

---

**State of Vermont**

Department of Mental Health  
280 State Drive, NOB 2 North  
Waterbury, VT 05671-2010  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

[phone] 802-241-0090  
[fax] 802-241-0100  
[tty] 800-253-0191

MEMORANDUM

To: Senator Ginny Lyons, Chair, Senate Committee on Health and Welfare  
Representative William Lippert, Chair, House Committee on Health Care

From: Emily Hawes, Commissioner, Department of Mental Health  
Alison Krompf, Deputy Commissioner, Department of Mental Health

Date: August 31, 2021

Subject: A. 154 (H.969) Sec. E.314.2: Mental Health Crisis Services; Data Collection

---

As outlined in Act 154 (2020):

**Sec. E.314.2 MENTAL HEALTH CRISIS SERVICES; DATA COLLECTION**

(a) The Department of Mental Health, in collaboration with the Director of Racial Equity, the Mental Health Crisis Response Commission, and the Department of Public Safety, shall explore strategies for collecting data related to persons accessing emergency services related to a mental health crisis. The Department shall solicit recommendations from persons with lived experience of a mental health condition or psychiatric disability and members of other impacted communities, including those communities experiencing inequities or marginalization, such as racial discrimination, that expose them to additional risks from unnecessary law enforcement or mental health system interventions.

(b)(1) The Department, in collaboration with the Director of Racial Equity, the Mental Health Crisis Response Commission, and the Department of Public Safety and in consultation with persons with lived experience and members of other impacted communities, shall examine how to collect the following types of data in a manner that comports with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d-5 and 1320d-6, and ensures best clinical practice.

(c) On or before September 1, 2021, the Department shall report the recommendations developed pursuant to this section to the House Committee on Health Care and to the Senate Committee on Health and Welfare, including the extent to which the information collected may inform the data available through the dashboard established pursuant to Sec. B.1121(d)(4)(B) of this act.

Data	Status	Recommendations
Examine and make recommendations regarding how to store data securely and make aggregated data available to the public.	DMH does not have the technical and specific legal expertise to make recommendations on HIPAA secure data storage and presentation.	Improve awareness and visibility of <a href="#">DMH Scorecards</a> , an existing public resource and aggregated reporting tool that presents longitudinal performance on federal and state quality measures.
Recommendations and input from people with lived experience on HIPAA compliant collection strategies and storage practices;	Recommendations and input may be solicited at upcoming meetings with the State Standing Committees on Mental Health, where a majority of members are persons with lived experience and Committees function is to inform and advise DMH.	Any modifications or improvements made to DMH data collection and tracking should consider avenues to integrate with the dashboard established pursuant to Sec. B.1121(d)(4)(B) of this act.
...the extent to which the information collected may inform the data available through the dashboard established pursuant to Sec. B.1121(d)(4)(B) of this act.		
(A) the number of 911 calls received by category that are related to an individual's medical condition, mental or emotional condition, developmental or intellectual disability, or substance use, or any combination thereof;	911 dispatch operators record the primary reason for an emergency, including those that are a mental health crisis. If a mental health condition is a secondary or unseen factor in an emergency, it may not be reflected in dispatch notes.	Future implementation of 988 crisis call line may offer a chance to further align crisis data collection and reporting.
(B) the race of the individuals that are the subject of a 911 call;	Similarly, race of a caller is included on an individual's record in the dispatch and records management system if they disclose it, it is previously documented, or as it is <i>perceived</i> by the responder.	
	A key modernization strategy at DPS is to inform and support the deployment of a statewide criminal justice, public health and community safety system. The September rollout of the new dispatch and records management system will greatly advance this by enabling sweeping upgrades to data analysis capability while combining multiple, disparate systems into one.	
	Initial implementation begins in September for the State Police and integration across the majority of Vermont law enforcement and public safety agencies should be complete by early 2022.	

Data	Status	Recommendations
(C) the number and race of individuals referred to the Department of Mental Health;  or arrested for a misdemeanor or felony,  or both, or where no subsequent action was taken;	<b>Referrals<sup>1</sup></b>  DMH reports annually (A.79 report) the number of individuals ordered to custody of the Department from civil and criminal courts. As of July, 2020 race is on screening forms for forensic evaluations ordered and for emergency evaluations originating in DOC.  DPS reports the number of individuals arrested for misdemeanors and felonies. This data will be centralized in a new dispatch & records management system (2022)  DMH is solely responsible for the clinical care of individuals, and reports de-identified admissions and discharge status where required by law.	The recently created forensic workgroup and Mental Health integration Council may explore avenues to improve data collection and analysis between courts, law enforcement and health care.
(D) the number of referrals received by the Department of Mental Health from State law enforcement agencies;	DMH reports annually (A.79 report) the number of individuals in care of the Department who are on court orders.	
(E) the race of individuals referred to the Department of Mental Health by State law enforcement agencies;	DMH does not receive referrals from state law enforcement but does receive custody orders from criminal and civil courts requiring us to provide care for individuals either on inpatient or outpatient basis and those do not contain race data.	
(F) the number of individuals referred to the Department of Mental Health by State law enforcement agencies who are already a client of a designated or specialized service agency; and	As a designating authority, DMH monitors Medicaid eligible client service level activity of DA/SSAs. DMH does not receive this data for non Medicaid patients, or from private providers.  Custody orders from criminal or civil courts for inpatient or outpatient care do not include data regarding an individual's clinical treatment history.	New embedded mental health clinicians with law enforcement will be tracking how many referrals to care are made to the local DA for services.
(G) the disposition of a referral to the Department of Mental Health, by race, including whether the individual was referred for mental health or substance misuse services, regardless of whether action was taken by the Department or the individual was referred to another State agency.	DMH began collecting race data in July 2020 on screening forms for those screened for <b>inpatient beds</b> .  DMH is solely responsible for clinical mental health care of individuals in our custody. The department reports only de-identified intake and discharge actions, where law requires and allows.  DMH does not receive referrals for substance misuse treatment.	Agency wide modernization opportunities can be explored through implementation of initiatives like the DPS modernization strategies that improve alignment of our efforts and assets in criminal justice, public health and safety.

<sup>1</sup> Referred and referrals: individuals are not referred to DMH, but are ordered into the custody of the Commissioner of DMH by a civil or criminal court.