



Intersection of Mental Health and Developmental Disabilities in the Vermont System of Care

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March 25, 2025
Vermont House Health Care Committee

Critical Intersection of Mental Health and Developmental Disabilities in Adults

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Half of our System of Care services people with DD - and nearly half of those people have a MH diagnosis.

Services used to be siloed; but most agencies are looking at integration

Finance reform in DD and MH took different directions.

Initiated in 2021 to understand care complexities.

(Actually, started in 2018, but data wasn't refined until recently)

Survey areas:

- Co-occurring MH diagnoses
- SUD
- Complex health issues
- Trauma history/abuse
- * Risk or history of homelessness

Complexity of Care Survey

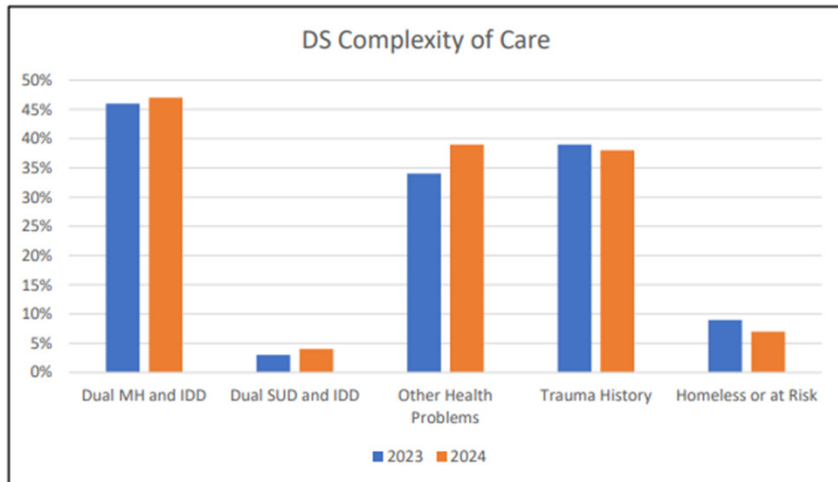
46% of adults in VT DD Services have a co-occurring MH diagnosis

of Vermonters receiving developmental services through a DA or SSA: **3058**

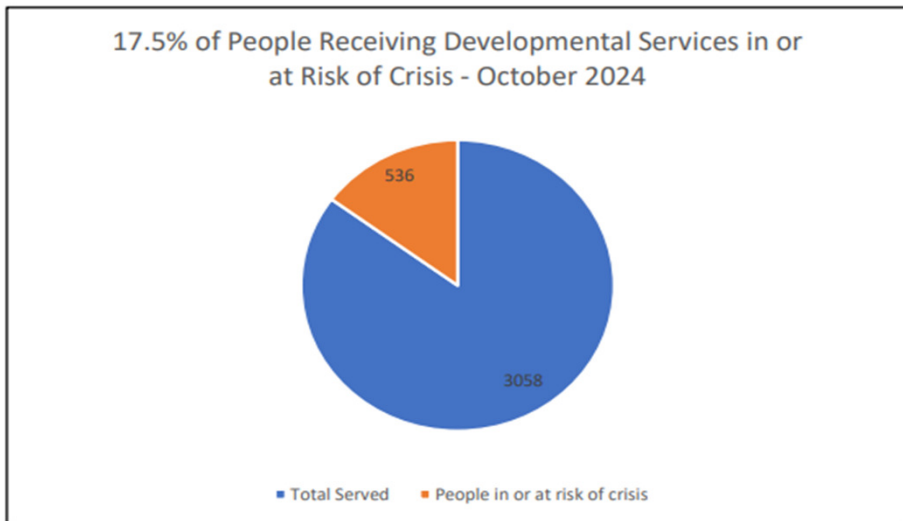
Year	Number of people with a co-occurring mental health diagnosis	Number of people with a co-occurring substance use diagnosis	Number of people with significant health problems or chronic conditions	Number of people with a history of trauma and/or abuse	Number of people with a recent history* of or are 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.
2023	1408 (46%)	104 (3%)	1053 (34%)	1194 (39%)	287 (9%)
2024	1445 (47%)	121 (4%)	1187 (39%)	1167 (38%)	203 (7%)

*Recent history is defined as the last 12 months.

Complexity of Care through the Years

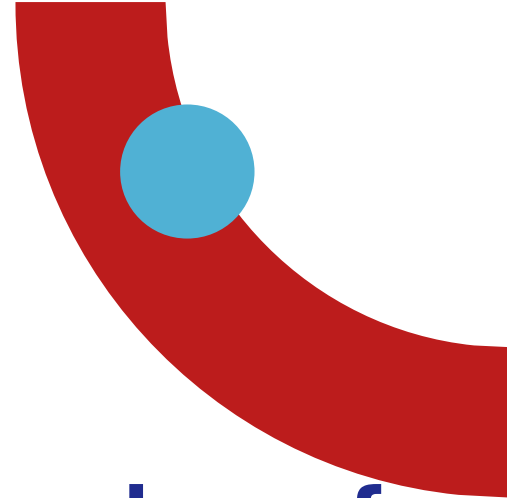


	Estimated number of people in crisis between the dates of 10/1 -10/31	Estimated number of people at risk of crisis between the dates of 10/1-10/31	Total
2022	122	235	357
2023	244	366	610
2024	192	344	536



NOTE: While the 2024 data appears to have decreased from 2023, the number still reflects a 50% increase from 2022.

