will be available to adolescents, ages 12-17, with up to 12 beds proposed by the SVMC feasibility study.
- **Psychiatric Residential Treatment Facility (PRTF).** An AHS team continues to dedicate time towards the development of a PRTF in Vermont to address the high number of children placed out of state by DMH, DCF and DAIL. PRTF will serve youth ages 12 to 21 (if they were placed by their 18th birthday) with 15 beds at the Brattleboro Retreat. This level of care will help move youth out of Emergency Departments and ensure youth have more options to be in the right level of care, closer to family, school, and community supports. DMH is on track to execute the contract for the VT PRTF for July 1, 2024. We expect programming to begin at a pace that assures youth safety and staff readiness, thus the PRTF likely will not be at full capacity for months, or even a year.
- **Community-Based Mobile Crisis.** On January 1, 2024, Vermont launched the Community-Based Mobile Crisis services program. Mobile Crisis provides 24/7 two-person response services to Vermonters statewide. DMH, together with the lead mobile crisis vendor, Health Care and Rehabilitation Services (HCRS), is currently compiling data for the inaugural month of Mobile Crisis services. Currently, figures indicate a minimum of 121 Mobile Crisis encounters in January. Among these encounters, 32 were referred from schools, and 55 occurred outside of an office setting.

UPDATES ON DEPARTMENT INITIATIVES

PROMPT: Any significant updates, if they exist, on progress for ongoing initiatives that are part of the planned interventions to reduce ED use. [Examples: completion of the report under the federal mobile crisis state planning grant referenced in Sec. 1 of Act 112; implementation of special responses to a new surge of ED presentations and waits.]

- **Certified Community [Mental Health & Substance Use] Clinic (CCBHC) State Planning Grant.** The Bipartisan Safer Communities Act made significant investments into community-based mental health services, which included an increase in the number of demonstration states from 10 to 20. Demonstration states are eligible for an enhanced Federal Medical Assistance Percentages rate equivalent to the State's Children's Health Insurance Program rate. Originally set up in eight states through a Medicaid demonstration (with two states added shortly thereafter), CCBHCs have increased access to mental health and substance use disorder treatment, reduced wait times and hospitalizations, reduced homelessness, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.
 - **Phase One:** Phase one of CCBHCs has begun. It includes implementing goals and project management processes that include community members, state, and government officials with a shared vision and strategic partnering. The Demonstration Grant submission was submitted on March 20, 2024. The state has an approved no-cost extension through March 30, 2025 that allows continued work with a focus on strengthening the required data infrastructure to support the demonstration initiative and developing and finalizing a Vermont-specific certification process and related documents.
 - **Steering Committee and Decision Team:** The CCBHC Steering Committee, comprising individuals with lived experience, family members, peers, and various stakeholders, has held five meetings. Meeting minutes are available [here](link). Other members include prospective CCBHCs, CMHCs, primary care associations, substance use providers, hospital associations, referral partners, tribal organizations, refugee organizations, veterans, culturally specific community organizations, high school and college students, legislators, and staff from DMH and DSU.
 - **Name Change:** The Committee and community members have expressed that the term "Behavioral" has negative connotation. The new proposed name is "Certified Community Based integrated Health Centers." The final name change decision rests with the AHS CCBHC Decision team. A formal announcement has not been made about this name change. DMH Advisory Team will discuss the most appropriate way to share this information.
 - **Needs Assessments:** Updated Community Needs Assessments are being gathered by the two provisionally certified CCBHCs (Clara Martin Center and Rutland Mental Health Center) to learn from community partner organizations, community members, and research local prevalence data related to MH/SUD. The goal is to assess their communities' needs to identify how best to expand and enhance services to meet the target populations to be served.

- **Phase Two:** Phase two of CCBHC implementation includes crafting certification evaluation processes and guides, aligned with state care delivery enhancement goals. During phase two, DMH will perform data analytics and other design and operational planning to move to a Preferred Payment System (PPS), including the Identification of outliers in utilization and expenditure trends, analysis of existing program and payment structures in order to determine necessary reimbursement, data and policy changes to support the new PPS system, development of risk adjustment mechanisms across payers and within payers for various populations, provision of data and information to providers regarding model utilization and expenditure trends so they can adjust clinical activities to maximize improved quality and cost savings.
- The state will continue to consistently offer Technical Assistance to the first two certified sites, Clara Martin Center and Rutland Mental Health Center, through weekly or biweekly meetings
- **Forensic Assertive Community Treatment (FACT) Pilot Update.** FACT is a service model for individuals with serious mental illness involved in the criminal justice system, often with co-occurring disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT is recognized by the Substance Abuse and Mental Health Services Administration to be a promising practice that blends criminogenic risk management, substance use and mental health management, and a focus on improving social determinants and health equity. FACT aims to reduce reincarceration, increase community time, decrease violations, and improve social determinants by blending risk management, mental health, substance use treatment, and social support. FACT provides the same level and type of treatment services of Assertive Community Treatment, but also includes interventions targeted to criminogenic risk and need factors.

