



**VERMONT
CARE
PARTNERS**

The Mental Health Continuum

January 31, 2024

Setting in Time

Historical & intergenerational trauma

Changes over time



Major life events



The Big Picture

Past movements

Values/Mores

Culture



Policies



Stigma



External

Designated Agencies

Private providers

Laws

Systems

Specialized Service Agencies

Other health social service agencies

FQHCs and primary care



Peer-led organizations



Community Organizations

Immediate

Extended Family

Friends

Hospitals

Education



Neighbors

Peers

Mentors



Counselors

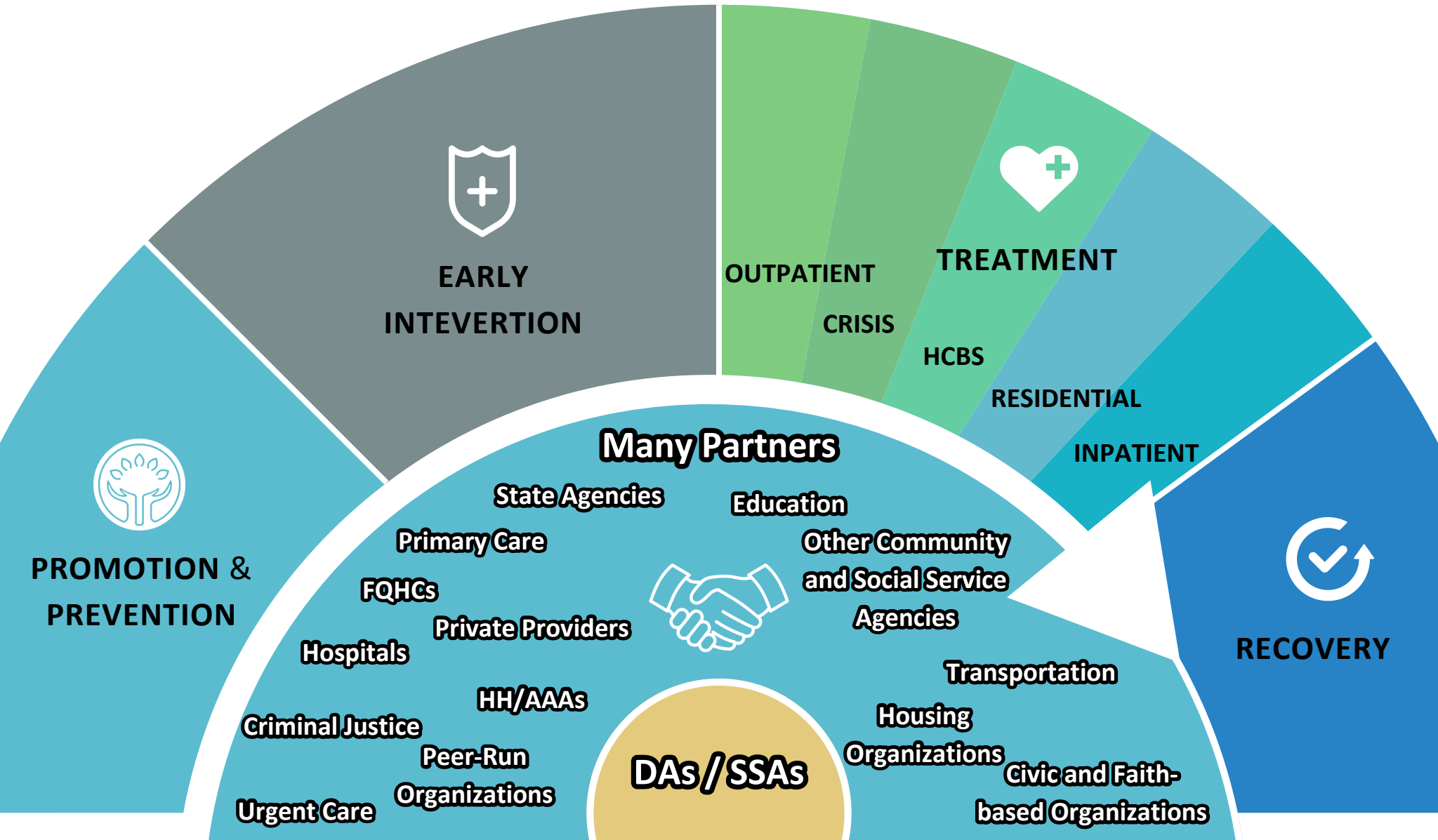
Teachers

Faith leaders

Media

Individual and family





Vermont's System of Care Designated and Specialized Service Agencies

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.Lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

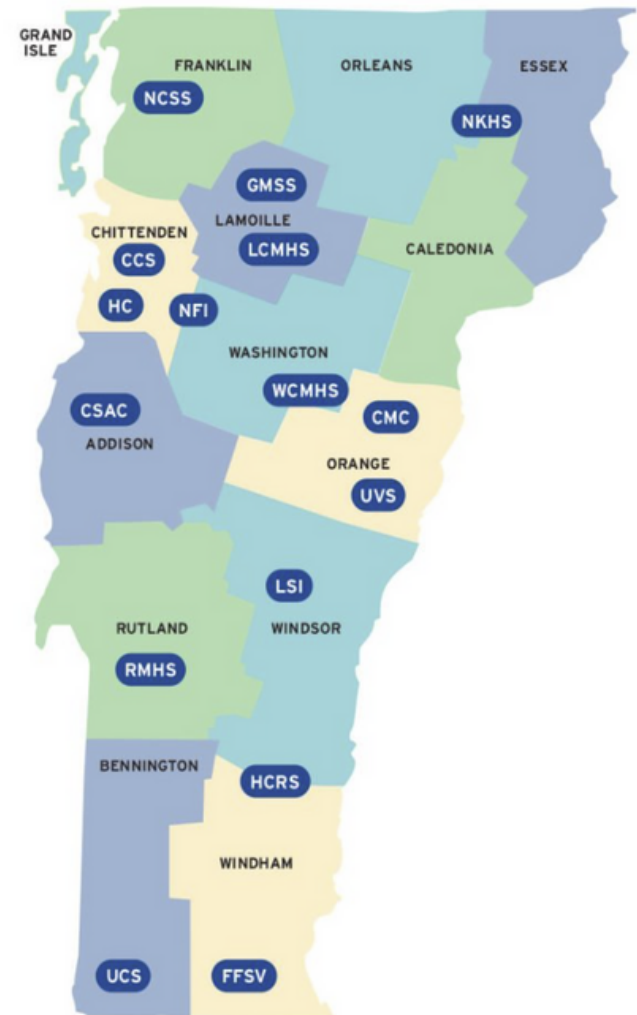
LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org






HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org



An Indispensable Public Community-Based System

	<p>Created by statute (18 V.S.A. § 8907)</p>
	<p>Designated Agencies are responsible for ensuring needed services are available through program/service delivery, local planning, service coordination, and outcome monitoring in each geographic region of the state (11 DAs all in the VCP network)</p>
	<p>Specialized Service Agencies can operate in more than one geographic area of the state and provide a distinctive approach to service delivery and coordination (7 SSAs/5 in the VCP network)</p>
	<p>Grounded in the philosophy that everyone benefits when people receive community-based -- rather than institutional -- care</p>
	<p>A hallmark of our model is coordinated care in the community and integrated at the system, program, individual and family level</p>

AGENCY SERVICES



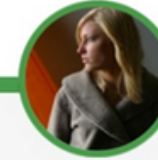
Children's Mental Health

Children's mental health programs provide therapeutic services to children and their families. These services include individual, group and family counseling in addition to a variety of supports that promote children's stability in the communities, schools, and homes. The vast majority of these services occur in the homes, communities, public school, and independent school environments.



Adult Mental Health

Our Adult Outpatient Mental Health Programs offer a range of prevention and intervention services, to help individuals, families and groups cope during times of stress and crisis, as well as to address emotional and behavioral difficulties. For adults with serious mental illness, our CRT /CSP programs provide an array of therapeutic, day, and residential services. Our services promote community, independence and recovery to minimize the need for inpatient and custodial care. CRT Intake Contacts



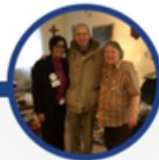
Emergency Services

We are available 24 hours a day, seven days a week in every community in Vermont. Services are intensive and time-limited, focused on resolving or stabilizing adults, families and children who are in acute mental health crisis.



Intellectual and Developmental Disability

Community-based supports are provided for children and adults with intellectual and developmental disabilities, which occur before age 18. We provide residential, and vocational services as well as services that support stability in the community, respite and flexible family supports.



Substance Use Disorder

A variety of substance use disorder services are provided by eight of the network agencies. These services include prevention and education programs in the schools, outpatient counseling, intensive outpatient programs, family and group counseling services, and services that support stability in the community.



Community Outreach and Education

We provide communities with a variety of public awareness and training opportunities to increase their understanding of issues that are core to the network's mission, to reduce stigma and to improve care delivery

Intellectual/Developmental Disability Services and Support

Served over **4,600**
Vermonters, **46%** of
whom had a co-
occurring mental
health diagnosis

590 lived
independently
Over **1,500** received
support in shared, staffed,
or group settings

40% of those
receiving services
were employed

Over **2,200** received
support enriching
local communities by
joining events with
friends and family

