Vermont Developmental Services Crisis Support Survey

October 2023

Background

The DS Crisis Supports Workgroup was started in September 2022 by recommendation of the short-term Crisis Stabilization Task force to work toward stabilization and strengthening of the DS crisis supports system. The group's first task was to collect statewide information to identify areas of improvement within the network. The first of its kind, this survey is the first step in a long-term process that will include further refinement, strategic planning, and collaboration with community partners.

Survey Purpose

The purpose of the DS Crisis Support Survey is to identify the number of people receiving Developmental Services from VCP network providers who are in crisis or at risk of crisis to raise awareness, educate the broader system, and inform decision-making. The survey also seeks to identify estimated utilization of DS crisis support services, hospital emergency departments and other services.

Definitions:

"Crisis" and "At risk of crisis" for the purpose of this survey: a service recipient experiencing or anticipated to experience psychological behavioral and/or emotional dysregulation that will result in acute life disruptions within the next 45 days

Acute life disruptions include life threatening self-harm or harm to others, homelessness, criminal/legal involvement, psychiatric hospitalization, loss of access to education, job loss, loss of community access, loss of primary relationship

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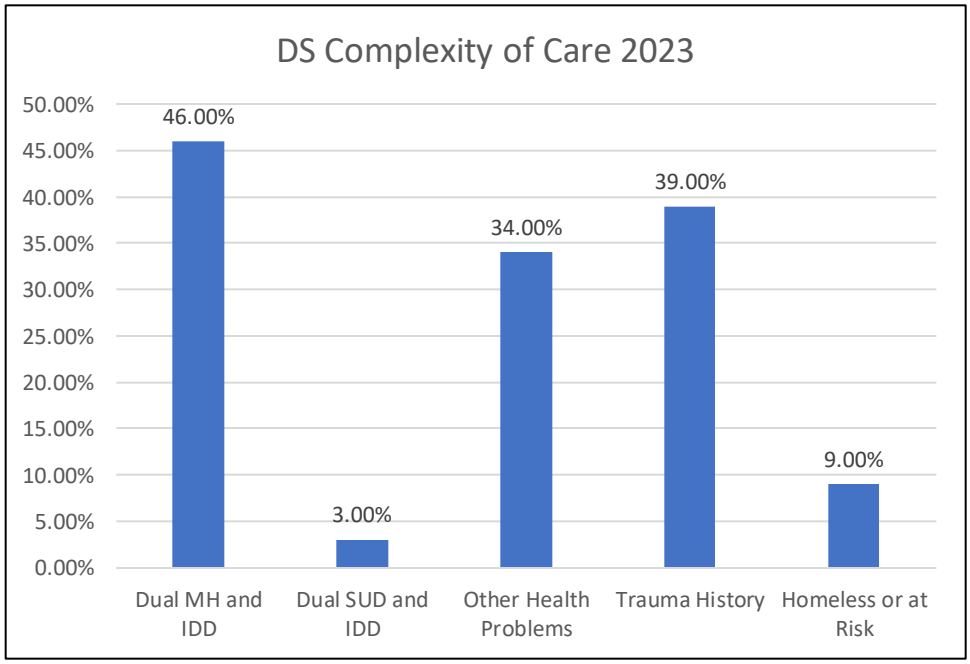
DS Crisis Supports Survey 2023
Questions 2 – 7
Complexity of Care

Number of people receiving developmental services through HCBS (Medicaid Waiver) from a DA or SSA.	3056

Number of people with a co-occurring mental health diagnosis	Number of people with a co-occurring substance use diagnosis	Number of people with significant health problems or chronic conditions	Number of people with a history of trauma and/or abuse	Number of people with a recent history* of or are at risk of homelessness. This includes anyone living in a hotel or living as a guest or respite recipient with no feasible options to move to permanent housing within 14 days.
1408	104	1053	1194	287
46%	3%	34%	39%	9%

