



Department of Mental Health (DMH)

Samantha Sweet, Deputy Commissioner

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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.

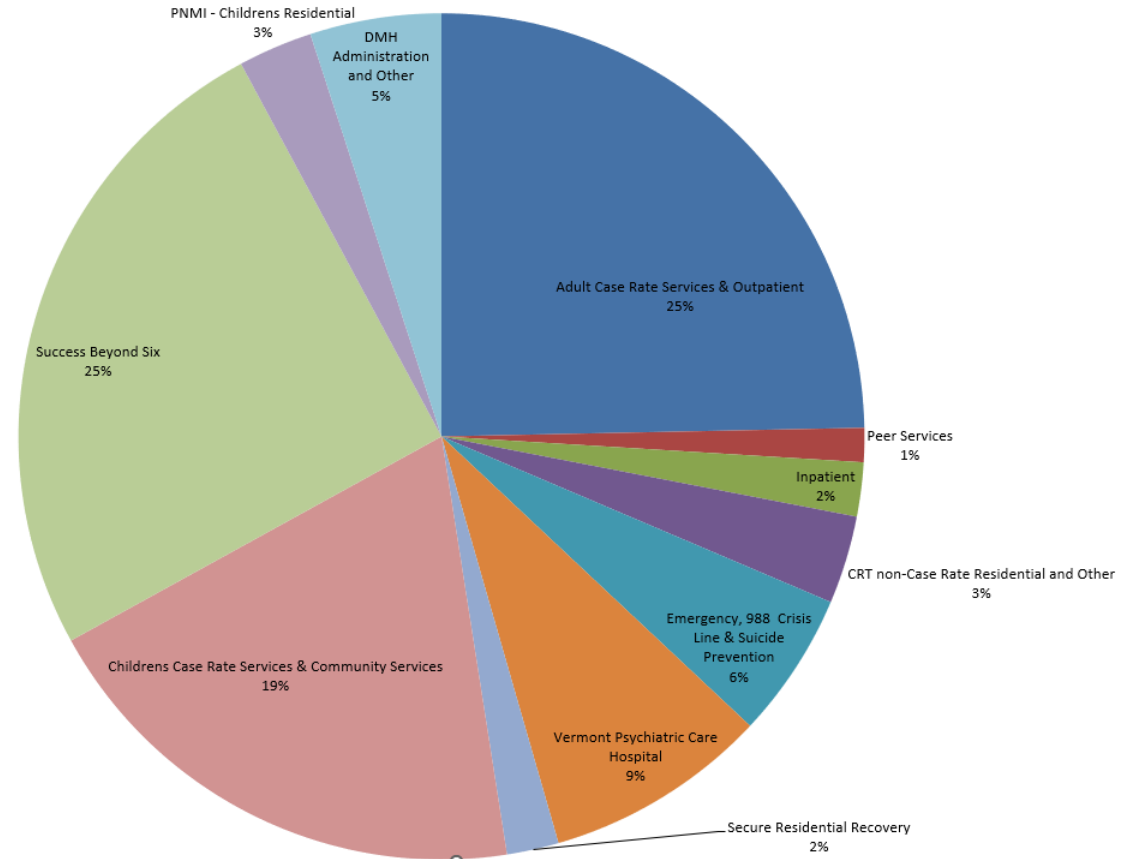
Our **Vision**: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.

