

# DEPARTMENT OF MENTAL HEALTH

## *Mental Health System of Care Status Update*

REPORT DATE	SENT TO	SENT FROM	PREPARED BY
8/2023	<ul style="list-style-type: none"><li>House Committee on Health Care</li><li>Senate Committee on Health and Welfare</li></ul>	Emily Hawes, Commissioner, Department of Mental Health	Nicole DiStasio, Director of Policy, Department of Mental Health

### HIGH-LEVEL TAKEAWAYS

- The Department worked with Designated Agencies to respond to the needs of the community during the July flooding.
- The contract for Mobile Crisis Response is nearing complete. Services are on track to begin by January 2024.
- Peer Supports Credentialing work is moving into the second phase of implementation.
- The Department continues to work on system reform, including the submission of a new alternative payment model and advancement of the Certified Community Behavioral Health model.

### UPDATES ON CURRENT SYSTEM CAPACITY

Current Overall Capacity in the Mental Health System*					
Type of Bed	Total Beds	Occupied	Closed	Open	Notes
Adult Inpatient	194	141	31	22	This total includes all adult inpatient at UVMHC, BR, VPCH, CVMC, RPMC, VA, Windham Center
Youth Inpatient	23	21	0	2	All inpatient beds for youth are at the Brattleboro Retreat
Adult Crisis Beds	23	21	0	2	
Youth Crisis Beds	18	7	4	7	

\*Point in time data from August 8, 2023

Key for above 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

### FLOOD RESPONSE

The Department has been working through the State Emergency Operations Center to apply for Federal Emergency Management Agency (FEMA) funding to support the communities impacted by the July Flooding events in the counties declared for Individual Assistance related to Major Disaster Declaration VT-4720-DR. The Crisis Counseling Assistance and Training Program (CCP) has an initial award period of 60 days post-declaration through the Immediate Services Program (ISP). The CCP is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants are awarded after a presidential major disaster declaration. CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters. *CCP Goals and Principles*. The CCP helps people recover and rebuild their lives after a disaster. The CCP supports short-term interventions that involve the following counseling goals:

- Helping disaster survivors understand their current situation and reactions
- Reducing stress and providing emotional support
- Assisting survivors in reviewing their disaster recovery options

- Promoting the use or development of coping strategies
- Connecting survivors with other people and agencies who can help them in their recovery process

**CCP Services.** The CCP offers services to disaster survivors in their homes, shelters, temporary living sites, or houses of worship. Funded CCP services include:

- Individual and group crisis counseling
- Basic supportive or educational contact
- Community networking and support
- Assessments, referrals, and resources
- Development and distribution of educational materials
- Media and public service announcements

## UPDATES ON FUTURE SYSTEM CAPACITY

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**PROMPT:** *Any significant and unexpected changes, if they have occurred, in the status of future system capacity that would impact ED delays. [Examples: the great news about a response to the RPF for youth inpatient beds; a major delay opening the SRR; not an example, RRMC press announcement today about new capacity to help with ED delays, resulting from a \$4 million expansion project... which was an overstated report, as it actually only added 3 beds to its capacity...]*

