



MENTAL HEALTH SYSTEM OF CARE

DEPARTMENT OF MENTAL HEALTH OVERVIEW

KEY INITIATIVES AND UPDATES

Sarah Squirrell, Commissioner

Mourning Fox, Deputy Commissioner

Alison Krompf, Director of Quality and Accountability

OUTLINE OF PRESENTATION

Department of Mental Health Overview

Inpatient capacity and planning/Secure residence planning

Suicide Prevention Efforts

Vision 2030 Implementation

Orientation to Legislative Reports

Initiatives and Opportunities

DEPARTMENT OF MENTAL HEALTH

Mission:

To promote and improve the mental health of Vermonters.

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.



OVERVIEW AND PARTNERSHIPS

Oversight & Designation

10 Designated Agencies

2 Specialized Service Agencies

7 Designated Hospitals

Operation and Care

Vermont Psychiatric Care Hospital (25 beds)

Middlesex Therapeutic Care Residence (7 beds)

Staff (314)

253 at Care Facilities, 61 at Central Office:

Administrative Support, Business Office & Legal Services

Quality, Research and Statistics Teams

Clinical Care Management Team

Operations, Policy and Planning Team

Child, Adolescent and Family Team

Adult Mental Health Services Team

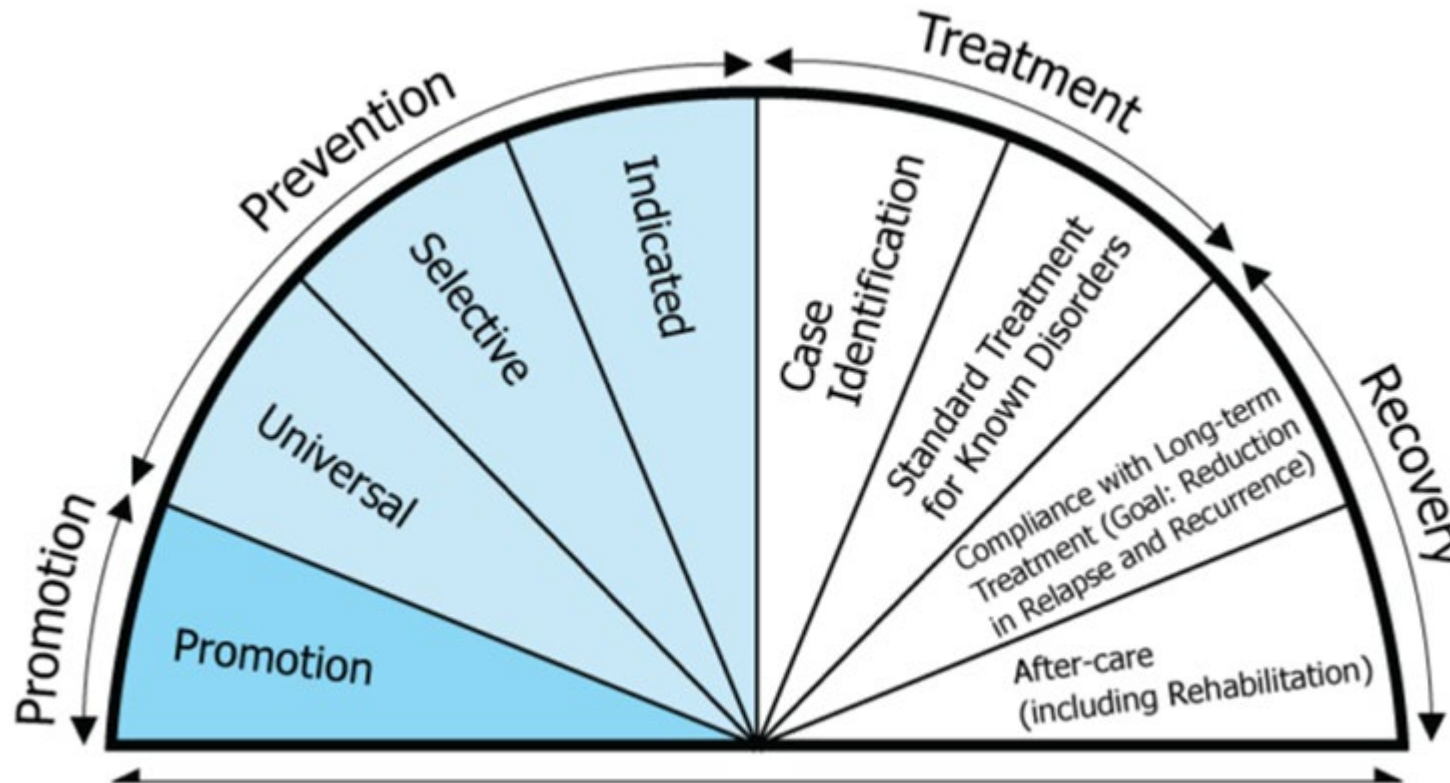
Notable Collaborations

Vermont hospitals, forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM, One Care, law enforcement, courts, other VT state agencies and departments.

Community Partners

Vermont Federation of Families for Children's Mental Health, Center for Health and Learning, Vermont Psychiatric Survivors, National Alliance on Mental Illness VT, Pathways, and many others.