Mental Health and Substance Use Services and Support

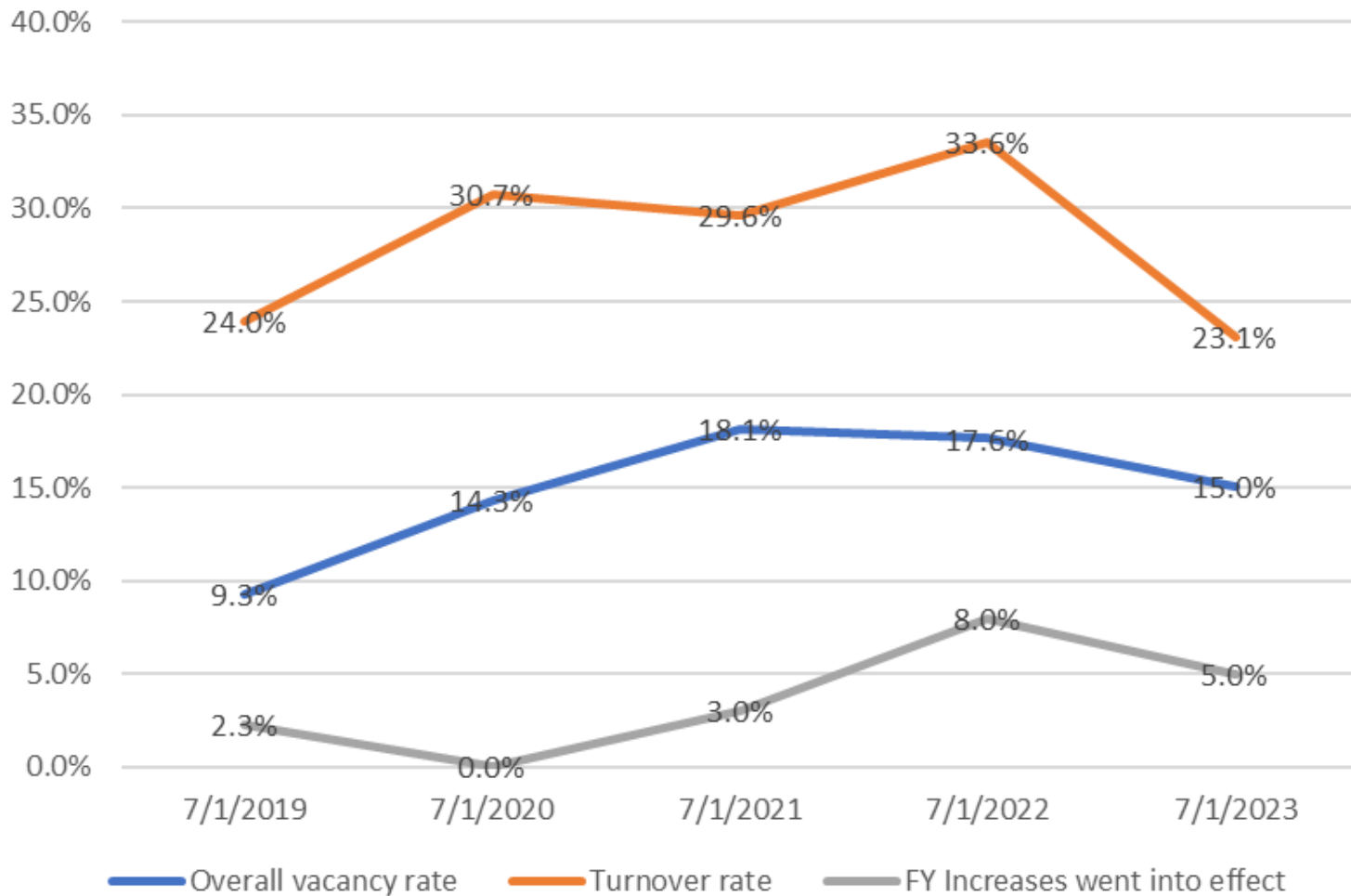
Served over
36,200
Vermonters

Operated **83%** of
mental health
residential beds and
96% of crisis beds

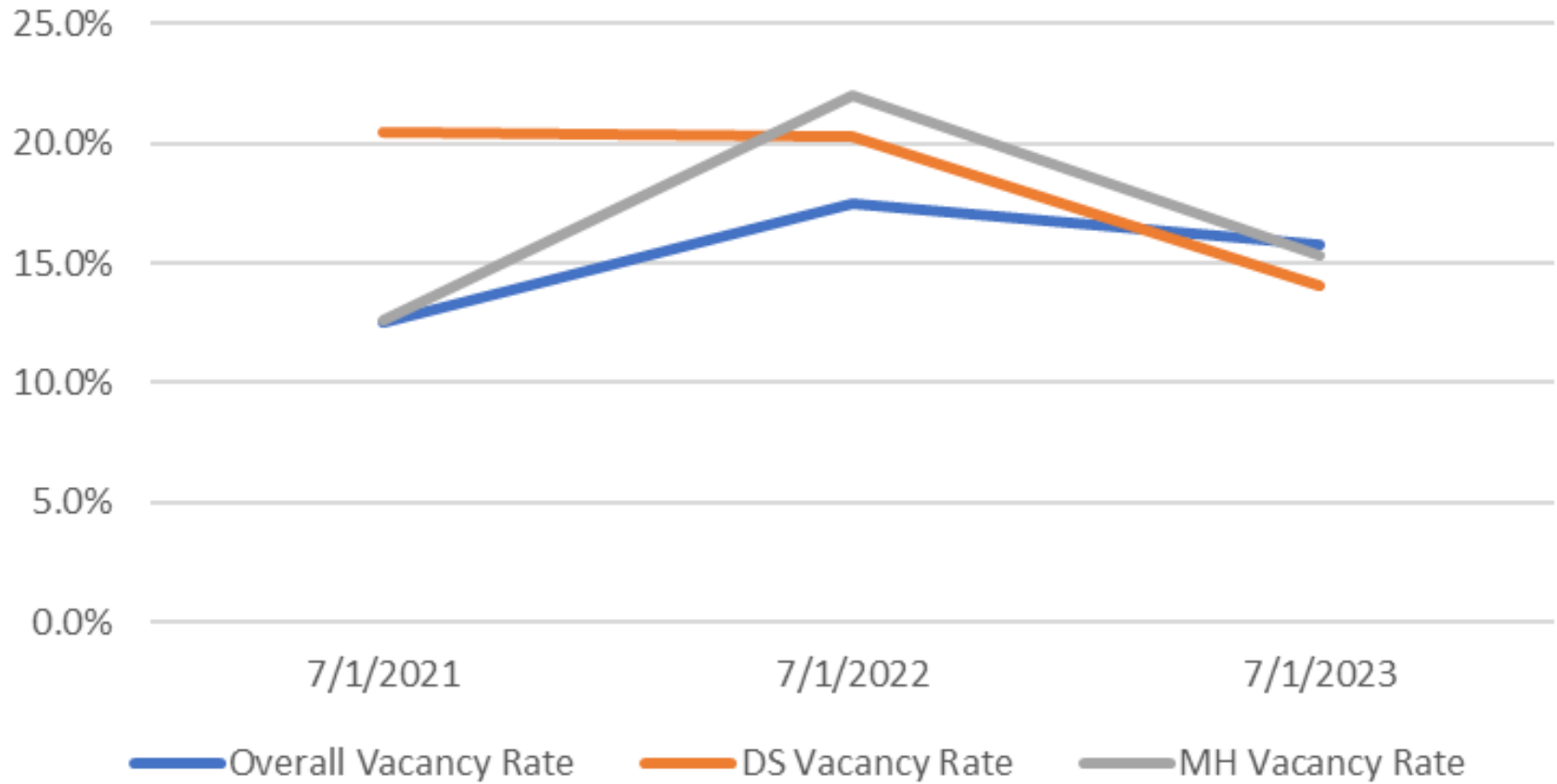
Provided 24/7/365
mental health crisis
response, serving over
13,300
Vermonters