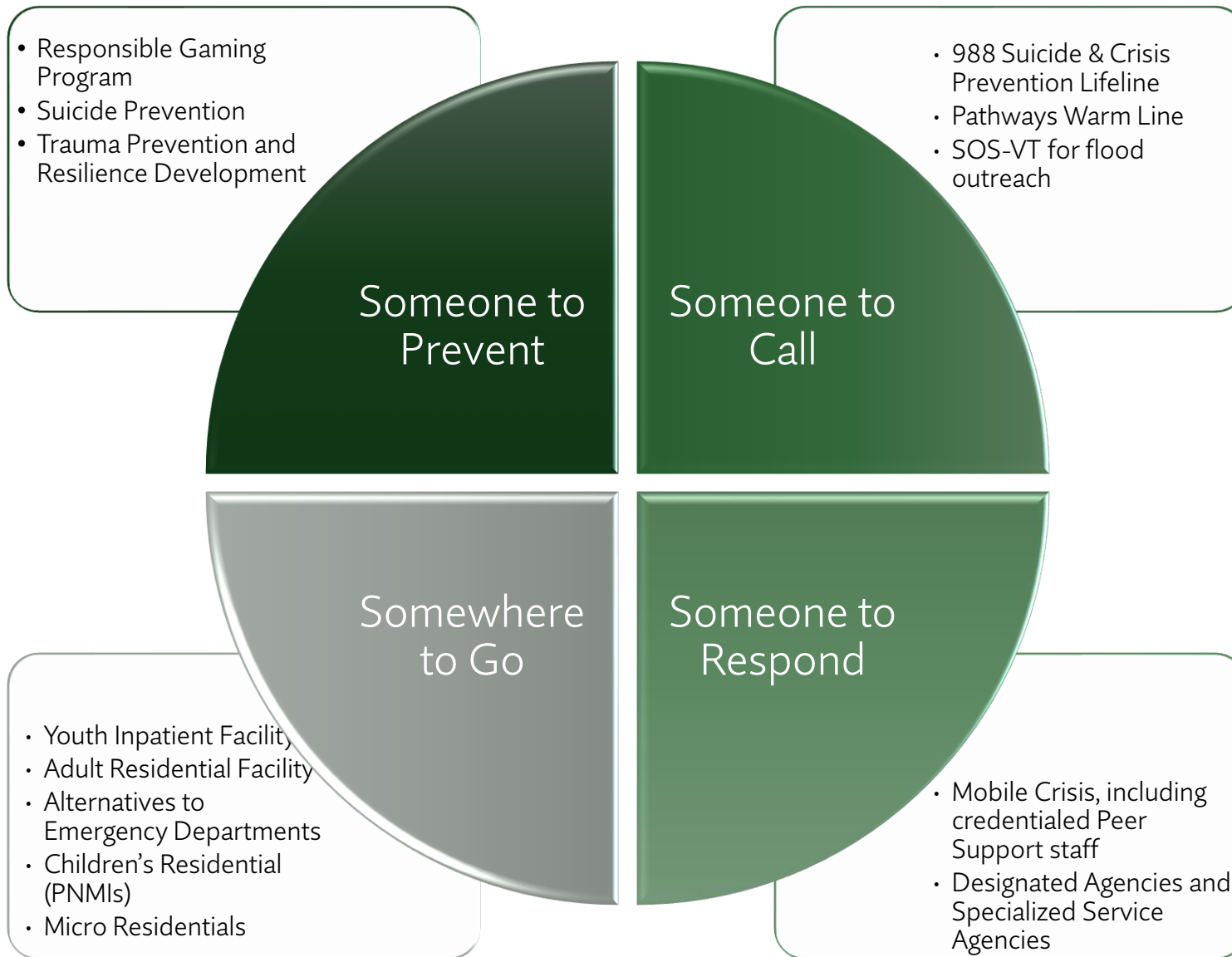


What we do at the Department of Mental Health

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!












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

How are VT children, youth and families doing?

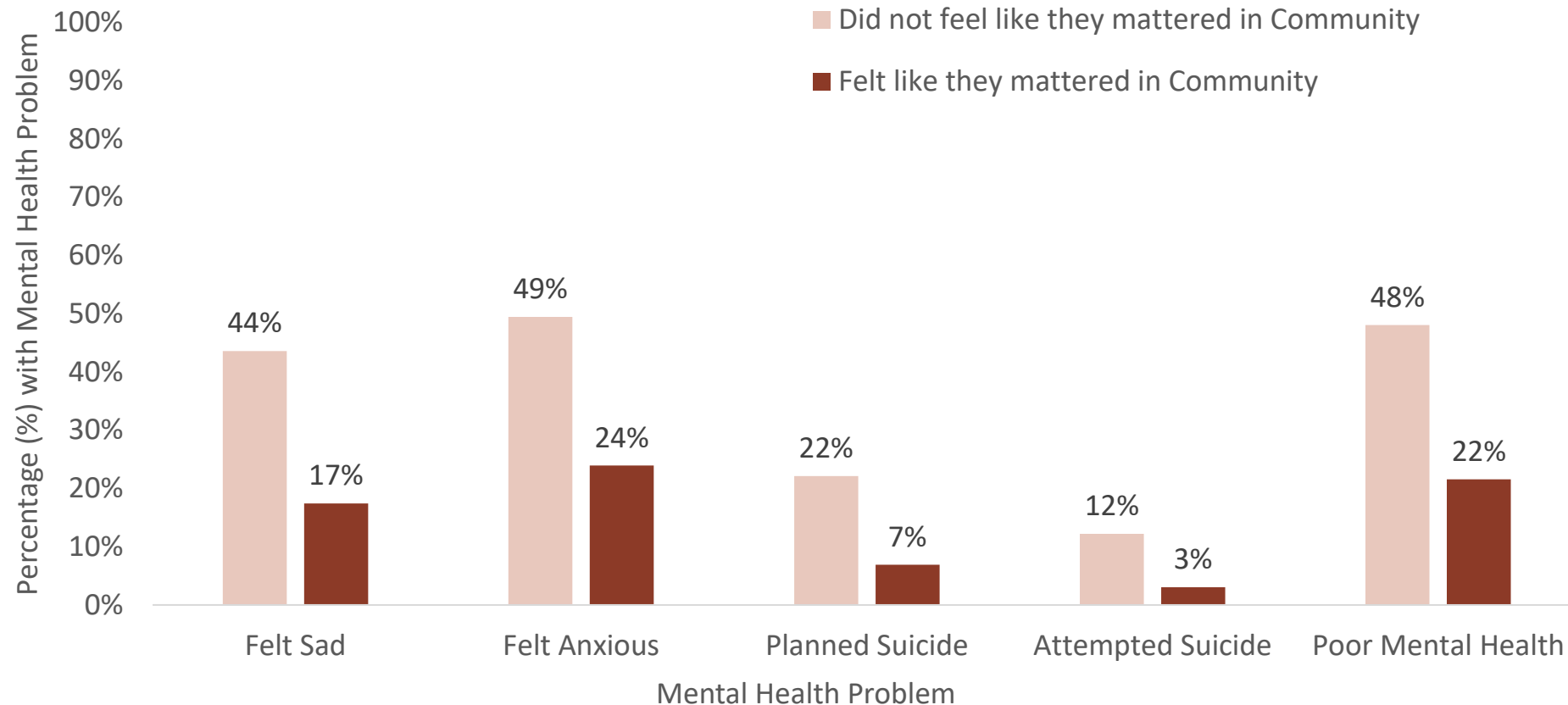
- The mental, emotional, or behavioral problems among Vermont youth (6-17 years) increased after COVID-19 (2021/2022).¹
 - A higher proportion of Vermont youth had mental, emotional, or behavioral problems than children nationally across all years (2016-2022), with the highest difference in 2021/2022.
- 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

