



Department of Mental Health

**Mental Health System of Care:
Reforming Vermont's Mental
Health System**

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Reference Legislation

18 V.S.A. 174 § 7256. Notwithstanding 2 V.S.A. § 20(d), the Department of Mental Health shall report annually on or before January 15 to the Senate Committee on Health and Welfare and the House Committee on Human Services regarding the extent to which individuals with a mental health condition or psychiatric disability receive care in the most integrated and least restrictive setting available. The Department shall consider measures from a variety of sources, including the Joint Commission, the National Quality Forum, the Centers for Medicare and Medicaid Services, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration. The report shall address:

- 1. use of services across the continuum of mental health services;*
- 2. adequacy of the capacity at each level of care across the continuum of mental health services;*
- 3. individual experience of care and satisfaction;*
- 4. individual recovery in terms of clinical, social, and legal results;*
- 5. performance of the State's mental health system of care as compared to nationally recognized standards of excellence;*
- 6. ways in which patient autonomy and self-determination are maximized within the context of involuntary treatment and medication;*
- 7. performance measures that demonstrate results and other data on individuals for whom petitions for involuntary medication are filed; and*
- 8. progress on alternative treatment options across the system of care for individuals seeking to avoid or reduce reliance on medications, including supported withdrawal from medications. (Added 2011, No. 79 (Adj. Sess.), § 1a, eff. April 4, 2012; amended 2013, No. 96 (Adj. Sess.), § 101; 2013, No. 192 (Adj. Sess.), § 2; 2015, No. 11, § 19.)*



Overview

The mission of the Department of Mental Health (Department) 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 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.

Performance of Mental Health System of Care

The Agency of Human Services uses the [Results Based Accountability \(RBA\)](#) framework to evaluate the performance of programs and initiatives, as well as make data-driven decisions. RBA is a key component of achieving value-based care in an integrated system. The Department [website](#) presents how to use the regularly updated RBA scorecards containing longitudinal data and performance measures related to programs and the broader system of care. The scorecards are a valuable resource for conducting evaluations and tracking progress toward clearly defined targets that align with national [quality standards and compliance measures](#).

- [The Department of Mental Health \(DMH\) Scorecard](#)
- [Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals](#)
- [Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)
- [Integrating Family Services \(IFS\)](#)
- [DMH System Snapshot](#)
- [DMH Continued Reporting](#)

Use of Services Across the Continuum of Mental Health Services

Vermont providers offer a broad spectrum of mental health services delivered by practitioners in the least restrictive setting necessary to meet an individual's needs. The Department's [Annual Statistical Report](#), with FY 2022 being the most recent report, contains detailed information on the use of those supports and services. The [Department of Mental Health System Snapshot Dashboard](#) contains over 30 measures tracking different levels and types of care across the continuum by quarter. Each



measure has a summary overview, a list of partners, and information on the measure itself. Below, we highlight three of these measures.

- [Number Served in Adult Outpatient Community Services](#)
- [Number of Children and Youth Served by Children, Youth and Family Services](#)
- [Percent of Vermont Adults with Any Mental Health Condition Receiving Treatment](#)

Adequacy of Capacity at Each Level of Care Across the Continuum of Mental Health Services

Mental health is important to everyone's overall health and well-being. There is a spectrum of how symptoms of mental health-related challenges and struggles present and how individuals manage those symptoms. Subsequently, a spectrum of care and services must exist to meet those needs. The Department strives to support the system of care to deliver those services in the most integrated, least restrictive setting for individuals to safely and effectively achieve their health goals.

Since the COVID-19 pandemic, the mental health crisis in the United States continues to grow with many [people](#) struggling with anxiety, depression, substance use disorder, and other mental illnesses more than ever before. [In 2021](#), 57.8 million adults were living with a diagnosed mental disorder, yet only 47.2% received mental health services in the previous year. Simultaneously, there continues to be a projected [national shortage](#) of mental health providers and many individuals do not have sufficient access to mental health treatment and services. These national trends show ongoing struggles related to access and utilization of mental health care and, despite challenges faced by the state's mental health system of care, Vermont continues to evolve to ensure its ability to meet the mental health needs of Vermonters.