Served over
13,200 children
and families in need of
mental health services

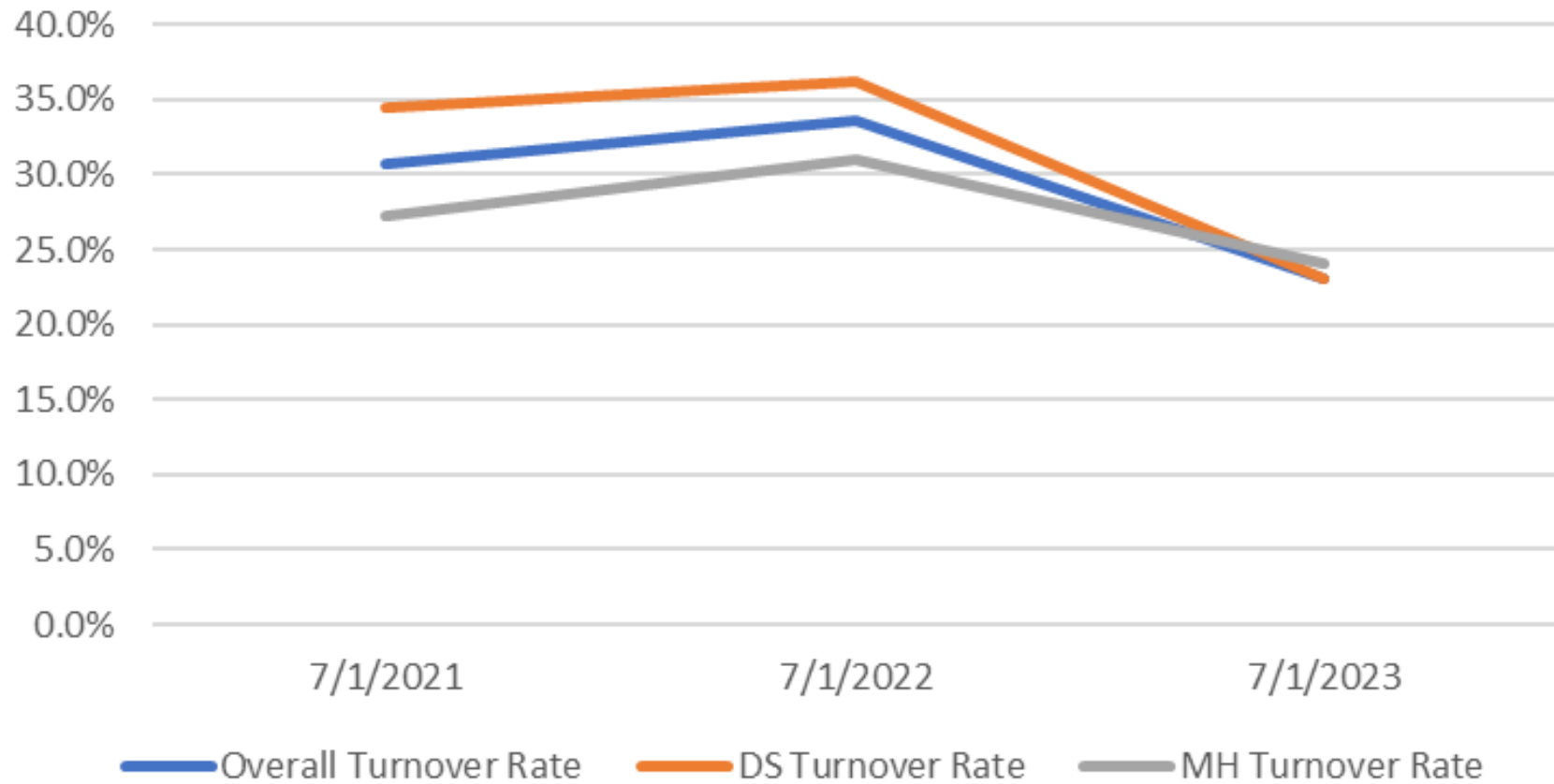
VCP Agency Turnover & Vacancy Data



2021-2023 Systemwide Vacancy Rates



2021-2023 Systemwide Turnover





PROMOTION & PREVENTION

Universal strategies to promote mental health, wellness, and resilience. Examples include:

- Housing
- Employment services
- Food assistance
- Anti-poverty initiatives
- School based & afterschool programming
- Psychoeducation
- Wellness programs
- Home based supports
- Education & training
- Outpatient supports
- Peer-driven initiatives
- Community outreach
- Disaster response



EARLY INTERVENTION

Recognizing the warning signs. Examples include:

- Screening
- Case management
- Community support
- Respite
- Emergency services
- Early childhood intervention
- Harm reduction & overdose prevention
- Urgent care
- Mobile crisis
- 988/crisis lines



TREATMENT

Evidence-based services for children, adults, and families
Examples include:

- Assessment
- Service planning & coordination
- Therapeutic services
- Medication management & medication assisted therapy
- Crisis stabilization
- Residential treatment
- Transitional & crisis beds



RECOVERY

Services, often community- and-peer based. Examples include:

- Supportive housing
- Peer-based supports
- Peer-based residential programming
- Support groups
- Case management
- Recovery-oriented education

Each level is inclusive of those before it

MH Services and Support in Vermont

What the public sees...

Emergency Department Visits

News Stories

Crises

Law Enforcement Interactions

Examples of agency preventive work...

24/7 On-Call Crisis Staff

Care Coordination

Building of Protective Factors

Advocacy

Home Visits

Case Management

Basic Needs Support

Housing & Supports

Training & Education

Peer Support

Clinical Support

Community Access

Social Connection

Relationship Building

Mindfulness Programming

Direct Supports

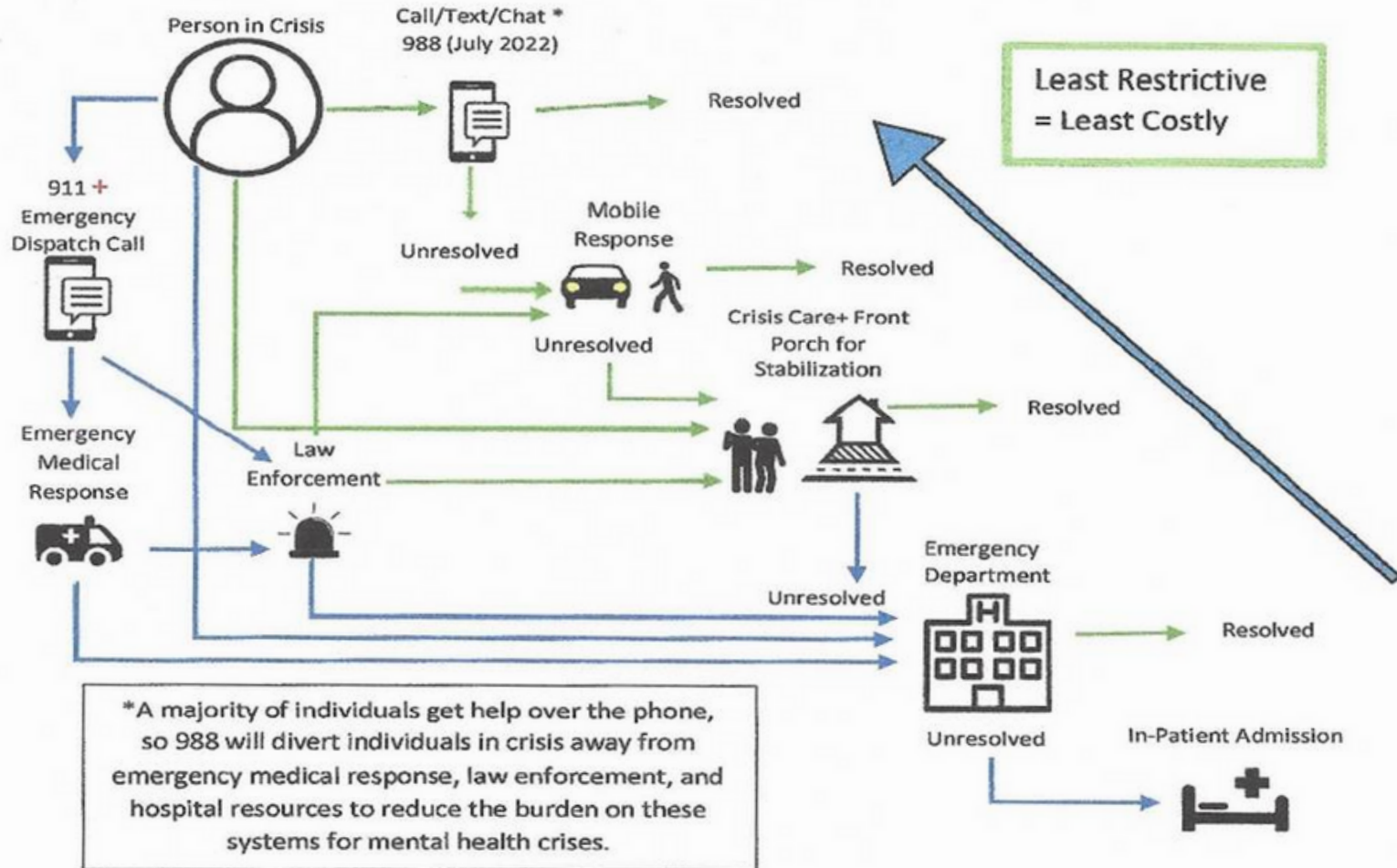
Medical Appointments

Community Resilience

Family & Guardian Support

Model came from [Missouri Crisis model](#)