Prevalence of Mental Health Problems is Higher Among Students who Do NOT Feel Like They Matter to People in the Community

Mental Health Problem Prevalence by Feeling Like You Matter



Notes: Simple chi-squared statistical tests showed all $p < 0.001$

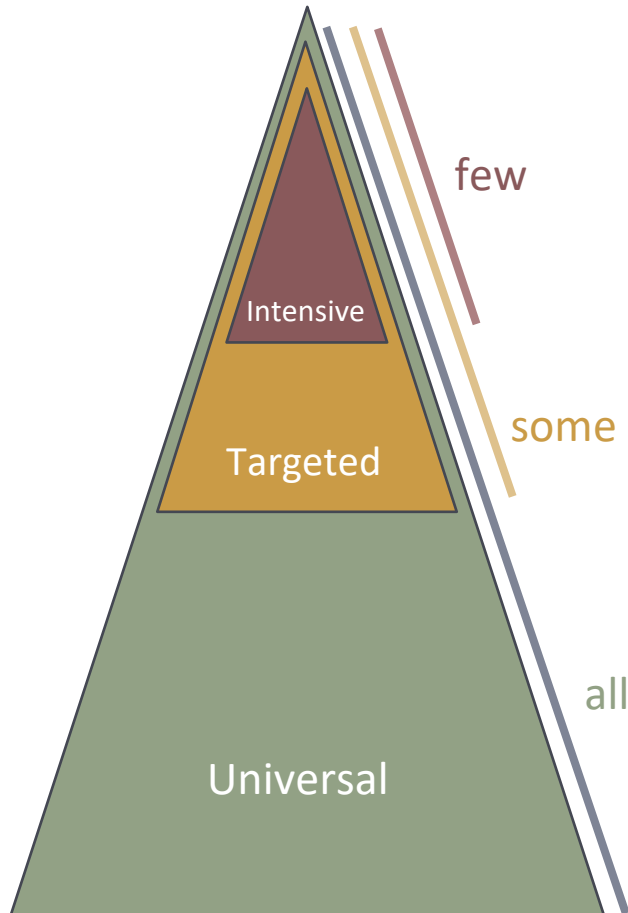
Vermont's Vision: All children and families are emotionally healthy

Department of Mental Health uses the public health approach to:

Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)

Provide prevention services to reduce risk factors and increase resiliency and protective factors for children, youth, families and, communities at risk (Targeted)

Promote mental wellness for all children, youth, families, and communities (Universal)

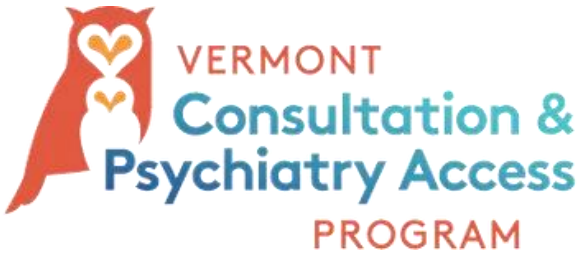


Community Mental Health Programs & Services for Children, Youth & Families

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/>

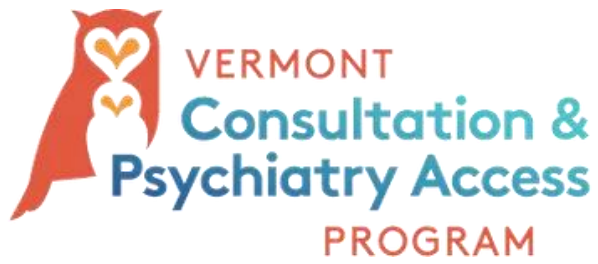
Hosted by the VT Program for Quality in Health Care (VPQHC) with some staffing from the UVMHC Vermont Center for Children, Youth & Families