PUBLIC HEALTH- MENTAL HEALTH INTERVENTION SPECTRUM



DESIGNATED PROVIDERS

Designated Agencies
(10)

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northwestern Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services

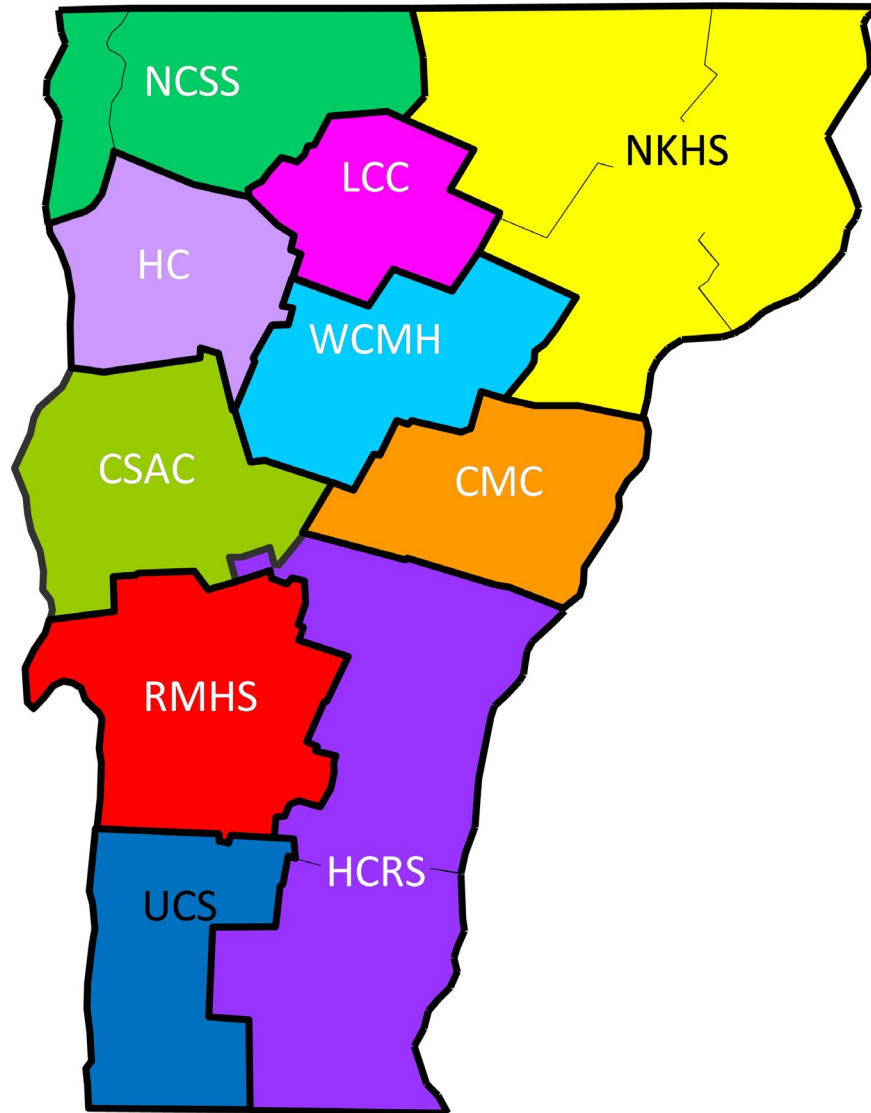
Designated Hospitals
(7)

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center
- Windham Center

Specialized Services
Agencies (2)

- Pathways Vermont
- Northeastern Family Institute

DESIGNATED AGENCIES AND SPECIALIZED SERVICE AGENCIES



- CMC** Clara Martin Center
- CSAC** Counseling Services of Addison County
- HCRS** Health Care and Rehabilitation Services of Southeastern VT
- HC** Howard Center
- LCMH** Lamoille County Mental Health Services
- NCSS** Northwest Counseling and Support Services
- NKHS** Northeast Kingdom Human Services
- RMHS** Rutland Mental Health Services
- UCS** United Counseling Service
- WCMH** Washington County Mental Health Services
- NFI** Northeastern Family Services (SSA)
- PV** Pathways Vermont (SSA)

ADULT SYSTEM OF CARE

INPATIENT HOSPITALIZATION

Services for adults at risk of harm to self or others

Level One Inpatient
3 Facilities
45 Beds

General Inpatient
7 Facilities
142 Beds



SECURE RESIDENTIAL

Services for adults to support recovery in a secure environment

Secure Residential
1 Facility
7 Beds



INTENSIVE RESIDENTIAL PROGRAMS

Additional services to support adults recently discharged

Intensive Recovery Residential
5 Residences
42 Beds

Peer-run Residential
1 Residence
5 Beds



CRISIS SUPPORTS AND RESPONSE

Services and supports for adults in crisis

Mental Health Crisis Beds
12 Facilities
38 Beds

- Crisis assessment, support, and referral
- Continuing education and advocacy



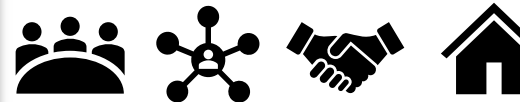
COMMUNITY MENTAL HEALTH

For adults seeking mental health care

Group Residential Homes
19 Homes
152 Beds

Shelter & Care Vouchers
DMH Housing Vouchers

- Individual, family, and group therapy
- Clinical assessment
- Medical consultation and medication
- Service planning and coordination
- Community supports & employment services
- Housing and home supports
- Peer programming



