Report to
The Vermont Legislature

Reforming Vermont's Mental Health System

In Accordance with Act 79, 18 VSA 174 § 7256, Report to the Legislature on the Implementation of Act 79

Submitted to:	House Committee on Human Services Senate Committee on Health and Welfare
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Legislative Language

18 VSA 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 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.

Performance Of Mental Health System of Care

The Agency of Human Services uses the Results Based Accountability (RBA) framework is 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 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 practicioners in the least restrictive setting necessary to meet an individual's needs. The Department's Annual Statistical 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, 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

There is a spectrum of how symptoms of mental health present and how individuals manage those symptoms. Accordingly, 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 and least restrictive setting for individuals to safely and effectively achieve their health goals.

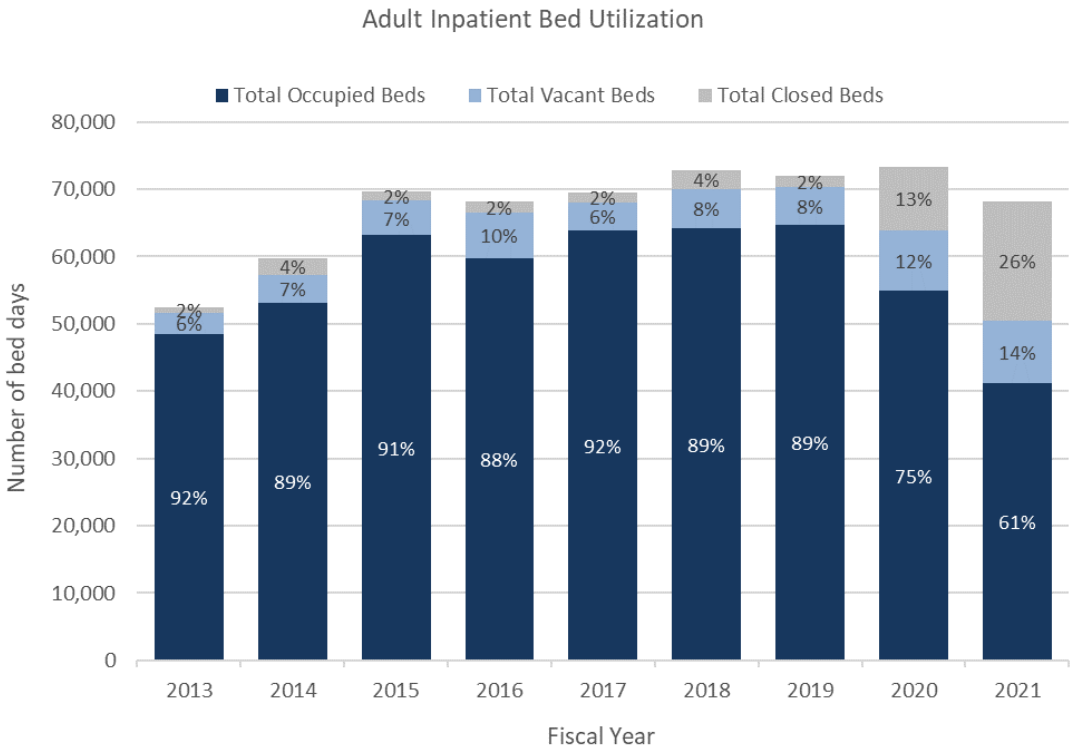
With the onset of the COVID-19 pandemic in early 2020, Vermont's health care system has adapted to shifts in public health guidelines and workforce capacity fluctuation to ensure a safe response for all Vermonters. Providers managed staffing shortages as the workforce managed childcare, shifting domestic responsibilities, and financial stressors The result is that capacity continues to shift in response to workforce challenges and changes in COVID-19 guidelines.

Hospitalization Capacity

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

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 wellbeing in daily living.

