



Department of Mental Health (DMH)

Emily Hawes, Commissioner

Samantha Sweet, Deputy Commissioner

Laurel Omland, Director of Children, Adolescent & Family Unit

The Department of Mental Health: Mission & Vision

The **Mission** of the Department of Mental Health 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.



What we do at the Department of Mental Health

We are:

- Responsible through statute for the mental health system of care for Vermonters.
- Composed of 302 staff (including 233 Facility staff and 69 Central Office staff).
- Handling a budget of \$326M that supports mental health services to over 25,000 Vermonters.
- Overseeing our 10 Designated Agencies and 2 Specialized Service Agencies.
- Running the Vermont Psychiatric Care Hospital (25 beds) and River Valley Therapeutic Residence (16 beds).
- Managing several contracts and grants to peer organizations, forensic psychiatrists, psychiatric consultation with primary care, SOS VT for flood response, and Community Roundtable contract to conduct analyses of population-level data related to mental health.
- Partnering with hospitals, community providers, housing specialists, police departments, courts, and more!



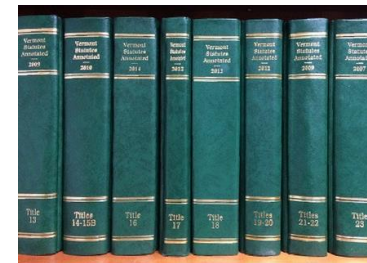
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The Department of Mental Health . . . shall centralize and more efficiently establish the general policy and execute the programs and services of the State concerning mental health, and integrate and coordinate those programs and services with the programs and services of other departments of the State, its political subdivisions, and private agencies, so as to provide a flexible comprehensive service to all citizens of the State in mental health and related problems.

The Department shall ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.



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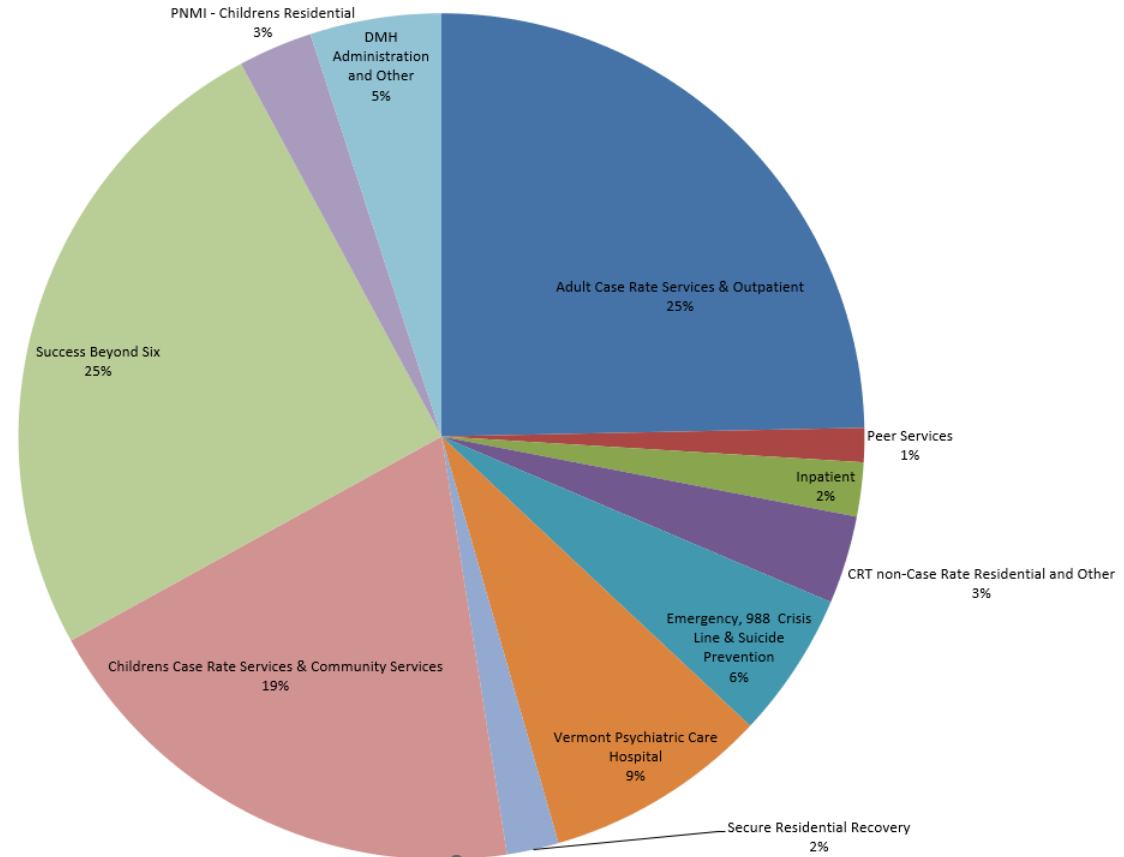
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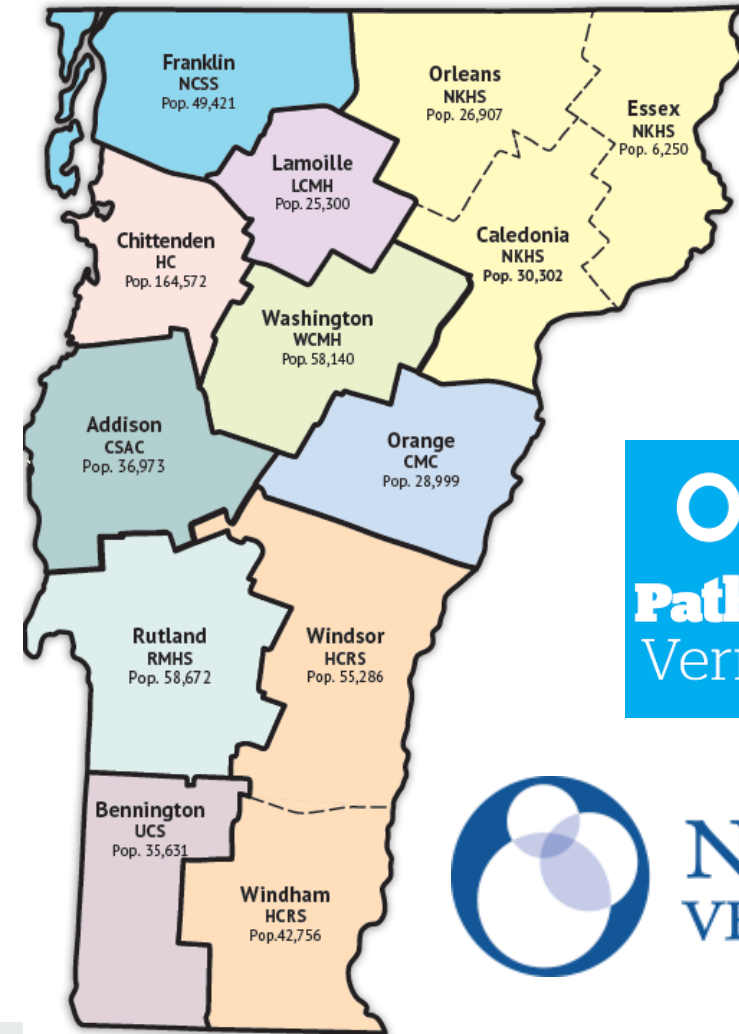
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MENTAL HEALTH SYSTEM OF CARE