KEY TO PROVIDER SYMBOLS



Peer-run Services & Residential Care



Department of Mental Health



Designated Agencies and Specialized Services Agencies

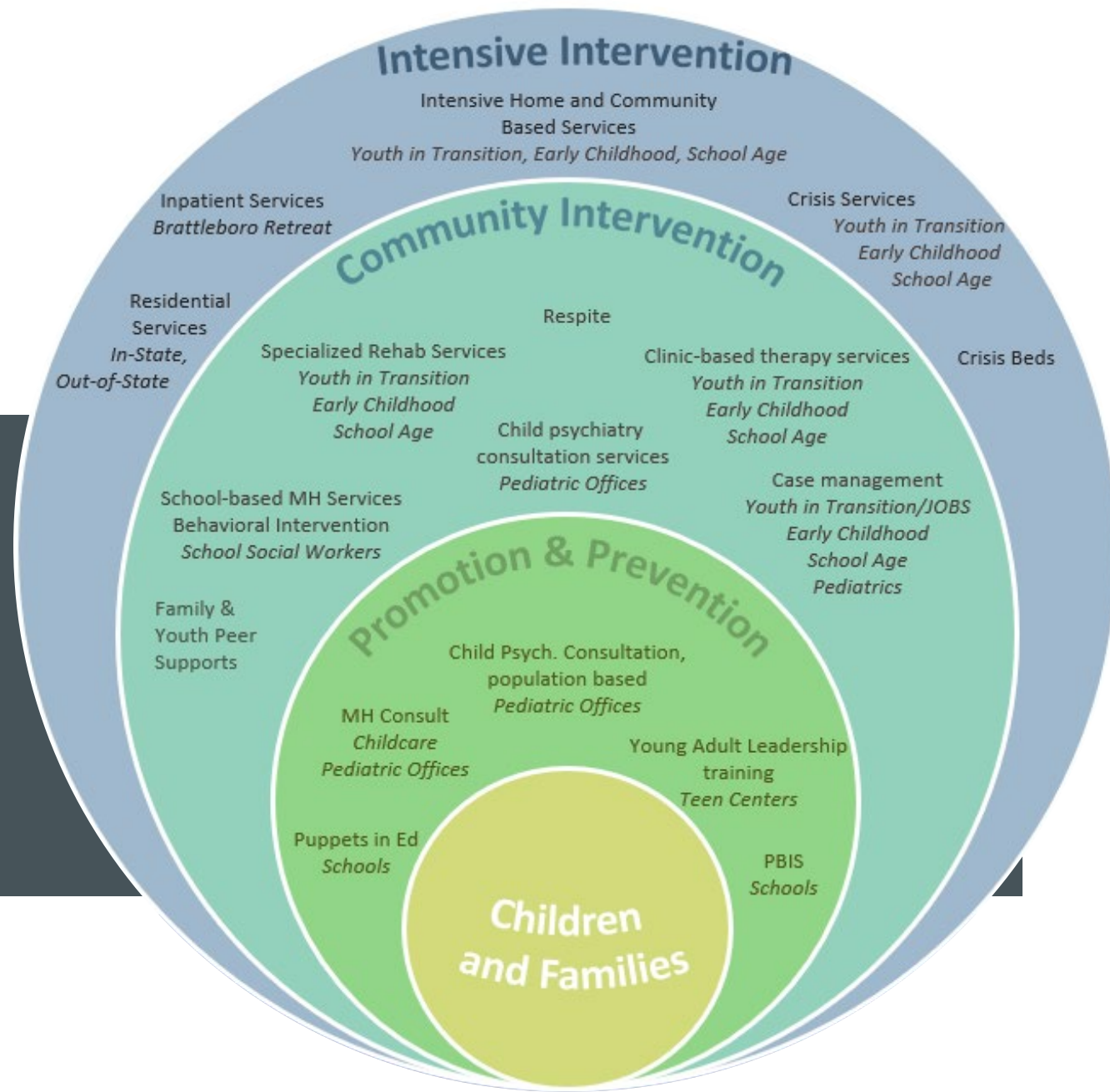
Private, non-profit service providers responsible for program delivery, local planning, service coordination, delivery and monitoring outcomes within their geographic region. SSAs provide a distinctive approach to service delivery or services that meet distinctive individual needs.



Private Providers

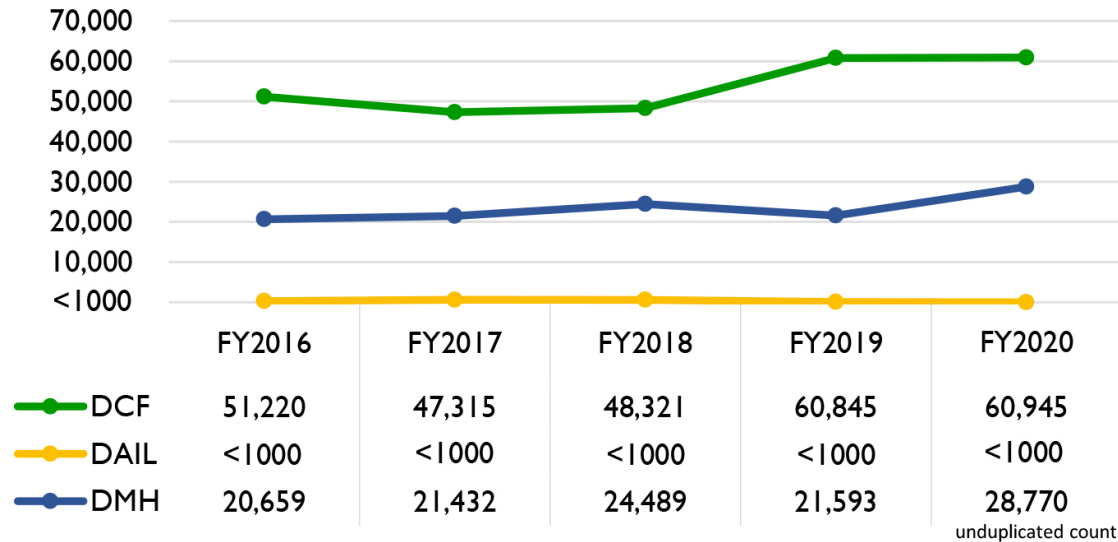
Psychiatrists, Psychologist, Nurse Practitioners, Licensed Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals

CHILDREN'S MENTAL HEALTH SYSTEM OF CARE



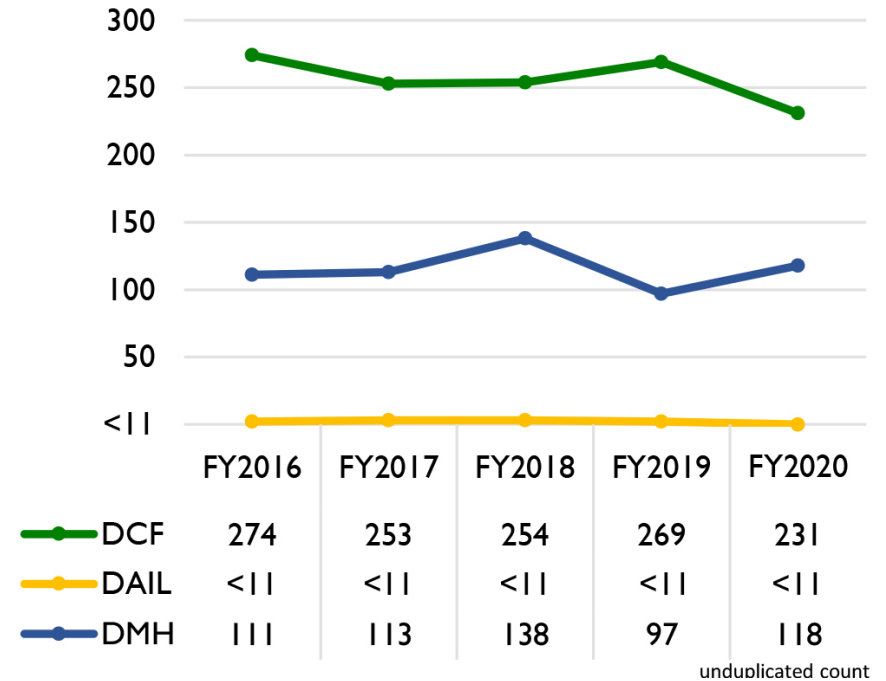
CHILDREN AND YOUTH RESIDENTIAL TREATMENT

Total Residential Bed Days by Department per Fiscal Year Through FY20Q4



Total Bed Days is the total number of days a child/ youth stays overnight in a residential program. For the Total Bed Days chart, children who were placed in more than one program during the fiscal year are represented more than once so that all bed days are calculated.

Total Child Count in Residential by Department per Fiscal Year Through FY20Q4



For the **Total Child Count in Residential** by State fiscal year, the number of children/youth is unduplicated within the fiscal year, meaning if a child/ youth was placed in more than one residential program during the fiscal year, the child/youth is only counted once.



INPATIENT CAPACITY, RESIDENTIAL AND SECURE RESIDENTIAL PLANNING



DMH RESIDENTIAL, CRISIS AND DESIGNATED HOSPITAL BEDS

ALL AGES 2021



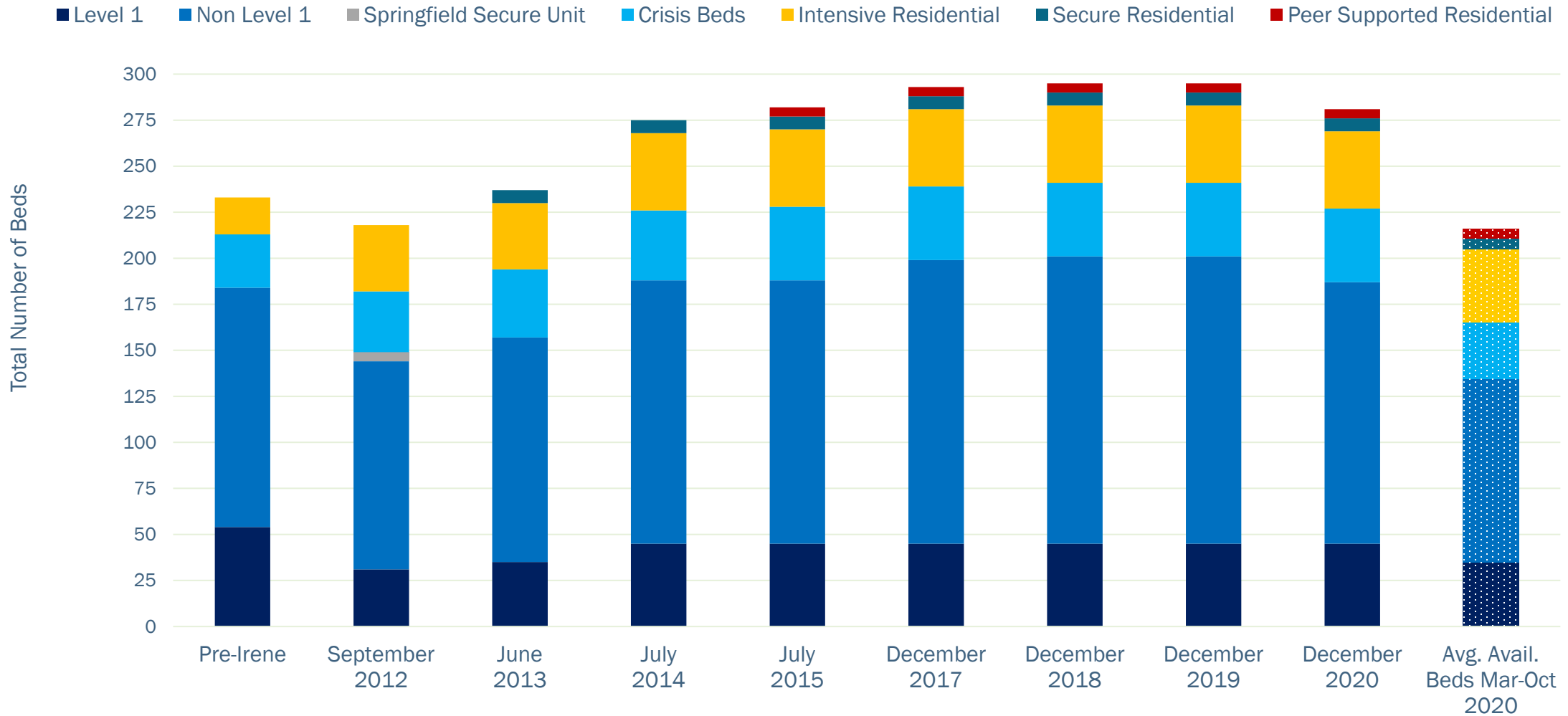
BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
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

