

**Report to
The Vermont Legislature**

Reforming Vermont's Mental Health System

In Accordance with Act 79, 18 VSA 174 § 7256, Report to the Legislature on the Implementation of Act 79

Submitted to: House Committees on Health Care and Human Services
Senate Committees on Appropriations and Health and Human Services

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Legislative Language

18 VSA 174 § 7256. 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 Human Services 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. performance measures that demonstrate results and other data on individuals for whom petitions for involuntary medication are filed; and*
- 8. 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. (Added 2011, No. 79 (Adj. Sess.), § 1a, eff. April 4, 2012; amended 2013, No. 96 (Adj. Sess.), § 101; 2013, No. 192 (Adj. Sess.), § 2; 2015, No. 11, § 19.)*

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Overview

The mission of the Department of Mental Health (Department) 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 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.

Performance Of Mental Health System of Care

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 Department [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 evaluation 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](#)
[Integrating Family Services \(IFS\)](#)
[DMH System Snapshot](#)
[DMH Continued Reporting](#)

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. The Department's [Annual Statistical Report](#) contains detailed information on the use of those supports and services. The [Department of Mental Health System Snapshot Dashboard](#) contains over 30 measures tracking different levels and types of care across the continuum by quarter. Each measure has a summary overview, list of partners and information on the measure itself. Below we highlight three of these measures.

- [Number Served in Adult Outpatient Community Services](#)
- [Number of Children and Youth Served by Children, Youth and Family Services](#)
- [Percent of Vermont Adults with Any Mental Health Condition Receiving Treatment](#)

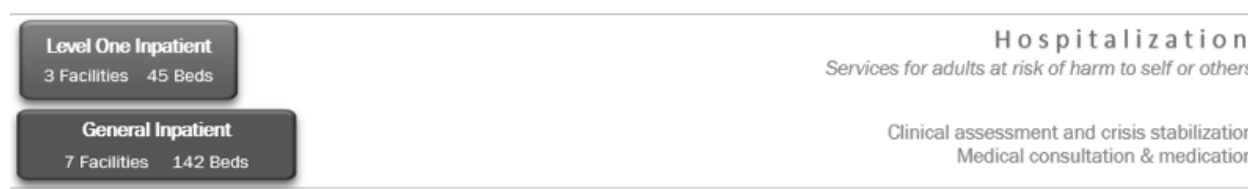
Adequacy of Capacity at Each Level of Care Across the Continuum of Mental Health Services

Everyone has mental health, but there is a spectrum of how symptoms of mental health present and how individuals manage those symptoms. Subsequently, a spectrum of care and services must exist to meet those needs. The Department 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.

The United States is in the midst of a decades-long mental health crisis that has been exacerbated by the [COVID-19 pandemic](#). More [people](#) are struggling with anxiety, depression, substance use disorder, and other mental illnesses than ever before. Simultaneously, there is a [national shortage](#) of mental health providers and many individuals do not have sufficient access to mental health treatment and services. The state of mental health in Vermont is relatively similar to the rest of the country – the incidence of mental health issues among its population is on the rise; however, Vermont stands out relative to others in terms of its ability to meet the mental health needs of its residents.

Mental Health America’s [2022: 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. Notably, the 2022 report found that, compared with all other states and the District of Columbia, Vermont received an overall ranking of 5th in the country. This overall ranking takes into account prevalence of mental illness/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 50th — or second to highest in prevalence — in a combined measure of prevalence of mental illness and SUD. Despite having a very high prevalence of mental illness and SUD, Vermont ranks first among all states in access to care, indicating that a relatively higher percentage of the state’s population has insurance, access to treatment, and access to special education for students with emotional disturbance. This reflects that compared with other states, Vermont has a more robust network of mental health and SUD providers, and more comprehensive and affordable insurance.

