
DEPARTMENT OF MENTAL HEALTH UPDATE

DECEMBER 2021

Emily Hawes – Commissioner, Department of Mental Health

Alison Krompf– Deputy Commissioner, Department of Mental Health

TOP PRIORITY - THE WORKFORCE SHORTAGE

- **Affecting all areas of system of care**
 - Community-based services
 - Crisis response
 - Residential
 - Inpatient
- **People in crisis stuck in emergency rooms**
 - Going because there is not enough support and crisis response
 - Stuck because there are not enough inpatient/residential beds open

VACANCIES ARE AFFECTING SERVICE DELIVERY

- DAs/SSAs reporting 31% turnover rate in FY21
 - DAs/SSAs reporting over 900 vacancies out of 5,000 positions (this includes all types of positions)
 - Filling Just ONE Clinical Position can take 25-30 people off of waitlists. The impact of that:
 - Crisis mental health needs are addressed immediately, reducing Emergency Dept. pressures
 - Vermonters can access mental health treatment to prevent crisis escalation
 - Pending CMS Rule requiring vaccination adds additional challenges for inpatient and residential facilities

CURRENT INPATIENT CAPACITY

As of 12/9/21

Current Overall Capacity in the Mental Health System

Type of Bed	Total Beds	Occupied	Closed	Open	Notes
Adult Inpatient	198	128	58	12	Total includes all adult inpatient at BR, VPCH, CVMC, RRMV, VA, Windham Center
Youth Inpatient	42	19	22	1	All inpatient beds for youth are at the Brattleboro Retreat
Adult Crisis Beds	38	20	6	12	
Youth Crisis Beds	18	11	3	4	

VT PSYCHIATRIC CARE HOSPITAL AND SECURE RESIDENTIAL

■ VPCH

■ Current COVID-19 outbreak

- Once outbreak resolved, plans are being made to bring 5 of the 9 closed beds online
- There is a tentative agreement with VSEA for a retention and recruitment plan.
- Upon stabilization, the remaining 4 beds should also come online
- Four candidate interviews for hospital CEO, continuing the search

■ Secure Residential

- New program director
- All 7 beds open
- Groundbreaking at new site

BRATTLEBORO RETREAT

- Due to staffing shortages they have had to close beds through summer and fall
- State has supported them through COVID-19 relief funding, allowing them to stay open
- State is in negotiations with them on continuing the alternative payment model – which is a stabilizing funding method

ACTIONS ALREADY TAKEN BY LEGISLATURE AND AHS

Action	Goal
Funding for travelers and staff housing at the Brattleboro Retreat	Stabilize the beds we have now
\$47,125,799 to provide a three percent rate increase to mental health, developmental disabilities, Brain Injury Program, and Choices for Care providers and a \$1.50 per day increase to Assistive Community Care Services (ACCS) rates to address increased wage and operating costs.	Increased payment rates for DMH and DAIL funded staff
\$1.5M distributed through contract with Vermont Care Partners to support tuition reimbursement and loan repayment	Monitoring to see if this will create higher retention rates
Rutland mobile response pilot	Pilot an additional part of the crisis support continuum
\$19 million in provider stabilization since the beginning of the pandemic	Stabilize the DA/SSA system through the pandemic

WORKFORCE ACTION – RIGHT NOW

Action	Goal
\$2 million federal funding to assist in stabilizing 24/7 community-based facilities and services	Retain current staff capacity (“stop the bleed”)
\$15 million proposal in BAA for recruitment and retention (HCBS FMAP funding)	Retain current staff in system, and recruit new staff to fill vacancies in HCBS system
Workforce workgroup reviewing additional actions (report available upon request)	Set out strategy for recruitment and retention over time
Developing a valuation model, including a rate study considering wages and benefits	Long-term stability in funding that considers cost

WORKFORCE ACTION – NEXT SIX MONTHS

Action	Goal
Explore CCBHCs and the associated improved physical health integration and increased rates from CMS	Long-term stability in funding that considers cost and ensures high quality of care
Set up peer support certification (funding identified in HCBS FMAP)	Increase the people available to support those experiencing mental health crisis
Expand emergency department alternatives (\$4.8 million identified in HCBS FMAP)	Set up therapeutic alternatives for individuals in mental health crisis

FOR FUTURE DISCUSSION

- Suicide prevention
- Integration council
- School-based mental health



ACTION ITEMS FROM HHC LETTER FOR REFERENCE

THE FOLLOWING IS AN UPDATE ON ACTIONS TAKEN PER THE LETTER FROM HHC

DONE TO DATE

Action Item	Status	Lead
Identify the best practice regarding the length of time for the assessment and disposition of patients presenting with a mental health crisis in an emergency department and the target date for achieving this best practice.	Completed. Measure on dashboard.	DMH/VAHHS
Training by DMH and DCF for Champlain Valley Physician's Hospital (CVPH) on Vermont's Child, Youth and Family System of Care to improve and enhance CVPH's ability to accept Vermont children and youth.	Completed	DMH
Establish the expectation that services in the community are robust enough to ensure that there is not reliance on emergency departments.	Ongoing	DMH/AHS
Mobile Response Pilot	Completed and ongoing	DMH/DVHA
Form Workforce Development Taskforce	Completed and ongoing	DMH

DONE TO DATE

By July 1, proceed with establishing the Mental Health Integration Council and use the current child emergency department crisis as an initial “case response” for integrated, whole health care system approaches to mental health.	Completed and ongoing	DMH
Immediately begin soliciting input from family and peer stakeholders to help identify immediate and ongoing progress points.	Completed and ongoing	DMH/VCP
Establish a target date by which the average length of “boarding” time in emergency departments shall not exceed 24 hours.	Completed. Measure on dashboard.	DMH/VAHHS
Evaluation of ability to expand statewide crisis bed capacity for individuals that exceed local crisis supports.	Report to Legislature due January 15, 2022. Six RFI responses received.	DMH
Update and distribute brochures for families waiting in EDs with children	Completed	DMH/VAHHS

THANK YOU

COMMISSIONER: EMILY.HAWES@VERMONT.GOV

DEPUTY COMMISSIONER: ALISON.KROMPF@VERMONT.GOV

POLICY DIRECTOR: SHAYLA.LIVINGSTON@VERMONT.GOV

SCHEDULER: JENNIFER.ROWELL@VERMONT.GOV