- The *Vermont Child Psychiatry Access Program* merged with the *Perinatal Psychiatric Consultation Service* to become the **VT Consultation and Psychiatry Access Program (VTC PAP)**
 - 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:

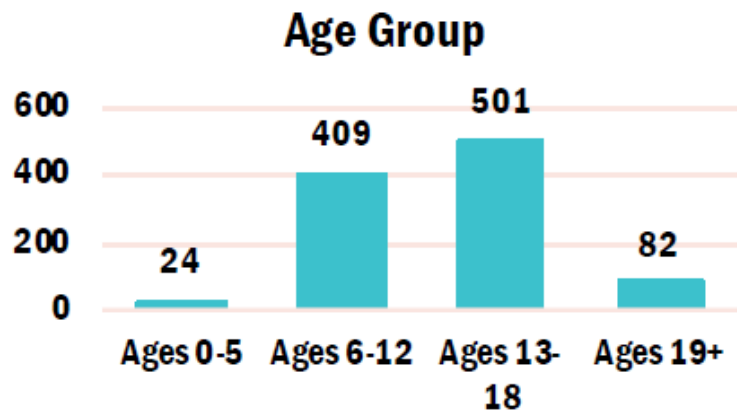
- 100% of pediatric practices are enrolled.
- Over 1,000 consultations provided since VTC PAP began in June 2022.
- 61 training events in FFY24, reaching 572 providers with training on mental health topics and evidence-based practices for primary care and mental health providers.
- [VTC PAP Impact Report](#)

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



Child & Adolescent Consultations

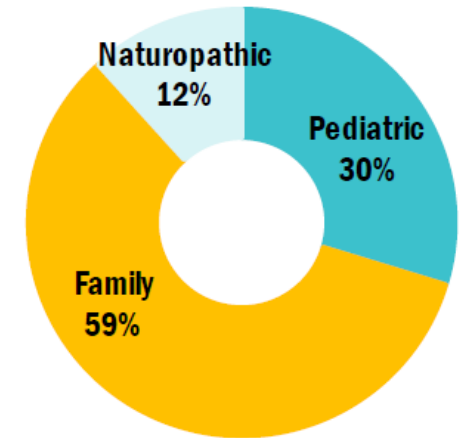
Consultation Activity	Total
Completed Consults	1,126
Patients service (unique)	1,030
Providers who called multiple times	164



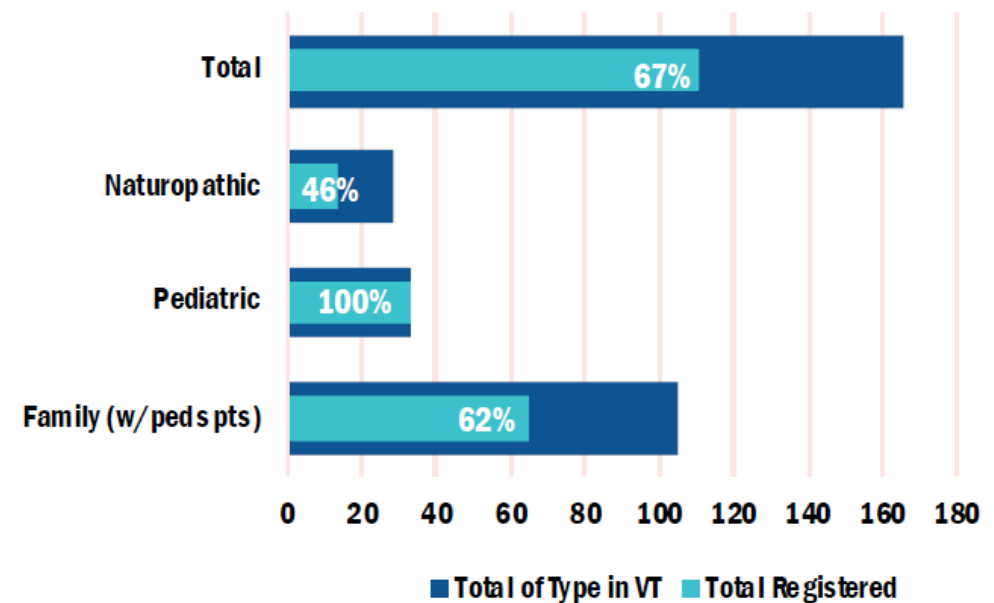
Pediatric-serving Provider Enrollment
(As of November 2024)