***Residential programs that are primarily utilized by DCF, but accessible to DMH in rare circumstances

PSYCHIATRIC BEDS IN ADULT SYSTEM OF CARE



5 temporary beds (2012) Springfield Secure for displaced VSH patients

BED CAPACITY: FEBRUARY 1, 2021

Hospitals	Maximum Capacity (# of beds)	Closed (# of beds)	Current Capacity (%)
BR O2 (LGBTQ+)	15	1	93%
BR T 4 (Level1)	14	0	100%
BR T1	22	22	0%
BR T2 (Acute Adult)	24	5	79%
CVMC (General)	14	4	71%
RRMC PSIU (General)	17	2	88%
RRMC PSIU South Wing (Level 1)	6	0	100%
UVM Med Ctr S3 (General)	12	0	100%
UVM Med Ctr S6	16	0	100%
VA WRJ	12	4	66%
VPCH	25	13	56%
WC (COVID +)	10	0	100%
TOTAL	187	51	79.4%
Statewide Adult Crisis Beds	38 beds	9 beds	76%

CHILDREN'S CRISIS AND INPATIENT CAPACITY: FEBRUARY 1, 2021

	Maximum Capacity (# beds)	Closed (# beds)	Current Capacity (%)
Brattleboro Retreat Inpatient for children (Osgood 1)	12	7	42%
Brattleboro Retreat Inpatient for adolescents (Tyler 3)	18	6	67%
NFI Hospital Diversion Program - North	6	2	67%
NFI Hospital Diversion Program - South	6	2	67%
Howard Crisis Stabilization Program	6	0	100%
TOTAL	48	17	65%



Future DMH Recovery Residence

The Need for the DMH Recovery Residence

In order to provide the best care possible for Vermonters, a robust continuum of residential treatment services must be available.

A permanent, physically secure residential program is a key component in Vermont's system of community-based residential services programs available to individuals needing 24/7 treatment and support services.

Over more than 8 years of operation, the 7-bed, temporary, secure residential program in Middlesex has successfully transitioned many individuals with complex needs from inpatient care back to local communities or less intensive support programs and services.

HISTORY OF THE RECOVERY RESIDENCE

2011

Hurricane Irene floods State Hospital in Waterbury, requiring emergency evacuation of all residents.

Residents are placed around the state, often in a one-on-one placement with a psychiatric nurse to ensure their safety and continued treatment.

2012

Act 79 creates the temporary Middlesex Therapeutic Community Residence (MTCR), a seven-bed secure residential program.

- Built using Federal Emergency Management (FEMA) funds
- Step-down facility for those no longer in need of inpatient care but who need intensive services in a secure setting

To be placed at MTCR

- the individual must be in the custody of the DMH Commissioner on an Order of Non-Hospitalization (ONH),
- a judge needs to specifically find that the clinically appropriate treatment for the patient's condition can only be provided safely in a secure residential recovery facility

-
- Ninety-five percent of referrals to the secure residential facility are from Level 1 units across the state.
 - Long wait times in Emergency Rooms are symptomatic of inadequate service options or support settings in the community system of care creating barriers to flow in the system
 - Such a facility will greatly improve the movement of patients through our system and improve outcomes
 - Those individuals who no longer require hospitalization will have a safe, stable environment to step-down to, freeing up beds for others who need the bed.

A True System of Care for all Vermonters

Designed for Recovery

Research shows the profound effects our environment has on our physical and mental health.

An environment that is as much like a “cozy home” as possible, with ease of access to nature supports recovery and feelings of safety. The DMH Recovery Residence is being intentionally designed according to these concepts.



CLINICAL MODELS AT THE DMH RECOVERY RESIDENCE

THE DMH RECOVERY
RESIDENCE WILL BE THE
LEADING PSYCHIATRIC
CARE FACILITY IN THE
STATE OF VERMONT.

Beck Institute's Recovery-Oriented Therapy (CR-T) model as its therapeutic framework, which has been empirically shown to promote trust and connection

Open Dialogue emphasizes listening and understanding and engages the social network from the very beginning – rather than relying solely on medication and hospitalization. It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.

Dialectical Behavioral Therapy treatment is a type of psychotherapy that emphasizes the psychosocial aspects of treatment. DBT teaches skills for coping with sudden, extreme mood swings.

Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

6 Guiding Principles To A Trauma-Informed Approach

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



SUICIDE PREVENTION EFFORTS

INITIATIVES AND STATEWIDE DATA UPDATE

SUICIDE PREVENTION EFFORTS

\$500K Coronavirus Relief Funds
+ \$287K Carry forward

Amended FY21 Gov. Recommend Suicide Prevention

1. Expand Zero Suicide
2. Expand Suicide Prevention Lifeline
3. Targeted Resources for High-Risk Groups
4. Youth Mental Health First Aid
5. Expand programs and supports for older Vermonters

\$3.8M: CDC Comprehensive Suicide Prevention Cooperative Agreement

(VAST: Vermont Addressing Suicide Together)

1. The funding for this grant will sit with VDH, however, DMH will receive funding for a half-time Communications position.
2. This funding is for a public health approach to suicide to build comprehensive infrastructure

VAST: VERMONT ADDRESSING SUICIDE TOGETHER

We know Vermonters are at risk and we need a comprehensive approach to suicide prevention.