**Recent history is defined as the last 12 months.*



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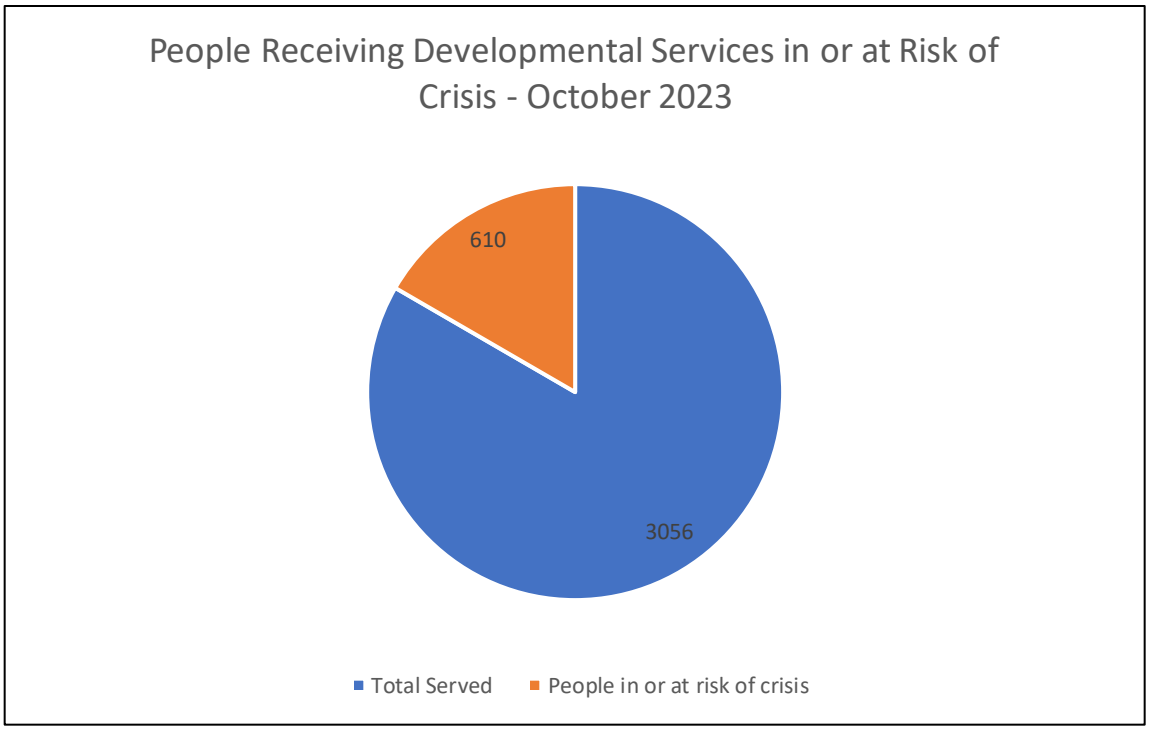
DS Crisis Supports Survey 2023
Questions 8 & 9

Estimated number of people in crisis between the dates of 10/1/23-10/31/23	Estimated number of people at risk of crisis between the dates of 10/1/23-10/31/23
244	366