Clinics	116
Providers	620

% of Clinic Types Registered



Proportion of Registered Practices by Type



Early Childhood and Family Mental Health (ECFMH)

- Mental health supports for families during the perinatal period through 6 years old
- Focus on helping families form close, secure relationships with their infant, toddler, young child so they have healthy development in the social, emotional and behavioral realms
- Children can show signs of social, emotional and behavioral problems at a young age and it can impact their ability to form healthy relationships and attain developmental milestones
- ECFMH providers are trained to assess and provide evidence-based intervention and treatment to address challenges early on using:
 - Postpartum Support International (for assessing and treating perinatal mood and anxiety disorders)
 - Parent-Child Interaction Therapy
 - Child-Parent Psychotherapy
 - Attachment, Regulation and Competency framework for complex trauma
 - Strengthening Families framework



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

Urgent Care
programs served
approximately 125
youth in FY24

Youth-Focused Alternatives to EDs

- **United Counseling Services - Psychiatric Urgent Care for Kids (PUCK) Program:** Offers intensive day-treatment for youth, involving clinical assessment and skill-building, operational M-F, 8:30-3:30pm, serving youth aged 3-18.
- **Health Care and Rehabilitation Services - Youth Stabilization Program (YSP):** A high-intensity outpatient program in Brattleboro providing intensive support to help youth stay in their natural environments, offering a range of therapeutic services. M-F, 9am-5pm
- **Lamoille County Mental Health - Emergent Psychiatric Intervention for Children (EPIC) Program:** Similar to PUCK, providing intensive day-treatment and support for youth aged 6-18, focusing on developing coping skills and comprehensive treatment plans. M-F, 9am-4pm
- **Northeast Kingdom Human Services – Front Porch:** open 24/7/365 for all ages, providing assessment and case management services.