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
215 total beds

<p>Children & Adolescent 1 Facility 30 Beds</p> 	<p>General Inpatient (Adult) 6 Facilities 128 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> 	<p>Youth Psychiatric Residential Treatment Facility (PRTF) 1 Program 15 Beds</p> 
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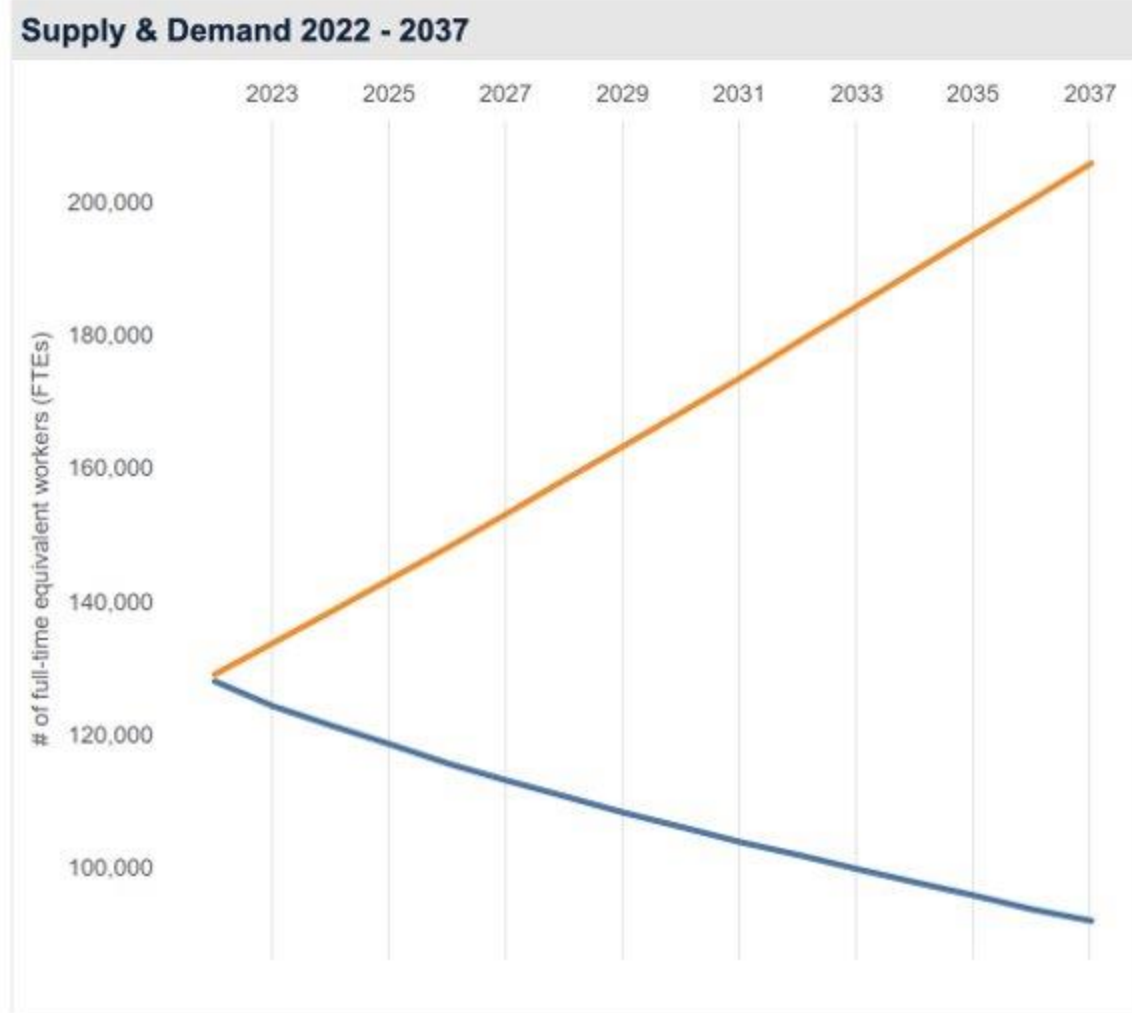
Crisis Supports & Response
56 total beds

<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
191 total beds/109 vouchers

<p>Micro-residential (HCBS) 5 Homes 22 Beds</p> 	<p>Youth Group Homes (PNMI) 3 Homes 17 Beds</p> 	<p>Group Residential Homes 19 Homes 152 Beds</p> 	<p>Shelter & Care Vouchers DMH Housing Vouchers</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) 
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A National Mental Health Workforce Shortage