610 is an increase from the October 2022 estimated total of 357

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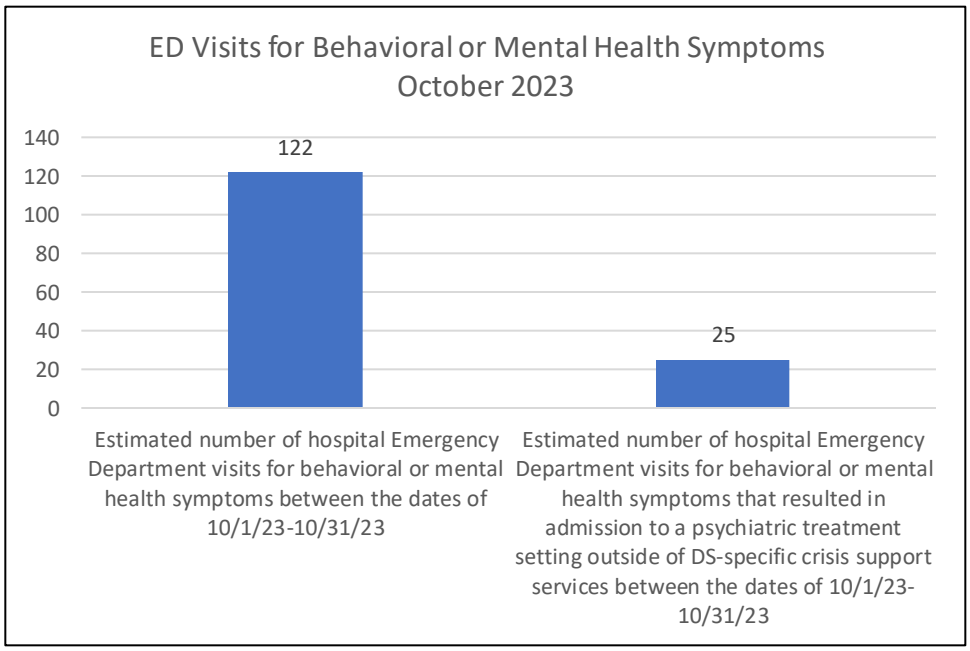
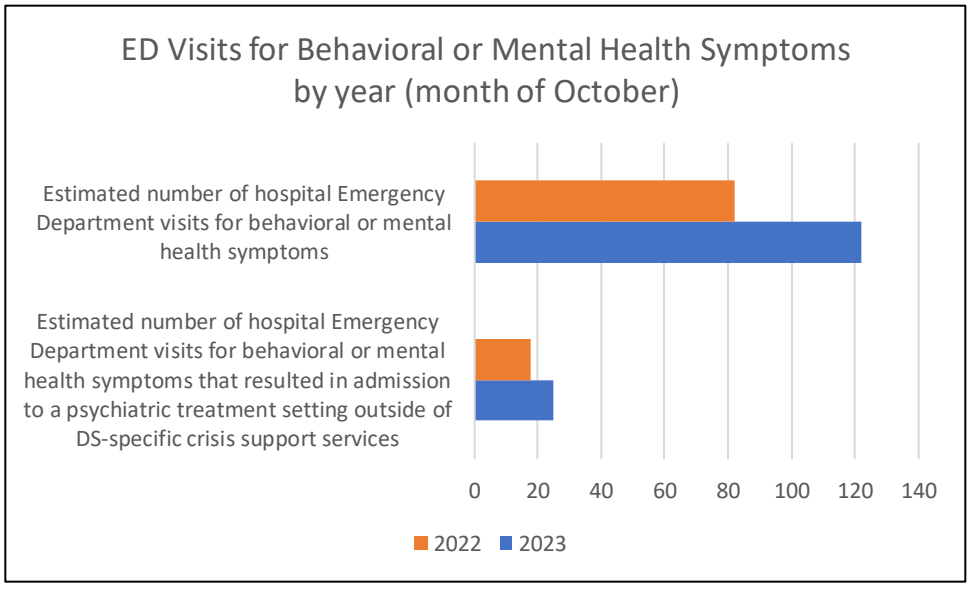
DS Crisis Supports Survey 2023
Questions 10 & 11

Date	Estimated number of hospital Emergency Department visits for behavioral or mental health symptoms between the dates of 10/1/23-10/31/23	Estimated number of hospital Emergency Department visits for behavioral or mental health symptoms that resulted in admission to a psychiatric treatment setting outside of DS-specific crisis support services between the dates of 10/1/23-10/31/23
2023	122*	25*
2022	82*	18*