Crisis Care+ Response (Crisis Receiving and Stabilization Front Porch to Living Room Model)



Embedded Mental Health Professionals

- **State priority: Governor Phil Scott announced plans to add eight Embedded Mental Health Professionals**
- **Statewide support: All ten MH designated agencies are involved in mental health and law enforcement collaborations with local and state police and sheriff's offices.**
 - **Agencies have embedded Mental Health Professionals in all state barracks and many embedded in their local sheriff and police departments.**
- **Embedded professionals integrate into the culture, promoting MH awareness, conducting trainings, and collaborating closely with police to address MH concerns effectively**
- **Embedded professionals play a key role in crisis response and immediate support**

Up to 70% of calls related to MH/SU challenges in 2022, working to compile information for 2023

Outcomes:

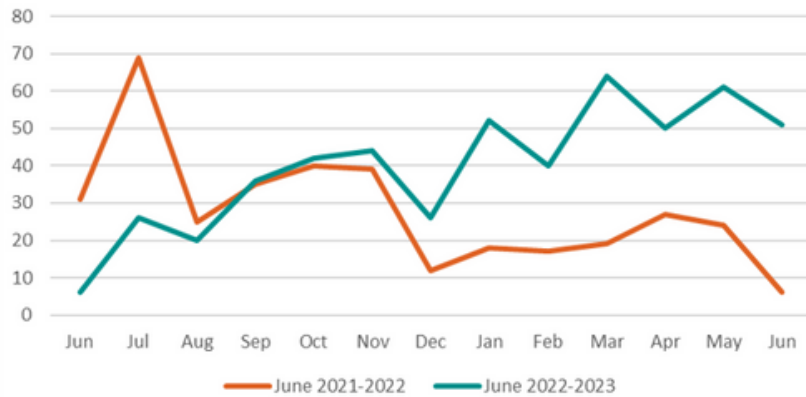
- **Reduced use of law enforcement**
- **Reduced arrests**
- **Reduced incarceration**
- **Increased access to mental health and community resources**
- **Reduced use of hospital emergency departments and inpatient care**
- **Reduced response time**
- **Increased access to mental health and substance use services**

NKHS Embedded MHCS Data 2021-23

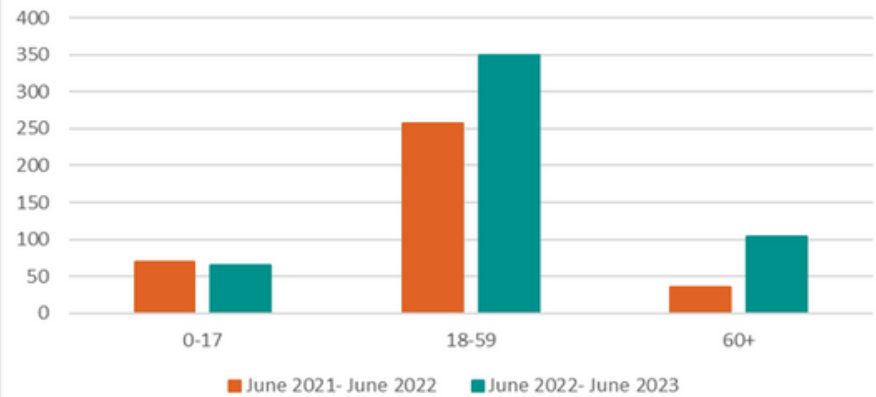
NKHS Embedded MHCS are located in the St. Johnsbury and Derby VSP barracks.

- 362 Interventions from 2021-2022, fiscal year
- 518 Interventions from 2022-2023, fiscal year

Number of Interventions



Age Range



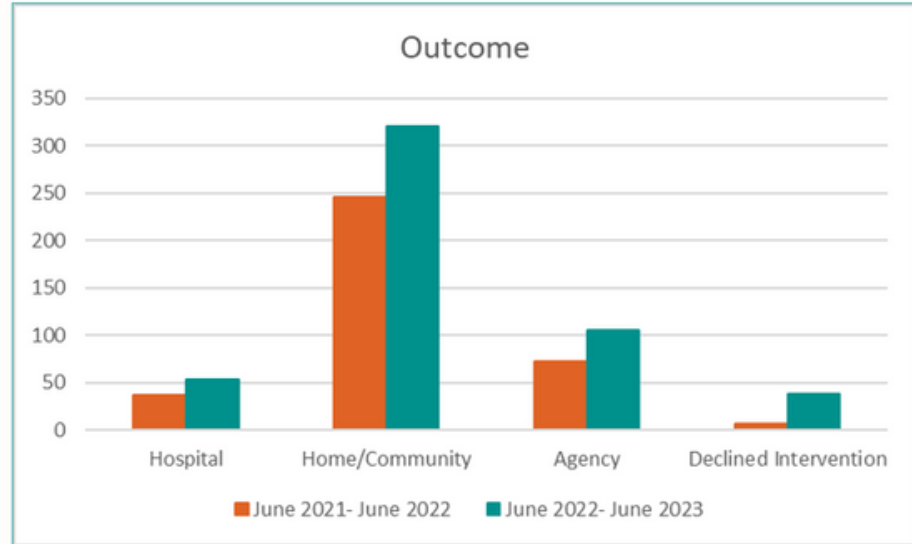
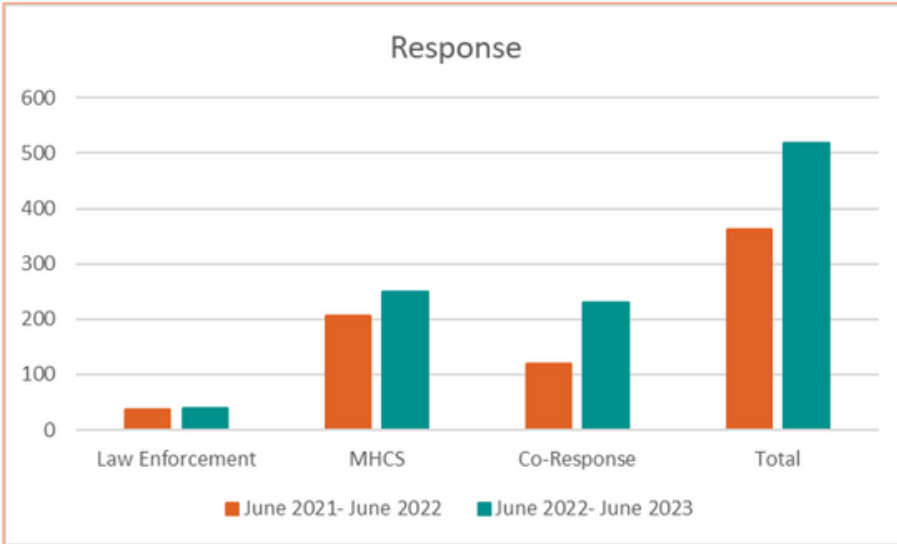
"Your role here at the Derby barracks has quickly become an essential, integral part of our daily operations. Since your arrival, VSP Derby has been able to provide a much better level of service to those suffering from mental health needs and has undoubtedly kept both the people we serve as well as troopers safer as a result."