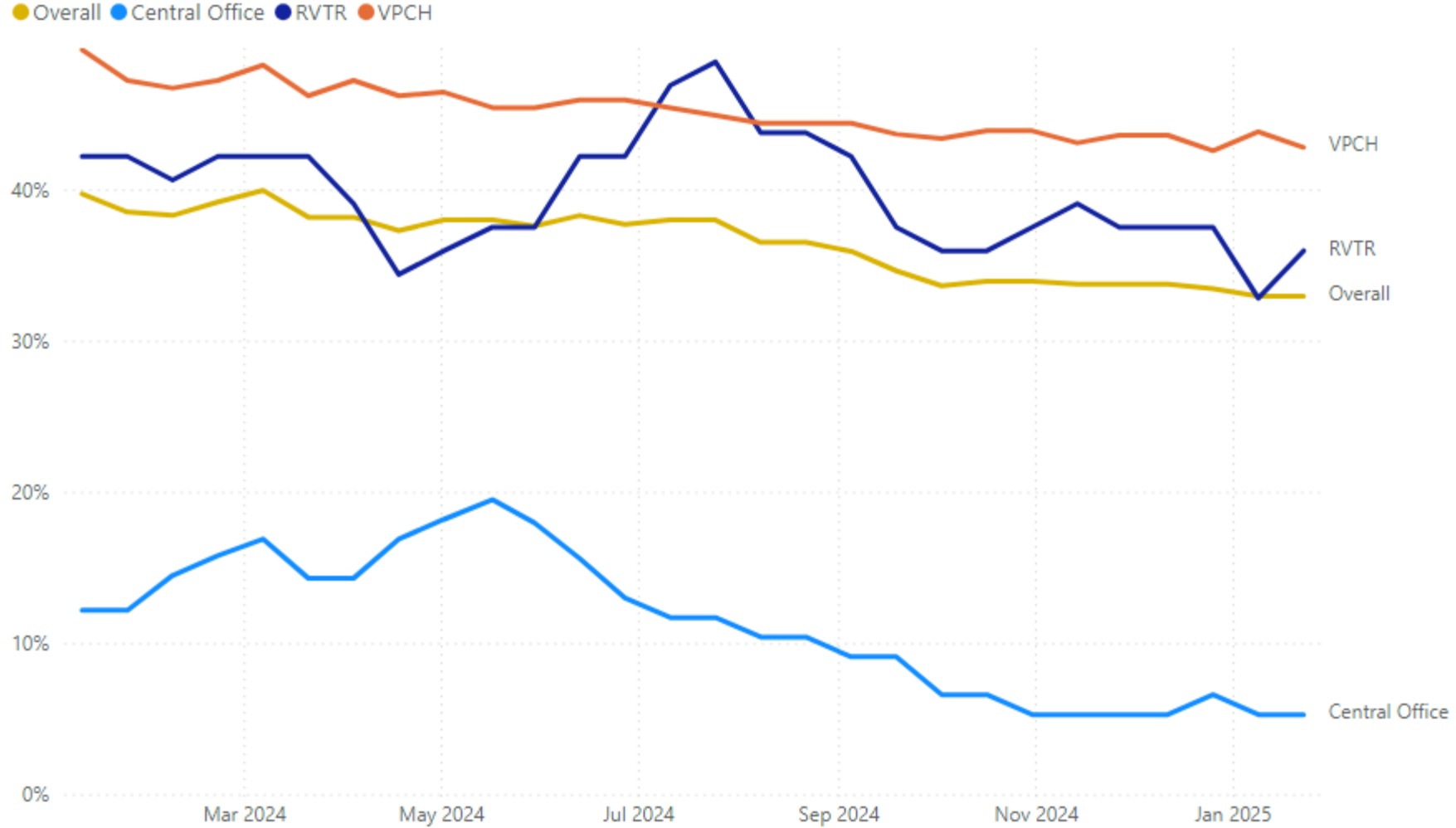
A Widespread Need for Mental Health Providers Across All Levels of Care

- Nationwide shortages affecting mental health providers at all levels
- **Vermont's Impact:** Shortages seen in Designated Agencies, private practices, and state facilities.
- Increased demand for services, but insufficient workforce to meet needs.

Source: Department of Health and Human Services, January 2025

<https://data.hrsa.gov/topics/health-workforce/workforce-projections>

Vacancy Rate by Location



One Year Ago

39.7% Overall

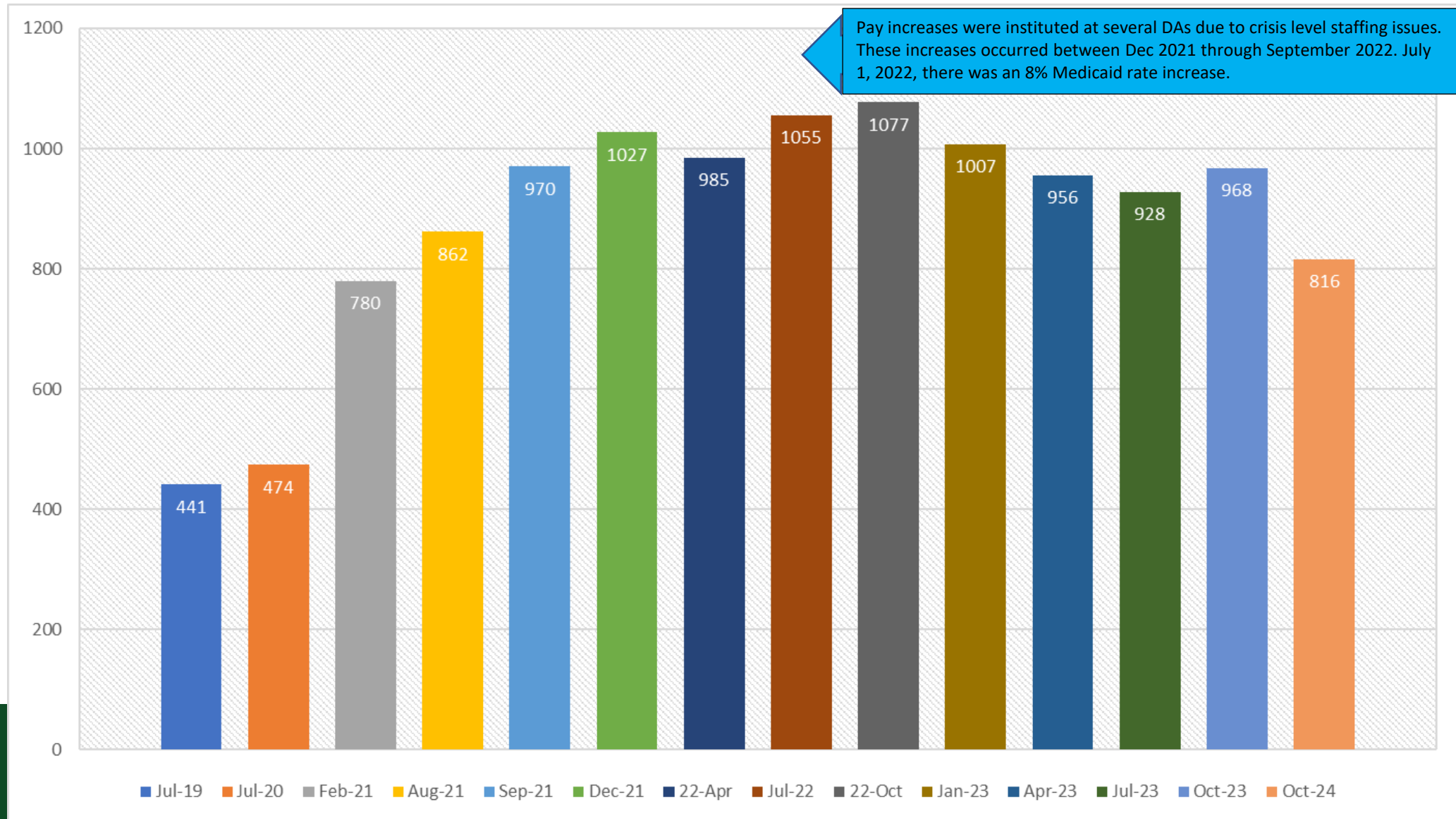
- 42.2% RVTR
- 49.2% VPCH
- 12.2% Central Office

Today

32.9% Overall

- 35.9% RVTR
- 42.8% VPCH
- 5.3% Central Office

DA & SSA: Vacancy Numbers



What has been done to support DA/SSA Workforce?

June 2021 – DA/SSA Workforce Task Force Launched

- Led by DMH with DSU, DOC, DAIL, Vermont Care Partners, and DA/SSA representatives.