Mental Health America's [2023: The State of Mental Health in America](#) report provides a snapshot of the mental health and substance use status among adults and youth across the country. Vermont's overall ranking in 2023 was 12th in the country. This overall ranking takes into account the prevalence of mental illness/substance use disorder (SUD), as well as access to care, and is particularly remarkable because Vermont has very high levels of mental illness and SUD across the population as compared with other states. Across all states, Vermont ranks 45th — or the sixth highest in prevalence — in a combined measure of prevalence of mental illness and SUD. Despite being one of the states with a high prevalence of mental illness and SUD, Vermont ranked first for the fourth year in a row in access to care amongst all states, indicating that a relatively higher percentage of the state's population has insurance, access to treatment, and access to special education for students with emotional disturbance. This information



indicates that compared with other states, Vermont has a more robust network of mental health and SUD providers, and more comprehensive and affordable insurance.

Hospitalization Capacity

Level One Inpatient
3 facilities 57 beds

General Inpatient
7 facilities 142 beds

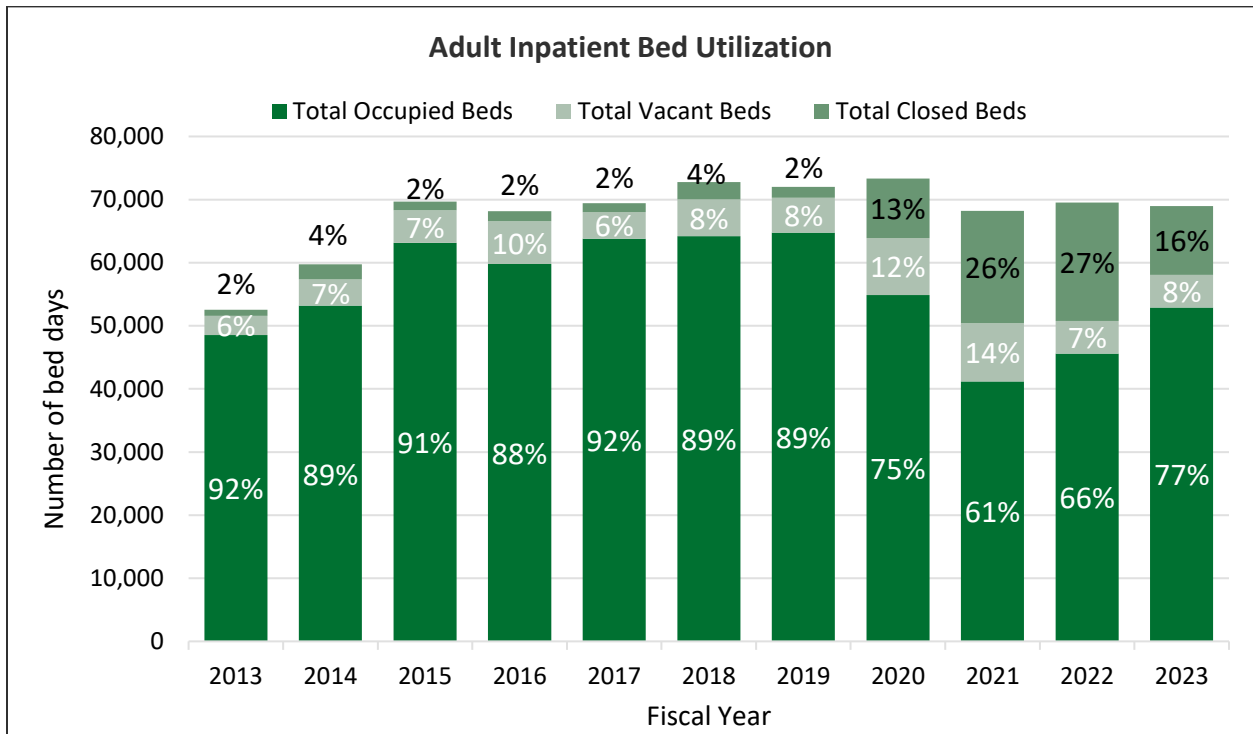
Hospitalization

Services for adults at risk of harm to self or others

Clinical assessment and crisis stabilization
Medical consultation and medication

Vermonters in need of psychiatric hospitalization are provided treatment at either the state-run inpatient facility, [Vermont Psychiatric Care Hospital](#) (VPCH), or one of six [Designated Hospitals](#) (DHs) throughout the state. The capacity of inpatient psychiatric services is founded upon the balance between hospital admissions and discharges for people with acute mental health conditions. When this balance is unequal, which is to say, when more admissions than discharges occur, hospitalization capacity is reduced.

Level One care is for individuals who require the most intensive level of clinical support and services within the system. General inpatient units are for individuals facing significant mental health challenges and struggling to manage the symptoms to a degree that requires consistent, intensive clinical care and support to ensure their safety and well-being in daily living.



