

S. 189:

An act relating to mental health
response service protocols

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Department of Mental Health
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The Challenge



In the face of emergencies, our municipalities and first responders are dealing with the absence of standardized guidelines when mental health (MH) crises arise.



The lack of guidelines has led to disparate responses and varying degrees of effectiveness in managing these situations.



The core of this problem is: an urgent need for a standardized approach, crafted by mental health experts, to equip our responders with the knowledge and skills necessary to address mental health emergencies confidently, effectively, and compassionately.

Solution Proposed by S.189

The legislation requires Department of Mental Health to:

1. Develop mental health response protocols for all Vermont municipalities, including emergency medical technicians and public safety officials (such as Law Enforcement Officers and firefighters).
 - Protocols shall prescribe best practices for de-escalation and for mental health response services, including crisis response services.
2. Distribute protocols to all Vermont municipalities and publish them on the Department of Mental Health's website.
3. Establish a Memorandum of Understanding with any entity providing mental health response services in Vermont, including crisis response services.

Bill Review Partners

Department of Mental Health:

Nicole DiStasio, Director of Policy

Samantha Sweet, Mental Health Services Director

Gillian Shapiro, Senior Policy Advisor

Department of Health:

Brendan Atwood, Director of Health Policy

Natalie Weill, Department of Health, Senior Policy Advisor

Will Moran, Department of Health, Emergency Services Director

Department of Public Safety

Roger Farmer, Vermont State Police, Captain

Mourning Fox, Department of Public Safety



Additional suggested partners:

Representatives from Vermont Municipalities, Vermont Fire and Police Chiefs,

Emergency Medical Services Advisory Committee

Emergency Medical Services (EMS) Protocol Development

- EMS protocol development is a collaborative effort
 - Guided by the state EMS physician medical director
 - Development and revisions include active engagement with EMS providers, health care systems, public safety, and others
 - Based upon national standards and evidence-based medicine
 - Revised every two to three years
- The Health Department is solely responsible for developing, maintaining, and updating statewide EMS protocols.
- More than one state entity issuing EMS protocols would create confusion and inefficiencies, leaving EMS professional to question who has clinical oversight authority.



Bill Feedback: Use of the word “protocols”

Concern: In the field of emergency responders, “protocols” is a document that defines the standard of care. “Protocols” are used to determine if the emergency response in the field met the standards of care. Responses that do not meet the standards can be subject to disciplinary action.

Suggestion: Change “protocols” to “guidelines” or as a “toolkit.”

Bill Feedback: Requires a Memorandum of Understanding

Concern: A memorandum of understanding (MOU) is an agreement between entities that establishes mutual expectations and commitment. An MOU is non-binding and not legally enforceable. Generally, there are outlines and expectations from both entities.

Suggestion: Remove the MOU requirement, responsibility lies on the state side.

Suggestions for Mark Up

The Department of Mental Health shall:

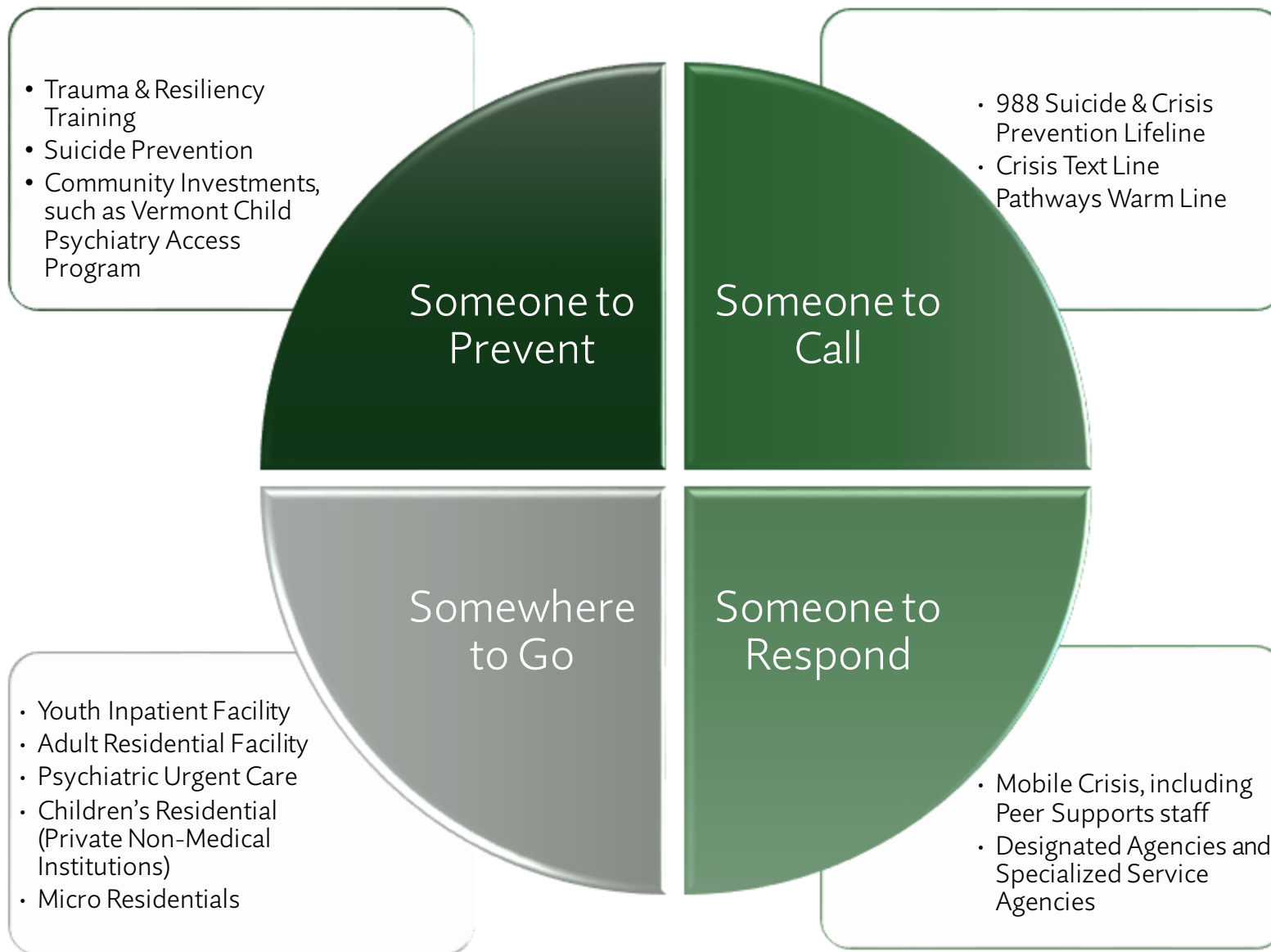
1. Develop mental health response ~~protocols~~ **guidelines/toolkit** for all Vermont municipalities, including emergency medical technicians and public safety officials (such as Law Enforcement Officers and firefighters).

~~Protocols~~ **guidelines/toolkit** shall prescribe best practices for de-escalation and for mental health response services, including crisis response services.

~~2. Distribute protocols~~ **Make available the guidelines/toolkit** to all Vermont municipalities and publish them on the Department of Mental Health's website.

~~3. Establish a Memorandum of Understanding with any entity providing mental health response services in Vermont, including crisis response services.~~

Thank you!



MENTAL HEALTH SYSTEM OF CARE

Key to Provider Symbols

- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

- Peer-run Services & Residential Care
- Department of Mental Health
- Designated and Specialized Services Agencies
- Private Providers

Inpatient Hospitalization
229 total beds

<p>Children & Adolescent 1 Facility 30 Beds</p>	<p>General Inpatient (Adult) 7 Facilities 142 Beds</p>	<p>Level One Inpatient (Adult) 3 Facilities 57 Beds</p>
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Secure Residential
16 total beds

<p>River Valley 1 Facility 16 Beds</p>
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Intensive Residential & Treatment Programs
92 total beds

<p>Youth Residential (PNMI) 5 Residences 45 Beds</p>	<p>Intensive Recovery Residential 5 Residences 42 Beds</p>	<p>Peer-run Residential 1 Residence 5 Beds</p>
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Crisis Supports & Response
56 total beds

<p>Children's Crisis Stabilization Program 1 Facility 6 Beds</p>	<p>Youth Hospital Diversion Program 2 Facilities 12 Beds</p>	<p>Mental Health Urgent Care for youth</p>	<p>Mental Health Urgent Care for Adults</p>	<p>Adult Crisis Beds 12 Facilities 38 Beds</p>	<p>Crisis Assessment, Support & Referral Continuing Education & Advocacy</p>	<p>988 Crisis Lifeline Centers & Mobile Crisis Response</p>
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Community Mental Health
174 total beds/109 vouchers

<p>Micro-residential (HCBS) 3 Homes 9 Beds</p>	<p>Youth Group Homes (PNMI) 4 Homes 13 Beds</p>	<p>Group Residential Homes 19 Homes 152 Beds</p>	<p>Shelter & Care Vouchers DMH Housing Vouchers</p>	<p> <ul style="list-style-type: none"> • Individual, family, and group therapy • Clinical assessment • Medical consultation and medication • Service planning and coordination • Community supports & employment services • Schools/PCP/Early care & learning ctrs (youth only) • Peer programming (adults only) • Prevention work (youth only) </p>
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