Department of Mental Health

Mental Health System of Care: Reforming Vermont's Mental Health System

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18 V.S.A. § 7256. Reporting requirements

Notwithstanding 2 V.S.A. § 20(d), the Department of Mental Health shall report annually on or before January 15 to the Senate Committee on Health and Welfare and the House Committee on Health Care regarding the extent to which individuals with a mental health condition or psychiatric disability receive care in the most integrated and least restrictive setting available. The Department shall consider measures from a variety of sources, including the Joint Commission, the National Quality Forum, the Centers for Medicare and Medicaid Services, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration. The report shall address:

- *(1) use of services across the continuum of mental health services;*
- *(2) adequacy of the capacity at each level of care across the continuum of mental health services;*
- *(3) individual experience of care and satisfaction;*
- *(4) individual recovery in terms of clinical, social, and legal results;*
- *(5) performance of the State's mental health system of care as compared to nationally recognized standards of excellence;*
- *(6) ways in which patient autonomy and self-determination are maximized within the context of involuntary treatment and medication;*
- *(7) the number of petitions for involuntary medication filed by the State pursuant to § 7624 of this title and the outcome in each case;*
- *(8) barriers to discharge from mental health inpatient and secure residential levels of care, including recommendations on how to address those barriers;*
- *(9) performance measures that demonstrate results and other data on individuals for whom petitions for involuntary medication are filed; and*
- *(10) progress on alternative treatment options across the system of care for individuals seeking to avoid or reduce reliance on medications, including supported withdrawal from medications.*

Executive Summary

Despite ongoing national trends in mental health, Vermont has made significant strides in enhancing the accessibility and effectiveness of its mental health services and maintained its #1 national ranking in mental health care access.

The Department of Mental Health (DMH), in collaboration with community partners, provides a comprehensive continuum of mental health services aimed at delivering care in the least restrictive settings. The state's mental health system serves a wide range of individuals across varying levels of care, as detailed in DMH's Annual Statistical Report for Fiscal Year 2024.

DMH continues to ensure a robust system of inpatient services at Vermont Psychiatric Care Hospital (VPCH) and the six Designated Hospitals (DHs). While balancing admissions and discharges can impact bed availability, the utilization of inpatient beds has remained steady, with slight increases in occupancy rates in 2023 and 2024 demonstrating the ongoing demand for care. Community residential programs provide essential transitional support for individuals moving from higher levels of care.

DMH tracks service outcomes and satisfaction through various measures, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, with generally positive feedback regarding access to care. In the next year, an updated electronic survey will further enhance measurement of satisfaction.

DMH has also made strides in improving the mental health crisis system, notably through the 988 Suicide and Crisis Hotline, Enhanced Mobile Crisis, and Alternatives to Emergency Departments, as well as improving the accessibility of peer supports through the Peer Support Specialist Certification initiative.

Vermont continues to perform well in national rankings, particularly in access to care, where Mental Health America has ranked Vermont first for five consecutive years. DMH remains committed to ensuring accessible, high-quality care, leveraging national best practices and evolving the mental health system of care to meet emerging needs.

Vermont's mental health system demonstrates resilience, progress, and commitment to meeting the evolving needs of its population while striving for continuous improvement across all levels of care.

Introduction

The Department of Mental Health (DMH) submits this report to the Senate Committee on Health and Welfare and the House Committee on Health Care in compliance with 18 V.S.A. § 7256. This report provides an overview of the care received by individuals with a mental health condition or psychiatric disability in the most integrated and least restrictive settings available. Data is drawn from a variety of sources, including the Joint Commission, the National Quality Forum, the Centers for Medicare and Medicaid Services (CMS), the National Institute of Mental Health (NIMH), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Mission of the Vermont Agency of Human Services is to promote and improve the health of Vermonters. DMH 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. The Agency of Human Services uses the Results Based Accountability (RBA) framework to evaluate the performance of programs and initiatives, as well as make data-driven decisions. RBA is a key component of achieving value-based care in an integrated system. The DMH website presents how to use the regularly updated RBA scorecards containing longitudinal data and performance measures related to programs and the broader system of care. The scorecards are a valuable resource for conducting evaluations and tracking progress toward clearly defined targets that align with national quality standards and compliance measures.