Current Capacity in the Youth Crisis Programs

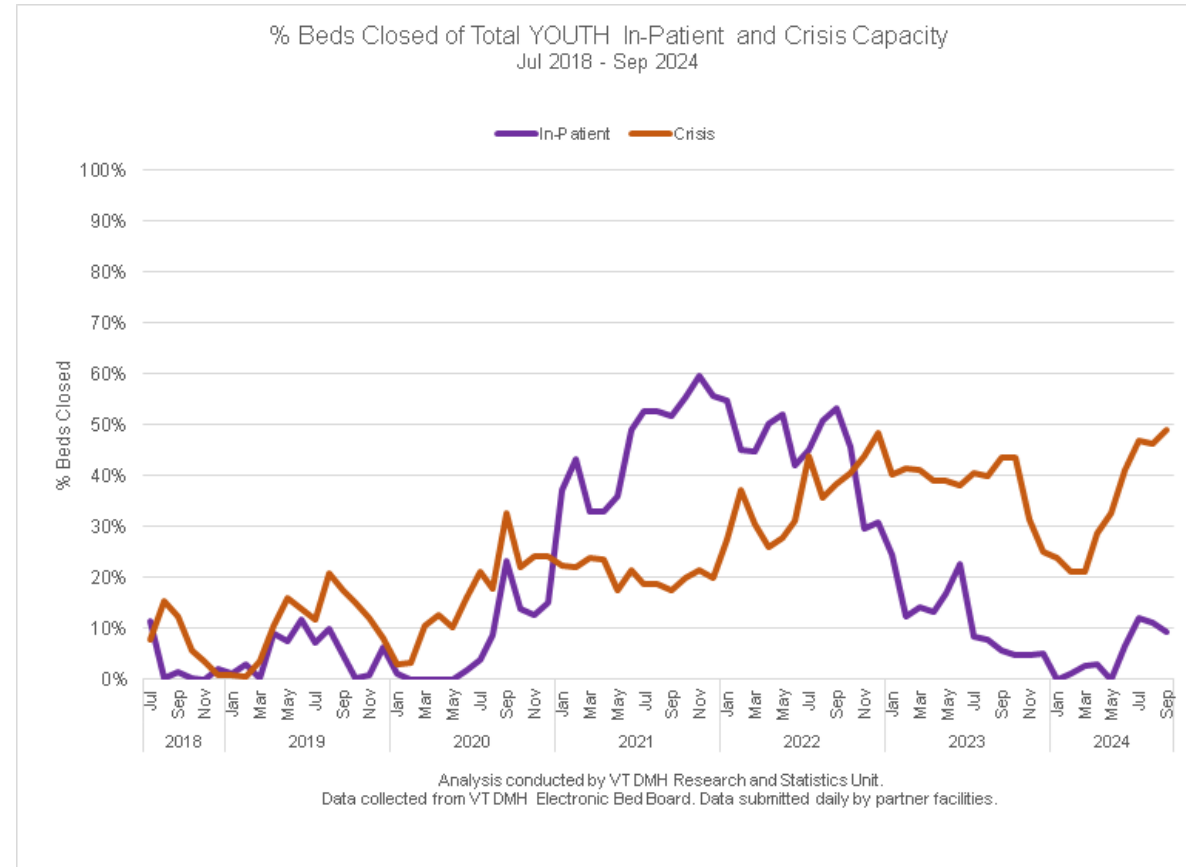
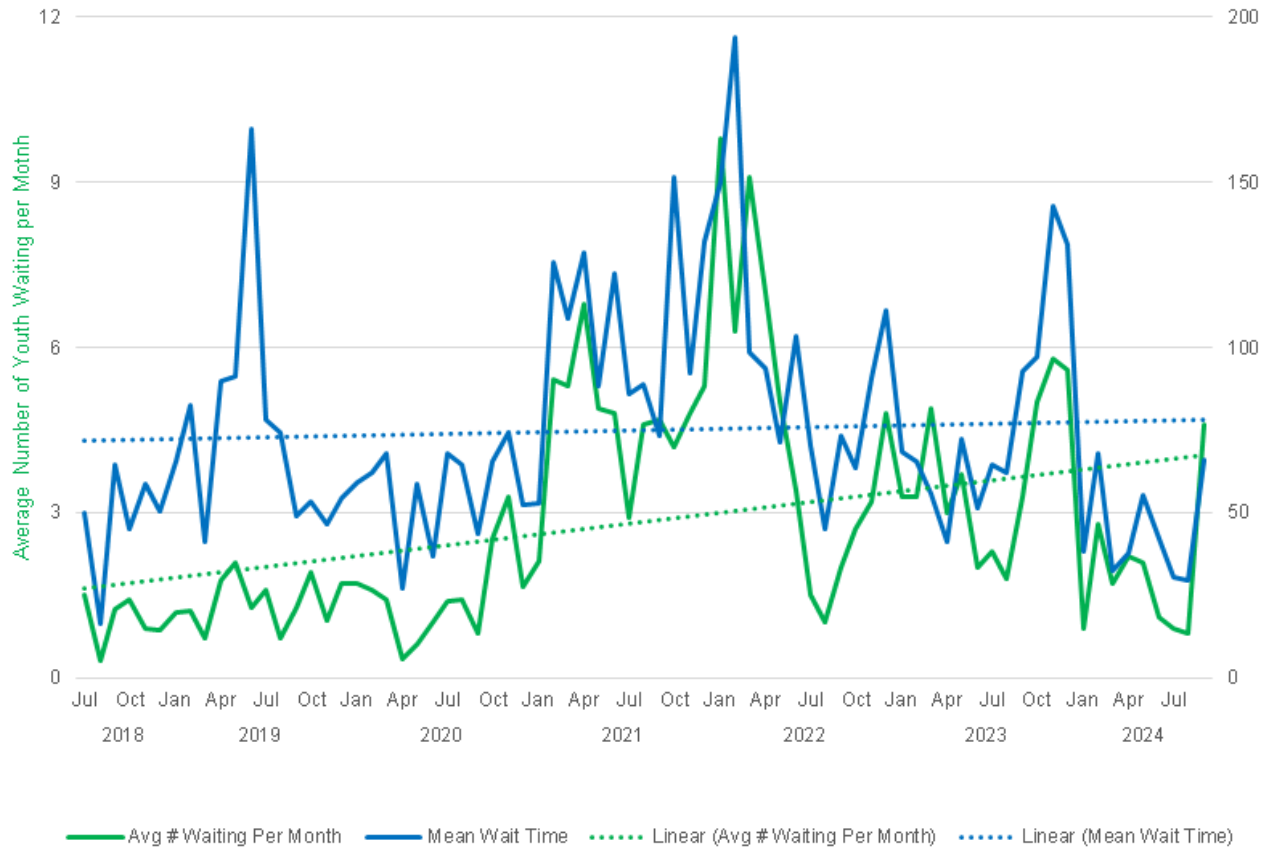
Type of Bed	Program Name	Total Beds	Occupied	Open	Closed	Days/week
Vermont						
Child Crisis Beds	Howard Center Jarrett House	6	3	1	2*	Mon-Fri (5 days/wk)
Youth Crisis Beds	NFI Hospital Diversion Programs	12	6	1	5*	South: Mon-Sat (6 days/wk) North: Mon-Fri (5 days/wk)

