



# Department of Mental Health

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# VISION 2030



## The Department's Priorities

- Advance the goals and objectives of Vision 2030 for a coordinated, holistic and integrated system of care for Vermont by
  - Expanding access to community-based care
  - Enhancing intervention and discharge planning services to support Vermonters in crisis
  - Committing to workforce development and payment parity
  - Completing Mental Health integration



Improving  
Client  
Experience

## Action Area 4: Expanding Access to Community-based Care

### Implementing Mobile Crisis

DMH is expanding community-based crisis response programs through a request in Home- and Community-Based (HCBS) Federal Medical Assistance Percentage (FMAP) to support programs like the Crisis Assistance Helping Out On The Streets (CAHOOTS) program, PUCK, and mobile crisis response teams.

**Rutland's Mobile Response and Stabilization Pilot** identified that 85% of families who received an initial mobile response have needed follow-up stabilization services. Of the 18 current families being supported through stabilization efforts, 9 were not previously known to the agency. These families are finding the support they need in a new way and now have connections to their local mental health agency.



From Left to Right: Doug Norford, Child, Youth & Family Services Director, Brandy, MRSS Case Manager, Hannah, MRSS Clinician, Becky, MRSS Program Director

### Aligning Provider Incentives

DMH has included performance measures in the provider agreements with Designated Agencies to incentivize the providers to move individuals through the system of care:

- Total number of CRT-enrolled clients who remain hospitalized for more than 72 hrs after notification of subacute status
- Percentage of crisis services occurring with the Community
- Follow-Up After Hospitalization for Mental Illness (FUH) for Children and Adults



Reducing  
Costs  
of Care

## Action Area 5: Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis

### Telepsychiatry

VPQHC is receiving \$1,000,000 through a Federal allocation under Senator Leahy's office to establish a Vermont Emergency Telepsychiatry Network.

DMH is investing an additional \$100,000 in telepsychiatry. The goal is to ensure that any individual presenting to an ED with an acute mental health crisis will have the option to receive a timely specialized psychiatric assessment via videoconferencing technology. DMH is working with the Vermont Association of Hospitals and Health Systems (VAHHS) and VPQHC to determine the most effective rollout of this service.

### Lifeline, 9-8-8 & the Crisis Text Line

Vermont's suicide prevention Lifeline centers provide Statewide coverage 24/7 support to mental health crises. The centers are currently offering follow up mental health support to callers.

The Lifeline will be transitioning on July 16<sup>th</sup> to a three-digit number (988) to respond to all mental health needs.

Additionally, the Crisis Text Line offers 24/7 free and confidential text support by texting "VT" to 741741.



## Suicide Prevention Initiatives

### Increased Funding and Initiatives

Base budget for suicide prevention efforts at the Dept will increase from \$160,000 to over 1M in FY23.

- Zero Suicide – a public health approach to suicide prevention
- 988 funding
- Expanding Eldercare Outreach
- Director of Suicide Prevention position