Outcome: Developed and implemented an action plan for recruitment and retention.

December 2021 – Immediate Workforce Stabilization Funding

- **\$2M allocated by AHS Secretary's Office for retention efforts** across the mental health network.
- Submitted **\$15M request to CMS (via increased FMAP for HCBS) for recruitment**, training, and infrastructure improvements.

Outcome: Strengthened workforce support across the mental health network.

2022 Legislative Session – Financial Incentives to Retain & Recruit Providers

- **8% Medicaid rate increase** in the DMH Medicaid budget.
- **Broadened VT Relocation Incentives eligibility** to include mental health and developmental disabilities (MH/DD) professionals.
- **\$1.25M allocated for tuition reimbursement and loan repayment** from COVID State Fiscal Recovery Funds.

Outcome: Direct investment in workforce retention and recruitment. Funds are nearly fully utilized.

What has been done to support DA/SSA Workforce?

March 2022 – AHS Premium Pay Program

- **\$14.1M allocated** across the DA/SSA system.

Outcome: Direct investment in retention efforts for mental health professionals.

2022-2023 – ARPA Funds for Mental Health Facilities

- **\$4M distributed to improve safety, accessibility, and capacity** in mental health facilities.

Outcome:

- Enhancements in group homes, crisis beds, and intensive residential programs.
- ADA upgrades, HVAC installations, weatherization, bathroom and kitchen improvements.
- Completed in December 2024, improving quality of life for both staff and clients.

2023 Legislative Session – Expanding Financial Support

- **5% Medicaid rate increase** for DA/SSA providers.
- **\$3M investment (matched to \$6.9M)** for workforce retention. By December 2024, \$500,000 distributed; first annual report due February 2025.

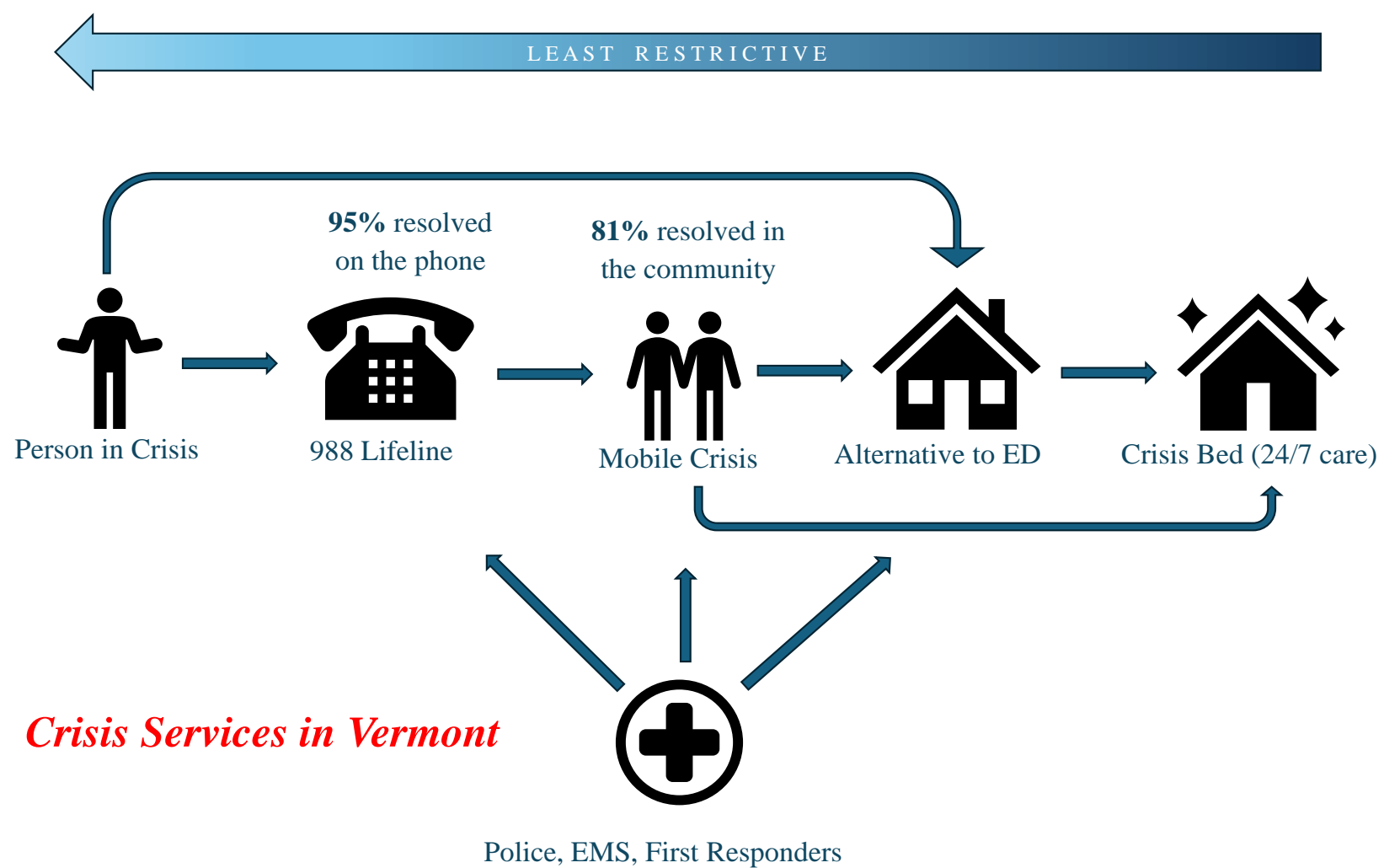
2024 Legislative Session – Continued Workforce Investments

- **3% Medicaid rate increase** to further support provider pay rates.

Fall 2024 – Statewide Mental Health Workforce Recruitment Campaign

- **\$550,000 from HCBS FMAP leveraged** by DAIL, DMH, and DSU.

Vermont's Vision for Our Crisis System of Care



This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.

988: The Vision



- 988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.
- People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one.
- The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.

988 Call Center Data (Sept-Dec)

MONTH	CALLS RECEIVED	CALLS ANSWERED	ANSWER RATE (CALLS)
Sept	1,258	1,175	93%
Oct	1,366	1,108	81%
Nov	1,465	1,162	79.3%
Dec	1,717	1,264	73.6%

Source: Vibrant Exchange Platform

Key Performance Indicators for December

- Calls Answered By Vermont Centers: 73.6% (Target: >90%)
- Average Speed to Answer: 37 seconds (Target: 95% in 20 seconds)

Mobile Crisis

DMH executed the Statewide Mobile Crisis contract with Health Care & Rehabilitation Services (HCRS) effective January 1, 2024.

How is this different from the current crisis and emergency services system?