VAST will:

- Develop a more coordinated statewide prevention effort with state partners and communities
- Utilize data analysis to identify vulnerable populations and serve them better
- Ensure access for underserved populations with a focus on health equity
- Expand Zero Suicide activities to rural Vermont counties and engage Community Health Teams
- Facilitate Gatekeeper trainings, which helps us ensure we are supporting the LGBTQ community—especially youth, with appropriate resources—because the latest national data tells us that those youth are at significantly higher risk of self harm.
- Expand recovery and peer support groups including for first responders

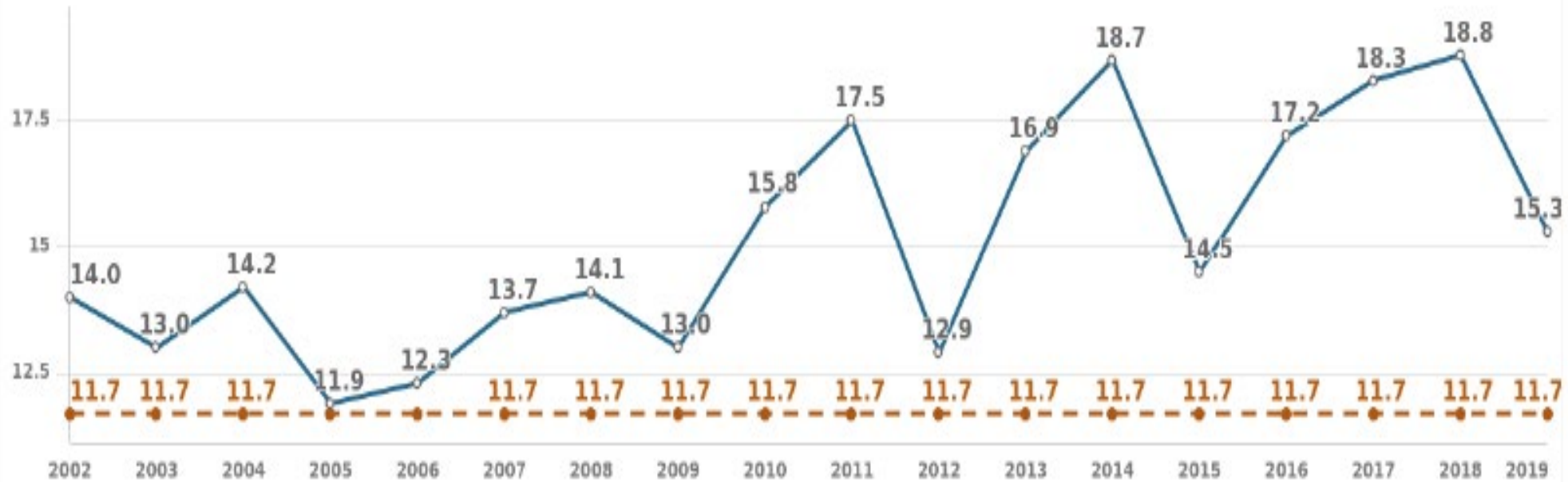
PLANNING FOR IMPLEMENTATION OF 9-8-8

- The 1-800-273-TALK National Suicide hotline will be transitioning to a three-digit number 988 starting in July, 2022.
- The expectation is that these calls are answered in state. VT has been working towards this aim, with one certified Lifeline Center now onboarded, NCSS, and another in process - NKHS
- Significant planning is required for the development of appropriate infrastructure and operations necessary for consistent operational and clinical best practices and data reporting across Lifeline Centers
- DMH is forming a 988 Planning Coalition comprised of key stakeholders – VCP, Lifeline Centers (NCSS and NKHS), CHL, VDH, VT State Police and PSAPS, NAMI, AFSP, Pathways VT, and Refugee Mental Health Workgroup
- Small planning grant awarded (\$135,000) for 2/1/2021 through 9/30/2021 to support hours necessary for collaborative planning efforts from an extensive group of stakeholders.

SUICIDE PREVENTION

Rate of suicide deaths per 100,000 Vermonters

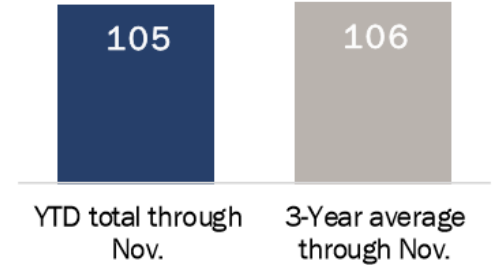
Data Source: Vital Statistics



SUICIDE PREVENTION: PRELIMINARY DATA

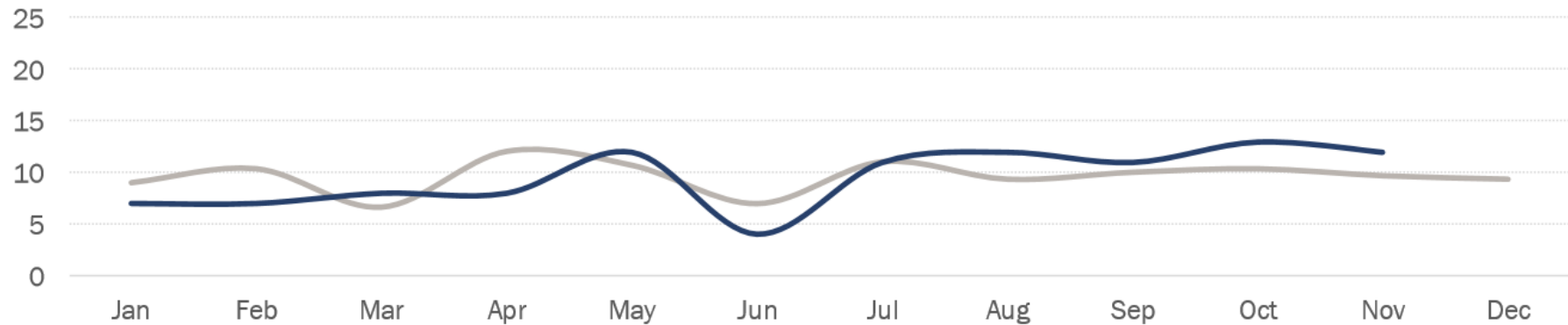
Deaths

As of the end of November, there have been 105 suicide deaths among Vermont residents. This number is similar to previous years, however this may change because the data is preliminary.



The number of Vermonters dying by suicide this year is similar to previous years.