The chart above is based on data reported to the Department by DHs for adult inpatient care using the [Electronic Bed Board System](#). It presents total bed capacity across the DH system through 2023 (data is reported by state fiscal year, which is July 1 through June 30th) by the number of bed days. Bed days is defined as the total number of beds available across all hospitals multiplied by 365 days. The availability of inpatient beds across the system has remained relatively constant from 2015 through 2019 with bed day utilization (Total Occupied Beds) decreasing 14 percent from 2019 to 2020 and another 14 percent from 2020 to 2021. Since 2021, the utilization of beds has steadily increased to 77 percent in 2023, along with a continued decrease in the percentage of closed beds from 2021 to 2023.

Statement on Data: Please be informed that reported bed percentages serve as a point in time snapshot of a dynamic system. Bed percentages are influenced by various intricacies including staffing levels and milieu acuity. These factors may contribute to fluctuations in data precision with acknowledged inaccuracies present in the 2023 dataset.

Community Residential Care Capacity



Secure Residential

1 facility 16 beds

Residential Care

Services to strengthen ability to manage tasks of daily living

Intensive Recovery Residential

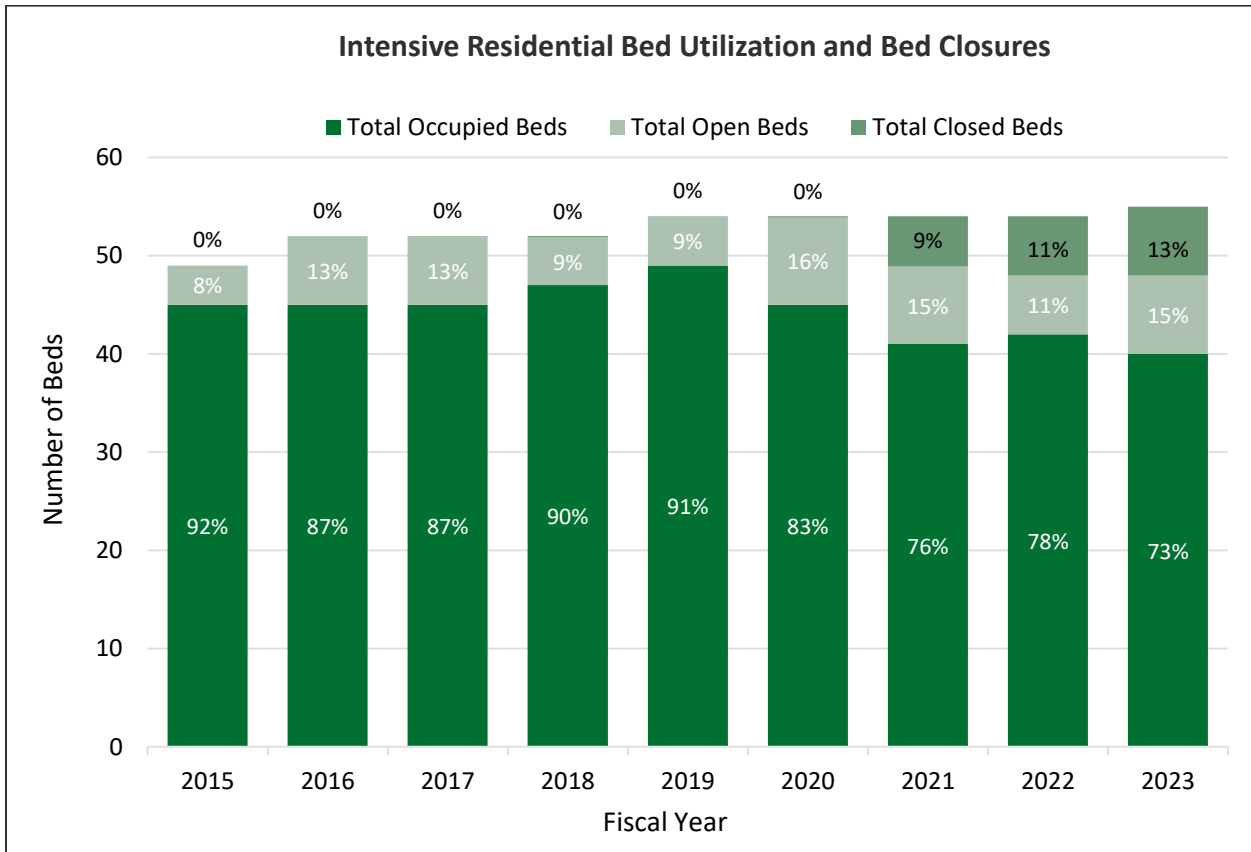
5 Residences 42 beds

Peer-run Residential

1 Residence 5 beds

Clinical assessment and crisis stabilization
Medical consultation and medication

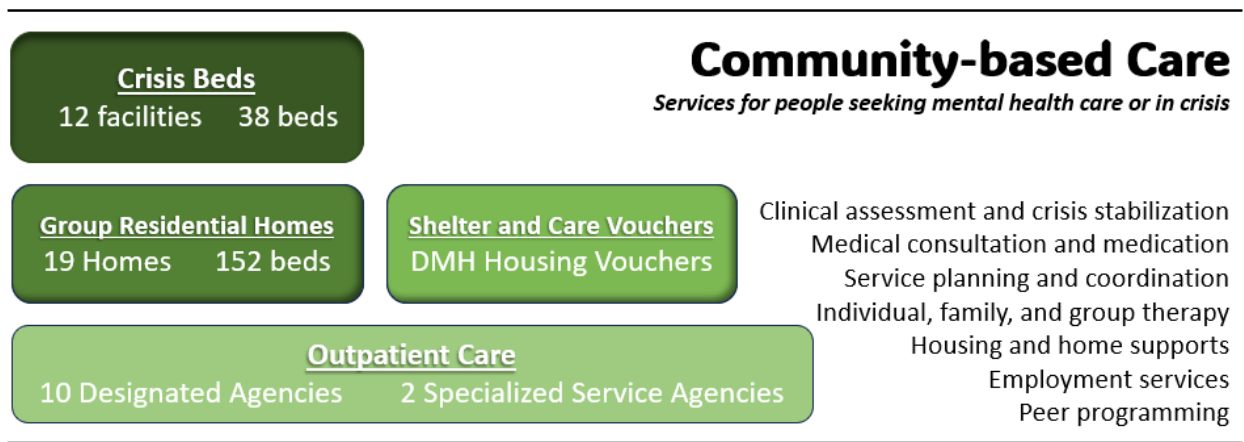
Community residential settings provide both transitional and longer-term supports, averaging residential program lengths of stay within a 12-to-18-month time frame for residents. These services have met an essential need for many individuals who are ready to leave higher levels of care, but still require intensive support before taking steps toward independent living. The graph below is based on the daily entries into the Bed Board system by hospital facility staff and represents secure residential ([River Valley Therapeutic Residence](#)), peer-run residential ([Pathways Vermont Soteria House](#)) and intensive recovery residences ([Hilltop](#), [Maplewood](#), [Meadowview](#), [Second Spring North](#) and [South](#)).