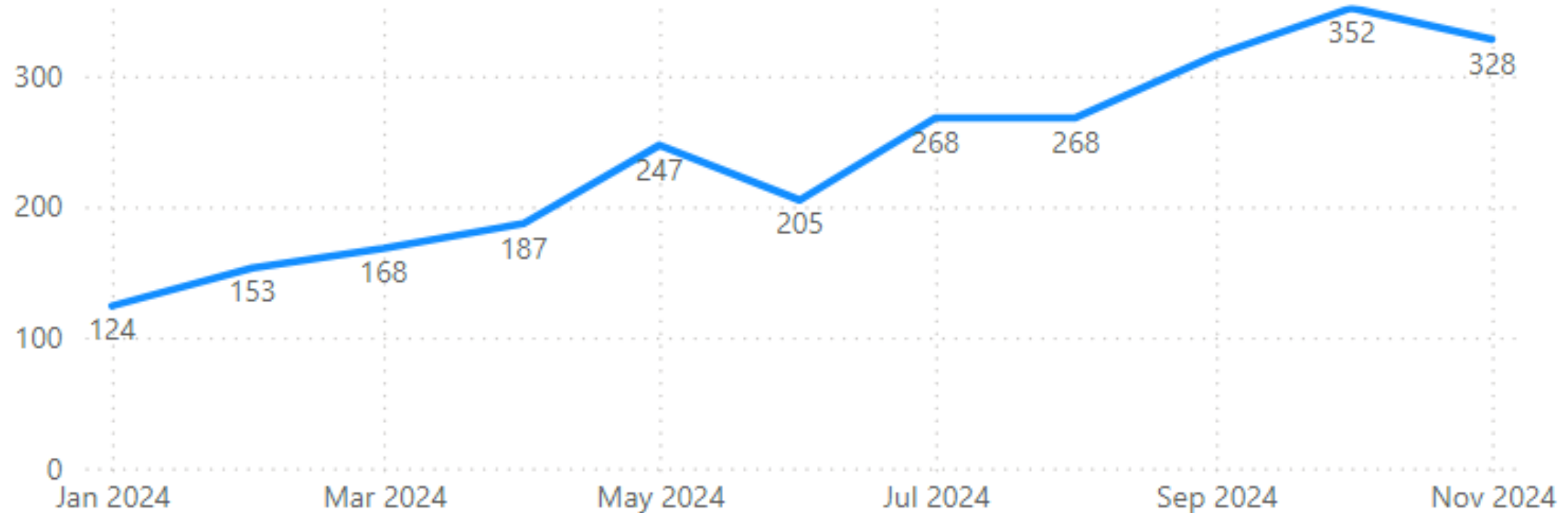
- client identified crisis
- client identifies where to meet
- includes substance use crisis
- 2-person response including staff with lived experience in the response
- follow-up services to check on safety planning and make sure the crisis is resolved
- In 2024, 93% of all mobile crisis encounters responses were under 60 minutes.
- 89% of encounters did not include law enforcement.



Impact: supporting more people, quick response with trained staff, 2-person allows to be able to support family and other involved in the crisis.

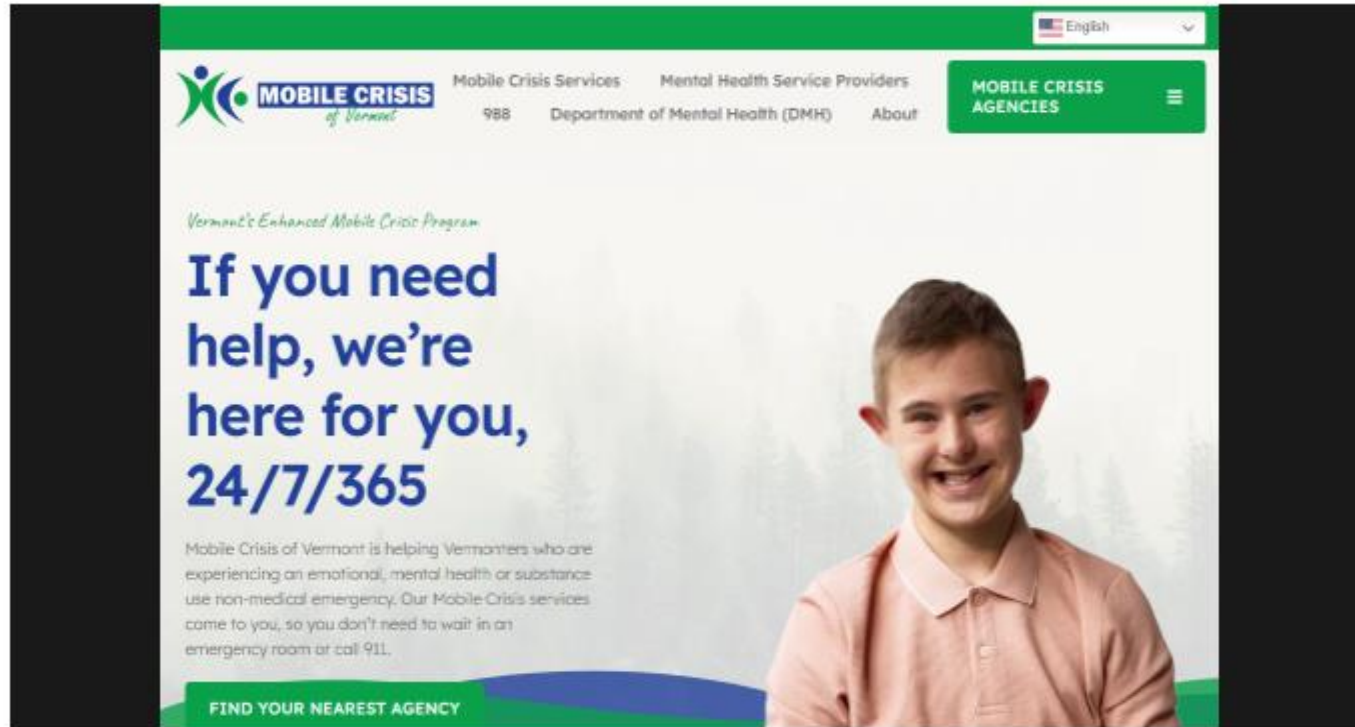
Number of Mobile Crisis Encounters: Jan 2024 to present

Encounters to Date



Crisis response teams ready 24/7 in Vermont

By Bob Audette, Brattleboro Reformer · Apr 15, 2024



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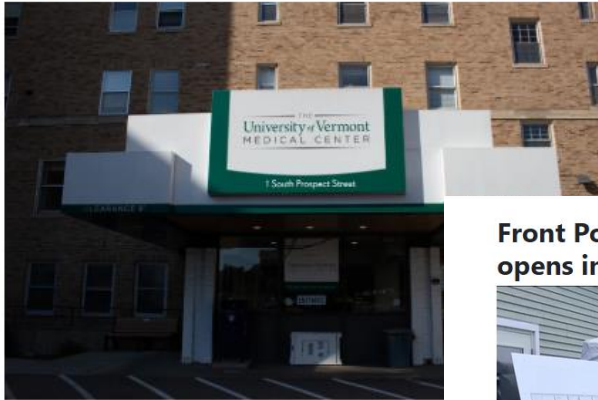
BRATTLEBORO — With help from the American Rescue Plan, communities around the country are building crisis teams to respond to people experiencing a behavioral health crisis.