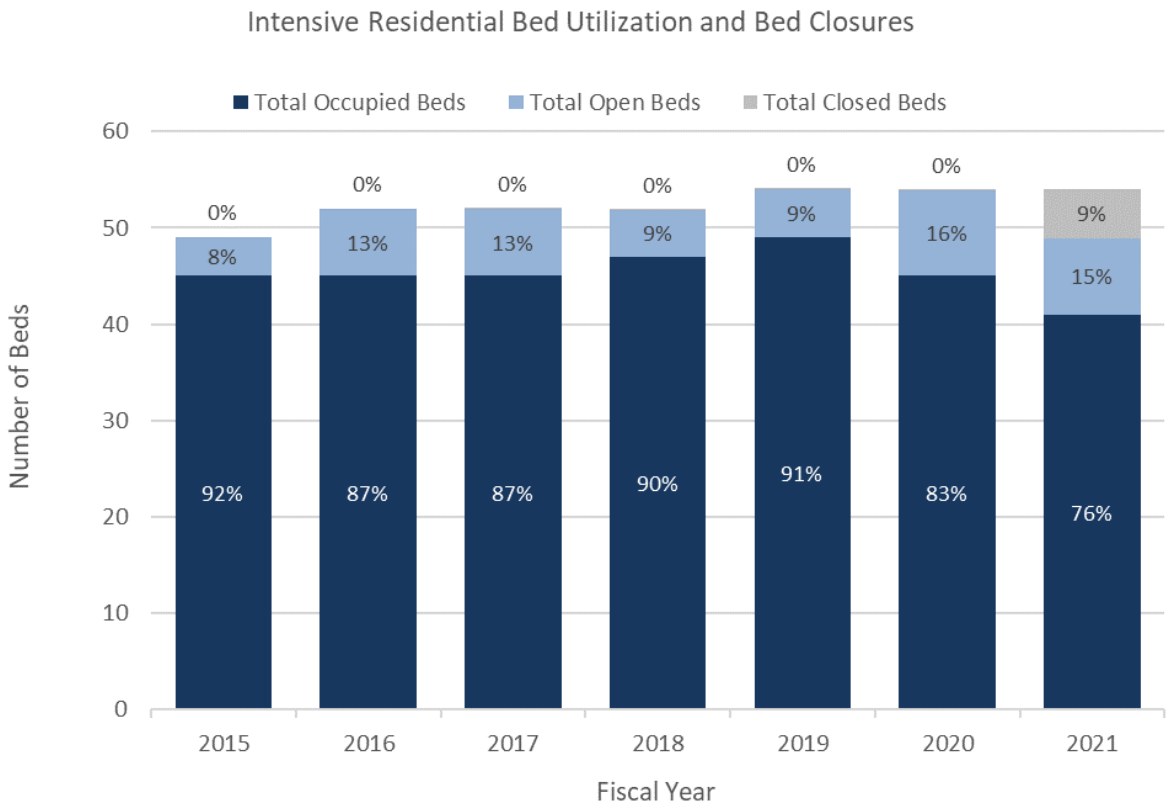
The chart below is based on data reported to the Department by Designated Hospitals (DH) for adult inpatient care using the electronic bed board system. It presents total bed capacity across the DH system through 2021 (data is reported by fiscal year, which is July 1 through June 30) by the number of 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. The impact of the COVID-19 pandemic has contributed to a 14 percent decrease in bed day utilization, a two percent increase in bed vacancies and the 11 percent increase in beds closed in this same year. Over this eight-year period, 2021 has seen the lowest level of adult inpatient bed utilization.