- The Department of Mental Health (DMH) Scorecard
- Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals
- Vermont Psychiatric Care Hospital (VPCH) Outcomes
- DMH System Snapshot
- DMH Continued Reporting

The Mental Health System of Care

1. Use of Services Across the Continuum of Mental Health Services

Vermont providers offer a broad spectrum of mental health services delivered by practitioners in the least restrictive setting necessary to meet an individual's needs. DMH's Annual Statistical Report, with State Fiscal Year (SFY) 2023 being the most recent report, contains detailed information on the use of those supports and services provided by Designated Agencies (DAs) and Specialized Service Agencies (SSAs).

DMH tracks the use of services through its System Snapshot Dashboard, which includes over 30 performance measures covering outpatient care, crisis services, residential programs, and inpatient hospitalization.

Key highlights include:

- **Adult Outpatient Services**: In SFY2024, 7,016 adults received outpatient services, a slight decrease from 7,075 in SFY2023.
- **Children, Youth, and Family Services**: 9,642 children and families were served in SFY2024, representing a 1.6% decrease from SFY2023.
- **Crisis Services**: Emergency Services utilization increased by over 45% from 2019 to 2023 but saw a 9.5% decrease in SFY2024 compared to the prior year.
- **Community Rehabilitation and Treatment (CRT)**: Programs served 2,118 individuals in SFY2024, continuing a long-term declining trend.

These figures illustrate sustained demand across various levels of care and the importance of maintaining a robust service continuum.

Sources: Annual Statistical Report; Number Served in Adult Outpatient Community Services; Number of Children and Youth Served by Children, Youth and Family Services