Estimated number of people in crisis in DD services



DS Crisis Supports Workgroup

Established in Sept 2022, Workgroup *expanded on and improved* the Complexity of Care Survey

Inaugural DS Crisis Support Survey conducted in October 2023

OUTCOME: Shed light on individuals at risk of crisis in network

Increasing Acuity Considerations

Changes in entrance and
evaluation criteria

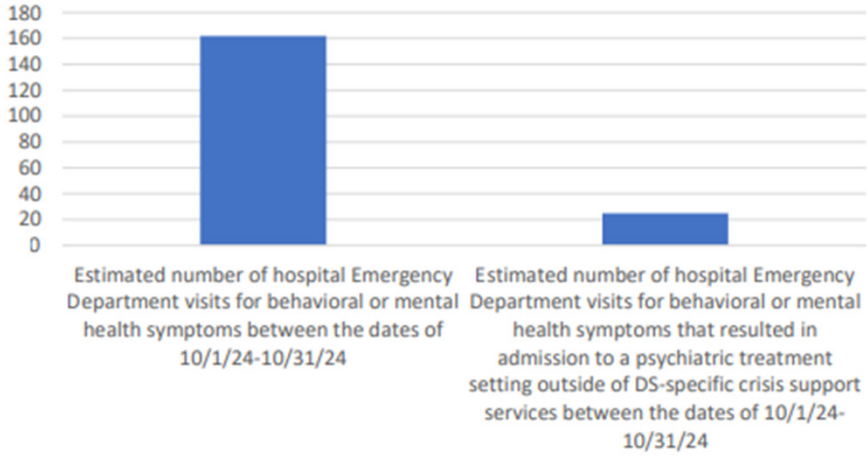
Aging population with heightened
needs

Broader societal factors: health
issues, staff, caregivers, isolation

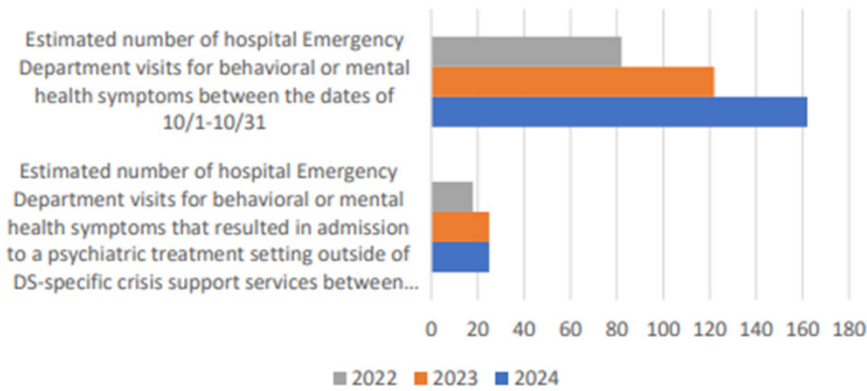
Measuring acuity is challenging

ED visits for behavioral or mental
health symptoms. (Next slide)

ED Visits for Behavioral or Mental Health Symptoms October 2024



ED Visits for Behavioral or Mental Health Symptoms By Year (month of October)



ED Visits October 2024

Mental Health Resources for Individuals with I/DD

Resources: medical directors, psychiatrists, experienced staff, in-patient care

Network crisis beds

(Notably VCIN, also a consultant)– Limited, often full

Agency Crisis or On-Call teams – integrated, and not

Support from DAIL for clinical trainings and evaluations

Funding and System Reform

Clinical support, crisis, and enhanced staffing funded via Medicaid

Finance reform and funding model monitoring

Concern over conflict-free case management affecting rates

Acuity Care Conditions

History of I/DD individuals in acute care facilities is grim.

People in in VT with I/DD are served in the community, not institutions (HCBS funding)

At times, providers find a lack of adequate clinical care options for high acuity needs.

Challenges: trained staffing, housing, access to clinicians, very high acuity

Agencies work closely with state, hospitals and law enforcement.

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- Closure of in-patient facilities impacts people in DS

Call to Action

Workforce pay challenges

DS often has highest
vacancy and turnover in the
network

Support mental
health and I/DD
funding



WCMHS

Washington County Mental Health Services, Inc.

Where Hope and Support Come Together

**Thank you for your
curiosity and support**



**VERMONT
CARE
PARTNERS**