Suicide deaths in 2020 and 3-year averages by month among Vermont residents*



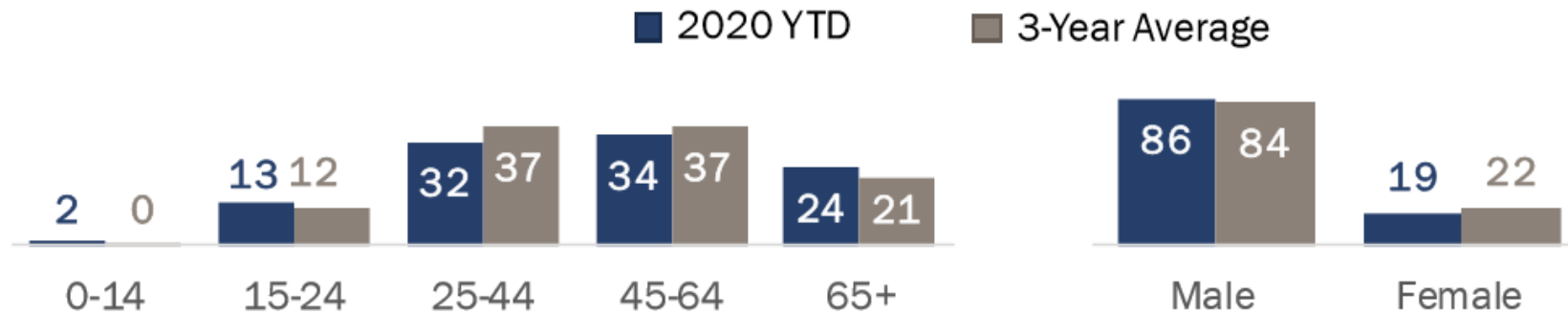
Source: Vermont Vital Statistics, 2015-2020.

*3-year averages are calculated using the years 2017 to 2019.

Please note there is an 8-week lag in reporting suicide death. An 8-week lag minimizes the changes in numbers posted. Suicide deaths through the end of July are included in this report. There are 21 pending death certificates from January to November 2020.

SUICIDE PREVENTION

The number of suicide deaths by age and sex is similar to previous years. Younger, older, and male Vermonters may be disproportionately affected.



VISION 2030: 10- YEAR PLAN





Vision and actionable plan to achieve a coordinated, holistic and integrated system of care



Informed by direct input from hundreds of residents and stakeholders



Weaves the health needs of Vermonters into actionable strategies for taking policy into practice

VISION 2030

ALIGNING STRATEGIES FOR PROGRESS

8 ACTION AREAS

 **Improving Health of Populations** → **Action Area 1:** Promoting Health and Wellness

 **Reducing Costs of Care** → **Action Area 2:** Influencing Social Contributors to Health

 **Improving Health of Populations** → **Action Area 3:** Eliminating Stigma and Discrimination

 **Improving Client Experience** → **Action Area 4:** Expanding Access to Community-based Care

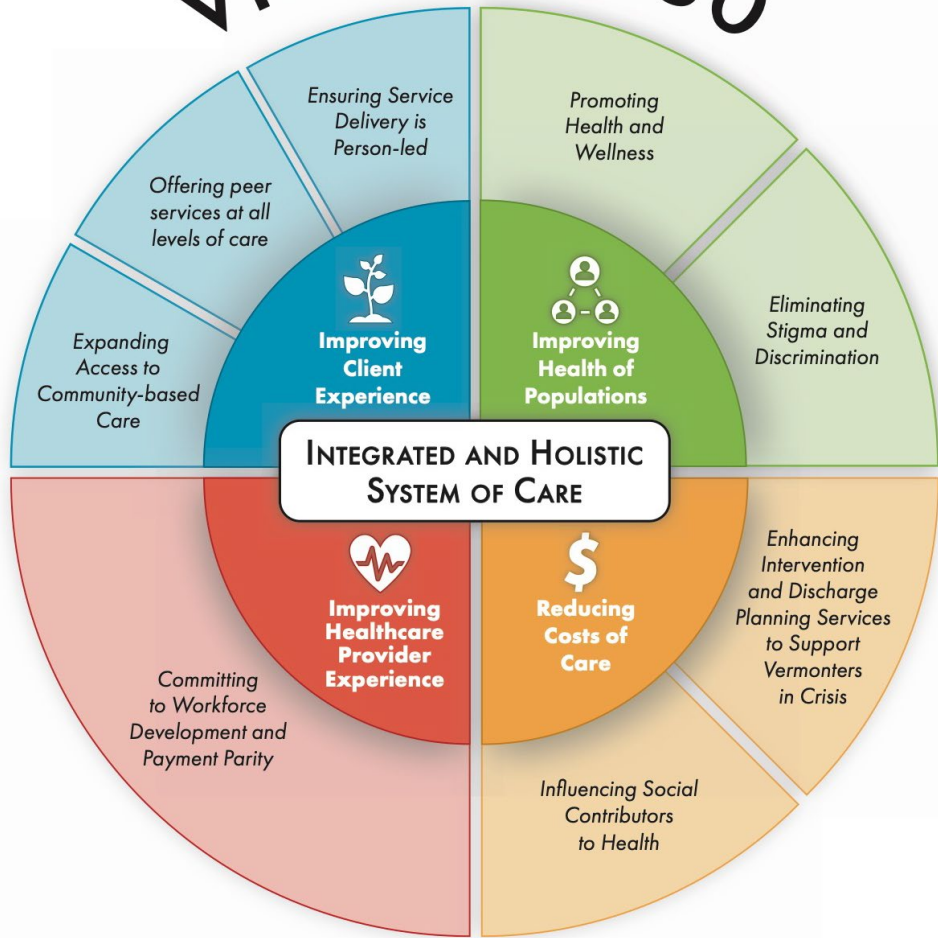
 **Reducing Costs of Care** → **Action Area 5:** Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis

 **Improving Client Experience** → **Action Area 6:** Peer Services Are Accessible At All Levels Of Care

 **Improving Client Experience** → **Action Area 7:** Ensuring Service Delivery is Person-led

 **Improving Healthcare Provider Experience** → **Action Area 8:** Committing to Workforce Development and Payment Parity

VISION 2030



MENTAL HEALTH INTEGRATION COUNCIL

IMPLEMENTING VISION 2030:
A 10-YEAR PLAN FOR AN INTEGRATED AND HOLISTIC
SYSTEM OF CARE

THE COUNCIL MAY CREATE SUBCOMMITTEES COMPRISING THE COUNCIL'S MEMBERS FOR THE PURPOSE OF CARRYING OUT THE COUNCIL'S CHARGE.