2. Adequacy of Capacity at Each Level of Care Across the Continuum of Mental Health Services

a. Hospitalization Capacity

Level One Inpatient
3 facilities 57 beds

General Inpatient
7 facilities 142 beds

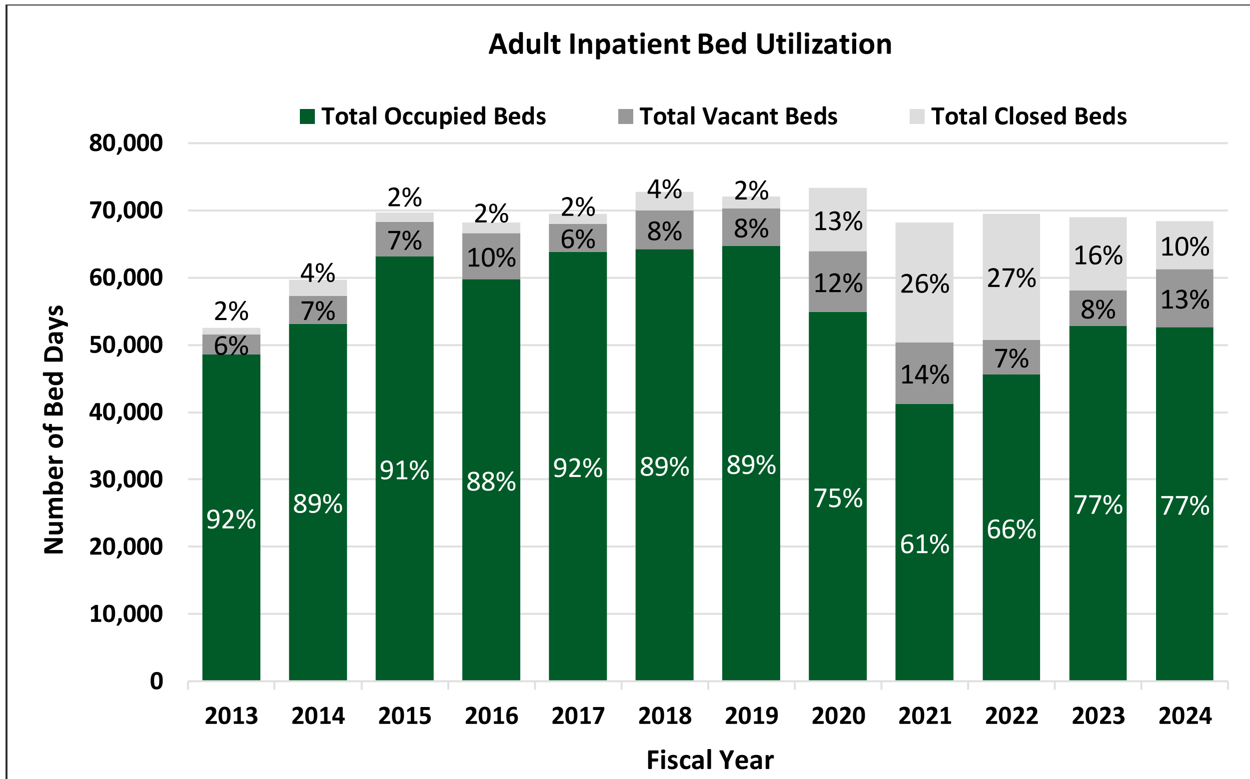
Hospitalization

Services for adults at risk of harm to self or others

Clinical assessment and crisis stabilization
Medical consultation and medication

Vermonters in need of psychiatric hospitalization are provided treatment at either the state-run inpatient facility, Vermont Psychiatric Care Hospital (VPCH), or one of six Designated Hospitals (DHs) throughout the state. The capacity of inpatient psychiatric services is founded upon the balance between hospital admissions and discharges for people with acute mental health conditions. When this balance is unequal, which is to say, when more admissions than discharges occur, hospitalization capacity is reduced.

Level One care serves individuals who require the most intensive level of clinical support and services within the system. General inpatient units serve individuals facing significant mental health challenges and struggling to manage the symptoms to a degree that requires consistent, intensive clinical care and support to ensure their safety and well-being in daily living.



The chart above is based on data reported to DMH by DHs for adult inpatient care using the Electronic Bed Board System. It presents total bed capacity across the DH system through State Fiscal Year 2024 by the number of bed days. “Bed days” is defined as the total number of beds available across all hospitals multiplied by 365 days. The availability of inpatient beds across the system remained relatively constant from 2015 through 2019 with bed day utilization (Total Occupied Beds) decreasing 14 percent from 2019 to 2020 and another 14 percent from 2020 to 2021. Since 2021, the utilization of beds increased to 77 percent in both 2023 and 2024, along with a continued decrease in the percentage of closed beds from 2022 to 2024.

Statement on Data: Please be informed that reported percentages serve as a point in time snapshot of a dynamic system. These percentages are influenced by various factors including reporting to DMH’s Electronic Bed Board System regularly, unit staffing levels, and milieu acuity. These factors may contribute to fluctuations in data precision with acknowledged inaccuracies present in the 2024 dataset.