The implementation of a modified version of Forensic Assertive Community Treatment pilot at Pathways VT is being supported through a collaboration between DMH, DSU, and DOC to support care coordination activities between direct service providers, case managers, probation and parole officers, community correctional officers, and other social service agencies and healthcare providers.

- The funding for this project comes from Justice Reinvestment funds of \$400,00 annually from the DMH budget and one-time funds of \$200,000 from the Mental Health Block Grant. The final grant that was executed with Pathways was for two years for a total of \$1M. The team supporting this work includes the DMH, DOC, VDH ~ DSU and DVHA
- Pathways Vermont began providing Forensic Assertive Community Treatment services in the fall of 2022.
- In November 2023, a grant amendment was issued to expand the criteria for individuals to be served by FACT to also include those with complex health and social needs.
- **During the reporting period from 10.01.23 - 12.31.23:**
 - 25 individuals were served and 6 more have been accepted into the program but are still incarcerated
 - 68% of individuals served met the criteria for serious mental illness (SMI), the remaining 32% met the criteria for complex care defined as: *“someone who has chronic health and/or social unmet needs who is also unable to navigate the system of care by themselves and need assistance in the development of a coordinated care team.”*
 - Of the 25 individuals being served, 15 are housed and 10 are housed.
 - 57% of individuals were engaged in productive time at least 50% of the time.
 - 2 individuals were re-incarcerated after getting new criminal charges during this quarter.
- As self-assessments are required every six months, a total of 18 were due in this period. Among these submissions, six individuals (33%) experienced an improvement in their scores, signaling an enhancement in their quality of life. Conversely, three individuals (16%) maintained the same score, while nine individuals (50%) observed a decrease in their scores. Of the 9 that reported a decrease in quality of life:
 - 5 were experiencing homelessness (4 of these were newly homeless, between this self-assessment and the previously administered one)
 - 1 was involved in a domestic violence situation
 - 8 were struggling with substance use
- **Alternatives to Emergency Departments.** Alternatives to Emergency Departments are programs designed to reduce the number of crisis assessments occurring in Emergency Departments, reduce police involvement with mental health crises, and increase access to community-based urgent mental health supports for adults, children and youth. DMH is working closely with seven Designated Agencies (DAs) as well as the Burlington Police Department (BPD) to implement programs as part of the Alternatives to Emergency Departments initiative.
 1. **The Burlington Police Department (BPD) CARES Program:** BPD has been under contract with DMH since June 1, 2023. After facing significant challenges in recruitment of clinicians to run their Crisis, Assessment, Response, and Engagement Services (CARES) program, the BPD has hired a clinical supervisor for the program, who will be starting at the end of March. They are in the process of recruiting for two clinician positions and finalizing the entity that will be providing the paired medical component of service delivery. The BPD has been working to execute a Memorandum of Understanding with the University of Vermont Medical Center (UVMCC) to provide two nurses to create two teams of one

clinician and one nurse for provision of services. The BPD anticipates limited-service delivery to begin in April/May, with full-service delivery likely occurring in June 2024.