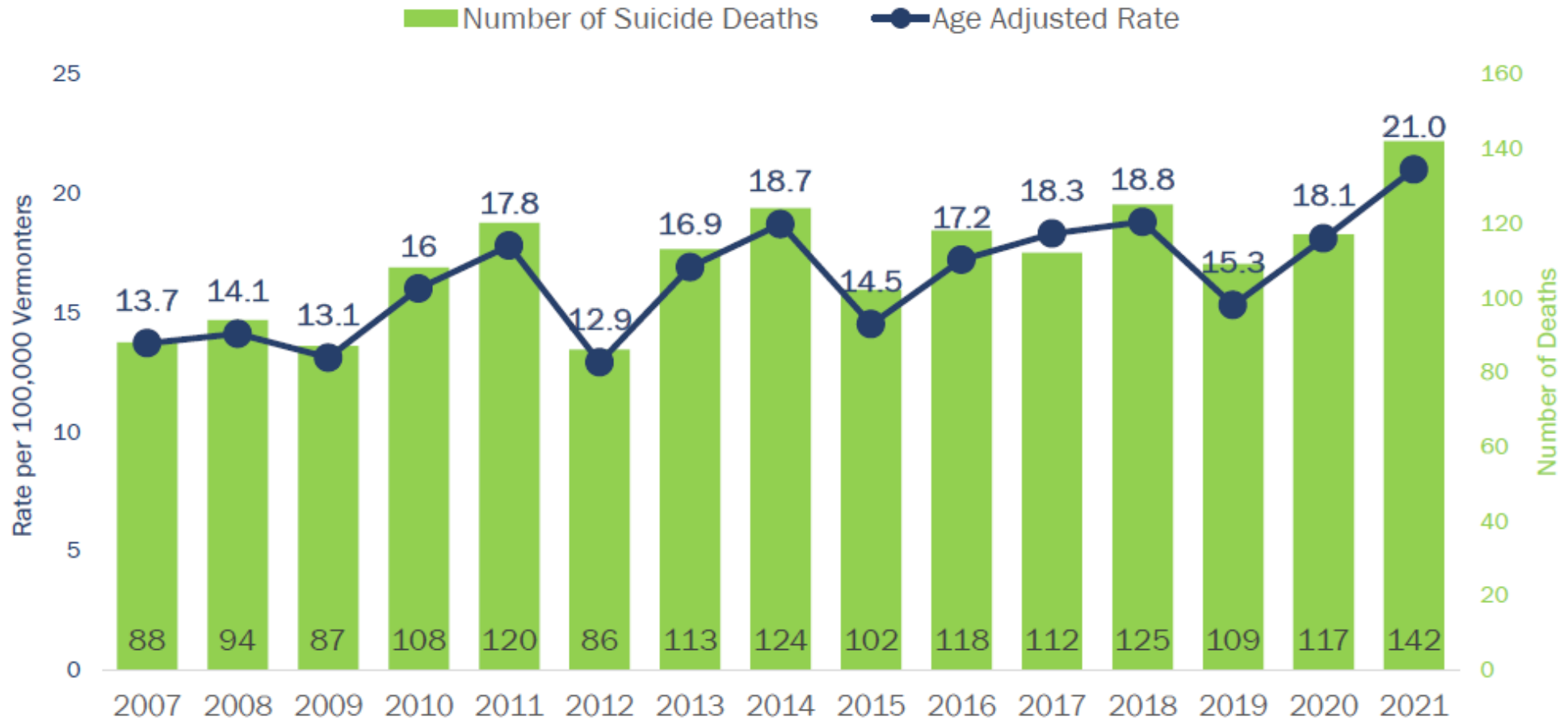
### The Governor's Challenge

The Department, in collaboration with Chief Prevention Officer Monica Hutt and Colonel Paul Rowe from the National Guard, are participating in a national effort aimed at addressing suicide prevention for service members, veterans, and their families.

### The CDC Suicide Prevention Grant

Dept of Health and Dept of Mental Health collaboration on a five-year grant to support the implementation and evaluation of the state's comprehensive public health approach to suicide prevention in Vermont.