**Might be duplicative. i.e., include multiple visits by one person*





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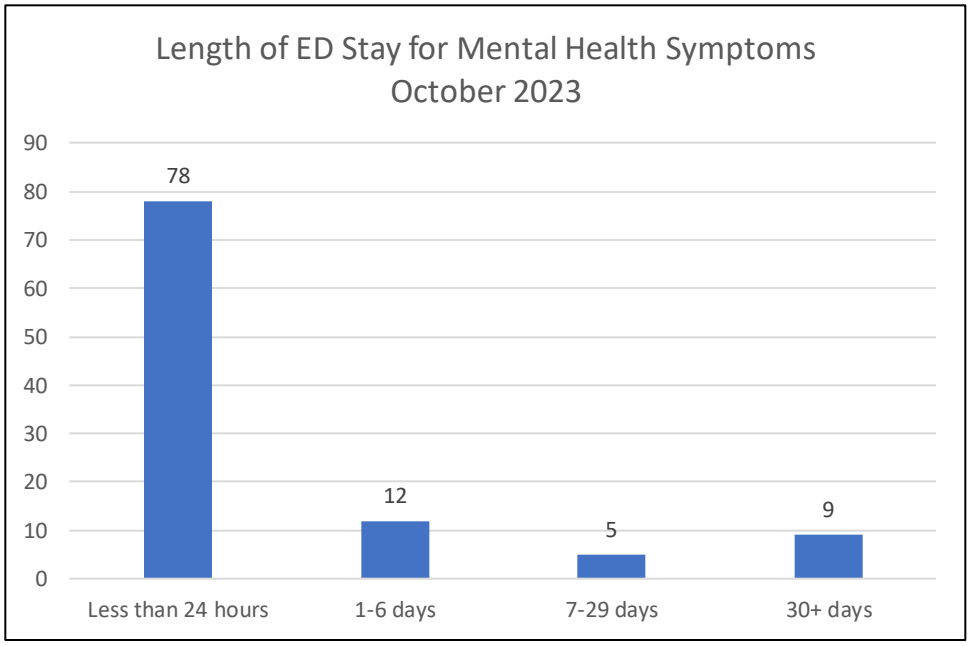
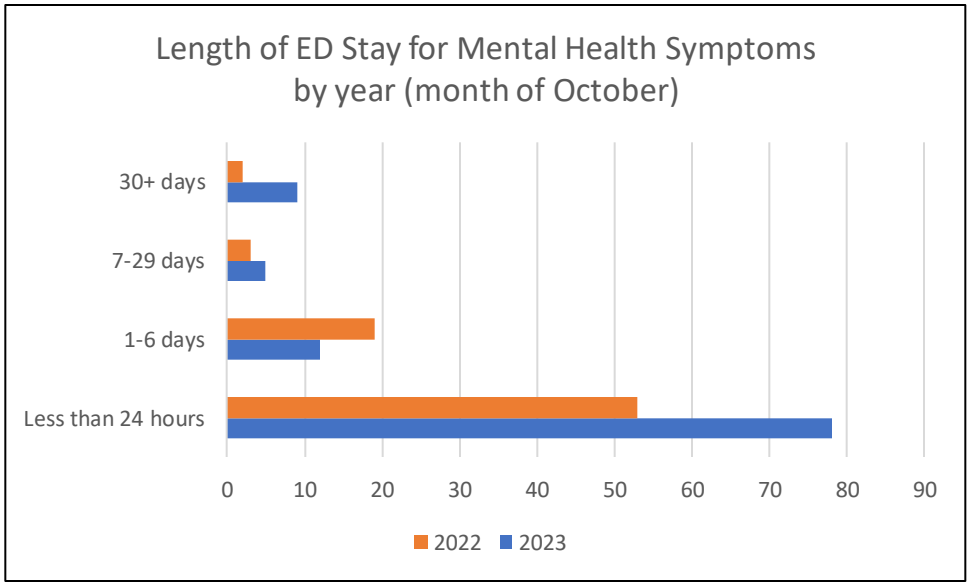
DS Crisis Supports Survey 2023
Question 12

From the total number of Emergency Department visits for behavioral or mental health symptoms, note the number that resulted in stays of:			
Less than 24 hours	1-6 days	7-29 days	30+ days
78	12	5	9