-Vermont State Police Lieutenant

NKHS Embedded MHCS Data 2021-23

- **2021-2022:** 32.87% prompted a co-response, 56.91% were addressed by MHCS and 10.22% had a law enforcement only response.
- **2022-2023:** 44.40% prompted a co-response, 48.26% were addressed by MHCS and 7.34% had a law enforcement only response.

MHCS and Troopers strive for a co-response as a first step. MHCS also gather collateral information to attempt minimal law enforcement presence if possible.



"This position is tremendously valuable and fills a huge gap that previously existed in public safety. I can't see it not being a permanent part of the future of VT law enforcement. Not only does it take a substantial workload off of troopers not intended to provide that service in the first place, but more importantly ensures the ever-increasing demographic with mental health challenges that we deal with are receiving the appropriate response."

-Vermont State Police Sergeant

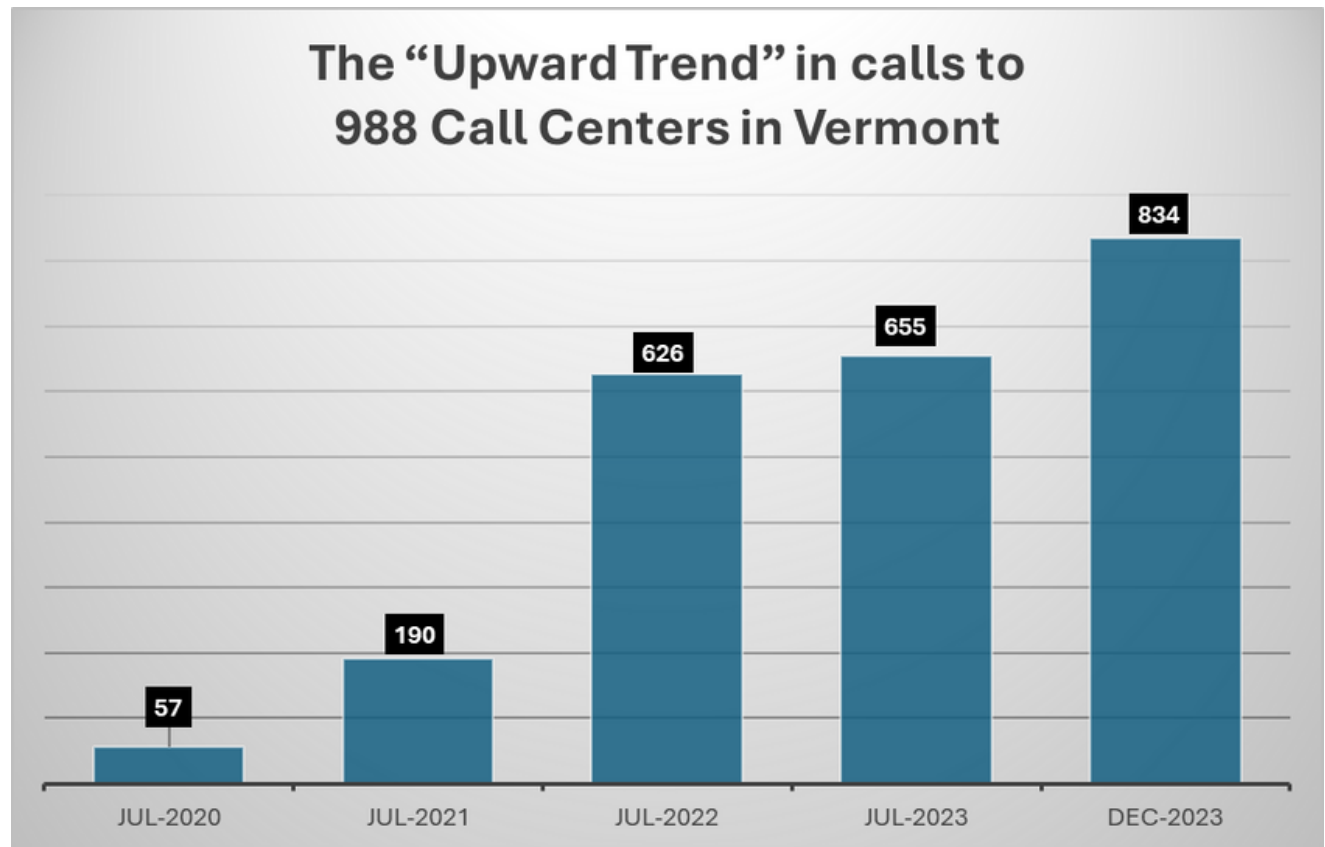


988 & Suicide Prevention History

- Vermont's first 988 Call Center, Northwestern Counseling and Support Services, went live August 2019.
- Northeast Kingdom Human Services joined in June 2021, creating 24/7 coverage for 988 calls in VT.
- Headrest - VT's backup center for both Vermont Call Centers - is located in Lebanon, NH

From the National Suicide Prevention Lifeline to 988 - Reasons Behind the Change

- Simplifies the process for the caller
- Steady increases in call volume
- In 2023 - 8155 phone calls answered in VT & 1023 Chats & Texts answered in VT