## The number and rate of suicide deaths over the past 15 years.





## DA/SSA Workforce Recruitment & Retention

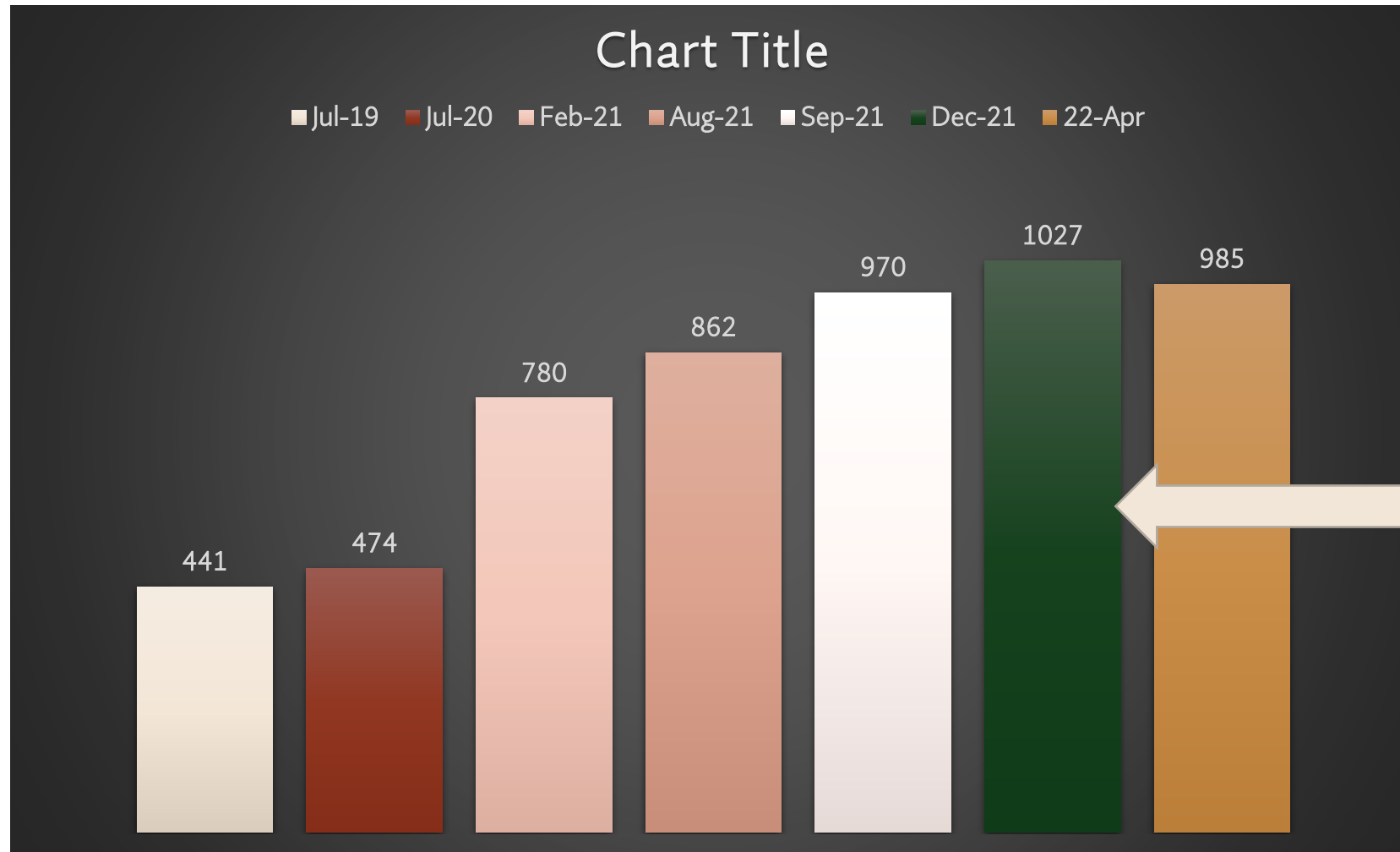
- DMH invested \$2 million dollars in December for workforce retention at the DAs & SSAs.
- DMH is leading a Workforce Development Subcommittee and is beginning work to develop a peer support credentialing program to expand the available workforce to respond to mental health needs.
- An 8% increase was allocated to the DAs & SSAs for July 1 to support payment parity and retention.

## Peer Workforce Development Initiative

The Department will be supporting an initial stage of a peer support credentialing program with a \$30,000 grant to complete a series of stakeholder working session to develop recommendations for access to peer support services.



# DA & SSA Staff Vacancies



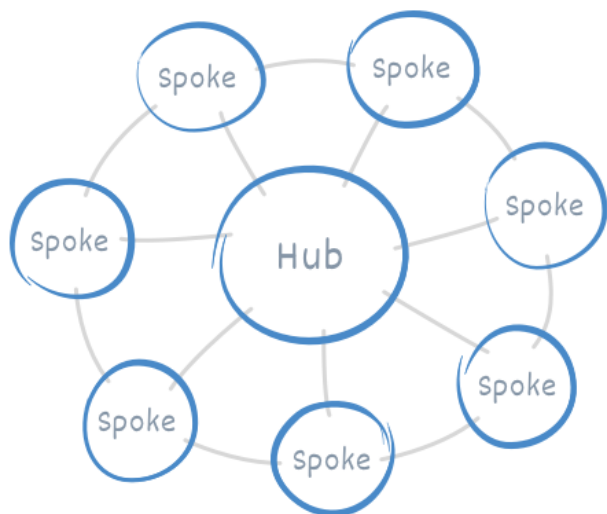
At the height of the staffing shortages, pay increases were instituted at several DAs due to crisis level staffing issues. This indicates the timing of the announcement of pay raises, tuition reimbursement.