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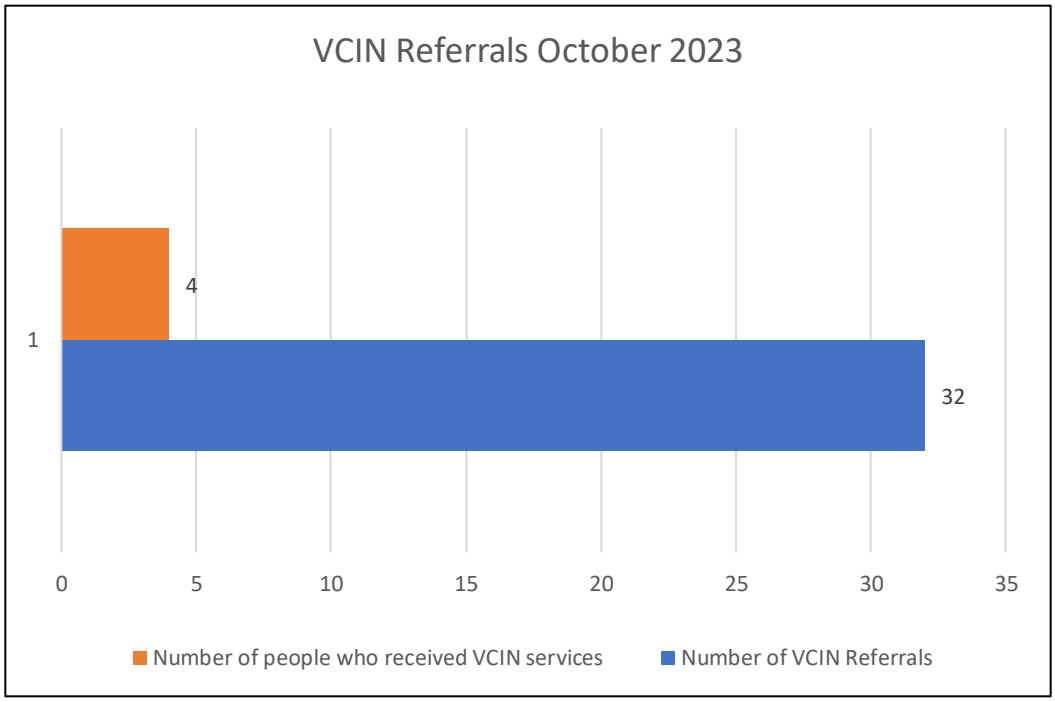
DS Crisis Supports Survey 2023
Vermont Crisis Intervention Network
Beds and Referrals (waitlist)

Number of VCIN bed referrals for level 3 support (residential placement) between the dates of 10/1/23-10/31/23	Number of people served by VCIN between the dates of 10/1/23-10/31/23
32	4



Source: Vermont Division of Developmental Disabilities Services

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DS Crisis Supports Survey 2023
Question 13

Share a story that shows the time and effort that staff put into supporting a person to avoid or effectively manage a crisis.

Staff consistently devote extensive time, often beyond their scheduled hours, to prevent or manage crises.

The top reasons for crisis were health, mental/neurological health or substance use, and finding or retaining housing

"Staff increased support and stayed with a person through multiple settings from their independent living situation to the hospital and stayed with them through the night thus working 24+ hours to ensure that the person had a familiar face with them during the time of uncertainty and that they were well advocated for."

"A person with history of frequent use of emergency services while intoxicated was supported with daily phone calls to remember planned supports and positive events they are looking forward to, such as shopping trips or online orders arriving to their home. This resulted in lower chances of intoxication, thus lower levels of anxiety and less impacts from episodes of intoxication."

"At present, a person is only receiving about 50% of their weekly funded hours. Staff have continued to come up with creative ways to support this individual, keep them engaged and provide on-the-spot coping skills. This person works with staff in many different physical activities that requires attention, focus and engagement. Staff are giving examples of life challenges and able to provide coping skills as well as an outlet for the person's energy."

"Staff continually call to check in on people, provide emotional support to people on caseloads, and provide guidance to manage and avoid escalation of crisis, including helping individuals navigate conversations with various offices (housing, etc.)."

"I text and/or talk with a person about 5-20 times each day. I have found once this level of support started over 6 months ago- this person has not been to the ER."

DS Crisis Supports Survey 2023
Question 14

List preventative solutions you think would help reduce Emergency Department visits by people receiving developmental services

Similar to 2022, the top three suggestions were focused on Staff Training & Wages, Crisis Resources and Respite & Housing. However, 2023 responses show more specific recommendations that can align with existing technological solutions and training opportunities.