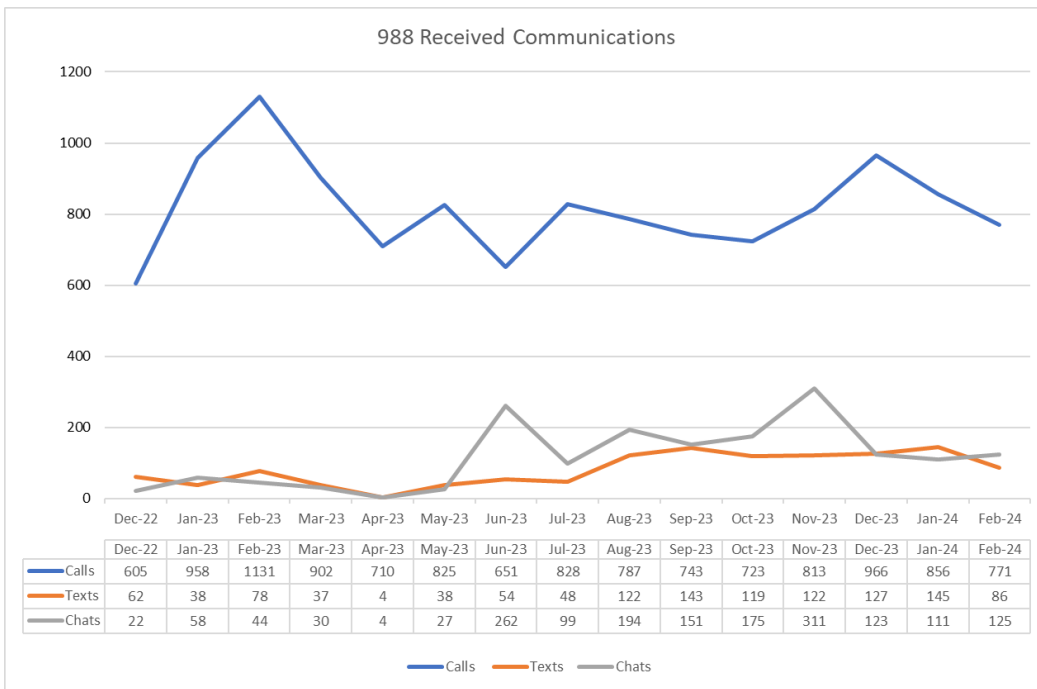
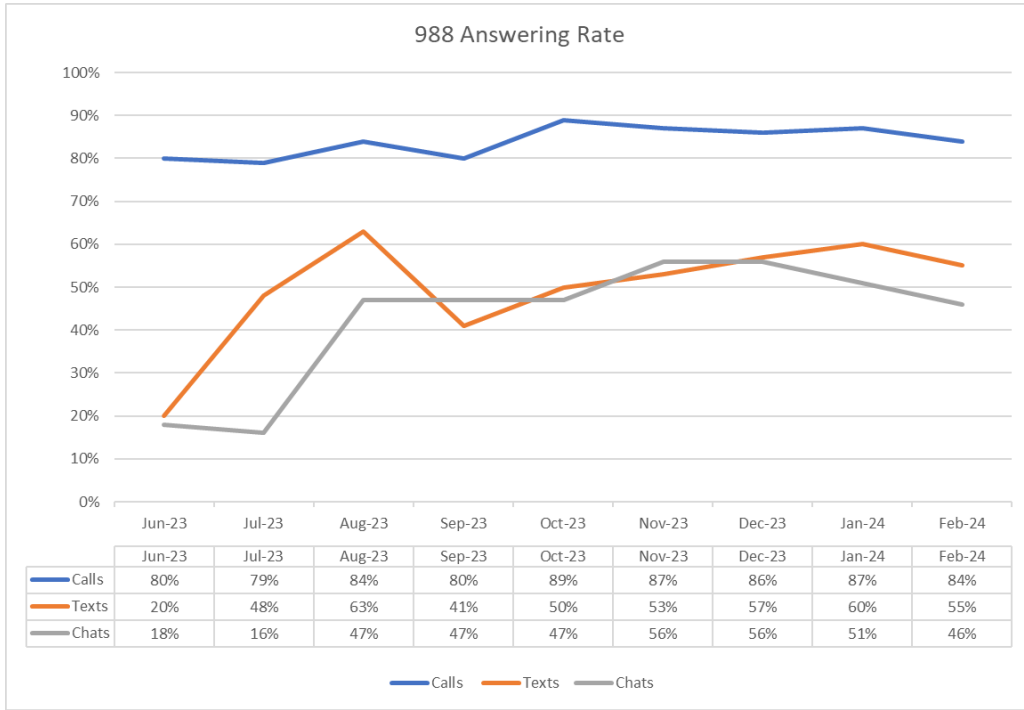
2. **The Washington County Mental Health Services (WCMHS) Access Hub Program:** The Access Hub is a living-room model program. Living room model programs are designed to feel like a warm, welcoming living room where guests feel safe and not overwhelmed. The model uses a multidisciplinary team, including peer support workers. The WCMHS Access Hub has been fully operational since October 2, 2023. The program is open Monday through Thursday from 7am to 7pm, and from 7am to 4pm on Fridays. They have increased service delivery over the five months that they have been open, from 30 services in the first six weeks of being open to 93-98 services in both January and February. Referrals have come from the individuals themselves, WCMHS, and community partners, including law enforcement and the Central Vermont Medical Center, all demonstrating success in the program of diverting people from the Emergency Department / law enforcement in alignment with the mission of the program.
3. **The Counseling Service of Addison County (CSAC) Interlude Program:** The Interlude Program is another living-room model program, which has been operating in a limited manner since January 2023, and at its full rate since July 2023. The program is open from 10am to 6pm Monday - Friday and has been serving approximately 12-15 people per month through the program, often providing follow-up and wrapped service care short-term for individuals experiencing prolonged acute mental health symptoms.
4. **The Northeast Kingdom Human Services (NKHS) Front Porch Program:** The Front Porch Program will be a living-room model program housed in the same building as the other NKHS crisis service programs, allowing for a comprehensive hub of crisis service delivery. The contract is currently routing for signature, with a start date of April 1, 2024. NKHS will begin offering services in a limited manner as soon as possible, and the Agency is already in the process of recruiting staff and developing processes and workflows. NKHS and DMH have agreed and outlined in the contract language that the program will be fully operational within six months, by October 1, 2024.
5. **The Howard Center Mental Health Urgent Care (MHUC) Program:** The Howard Center and DMH are in the final stage of negotiation for the MHUC program, which will operate in Burlington and reflect collaboration between the Howard Center, UVMHC, the Community Health Center, and Pathways Vermont. The program will operate eight hours per day Monday - Friday. The expected start date for the contract is between May 1st and May 15th. The Howard Center is anticipating using the first half of 2024 to retro-fit the new space, develop programming, advertise and hire for positions, and prepare for operations and service delivery to begin around August/September of 2024.