b. Community Residential Care Capacity

Residential Care

Services to strengthen ability to manage tasks of daily living

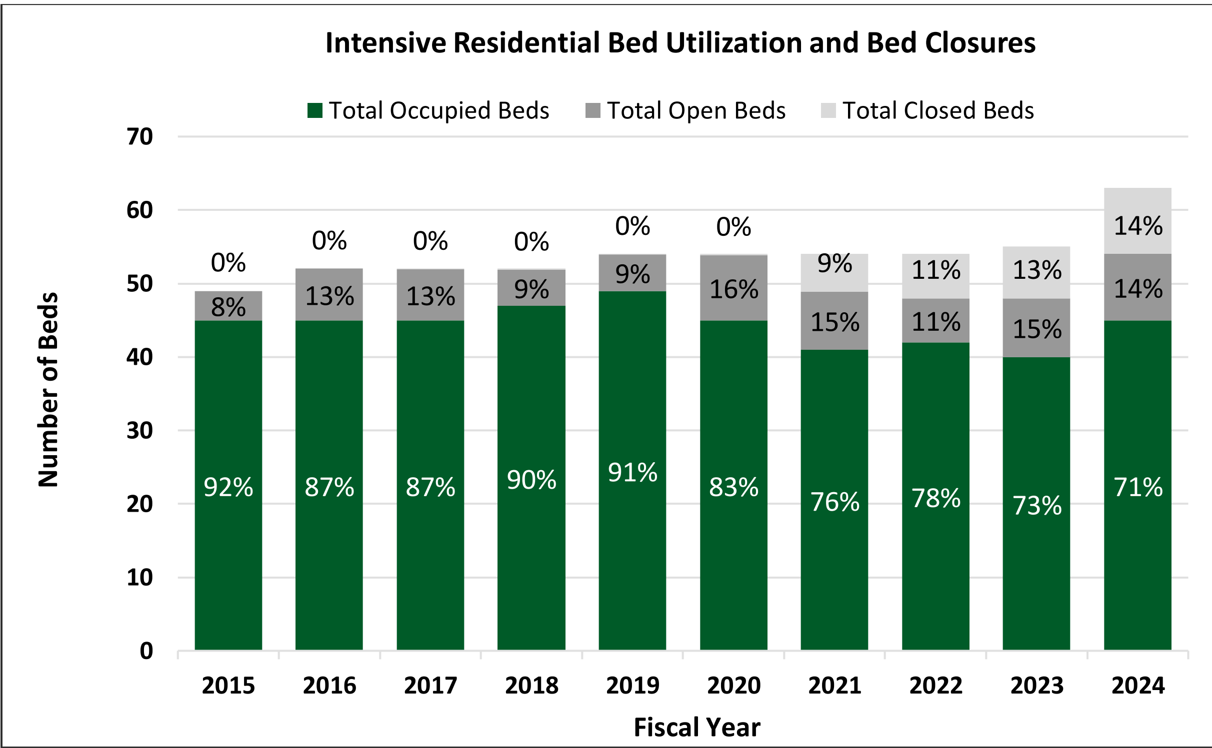
Secure Residential
1 facility 16 beds

Intensive Recovery Residential
5 Residences 42 beds

Peer-run Residential
1 Residence 5 beds

Clinical assessment and crisis stabilization
Medical consultation and medication

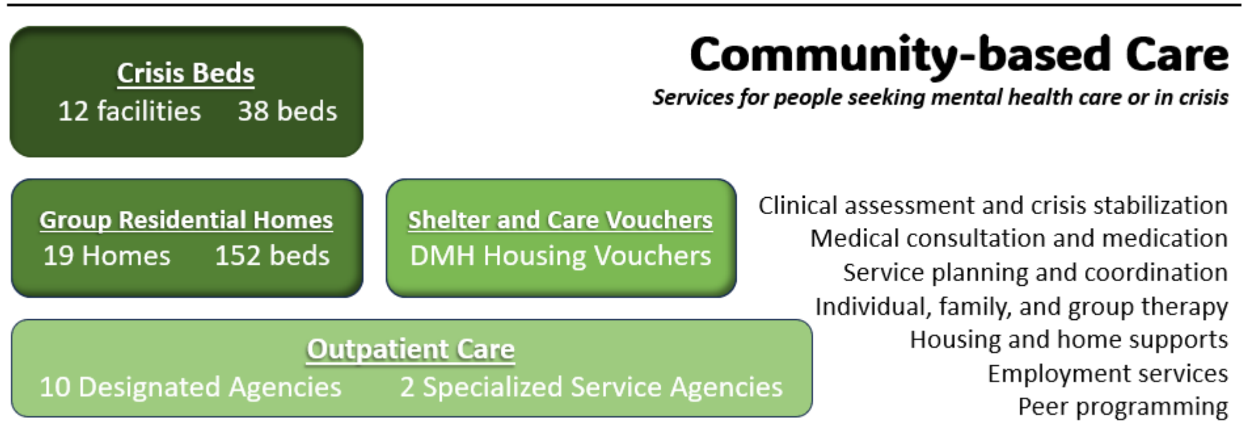
Community residential settings provide both transitional and longer-term supports, averaging residential program lengths of stay within a 12-to-18-month time frame for residents. These services meet an essential need for many individuals who are ready to leave higher levels of care, but still require intensive support before taking steps toward independent living. The graph below is based on the daily entries into the Bed Board system by hospital facility staff and represents secure residential (River Valley Therapeutic Residence), peer-run residential (Pathways Vermont Soteria House) and intensive recovery residences (Hilltop, Maplewood, Meadowview, Second Spring North and South).



The chart above illustrates the utilization of beds in community residential programs. From 2015 to 2019, bed utilization remained steady, averaging between 87-92 percent. Since 2019, there has been a decrease from 83 percent in 2020 to 71 percent in 2024 with some variation from year to year within this time frame. The state's system of care

continues to experience long-term effects of the COVID-19 pandemic that has contributed to this reduced utilization, including a reduction of workforce, increased acuity in individuals, and providers adjusting to changes in operations.

c. Other Community-Based Care Capacity



DMH reports on the number of people served across various programs, along with outcomes at discharge in the Department of Mental Health Scorecard. The following graph reflects individual use of services by primary program by State Fiscal Year (July 1st through June 30th). Children, Youth, and Family Services (CYFS) programs served the most individuals in SFY 2024 with 9,642 clients. This was a 1.6% decrease from the previous year. Emergency Services (ES) offered by DAs served 9,359 Vermonters. From 2019 to 2023, there has been over a 45 percent increase in the utilization of ES, but in 2024 there was a 9.5% decrease compared to 2023. The Adult Outpatient (AOP) programs remained reasonably level through this reporting period with a slight decrease from 7,075 in 2023 to 7,016 in 2024. Finally, 2,118 individuals were served by Community Rehabilitation and Treatment (CRT) programs This continued declining trend from 2011 through 2024. (See Appendix 1 for DA utilization by Primary Program chart).