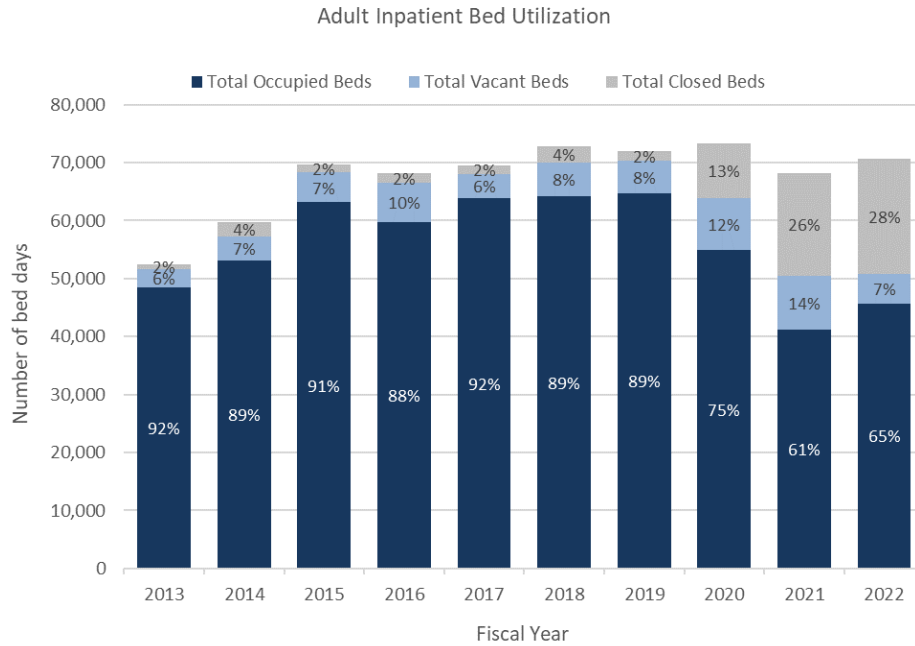
Hospitalization Capacity



Vermonters in need of psychiatric hospitalization are provided treatment at either the state-run inpatient facility, The [Vermont Psychiatric Care Hospital](#) (VPCH), or one of six [Designated Hospitals](#) (DHs) throughout the state capacity 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 over time.

Level one care is for individuals who require the most intensive level of clinical support and services within the system. General inpatient units are for 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 the Department by DHs for adult inpatient care using the [Electronic Bed Board System](#). It presents total bed capacity across the DH system through 2021 (data is reported by state fiscal year, which is July 1 through June 30th) 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 has remained relatively constant from 2015 through 2019 with bed day utilization (Total Occupied Beds) decreasing 14 percent from 2019 to 2020. The impact of the COVID-19 pandemic has contributed to a 14 percent decrease in bed day utilization, a two percent increase in bed vacancies and the 11 percent increase in beds closed in this same year. Over this eight-year period, 2021 saw the lowest level of adult inpatient bed utilization but have started to trend up slightly in 2022.

Community Residential Care Capacity

Secure Residential
1 Facility 7 Beds

Intensive Recovery Residential
5 Residences 42 Beds

Peer-run Residential
1 Residence 5 Beds

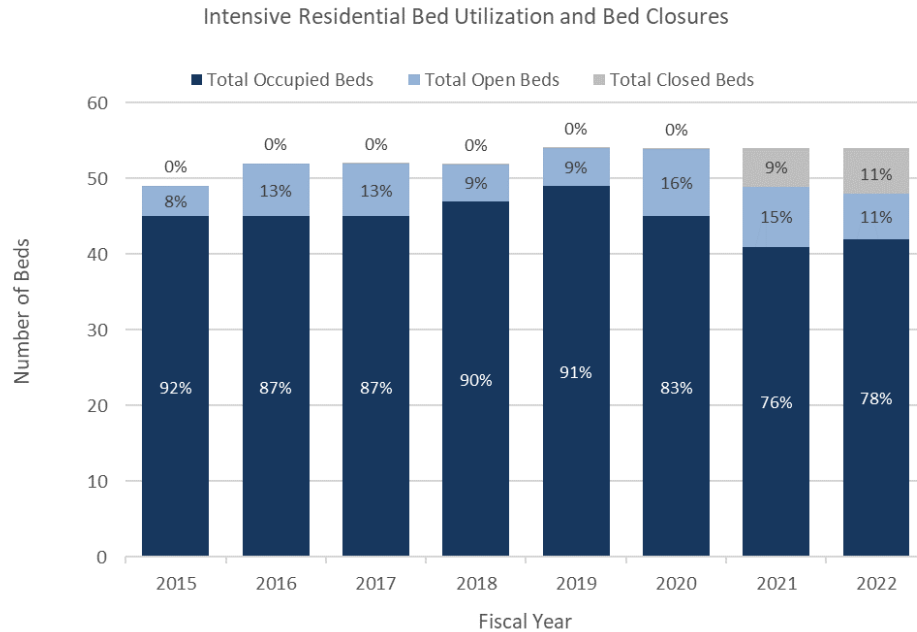
Residential Care
Services to strengthen ability to manage tasks of daily living

Clinical assessment and crisis stabilization
Medical consultation & 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 have met a key need for a significant number of individuals who are ready to leave higher levels of care, but who still require intensive support before taking steps toward independent living. The chart below illustrates the utilization of beds in these programs. From 2018 to 2019, there was a plateauing of utilization 90-91 percent with a seven-year utilization

history averaging between 86-93 percent. Since 2019, there has been a decrease to 83 percent in 2020 and further decrease to 76 percent in 2021 and 78 percent in 2022. Numerous factors related to the COVID-19 pandemic contributed to the reduced utilization, including a reduction of workforce, increased acuity in individuals, and providers adjusting operations to meet public health and safety guidance.