Bed closures means running at 61% capacity

Bed closures due to:
* Lack of staffing

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 - Sep 2024

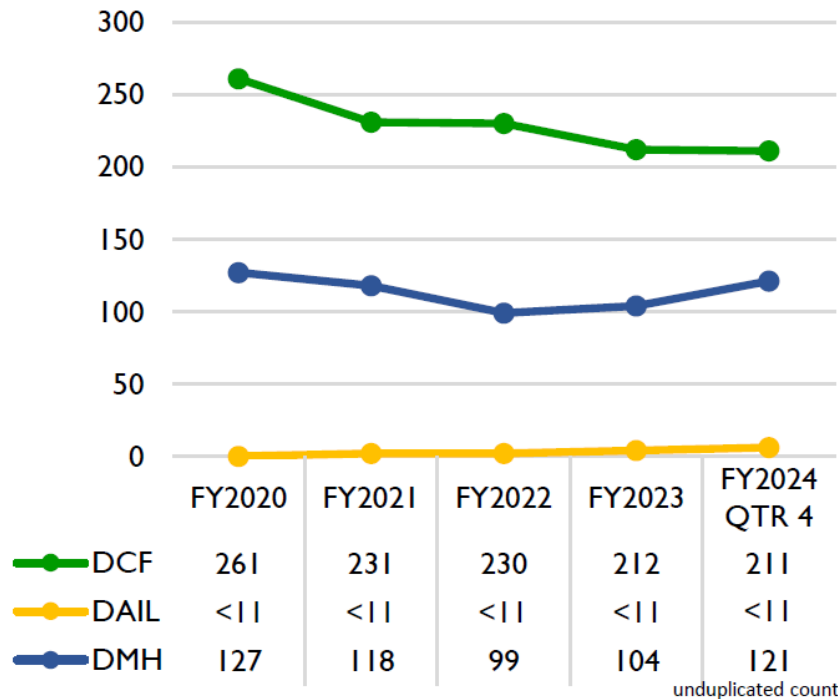


Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for persons with applications for emergency exam or youth medicaid voluntary patients. Wait times are point in time and based on week of disposition. Average number waiting per day is based on the VPCH admissions' unit morning update report and end of shift reports regarding persons awaiting inpatient placement. All patients waiting are included, regardless of eventual disposition

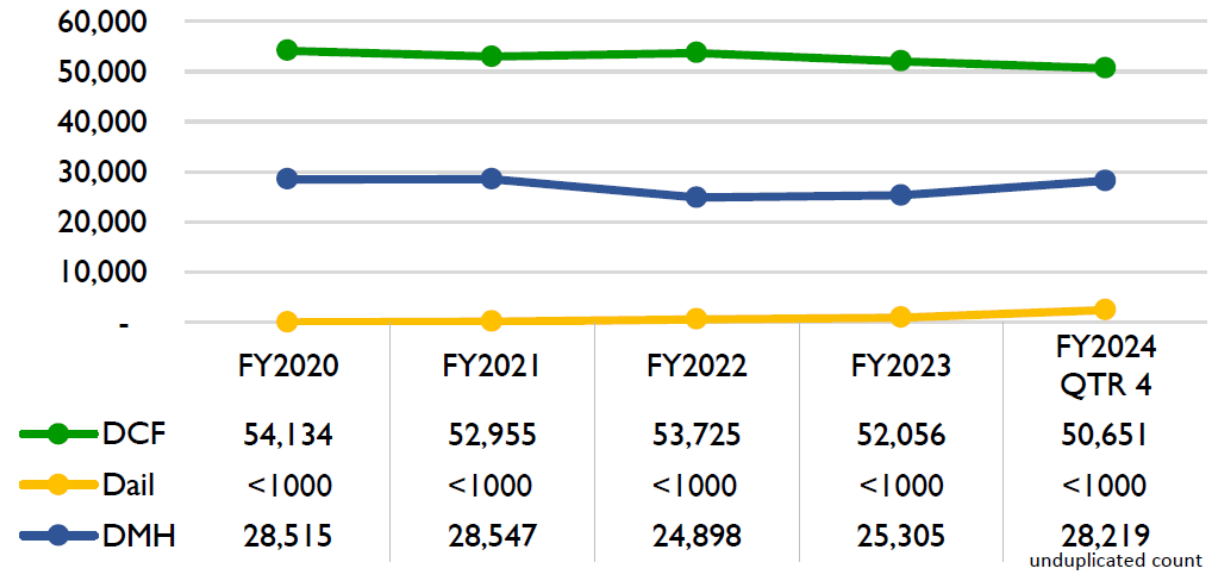
Analysis conducted by VT DMH Research and Statistics Unit.
Data collected from VT DMH Electronic Bed Board. Data submitted daily by partner facilities.