The three youth-focused Alternative to ED programs have been providing services since the spring of 2023:

6. **United Counseling Services Psychiatric Urgent Care for Kids (PUCK) Program.** PUCK provides an intensive day-treatment program for youth to participate in a thorough clinical assessment, therapeutic skills work focused on identifying patterns of dysregulation and building coping skills. They provide family work, case management, and consultation with schools and providers to develop a comprehensive treatment and intervention plan that can support the youth in the community. Children generally attend the program for 1-3 days before transitioning into other services. They have expanded to serve youth ages 0 – 18 years old, and are open Monday – Friday, 9:00am – 5:00pm. Between August – December 2024, they served 17 children.
 7. **Health Care and Rehabilitation Services Youth Stabilization Program (YSP) in Brattleboro.** YSP is designed as a “High Intensity Outpatient Program” that provides a brief period of intensive support and stabilization to help children/youth remain in their natural environment and out of the hospital setting. YSP can provides daily supports at intake and reduces the frequency of services over the course of the program as the youth stabilize. Although it is not a full-day treatment program, it provides greater longevity of service by working with youth and families for an average of six weeks to three months. They also conduct clinical assessments, and provide individual and family therapy, therapeutic skills work, and psychiatric consult, if necessary. They identify treatment needs, build skills, and connect youth and families with ongoing supports so youth leave with a comprehensive treatment team and plan to support them in the community. From August – January, YSP served 15 youth and families.
 8. **Lamoille County Mental Health Emergent Psychiatric Intervention for Children (EPIC) Program.** EPIC, like PUCK, provides an intensive day-treatment program for youth to participate in a thorough clinical assessment, therapeutic skills work focused on identifying patterns of dysregulation and building coping skills. They provide family work, case management, and consultation with schools and providers to develop a comprehensive treatment and intervention plan that can support the youth in the community. Children generally attend the program for 1-3 days before transitioning into other services. EPIC serves children/youth, ages 6-18 years old and is open Monday – Friday, 9:00am – 4:00pm. Between July 2023 – January 2024, EPIC served 16 children.
- **988 Suicide and Crisis Lifeline.** As of August 4th, 2023, Vermont Lifeline Centers offer 24/7 coverage statewide for all contacts – calls, chats, and texts.
 - Vermont has three locations answering calls, chats and texts:
 1. Northeast Kingdom Human Services in St. Johnsbury, VT
 2. Northwestern Counseling and Support Services in St. Albans, VT
 3. Headrest in Lebanon, NH (This location acts as the local backup responder when all Vermont call centers are occupied on calls.)

Northeast Kingdom Human Services (NKHS) faced technical issues when transitioning to a new phone system, which led to lower call answer rates in the month of February. The NKHS IT team have resolved these issues.

988 Center Scorecard *



CONCLUSIONS/RECOMMENDATIONS

The Department works to ensure that the system has the capacity to serve individuals at all levels of care and continues to support community mental health providers to serve individuals safely in the community when that is possible.