3. Individual Experience of Care and Satisfaction

DMH historically collected satisfaction data from individuals served by CRT and CYFS programs. Starting in 2025, an updated electronic survey will be implemented to capture more comprehensive and user-friendly feedback.

In the interim, DMH relies on:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**: Medicaid member responses indicate generally positive satisfaction with access to mental health services.
- **Quality Reviews by DAs**: Annual reviews include qualitative feedback on client experiences.

Sources: DMH Annual Statistical Report 2023, CAHPS Medicaid Adult Survey 2023.

4. Individual Recovery in Terms of Clinical, Social, and Legal Results

DMH's annual action plan for improving health outcomes is reflected in the State Health Assessment and Improvement Plan, which was informed by a robust assessment of health and social conditions for Vermonters. Additional scorecards that illustrate results and progress:

- Healthy Vermonters
- Environmental Public Health Tracking
- Suicide Surveillance Dashboard
- Agency of Human Services Performance Scorecards
    - Programmatic Performance Measure Budget Scorecard
    - State of Vermont Outcomes Report Scorecard

5. Performance of the State's mental health system of care as compared to nationally recognized standards of excellence

Mental health is important to everyone's overall health and well-being. There is a spectrum of how symptoms of mental health-related challenges and struggles present and how individuals manage those symptoms. Subsequently, a spectrum of care and services must exist to meet those needs. DMH strives to support the system of care to deliver those services in the most integrated, least restrictive setting for individuals to safely and effectively achieve their health goals.

While the impacts of the COVID-19 pandemic have stabilized, the mental health crisis in the United States continues, with many people struggling with anxiety, depression, substance use disorder, and other mental illnesses more than ever before. In September 2024, the National Institute of Mental Health identified that 59.3 million adults were living with a diagnosed mental health condition, yet only 50.6% received

mental health services in the previous year with females receiving treatment at a higher rate than males (56.9% versus 41.6%). Simultaneously, there continues to be a projected increase in demand for mental health services, although the supply of mental health providers continues to decline. These ongoing national trends highlight challenges of accessing and utilizing mental health care and, challenges faced by the state's mental health system of care, Vermont continues to evolve to ensure its ability to meet the mental health needs of Vermonters.

In response to the emerging needs, DMH has taken significant steps to enhance the crisis system of care and improve access to mental health services.

Recent initiatives include:

- **988 Suicide and Crisis Hotline**: All Vermonters now have access to call, text, or chat via the national '988' hotline, ensuring immediate support for individuals in crisis.
- **Enhanced Mobile Response Services**: Vermont has implemented a two-person mobile crisis response team to provide in-person mental health and substance use support across the state.
- **Alternatives to Emergency Departments**: New facilities offering specialized care for youth, adolescents, and adults have been established as alternatives to traditional emergency departments.

The Mental Health America 2024: The State of Mental Health in America report provides a snapshot of the mental health and substance use status among adults and youth across the country. Vermont's overall ranking in 2024 was 7th in the country, which improved from its 2023 ranking of 12th in the country. This overall ranking takes into account the prevalence of mental illness/substance use disorder (SUD), as well as access to care, and is particularly remarkable because Vermont has very high levels of mental illness and SUD across the population as compared with other states. Across all states, Vermont ranks 41st — or the 11th highest in prevalence — in a combined measure of prevalence of mental illness and SUD.

Despite challenges, Vermont has consistently led the nation in access to care, ranking first among all states for the fifth consecutive year. This ranking reflects the state's relatively higher percentage of insured residents, robust access to treatment, and strong support for students with emotional disturbances through special education services. Vermont's performance shows the commitment to ensuring comprehensive and accessible insurance coverage for its residents.

These findings support Vermont's dedication to building and maintaining a high-quality system of care, even in the face of significant demand, setting a benchmark of access for other states to follow.

6. Ways In Which Patient Autonomy and Self-Determination Are Maximized Within the Context of Involuntary Treatment and Medication

- The Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals Scorecard is updated quarterly and displays progress on six performance measures. Please note that there is a 6-month delay in analysis due to reporting and ensuring completeness of data.
- As required by Act 200, Sec. 7 of the 2018 Legislative Session, DMH publishes data and reports on emergency involuntary procedures in hospital settings:
- The DMH System Snapshot scorecard provides data on inpatient care, crisis and community-based services, suicide deaths, and involuntary transportation for both youth and adults.