The Commissioner Of Mental Health Shall Call The First Meeting Of The Council.

- (2) The Commissioner Of Mental Health Shall Serve As Chair. The Commissioner Of Health Shall Serve As Vice Chair.
- (3) The Council Shall Meet Every Other Month Between January 15, 2021 And January 1, 2023.
- (4) The Council Shall Cease To Exist On July 30, 2023.

On Or Before December 15, 2021, The Commissioners Of Mental Health And Of Health Shall Report On The Council's Progress To The Joint Health Reform Oversight Committee.

On Or Before January 15, 2023, The Council Shall Submit A Final Written Report To The House Committee On Health Care And To The Senate Committee On Health And Welfare With Its Findings And Any Recommendations For Legislative Action, Including A Recommendation As To Whether The Term Of The Council Should Be Extended.

LEGISLATIVE CHARGE

Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT

Creation. There is created the Mental Health Integration Council for the purpose of helping to ensure that all sectors of the health care system actively participate in the State's principles for mental health integration established pursuant to 18 V.S.A. § 7251(4) and (8) and as envisioned in the Department of Mental Health's 2020 report "Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care."

The Council shall address the integration of mental health in the health care system, including:

1. identifying obstacles to the full integration of mental health into a holistic health care system and identifying means of overcoming those barriers;
2. helping to ensure the implementation of existing law to establish full integration within each member of the Council's area of expertise;
3. establishing commitments from non-state entities to adopt practices and implementation tools that further integration;
4. proposing legislation where current statute is either inadequate to achieve full integration or where it creates barriers to achieving the principles of integration; and
5. fulfilling any other duties the Council deems necessary to achieve its objectives.

SYSTEM OF CARE | IMPACTS OF COVID-19 PANDEMIC

- Social distancing/quarantine
- Remote learning
- Access gaps
- Co-Occurring
- Overall well-being and wellness
- Workforce

CHILDREN'S INITIATIVES WITH FEDERAL FUNDING

Screening, Treatment, & Access for Mothers & Perinatal Partners (STAMPP)

- 5-yr federal cooperative agreement to expand perinatal mental health services (in partnership with VDH)
- Medical providers are increasing their screening for perinatal mood and anxiety disorders (PMADs)
- Mental health providers are trained in effective treatment interventions
- Development of a statewide database of providers at Help Me Grow VT who have expertise and/or training in perinatal mental health

Children's Health Integration, Linkage, and Detection (CHILD) grant

- 5-yr SAMHSA grant focused on integration of primary care and mental health care for children 0-22 years of age and their families in 4 regions of VT

Advancing Wellness and Resilience in Education (AWARE) Project

- 5-yr SAMHSA grant with Agency of Education in partnership with DMH
- Partnership of 3 school districts with their local DA to support system improvements for school based mental health services and enhance wellness and resiliency skills for students

FEDERAL FUNDING/GRANTS

Current Federal Funding/Grants

- FEMA Crisis Counseling Grant (CovidSupportVT) - \$775K
- SAMHSA Grant (DMH & ADAP) - Expansion of Emergency Services & Peer Services - \$1M
 - Additional \$2.8M awarded
- CDC 5-Year Comprehensive Suicide Prevention Grants:
 - DMH/VDH received 5-year \$3.8M Comprehensive Suicide Prevention Grant

Anticipated Federal Funding/Grants

- Federal Relief: Recent Congressional action on COVID relief including:
 - Increases to Mental Health Services Block Grant
 - Increases for Suicide Prevention Programs
 - Increases for Project AWARE

DMH LEGISLATIVE REPORTS

<p>Act 79 : Individuals with a mental health condition or psychiatric disability receive care in the most integrated and least restrictive setting available.</p>	<p>Every January 15th</p>	<ul style="list-style-type: none"> • Articulates complexities of shifts in our system • Stabilization funds: federal grant projects • Capacity, Utilization, Admissions • Tells the story behind many anomalies this calendar year.
<p>Act 114: Nonemergency involuntary psychiatric medication in inpatient settings for people on orders of hospitalization; for adults on orders of non-hospitalization and continuation of ninety-day orders of non-hospitalization.</p>	<p>Every January 15th</p>	<ul style="list-style-type: none"> • No significant change in court ordered med. applications and applications granted. • Covid did not significantly disrupt proceedings for individuals subject to orders of courts—hearing participation was remote, and greater than prior the onset of the pandemic.
<p>Act 140: Brattleboro Retreat: Employee Relations and Patient Quality of Care.</p>	<p>Employee Relations Feb. 1st. Patient Quality of Care Feb. 15th.</p>	<ul style="list-style-type: none"> • Employee Relations Report submitted: furthers the October interim report, with Retreat’s own assessment of progress. • Patient QOC: stakeholder meetings still underway that are assessing quality elements. Report due Feb. 15th.
<p>Act 200 – Hospital data on inpatient psychiatric units and Eds.</p>	<p>January 31st, 2019-2021</p>	<ul style="list-style-type: none"> • Much of this report is drawn from VAHHS data • Complex shifts in 2020

LOOKING AHEAD

Initiatives

- Opening of the **12 new level 1 beds** at the Brattleboro Retreat
- **Replacement of Middlesex Secure Residential**
- **Mobile response** for children & families
- Continue implementation of **Mental Health Payment Reform**
- Advancing the Mental Health System in Vermont – **Vision 2030**
- **More equitable mental health services for all**

Opportunities

- Build on and expand community supports and program that include **community outreach, Pre-ED Diversion, mobile response implementation**
- Peer respite **and crisis services**
- **Geriatric psychiatry** community capacity
- Promotion, Prevention & Early Intervention



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