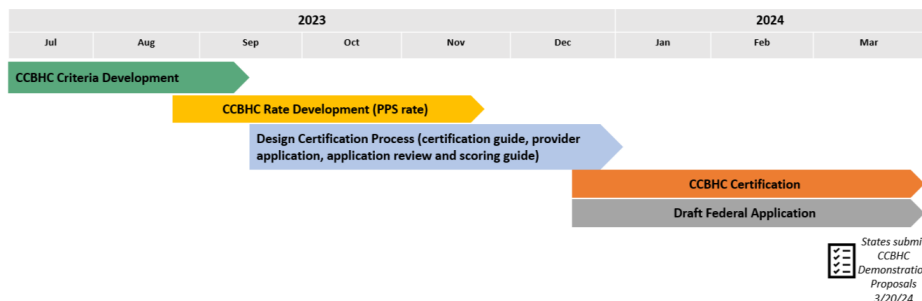
- **Forensic System of Care.** The Department began preliminary rulemaking processes needed to establish a new forensic level of care. The Department is seeking an amendment of the administrative rule to authorize the use of nonemergency involuntary medications at a forensic facility. The rulemaking process, which will include stakeholder feedback, is slated to begin in September. Discussions have also started with the Centers for Medicare and Medicaid Services (CMS) and the Department of Disabilities, Aging, and Independent Living (DAIL) to change current regulations for Therapeutic Community Residences, seeking to authorize the usage of emergency involuntary procedures and the administration of involuntary medication within a forensic facility; the Department and DAIL will be drafting language in the coming months. The Department has been participating in the current Forensic Workgroup facilitated by DAIL. Thus far, introductory sessions have established meeting protocols and provided an overview of the policy question at hand, such as whether a forensic level of care is needed for individuals with intellectual disabilities who are charged with a crime of violence against another person, have been determined incompetent to stand trial or adjudicated not guilty by reason of insanity, and are committed to the custody of the Commissioner of DAIL.
- **Youth Inpatient Capacity.** The State is seeking to stabilize and diversify the current availability of services for children and youth with mental health needs, especially those with complex medical needs and other comorbidities that need access to inpatient psychiatric care. The Department received a bid response from Southern Vermont Medical Center (SVMC), which has conducted a feasibility study for an adolescent inpatient unit serving youth ages 12-17. They concluded that renovating an existing, previously administrative, wing of the hospital was feasible and met the need to create a 12-bed unit. On July 17th, SVMC submitted its letter of intent to the Green Mountain Care Board to initiate the Certificate of Need (CON) application. The Department is working with the Departments of Buildings and General Services and Vermont Health Access to plan for the next steps in the process. SVMC is eager to begin this work and partner with the State on supporting youth mental health needs.
- **Mobile Crisis Response.** Unfortunately, the recent flooding put mobile crisis work on hold for a short period as Health Care and Rehabilitation Services (HCRS) needed to respond to critical community needs, including moving two residential facilities due to the flooding of their buildings. The Department continues to meet weekly to move the contract along as well as address critical components of the start of mobile crisis. The contract with HCRS is close to completion.
- **Alternatives to Emergency Departments.** The Department continues to work on expanding mental health urgent care services in the state. Seven out of eight grants are in place for the alternative to ED programs. The Department awarded grants to VT CARES (formerly CAHOOTS) in Chittenden County, three Living Room models to Northeast Kingdom, Washington County, Addison Counties, three PUCK (Psychiatric Urgent Care for Kids) in Bennington, Windham/Windsor, and Lamoille Counties. The remaining grant that needs to be executed is PUC (Psychiatric Urgent Care for adults) in Chittenden County.

## UPDATES ON DEPARTMENT INITIATIVES

**PROMPT:** Any significant updates, if they exist, on progress for ongoing initiatives that are part of the planned interventions to reduce ED use. [Examples: completion of the report under the federal mobile crisis state planning grant referenced in Sec. 1 of Act 112; implementation of special responses to a new surge of ED presentations and waits.]

- **Certified Community [Mental Health & Substance Use] Clinic (CCBHC) State Planning Grant.** Certified Community Behavioral Health Clinics (CCBHCs) are community-based mental health and substance use disorder treatment providers that offer a wide range of services, including 24/7 crisis care, outpatient mental health and substance use disorder treatment, primary care screening and monitoring, and peer support services. Vermont was one of 15 states to be awarded a \$1 million, one-year state

### Proposed CCBHC Planning Timeline



planning grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and support a comprehensive statewide plan for a network of CCBHCs in Vermont. This plan will include the solicitation of stakeholder and community input, establishing certification standards, and developing a reimbursement model for the implementation and sustainability of CCBHCs across the state (see press release for more: [Vermont Awarded Grant to Expand Community-based Mental Health and Substance Use Services](#)).

Vermont has 12 months to accomplish the following:

- Solicit stakeholder input
- Create and finalize application processes and review procedures for clinics to be certified
- Assist clinics with meeting certification standards
- Certify an initial set of clinics
- Establish a bundled payment [Vermont has likely completed the infrastructure for this through payment reform.]
- Develop or enhance statewide data collection and reporting capacity
- Submit a proposal to participate in the CCBHC Demonstration Program no later than March 20, 2024

Vermont is working with a consultant and designated agencies to develop the certification criteria on a very ambitious timeline.