Impact of Vermont's Enhanced Mobile Crisis

- 88% of referrals were for community-based interventions
 - Helped keep individuals out of hospitals & emergency departments
- 8% of encounters involved police presence
- 93% of encounters responded to within 60 minutes

An urgent care center for mental health crises is opening in Burlington

Vermont Public | By Elodie Reed
Published September 11, 2024 at 10:31 AM EDT

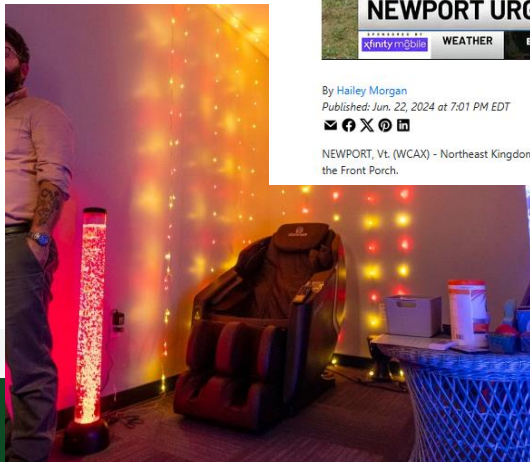


Front Porch mental health urgent care facility opens in Newport



By Hailey Morgan
Published: Jun. 22, 2024 at 7:01 PM EDT

NEWPORT, Vt. (WCAX) - Northeast Kingdom Human Services' mental health urgent care facility is finally open in Newport, it's called the Front Porch.



Mental Health Urgent Care

A Critical Alternative to Emergency Departments
• Provides immediate, community-based mental health support.

• Designed to offer a more appropriate care setting for those in crisis.

A Much-Needed Service

• Expanding access to timely, compassionate crisis care.
• Helping individuals receive support before a crisis escalates.

Positive Community & Media Response

• High engagement and support from local communities, providers, and media.
• Recognized as a transformative approach in mental health crisis intervention.

Building a Stronger Mental Health System

• Strengthening Vermont's behavioral health infrastructure.
• Ensuring same-day access to person-centered, and stigma-free care.

Alternatives to the EDs

Program	Ages Served	Address	Hours	Phone Contact
Interlude (CSAC)	Adults 18+	99 Maple Street, Maple Works Complex Suite 16 Middlebury	Monday-Friday, 10am-6pm	(802) 458-8219
Front Porch (NKHS)	All Ages	235 Lakemont Road Newport	24/7/365	(802) 624-4016
Access Hub (WCMHS)	Adults 18+	34 Barre Street Montpelier	Monday-Thursday, 7am-7pm Friday, 7am-4pm	(802) 301-3200
Mental Health Urgent Care (HC)	Adults 18+	1 South Prospect Street, Arnold Building Burlington	Monday-Friday, 9am-5pm	(802) 488-6482
Psychiatric Urgent Care for Kids (UCS)	Youth, Ages 3-18	314 Dewey Street Bennington	Monday-Friday, 8am-5pm Saturday, 9am-12pm	(802) 442-5491
Emergent Psychiatric Intervention for Children (LCMHS)	Youth of all ages	72 Harrel Street Morristown	Monday-Friday, 9am-4pm	(802) 888-5026
Youth Stabilization Program (HCRS)	Youth, Ages 12-18	413 Canal St Brattleboro	Monday-Friday, 9am-5pm	(802) 886-4500
Burlington Crisis Assessment, Response, and Engagement Services (Burlington Police Department)	Ages 6+	Burlington	Monday-Friday, 8:30am-4:30pm	



**Highlight on Children, Youth and
Family Mental Health**

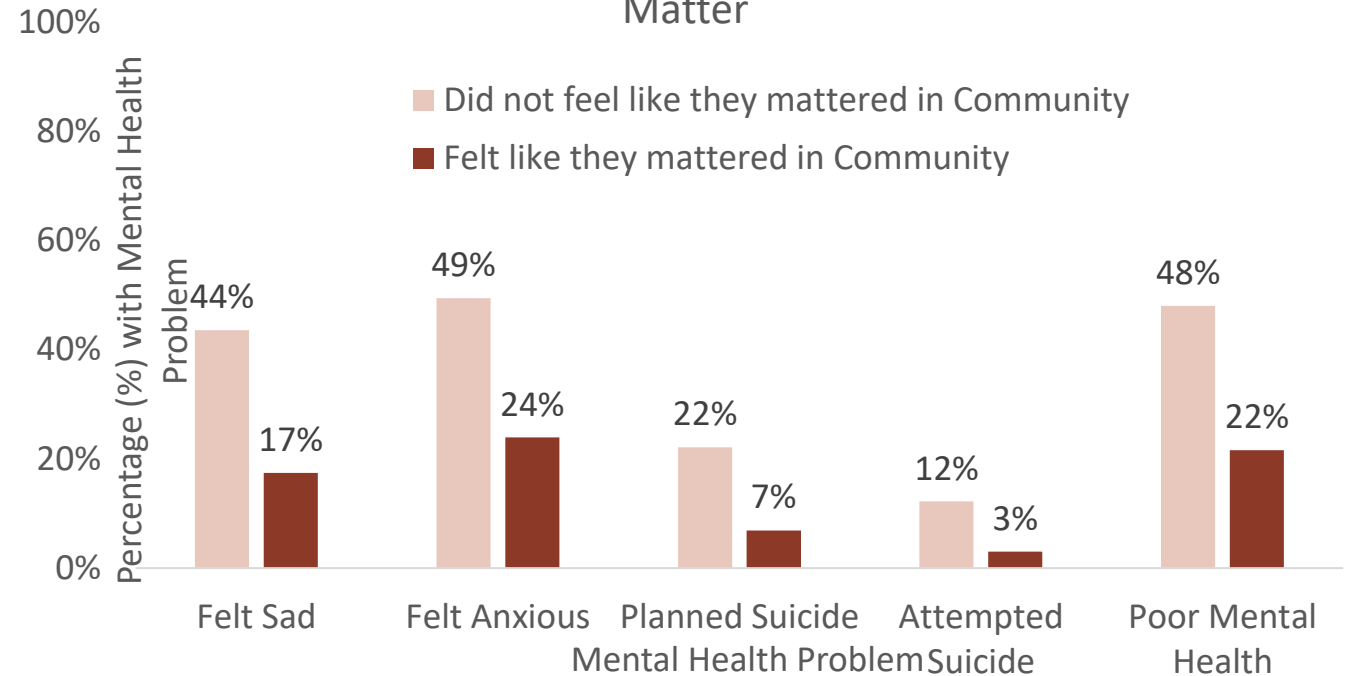
- The mental, emotional, or behavioral problems among Vermont youth (6-17 years) increased after COVID-19 (2021/2022).¹
 - A higher proportion of Vermont youth had mental, emotional, or behavioral problems than children nationally across all years (2016-2022), with the highest difference in 2021/2022.
- Prevalence of mental health problems is higher among high school students who²:
 - do NOT feel like they matter to people in their community.
 - do NOT have a teacher/adult at school to talk to about problems.
 - currently use Marijuana
 - are NOT physically active at least 60 mins/day
 - with more frequent social media use

¹ National Survey of Children's Health over time (2016 – 2022), analyses by VT Child Health Improvement Program (VCHIP), UVM

² 2023 Youth Risk Behavior Survey, analyses by VCHIP

How are VT children, youth and families doing?