Crisis Resources with a strong emphasis on telehealth check-in or urgent care options, and IDD-specific awareness of healthcare personnel

"A way for people to ask questions or get help like First Call Chittenden County that understands communication needs and health for people with I/DD."

"A "cool line" for clients to call 24/7 to address/ help with general loneliness and problem solving"

"Frequent check-ins"

"The mental health evaluation system needs to understand and plan for IDDS consumers who have dual diagnosis, this causes most IDDS consumers to be deemed in crisis due to behavioral issues, when it's a mix of both."

"Quick and easy access to services for people, such as mental health and housing supports."

"People utilizing FCCC or the DS after-hours on-call".

Respite & Housing

"Vermont needs more stabilization beds as an alternate to inpatient services."

"More comprehensive long-term living arrangements for people with disabilities or mental health conditions."

Staffing & Wages with a focus on nursing, training, retention, and stability

"We were able to have an agency nurse for the past several months to address some medical items and this highlighted the need for nursing oversight of client charts."

"Training is very important. Therapeutic Options, Handle with Care training, and any other trainings such as Sensory Processing Integration."

"With time and care, longevity of relationships, weekly therapy, a present and engaged home provider who consistently talks through issues with the individual, and dedicated staff who are informed and prepared to support him, crisis is no longer part of this individual's life."

DS Crisis Supports Survey 2023
Question 15

How would you improve services or resources in Vermont to reduce the number and acuity of crises experienced by people receiving Developmental Services?

The top 2 areas for improvement are in upstream services (specifically, IDD/Autism-informed healthcare and stable housing) and staff wages & retention.

IDD/Autism-informed Healthcare

"More staff to help oversee medical issues and get ahead of issues rather than dealing with fall out."

"Qualified specialists available to be engaged in supporting every person receiving services and the new individuals who are entering the Developmental Services."

"Taking people to medical and mental health appointments-Public transportation/SSTA is not always on time and reliable."

"More funding for therapy, increased awareness and priority for all physicians to have more "sick appts" available."

Stabilize Housing

"Increased options for supportive housing models i.e., Supportive apartments, group homes where indicated, affordable staffed models, etc. This is a basic unmet need for many folks. Unmet basic needs often leads to destabilization and crisis."

"Increase respite home capacity"

"Regional respite homes with accessible, vetted staff."

"More step-down options and options for clinical respite that isn't available in the community."

Staff/Wages

"Higher overall reimbursement rates to attract and retain skilled professionals."

"Better workforce development to improve staffing levels for all organizations."

"More incentives (higher pay, raises at regular periods, etc.) for staff retention and longevity as staff turnover is major stressor for people."

DS Crisis Supports Survey 2023
Question 16

Question: List reasons that have been given for denial of inpatient psychiatric admission referrals at Emergency Departments

From 2022, the top 3 reasons remain within three major areas: Beds, Admission Criteria, and Diagnosis Shadowing/Ableism

Diagnosis/Ableism

"DMH denied the admission due to a Intellectual Disabilities diagnoses while the person also has co-occurring psychiatric diagnoses and medication for those diagnoses."

"Someone has a developmental disability, so they are disqualified from inpatient psychiatric treatment."

"He's only behaving this way because he's homeless and wants a place to stay."

"They are going to be denied anyway..."

"It's not an appropriate setting because of their Intellectual Disability."

"ED has stated that the crisis is related to their developmental diagnosis and not mental health and will not help them."

Criteria

"Too acute (violent), not acute enough, (behavioral)."

"Not actively wanting to die despite arriving at ED for SI (suicidal ideation) the day before."

"They've been waiting on a bed too long -They are regulated in the hospital despite being told the past 2 times they were discharged client immediately went back into crisis."

Beds/Services

"Not enough space. Short staffed."

"There are currently no available beds"

"Crisis bed stated that they didn't have the staff to meet the person's social needs and couldn't accept this person due to the threats of wanting to harm others."

Developmental Services Crisis Support in Vermont

Barriers

Scarcity of I/DD & Autism informed healthcare

Funding below actual costs

Limited availability of crisis and transitional beds in the state

Non-livable wage = staffing shortage

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