7. The Number of Petitions for Involuntary Medication Filed by The State Pursuant to § 7624 of This Title and the Outcome in Each Case

In SFY2024, DMH filed 70 petitions for 58 unique patients for involuntary medication under 18 V.S.A. § 7624. Outcomes were as follows:

- Number of unique patients who had the following:
  - One petition filed: 47
  - Two petitions filed: 10
  - Three petitions filed: 1

Sources: DMH Court-Ordered Involuntary Medications Scorecard 2024.

8. Barriers to Discharge from Mental Health Inpatient and Secure Residential Levels of Care, Including Recommendations on How to Address Those Barriers

From July 2024 through early December 2024, DMH followed 344 duplicated individuals through their involuntary hospitalization stay. The majority of individuals were able to move to the appropriate level of discharge upon completion of their treatment on an inpatient unit. During this same time period, data shows that discharges from the secure

residential were delayed due to lack of housing options for individuals in their home community and the level of acuity of the individual. However, the short timeframe of the reporting period limits the ability to assess trends and draw meaningful conclusions from the data.

Common barriers to discharge from inpatient and residential care include:

- **Housing Instability**: Lack of appropriate transitional housing delays discharge.
- **Workforce Shortages**: Staffing challenges reduce capacity for community-based step-down services.
- **High Acuity Needs**: Individuals requiring intensive care often face delays due to limited availability of specialized programs.

DMH continues to explore solutions through collaboration with housing agencies and workforce development initiatives.

Sources: 2024 Vermont's Annual POINT-INTIME COUNT of Those Experiencing Homelessness; State of the Behavioral Health Workforce, 2024

9. Performance Measures That Demonstrate Results and Other Data on Individuals for Whom Petitions for Involuntary Medication Are Filed

Recent studies and reports on Act 114 (1998) non-emergency involuntary psychiatric medication provide comprehensive detail on involuntary medication and are available here.

DMH tracks performance measures via different scorecards that align with the RBA framework focusing on 3 questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

The Continued Reporting and System Snapshot scorecards track different outcome measures for adults served by inpatient psychiatric hospital units, those who are on involuntary status and adults served by Level One inpatient services. One section of the System Snapshot scorecard is Court-Ordered Involuntary Medications that tracks numbers of applications and orders granted for involuntary medications. See below for a sample of outcome measures that include individuals for whom petitions for involuntary medication are filed are:

- Average time from filing date to decision date in days

- 30-Day Readmission Rates for Discharged Involuntary Inpatient Clients
- Length of Stay for Discharged Clients from Involuntary Inpatient Units

10. Progress on Alternative Treatment Options Across the System of Care for Individuals Seeking to Avoid or Reduce Reliance on Medications, Including Supported Withdrawal from Medications

DMH supports initiatives aimed at reducing reliance on medication, including the expansion of peer supports. DMH is creating a statewide, Medicaid-compliant mental health peer support certification program in the State of Vermont. This certification is necessary for Medicaid reimbursement of peer support services. The Peer Certification program ensures that training in peer support practices and ongoing supervision is available to peer support workers. The program will also work with provider agencies to support the collaboration/coordination of the peer support and clinical workforce. These efforts will support improved access to quality peer support services for adults with mental health concerns. The process has included incorporating the input of community partners throughout the development including program structure, screening standards for applicants, core competencies for training, curriculum development, testing, and needed capacities for the chosen certifying body. DMH is working with the Office of Professional Regulation regarding their role in certification, and is collaborating with the Department of Health Division of Substance Use Programs (DSU) to discuss peer support across the whole system.

Conclusion

DMH continually evaluates the accessibility and effectiveness of mental health services, and works to ensure data-driven decision-making that aligns with national standards and compliance measures. Despite ongoing challenges such as increasing demand for services and workforce shortages, Vermont continues to make strides in mental health care accessibility and quality, as evidenced by the state’s consistent #1 ranking by Mental Health America. Initiatives such as the 988 Suicide and Crisis Hotline, Enhanced Mobile Crisis services, and Alternatives to Emergency Departments highlight DMH's proactive approach to crisis intervention and mental health support. The state's commitment to patient autonomy and the expansion of peer support services further demonstrate dedication to improving mental health outcomes. Although barriers to discharge such as housing instability and workforce limitations remain, DMH is collaborating with stakeholders to address these challenges. With its continued focus on comprehensive, integrated care provided in the least restrictive setting, Vermont remains a national leader in mental health services across the system of care, setting a high standard for accessible and effective care.

Appendix 1: Designated Agency Utilization by Primary Program