988 - How it is Unique in Vermont's Mental Health System of Care

- **Only one number to remember**
- **Regardless of the caller's location**
- **Answered LIVE - no answering service or waiting for a call back**
- **Creates an additional safety net in our system of care**
- **Cannot replace our Designated Agency crisis teams, but works alongside them to create an additional option for Vermonters**

Mental Health/Psychiatric Urgent Care Initiatives

Innovative models meeting community needs

Numerous Urgent Care Models funded by one-time dollars, grants, and contracts

- **Initiatives aim to:**
 - **provide an alternative to emergency departments**
 - **reduce the level of associated adverse experiences**
 - **decrease acuity upon discharge**
 - **reduce use of emergency departments and hospitals**
- **For many of these programs VCP is working with VAHHS to demonstrate impact**

UCS: Psychiatric Urgent Care for Kids (PUCK) started in 2019

UCS' Mental Health Intensive Outpatient Program provides high intensity clients, aged 6-12, with 8 hours of intensive therapeutic group activities and 1 hour of therapeutic family specific programming per week. The programming includes multimedia mindfulness activities, DBT skills, and sensory and body based regulatory practices.

HCRS: The Youth Stabilization Program (or YSP), similar to PUCK, is a harm reduction and crisis stabilization program for teens ages 12-18 experiencing mental health crisis. The program includes short-term, intensive outpatient therapy, case management, and peer support services. We collaborate with teens and their support systems to develop and build skills for safety, wellbeing, and coping.

Howard Center: Family Crisis Response (FCR) is a targeted family resource within the crisis continuum of care supporting youth and families. Services include in-person response, crisis intervention, assessment, safety planning, follow up support and crisis stabilization for up to 4 weeks post crisis. Services can be offered in the office, at a client's home or in the community, based on client/family preference.

CSAC: A BA level “crisis case manager” providing intensive supports to children and youth (up to 22) at risk of hospitalization or who have presented in crisis in the ED. They provide intensive short-term support and skill building, respite for stressed parents, and crisis de-escalation. Interlude, offers alternative options for adults coping with crises drawing upon peer support, open dialogue informed network meetings, and a welcoming space to meet, receive support, and plan as informed by the “living room model”.

LCMHS: The Emergent Psychiatric Intervention for Children (EPIC) Program, similar to PUCK, serves youth ages 6-18 who are experiencing a mental health crisis. This program offers a sensory space located in the main agency building where youth in need work directly one on one with staff to co-regulate, practice coping strategies, and build their own coping skills tool box to utilize across environments.

***Newest: NKHS' Front Porch is tailored for individuals experiencing suicidal ideation or a mental health crisis. It will provide a community-based option for those in crisis by providing crisis stabilization, evidence-based interventions like Dialectical Behavioral Therapy (DBT) and Collaborative Assessment and Management of Suicidality (CAMS), and will be supported by licensed clinical professionals, direct service professionals, and peers. With a "no wrong door" approach, individuals can self-refer or be referred by other community supports allowing for timely and compassionate care in a comfortable, therapeutic living room model 24/7/365."**

The Access Hub

Washington County Mental Health Services

The Access Hub, a Living Room Model, provides home and community-based mental health urgent care services to guests.

Our primary goal is to provide services to guests in the least restrictive environment, while reducing the volume of presentations at the Emergency Department.

The program is grant funded through The State of Vermont allowing guests to receive services regardless of insurance or ability to pay.

Peer Counselors are available upon entry to the program and provide a genuine, empathic, and supportive environment.

Services Provided:

- Peer Counseling
- Brief Case Management
- Brief Therapy
- Psychiatric Services
- Nursing Support
- Access to our CSP Day program
- Access to on-site food shelf
- Access to tangible goods

The Access Hub

Washington County Mental Health Services

Guests Served in the first 3 months:

- 124 instances of care provided.
- All instances of care were diversions from the Emergency Department.
- 111 instances of care to community members, 13 with for CSP clients.
- 25% of guests were unhoused.
- 75% of guests reported current substance use.
- There have been 84 instances of support in January of 2024.
- We are working to increase our hours of operation based on the community need for crisis services.
- The need for this service is far greater than initially anticipated.
- We are hoping that vital programs, such as The Access Hub, continue to be funded.

Mobile Crisis Response

Past definition of crisis was “mental health crisis” and excluded persons with primary substance use.

We have always had one-person mobile crisis response.

Enhanced mobile crisis provides a higher level of crisis.

**Based on Vermont Mobile Crisis Needs Assessment*



New Services

Two-person teams

- MH professional and paraprofessional
- Rapid mobile response to individuals of all ages
- 24-hour intervention
- Screening and Clinical assessments, including lethality
- Stabilization, de-escalation, and safety planning services
- Mental health Peer and Recovery Coach supports
- Bi-lingual services
- Coordination and referrals to health, social, other services
- Trauma informed and responsive

Follow-up services (in-person, telehealth, or in the office)

- 3 days for adults
- Up to 7 for children and adolescents





Training and Education



NUMEROUS PREVENTION ORIENTED TRAININGS INCLUDING ZERO SUICIDE, EMOTIONAL CPR, MHFA AND MORE

MENTAL HEALTH FIRST AID

- Grants to support MHFA since 2014. Pilot state for Teen MHFA
- VCP agencies and community partners trained over **9000** Vermonters in T/Y/A MHFA since 2016
- Re-building instructor pool
- As mental health needs increase, demand for trainings increase
- Increased school trainings
- SAMHSA, VDH, AOE, DMH

TEAM TWO

- Strong collaborative responses, critical in complex cases involving both mental health and public safety risks
- Collaborating on responding to mental health crises since 2013 through scenario-based trainings in all regions of the state
- **185** people trained in 2023: **91** law enforcement officers; **57** crisis workers, and **37** “others” (EMTs, dispatchers, community support liaisons, DCF workers, states attorneys...)