- **Alternative Payment Model and Value-Based Care:** On June 30<sup>th</sup>, the Department submitted a three-year proposal to the Centers for Medicare and Medicaid Services (CMS) to continue the mental health case rate and value-based payment that was initiated in January of 2019. The new submission applied a 3% rate increase to all participating providers (the 10 Designated Agencies plus Pathways). After this rate increase is applied, the model implements a base per-member-per-month reimbursement rate for children's and adult's core mental health services intended to increase statewide rate equity. As of July 1, 2023, a state-wide floor of \$700 will be established for both Children and Adult core mental health services. No provider will earn less per-member-per-month (PMPM) than the state-wide floor. Providers who had case rates lower than \$800 received a 3% increase to begin to move providers incrementally towards rate equity. It is the Department's goal to increase the state-wide floor over time until state-wide PMPMs are in place for a standardized set of children and adult core mental health services. Progress towards this goal will be implemented on an incremental basis. The Department believes an incremental approach is critical to ensuring the overall stability of its system of care as it works to achieve this goal. Currently, the Department is projecting an approach to achieve standard state-wide PMPMs for children and adult core mental health services by 2028 or sooner. To achieve this, in future years, the state will either reallocate a minimum of 2% of existing funds for mental health services, utilize funds appropriated by the legislature, or a combination of both, to move towards rate equity. As the final step, \$1,114,251 was allocated based on three key domains (1) number of individuals served, (2) intensity of service delivery for individuals served, and (3) quality of services delivered as identified using the value-based payment measures.
- **Peer Support Credentialing.** The Department is supporting Pathways with the development of a peer credentialing certification system for Vermont. Peer supports are a vital part of the mental health system of care. The prospective peer support credentialing program will help to improve the outcomes and experiences of people receiving services while also helping to address workforce shortages in mental health by expanding the population of eligible service providers. The first phase of the grant completed six one-hour meetings, via Zoom, with stakeholders to solicit recommendations for the design of a statewide certification program. The sessions included representation from a wide array of stakeholders, including psychiatric survivors, service users and their families, peer support workers, leaders and staff from community mental health programs, hospitals and hospital associations, peer-run organizations, advocacy organizations, family networks and

organizations, recovery community members, private health insurers, and State agencies and departments. Topics included an overview of peer support credentialing systems, models for training and assessment, defining the term peers, and integration with SUD-related peers. Phase 2 of this work will begin shortly. It will entail an additional four stakeholder sessions and one focus group, with sessions focused on drafting a code of ethics, reviewing the proposed curriculum, and drafting an application form.

- **988 Suicide and Crisis Lifeline.** On July 16, 2022, Vermont and the rest of the nation transitioned from the National Suicide Prevention Lifeline to the 9-8-8 Suicide and Crisis Lifeline. 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 emotion distress. People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support. 988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

Currently, Vermont is responding to calls 24 hours a day, 7 days a week. Vermont has three locations for answering calls:

- Northeast Kingdom Human Services in St. Johnsbury, VT
- Northwestern Counseling and Support Services in St. Albans, VT
- Headrest in Lebanon, NH (This location acts as the local backup responder when all Vermont call centers are occupied on calls.)

All calls dialed from an 802 area code are routed to these two centers, 24 hours and day, 7 days a week. If for any reason these centers are unable to respond, the call is routed to Headrest, a contracted backup center in New Hampshire.

**988 Center Numbers\***

	March	April	May	June
Calls/Chats/Texts Received	902/30/37	710/4/4	825/27/38	651/262/54
Calls/Chats/Texts Answered	665/6/14	530/4/3	638/7/6	520/47/11
Calls/Chats/Texts Answer Rate	74%/20%/38%	75%/100%/75%	77%/26%/16%	80%/18%/20%

\* Source: June 2023 Broad Sate Metrics Report. Vermont Lifeline Centers began responding to chats and texts from Vermonters in October 2022. As of August 4, 2023 coverage for chats and texts is 24/7, thus we are expecting the number of chats and texts answered and the answer rate to increase. Please note: Vibrant continues to have issues with data discrepancies, resulting in shifting data.

Over the last six months, call volumes increased more than projected. Vermont Lifeline Centers are engaging with the Vibrant Workforce Development Team weekly to assess call, chat, and text data to identify patterns to utilize staffing better. A number of high-volume repeat contacts have significantly impacted call volume, increasing the number of calls and resulting in missed calls while counselors are on the line with them. The Department continues to work with Centers and Vibrant to develop plans for these contacts.

988 promotional materials have been made available in the following languages:

العربية / Arabic | Bosnian | မြန်မာစာ / Burmese | دری / Dari | Français / French | Kirundi | नेपाली / Nepali | پښتو / Pashto | Soomaali / Somali | Español / Spanish | Kiswahili / Swahili | Tiếng Việt / Vietnamese

## CONCLUSIONS/RECOMMENDATIONS

The Department works to ensure that the system has the capacity to serve individuals at all levels of care and continues to support community mental health providers to serve individuals safely in the community when that is possible.