Mental Health Problem Prevalence by Feeling Like You Matter



Community Mental Health Programs & Services for Children, Youth & Families

Children, Youth & Families	<p>Serves children, youth and families who are experiencing emotional or psychological distress or are having problems adjusting to changing life situations.</p> <p>Supports and services are provided within the framework and principles that are child-centered, family-focused, culturally competent, strength-based, individualized, community-based, and collaborative between and among families, agencies and community.</p> <p>All services must adhere to Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements for Medicaid-enrolled children and youth.</p>
Emergency Services	<p>Time-limited, intensive supports provided for individuals and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.</p>

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit

- Federal mandate under Medicaid for children and youth up to the age of 21 (Section 1905(r) of the Social Security Act)
- “The EPSDT benefit is...designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.” (DHHS)
- [EPSDT](#) entitles eligible children under the age of 21 to Medicaid coverage of health care, diagnostic services, treatment, and other measures described in section 1905(a) that are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions, whether or not such services are covered under the state plan.
- This is a higher standard of coverage for eligible children than for adults.



<https://www.vtcpap.com/>

Consultation Activity	Total
Completed Consults	1,126
Patients service (unique)	1,030
Providers who called multiple times	164

- The *Vermont Child Psychiatry Access Program* merged with the *Perinatal Psychiatric Consultation Service* to become the **VT Consultation and Psychiatry Access Program (VTCPPAP)**
 - Funded through two federal awards* as well as Four Pines Fund grant to Vermont Program for Quality in Health Care (VPQHC)
- Consultative services and supports for Vermont primary care providers who have questions about diagnosis and treatment planning for children and adolescents ages 21 and under and perinatal people
 - Consultation service
 - Referral resource
 - Educational opportunities

Successes:

- 100% of pediatric practices are enrolled.
- Over 1,000 consultations provided since VTCPPAP began in June 2022.
- 61 training events in FFY24, reaching 572 providers with training on mental health topics and evidence-based practices for primary care and mental health providers.
- [VTCPPAP Impact Report](#)

* For more information, click links [PMHCA](#) and [MMHSUD](#)



Early Childhood and Family Mental Health (ECFMH)

- Mental health supports for families during the perinatal period through 6 years old
- Partnership with Children's Integrated Services
- ECFMH providers are trained to assess and provide evidence-based intervention and treatment to address challenges early on



School Mental Health under DMH: Project AWARE

Project AWARE (Advancing Wellness and Resilience in Education)

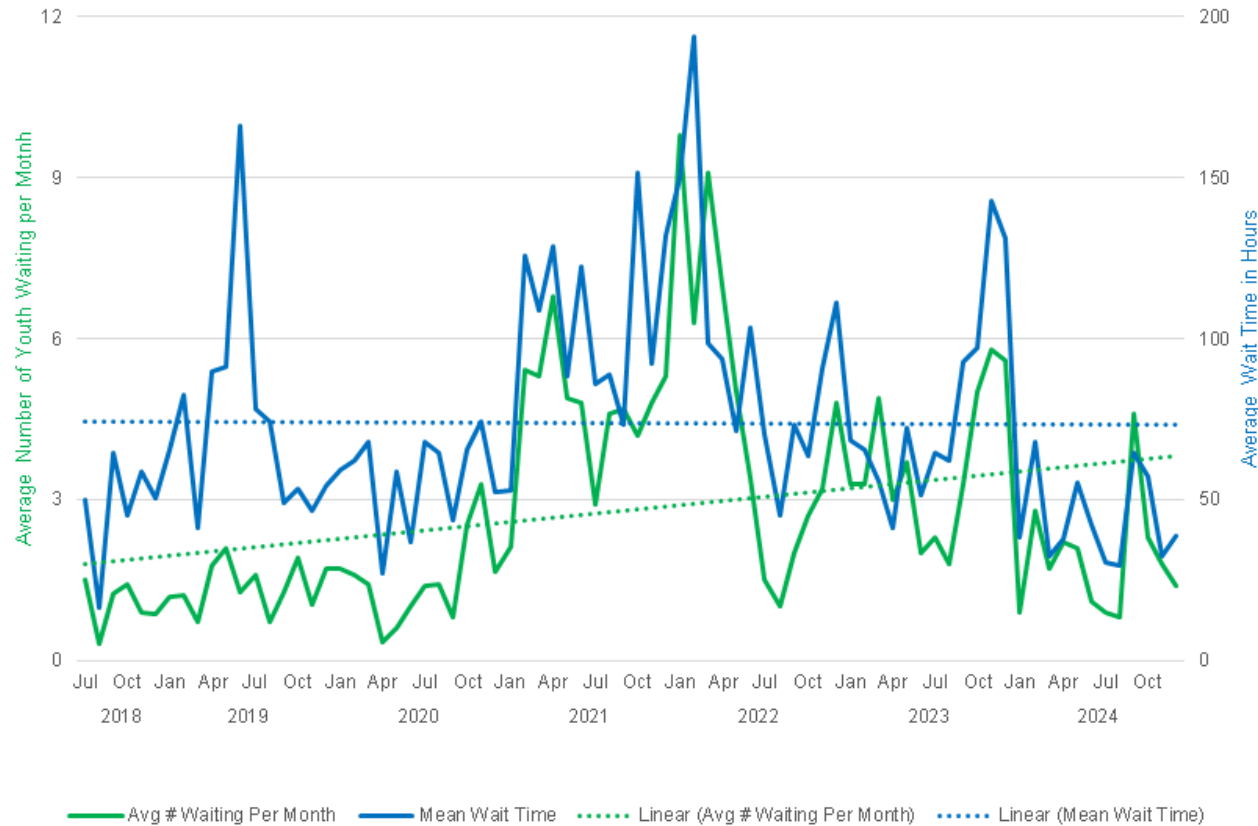
- \$1.8M per year, for up to 5 years (09/30/2023 to 09/29/2028), award from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- DMH is the recipient, in partnership with the Agency of Education (AOE)
- Project is focused in 3 Local Education Agencies (LEAs) and partnership with their local designated mental health agency, with broader statewide impacts where possible
- Goal to strengthen mental health **awareness, screening, intervention and referral** within Vermont's Multi-Tiered System of Supports (VTmtss) in districts/schools