Community Residential Care Capacity

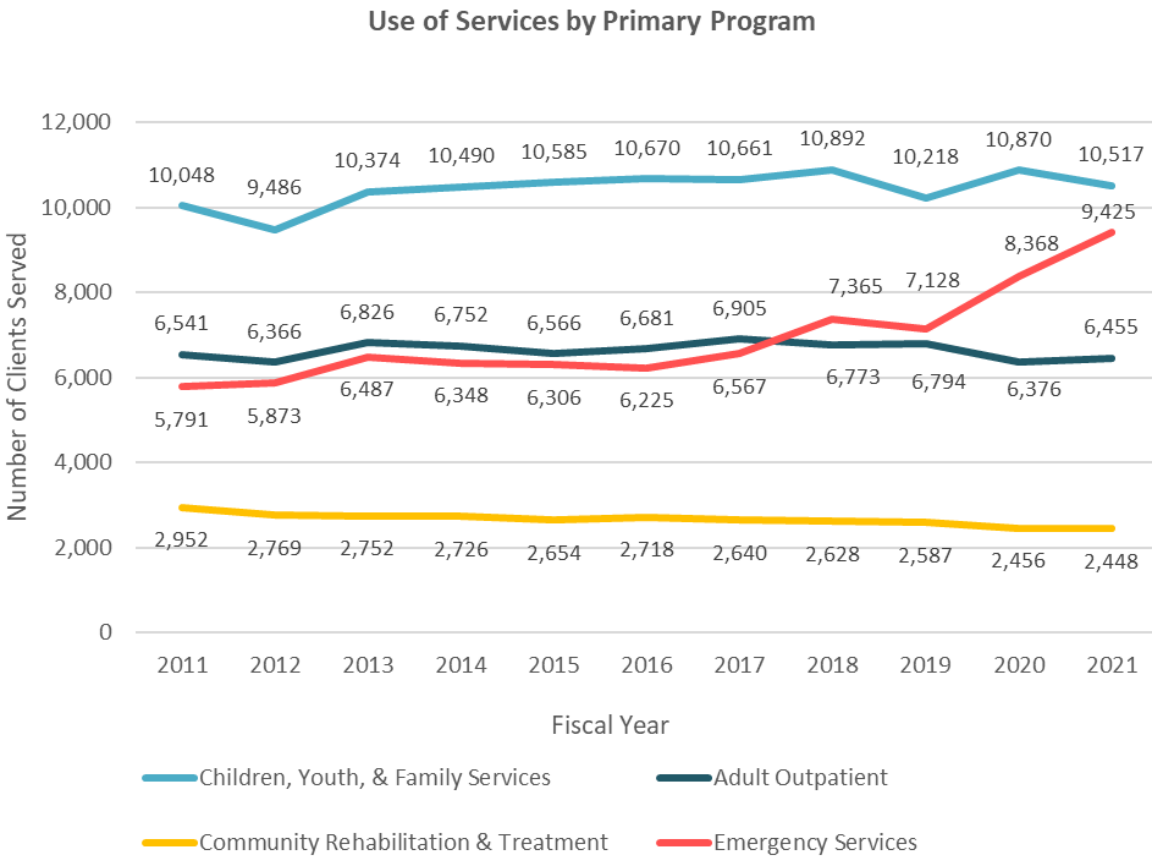
Community residential settings provide both transitional and longer term supports, averaging residential program lengths of stay within a 12-to-18-month time frame for residents. These services have met a key need for a significant number of individuals who are ready to leave higher levels of care, but who still require intensive support before taking steps toward independent living. The chart below illustrates the utilization of beds in these programs. From 2018 to 2019, there was a plateauing of utilization at 91 percent with a seven-year utilization history averaging between 86-93 percent. Since 2019, there has been a decrease to 84 percent in 2020 and further decrease to 76 percent in 2021. Numerous factors related to the ongoing COVID-19 pandemic are contributing to the reduced utilization, including a reduction of workforce, increased acuity in individuals, and providers adjusting operations to meet public health and safety guidance.

The graph below is based on the daily entries into the Department's Electronic Bed Board system by care facility staff and represents secure residential (Middlesex Therapeutic Community Residence), peer-run residential (Pathways, Soteria House) and intensive recovery residences (Hilltop, Maplewood, Meadowview, Second Spring North and South).



Other Community-Based Care Capacity

The Department reports on the number of people served across various programs along with outcomes at discharge in the regularly updated Department of Mental Health Scorecard. The following graph reflects individual use of services by primary program by fiscal year (July 1 through June 30). The highest number of persons served by programs offered by the Designated Agencies continues to be in services for Children, Youth, and Families, as represented in the graph above. These services had increased from 2012 until 2018, although between 2019 and 2021 there has been a fluctuation in the number of people served. Emergency Services saw an increase in the number of people served from 2011 to 2018 with a decrease in 2019 followed by a significant increase through 2021. Adult Outpatient programs remain reasonably level through this reporting period. Finally, Community Rehabilitation and Treatment (CRT) programs continue a slow overall declining trend.



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 Improvement Plan Scorecard, which was informed by a robust assessment of health and social conditions for Vermonters. Additional Scorecards that illustrate results and progress:

- Healthy Vermonters 2020
- Performance Scorecards
- Environmental Public Health Tracking
- Community Profiles

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, Section 7 of the 2018 legislative session, the Department submitted data and a report on involuntary procedures in hospital settings that are available here.
- The scorecard for Involuntary Transportation displays data on both youth and adult transports.

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) nonemergency 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 regularly updated.

Progress On Alternative Treatment Options Across System of Care For Individuals Seeking To Avoid Or Reduce Reliance On Medications, Including Supported Withdrawal From Medications

- Act 114 (1998) on nonemergency involuntary psychiatric medication: Recent reports and independent studies provide comprehensive detail on involuntary medication and are available here.
- The Court-Ordered Involuntary Medications Scorecard displays data for three key performance measures regarding medications and is regularly updated.