Residential Treatment for Children and Youth

Total Child Count Residential by Department per Fiscal Year Through FY24 Q4



Total Residential Bed Days by Department per Fiscal Year Through FY24 Q4



Total Bed Days is the total number of days a child/ youth stays overnight in a residential program. For the Total Bed Days chart, children who were placed in more than one program during the fiscal year are represented more than once so that all bed days are calculated.

For admissions funded through DMH Medicaid

- FY24: 69 in-state; 57 out-of-state

Intensive and Community-based Residential programs in Vermont used by DMH :

- F25: 75 licensed beds; 61 open; 14 closed (81% capacity)

Quarterly reports of Regional and State Residential Data are [here](#), scroll to bottom of page

Current Capacity in the Youth Inpatient Psychiatric Programs

Type of Bed	Program Name	Total Beds	Occupied	Open	Closed	Days/Hours
Vermont						
Child Inpatient (ages 5-13)	Brattleboro Retreat Linden Lodge	12	6	1	5	24/7
Youth Inpatient (ages 10-17)	Brattleboro Retreat Osgood 2 & 3	23	12	2	9**	24/7
Out of State						
Children & Youth (voluntary only)	Champlain Valley Physicians Hospital (CVPH) in Plattsburgh	12	5	1	6*	24/7

Bed closures means running at 60% capacity in state

Bed closures due to:

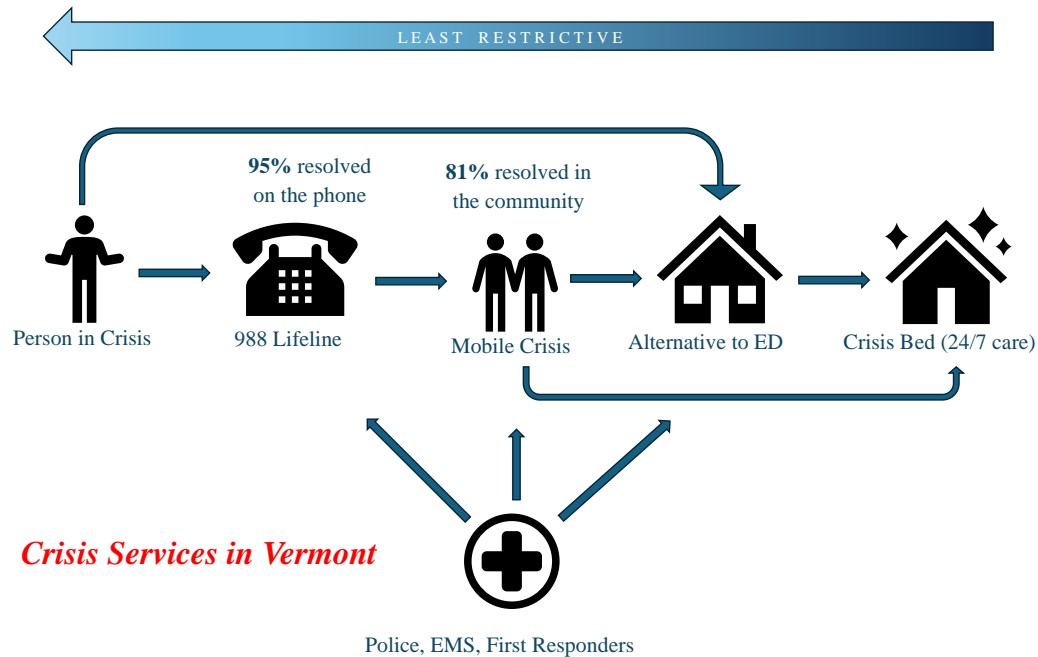
* Lack of staffing

**Acuity/facilities issue on unit

Thank you!

Appendix

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.



- The goal of crisis services are to keep individuals in community and in the least restrictive level of care
- Based on Substance Abuse and Mental Health Services Administration (SAMHSA) best practices
- Focus on integration of peer support in all aspects of crisis care
- Mobile Crisis
 - A two-person team going into the community to provide care
 - Designated Agencies (DAs) are working to integrate peer providers into all Mobile Crisis teams
 - Mobile Crisis is not specific to catchment area; DAs collaborate to provide crisis care as needed throughout the state.
- Alternatives to Emergency Department sites provide short-term crisis stabilization.
 - 4 sites serve adults, with a peer support focus
 - 2 sites serve youth
 - 1 site serves all ages
- Crisis Beds provide a 24/7 level of care outside of a hospital setting.
 - 13 crisis stabilization programs serve adults
 - 1 crisis stabilization program and 2 hospital diversion programs serve youth and children

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, RMMC, VA, Windham Center	181	150	12	19	45
Youth Inpatient All inpatient beds for youth are at the Brattleboro Retreat	35	22	0	13	11
Adult Crisis Beds	39	18	15	6	7
Youth Crisis Beds	18	9	2	7	4

*Point in time data from 12/3/2024

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