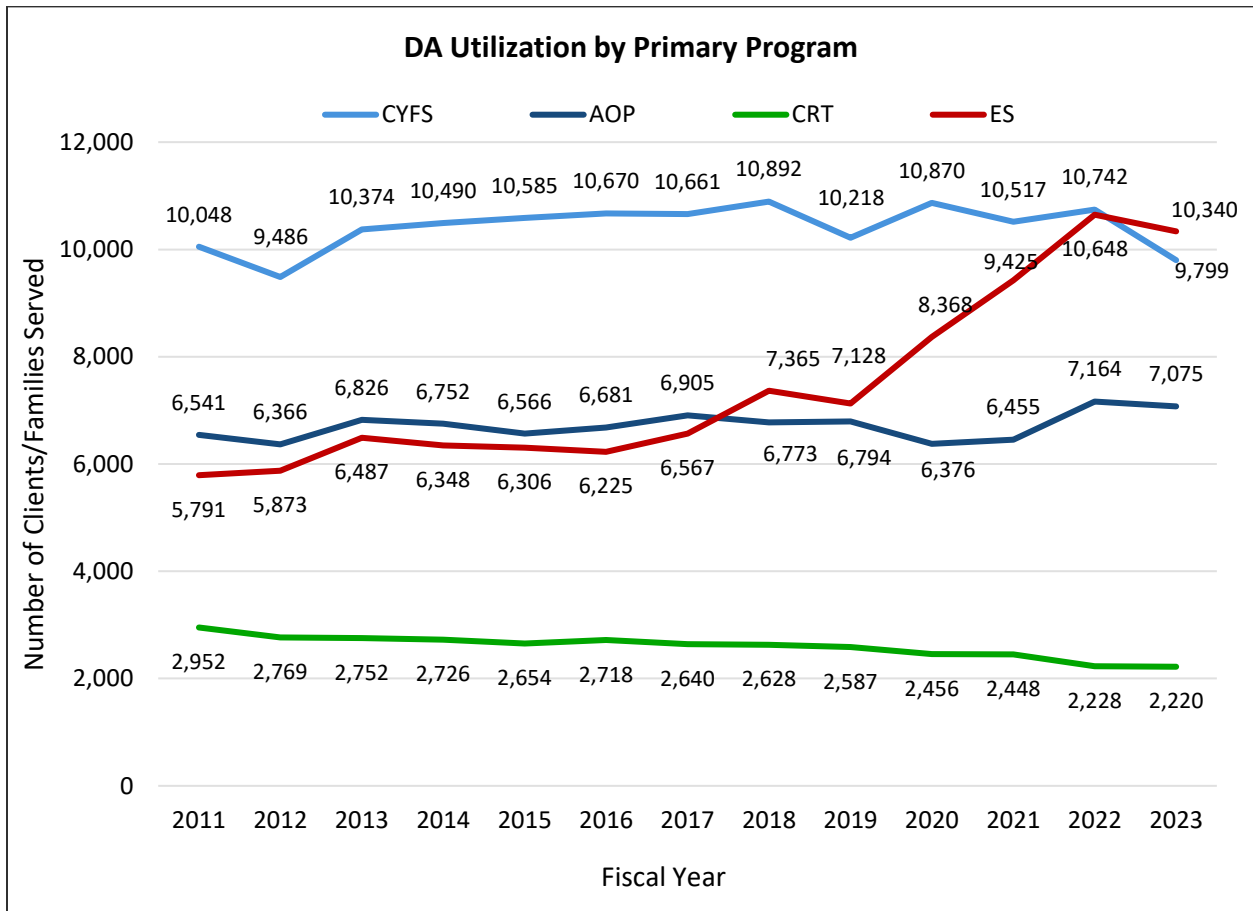


The chart above illustrates the utilization of beds in community residential programs. From 2015 to 2019, bed utilization remaining steady, averaging between 87-92 percent. Since 2019, there has been a decrease from 83 percent in 2020 to 73 percent in 2023 with some variation from year to year within this time frame. The state’s system of care continues to experience effects of the COVID-19 pandemic that has contributed to this reduced utilization, including a reduction of workforce, increased acuity in individuals, and providers adjusting to changes in operations.

Other Community-Based Care Capacity



The Department reports on the number of people served across various programs along with outcomes at discharge in the [Department of Mental Health Scorecard](#). The following graph reflects individual use of services by primary program by state fiscal year (July 1st through June 30th). For the first time, the highest number of persons served by programs offered by the Designated Agencies was Emergency Services (ES), which served 10,340 individuals in 2023. From 2019 to 2023, there has been over a 45 percent increase in the utilization of ES. This was followed by clients and families served by Children, Youth, and Family Services (CYFS) programs at 9,799, which was a decrease from 10,742 in 2022. The Adult Outpatient (AOP) programs remained reasonably level through this reporting period with a slight decrease from 7,164 in 2022 to 7,075 in 2023. Finally, individuals served by Community Rehabilitation and Treatment (CRT) programs continued declining through 2023.



Individual Recovery in Terms of Clinical, Social, and Legal Results

The Department’s annual action plan for improving health outcomes is reflected in the [State Health Assessment and Improvement Plan](#), which was informed by a robust assessment of health and social conditions for Vermonters. Additional scorecards that illustrate results and progress:

- [Healthy Vermonters](#)
- [Environmental Public Health Tracking](#)
- [Suicide Surveillance Dashboard](#)
- [Agency of Human Services Performance Scorecards](#)

Ways In Which Patient Autonomy and Self-Determination Are Maximized Within the



Context of Involuntary Treatment and Medication

- The [Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals scorecard](#) is updated quarterly and displays progress on six performance measures.
- As required by [Act 200, Sec. 7](#) of the 2018 Legislative Session, the Department publishes data and reports on emergency involuntary procedures in hospital settings that are [available here](#).
- The [DMH System Snapshot](#) scorecard provides data on inpatient care, crisis and community-based services, suicide deaths, and involuntary transportation for both youth and adults.

Performance Measures That Demonstrate Results and Other Data on Individuals for Whom Petitions for Involuntary Medication Are Filed

- Recent studies and reports on [Act 114 \(1998\)](#) non-emergency involuntary psychiatric medication provide comprehensive detail on involuntary medication and are [available here](#).
- [The Court-Ordered Involuntary Medications Scorecard](#) displays data for three key performance measures and is updated quarterly.