Certified Community Behavioral Health Clinic (CCBHC)

Decreased wait for services

Increased patient-centered treatment options

Care coordination activities

Expanded services

Expanded evening/weekend hours

EHR Development

HIT
Interoperability with healthcare providers

Focus on evidence-based practices

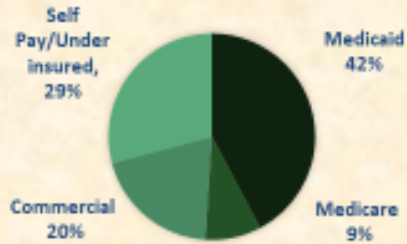
Projected competitive market rate salaries

Community needs assessments



Certified Community Behavioral Health Clinic
 Grant Funded Client Data
 February 15, 2021 – December 31, 2023

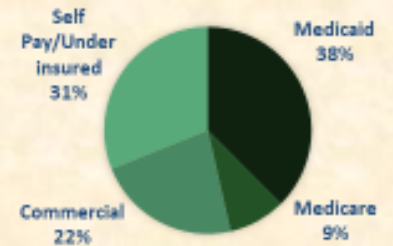
CY 2021



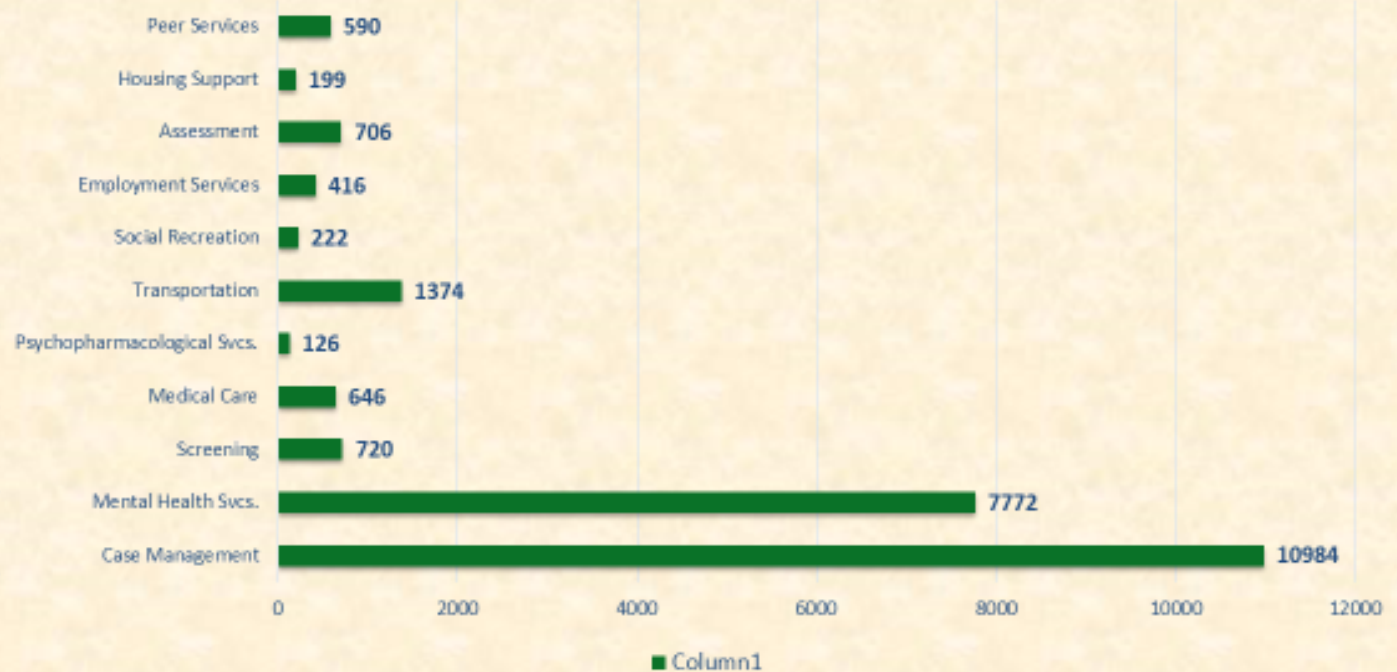
CY 2022



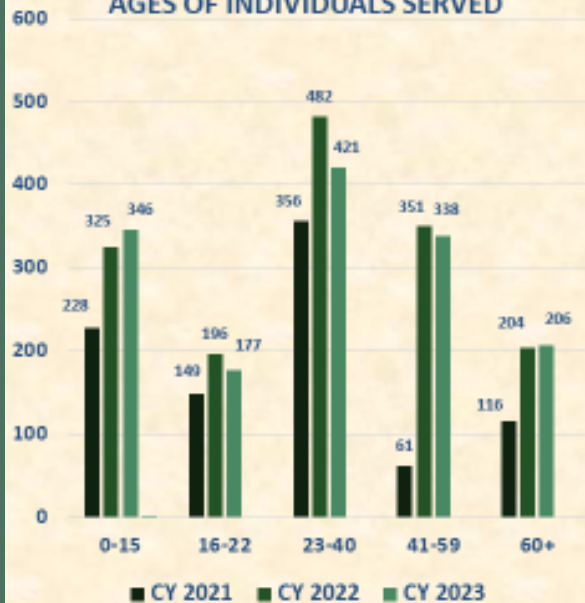
CY 2023



CY 2023 EXPANDED SERVICE CAPACITY – 23,755 TOTAL SERVICES

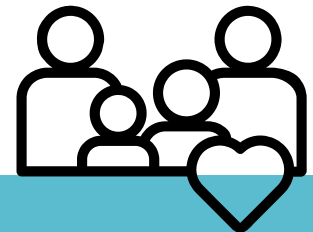


AGES OF INDIVIDUALS SERVED



CCBHC Network-Wide Work

- Five agencies with CCBHC grants (NKHS, RMHS, CMC, HCRS, HC) work together as a learning collaborative to share in ideas and best practice.
- Five agencies without grants forming a CCBHC preparation and learning group. This includes evaluating necessary changes in practice, operations, and culture
- Two agencies (CMC and RMHS) to be a part of the state's application and meeting with the state to support the work
- Agency CFOs learning and utilizing the CCBHC cost report template to detail current and future costs.
- Participation on the state's CCBHC Steering Committee



A 6.5% Medicaid Rate Increase Is Essential To Keep The Lights On

A 6.5% Medicaid rate increase yields a 5.63% increase overall for agencies. This increase is based on a robust analysis conducted by all agency finance directors.

The analysis focused on five categories:

- Salaries - A 5% salary increase based on the U.S. Bureau of Labor Statistics**
- Health insurance - An average projected health insurance increase of 16.6%**
- Other fringe - An average projected increase of 7% for other fringe**
- Other insurance - General/liability/auto/property insurance projected to increase an average of 10.8%**
- All other operating expenses - Projected to increase 3.3% based on New England CPI updated through October.**

This analysis is consistent with 18 V.S.A. § 8914 which directs the Secretary of Human Services to adjust agency rates to take into account factors that reflect changes in reasonable costs of goods and services of the agencies, including those attributed to inflation and labor market dynamics.



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CARE
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