School Mental Health under DMH: Success Beyond Six (Medicaid Program)

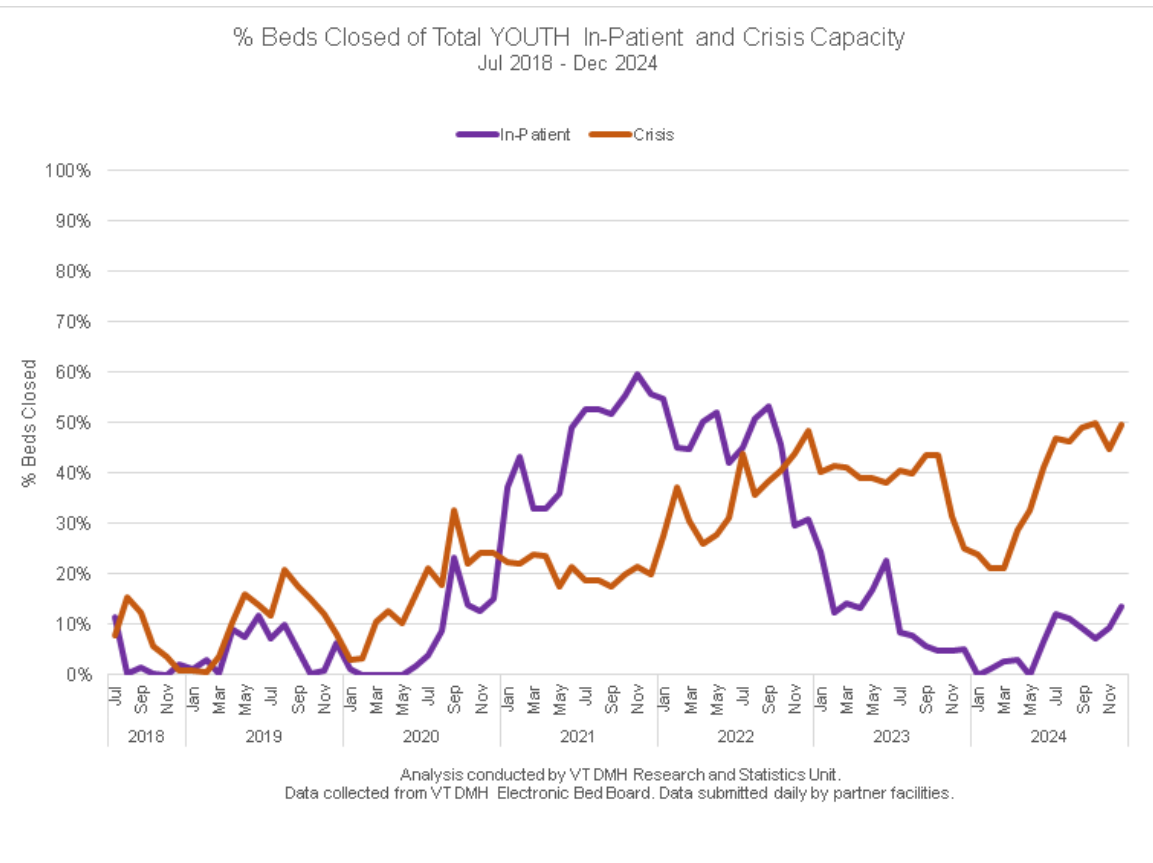
- Medicaid funding mechanism for school mental health services provided through Designated Agencies in partnership with a Local Education Agency (LEA)
- Local contract between a Supervisory Union/ School District (SU/SD) or school and a Designated Agency (DA)
 - SU/SD or school provides local match to draw down Medicaid federal share through DMH/DA authority
 - DMH contracts with each DA for their SB6 Medicaid programming
- DA provides clinical treatment & behavioral interventions in public schools
- Therapeutic independent schools run by DAs

Youth Waiting for Inpatient and Bed Closures

Comparison of Average Wait Time to Average Numbers of Youth Waiting Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary and Forensic Observations
Jul 2018 - Dec 2024



% Beds Closed of Total YOUTH In-Patient and Crisis Capacity
Jul 2018 - Dec 2024



Analysis conducted by VT DMH Research and Statistics Unit.
Data collected from VT DMH Electronic Bed Board. Data submitted daily by partner facilities.

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for youth with applications for emergency exam, youth Medicaid voluntary, or youth forensic patients. Wait times are point in time and based on month of disposition. Average number waiting per day is based on the same VPCH admissions' unit data entry. All patients waiting are included, regardless of eventual disposition.

Current Capacity in the Youth Inpatient Psychiatric, Hospital Diversion and Crisis Stabilization Programs

Type of Bed	Program Name	Total Beds	Occupied	Open	Closed	Days/Hours
Vermont						
Child Inpatient (ages 5-13)	Brattleboro Retreat Linden Lodge	12	11	0	1	24/7
Youth Inpatient (ages 10-17)	Brattleboro Retreat Osgood 2 & 3	23	13	1	9**	24/7
Child Crisis Stabilization	Howard Center Jarrett House	6	3	1	2*	Mon-Fri (5 days/wk)
Youth Hospital Diversion	NFI Hospital Diversion Programs	12	6	2	4*	South: Mon-Sat (6 days/wk) North: Mon-Fri (5 days/wk)
Out of State						
Children & Youth Inpatient (voluntary only)	Champlain Valley Physicians Hospital (CVPH) in Plattsburgh	12	5	1	6*	24/7

Bed closures due to:
* Lack of staffing
**Acuity/facility issue on unit

Running at 60% capacity in state

Thank you!

Appendix

Current* Overall Capacity in the Mental Health System

Current Overall Capacity in the Mental Health System					
Type of Bed	Total Beds	Occupied	Open	Closed	3-Year Average Daily Closed
Adult Inpatient This total includes all adult inpatient at UVMHC, BR, VPCH, CVMC, RPMC, VA, Windham Center	181	145	12	23	45
Youth Inpatient All inpatient beds for youth are at the Brattleboro Retreat	35	24	1	10	11
Adult Crisis Beds	39	19	14	6	7
Youth Crisis Beds	18	9	3	6	4

*Point in time data from 1/27/2025

**Key for acronyms: UVMHC – University of Vermont Medical Center; BR – Brattleboro Retreat; VPCH – Vermont Psychiatric Care Hospital; CVMC – Central Vermont Medical Center; RPMC – Rutland Regional Medical Center; VA – Veterans Administration



CCBHC's 9 Required Services



CCBHC Model

Be an integrated and sustainably-financed model for care delivery

- **Ensure access** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- **Meet stringent criteria** regarding timeline of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- **Receive flexible funding** to support the real costs of expanding services to fully meet the need for care in their communities.

CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.