The graph below is based on the daily entries into the Bed Board system by hospital facility staff and represents secure residential ([Middlesex Therapeutic Community Residence](#)), peer-run residential ([Pathways Vermont Soteria House](#)) and intensive recovery residences ([Hilltop](#), [Maplewood](#), [Meadowview](#), Second Spring [North](#) and [South](#)).

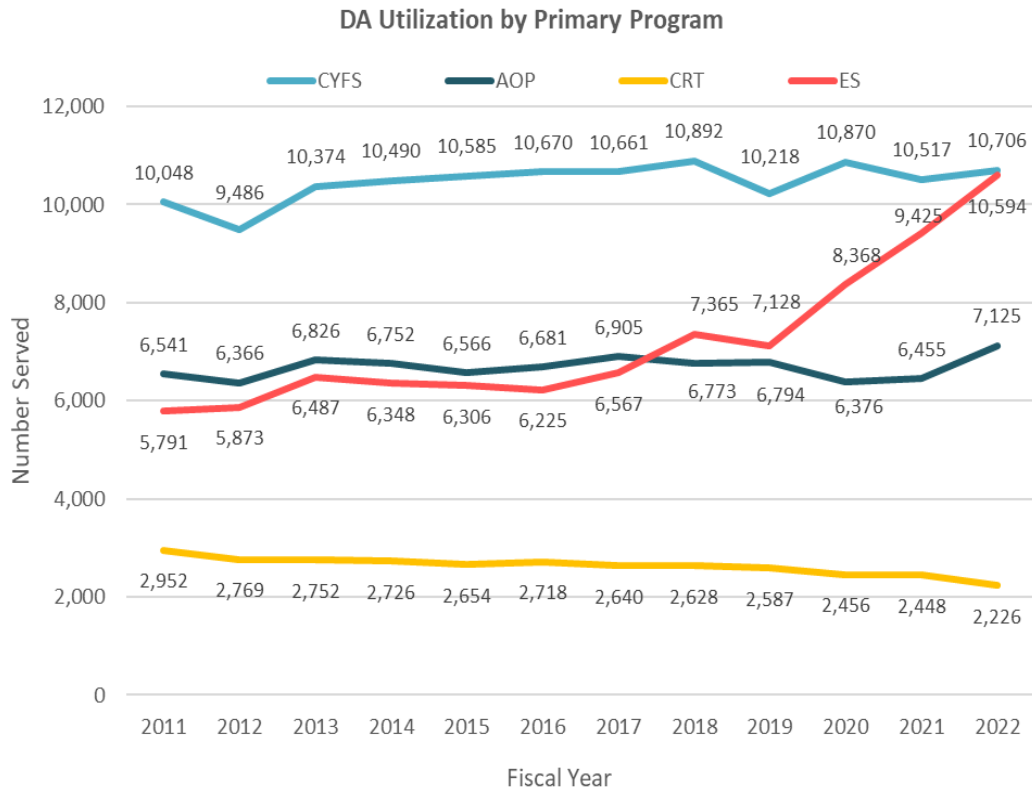


Other Community-Based Care Capacity



The Department reports on the number of people served across various programs along with outcomes at discharge in the regularly updated [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). The highest number of persons served by programs offered by the Designated Agencies continues to be in services for Children, Youth, and Family Services. These services had increased from 2012 until 2018, although between 2019 and 2022, there has been a fluctuation in the number of people served. Emergency Services saw an increase in the number of people served from 2011 to 2018 with a decrease in 2019 followed by a 49 percent increase from 2019 to 2022. The Adult

Outpatient (AOP) programs remained reasonably level through this reporting period with a 12 percent increase from 2020 to 2022. Finally, Community Rehabilitation and Treatment (CRT) programs continue declining slowly through 2022.



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

The Department’s annual action plan for improving health outcomes is reflected in the [State Health Improvement Plan Scorecard](#), which was informed by a robust assessment of health and social conditions for Vermonters. Additional scorecards that illustrate results and progress:

- [Healthy Vermonters 2020](#)
- [Performance Scorecards](#)
- [Environmental Public Health Tracking](#)

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.
- As required by Act 200, Section 7 of the 2018 Legislative Session, the Department submitted data and a report on involuntary procedures in hospital settings that are [available here](#).

- The scorecard for [Involuntary Transportation](#) displays data on both youth and adult transports.

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) nonemergency involuntary psychiatric medication provide comprehensive detail on involuntary medication and are [available here](#).
- [The Court-Ordered Involuntary Medications Scorecard](#) displays data for three key performance measures and is regularly updated.

Progress On Alternative Treatment Options Across System Of Care For Individuals Seeking To Avoid Or Reduce Reliance On Medications, Including Supported Withdrawal From Medications

- An Independent Study of the Administration of Involuntary Non-Emergency Medications Under Act 114 (18 V.S.A. 7624 et seq.)