# Mental Health Delivery System Reform

## Expanding the Hub & Spoke

Expanding mental health services within the hubs and spokes. This builds on the work of the Blueprint team, and further integrates mental health into the system of care.



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## CCBHCs

The Department is participating in a 9-session Policy Academy, facilitated by the National Council, on the [Certified Community Behavioral Health Clinic Model](#). The exploration is intended to understand if this is a direction Vermont should pursue.

- The Department is currently reviewing a name-change for the model
- 9 of the 10 Agencies are applying for \$4M planning grants (over four years).

# Mental Health Payment Reform

## Mental Health Integration Council

In May, the Council engaged in a panel discussion from the UVM Health Network to understand:

- How UVMHN began integrating care
- What does “integration” look like in the UVM Health Network practices?
- How are services paid for?

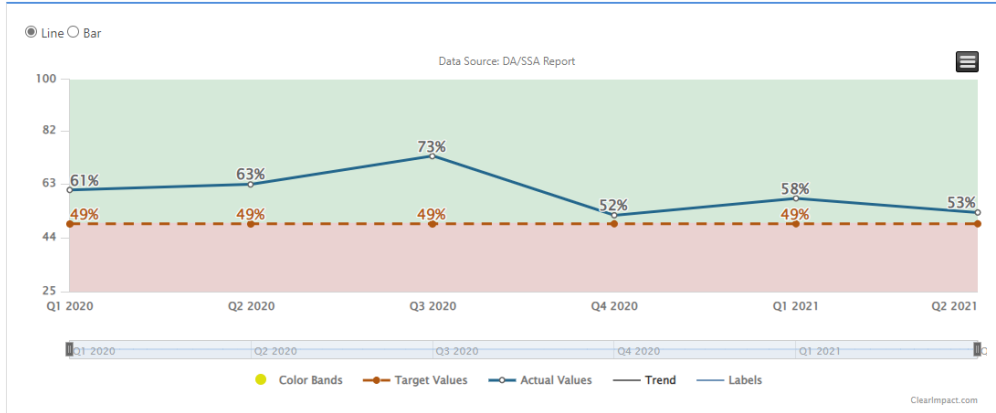
July’s meeting will be the one-year anniversary of the council.

## Value-Based Payments

In 2019, DMH transitioned away from traditional reimbursement mechanisms (such as program-specific budgets and Fee-For-Service payments) and has established the following framework of value-based payments that are focused on the value rather than the volume of services provided. Direct services are paid through the monthly child and adult case rate. Value-based payments are made through a separate quality payment.

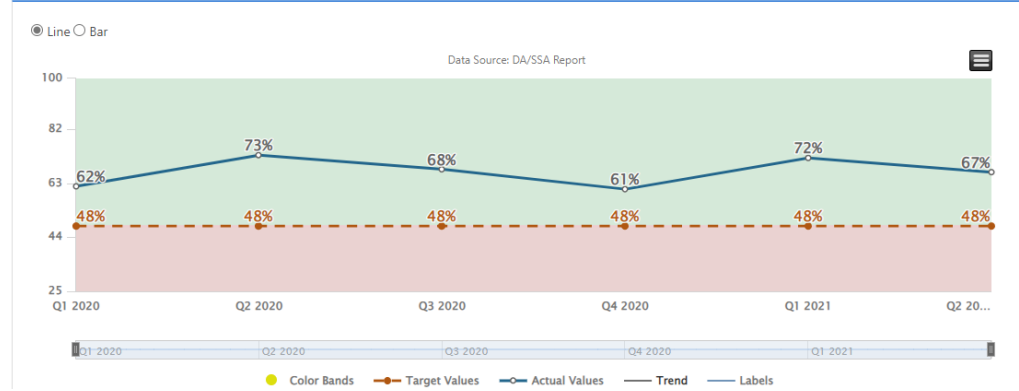
**Percentage of clients seen for treatment within 14 calendar days of assessment**

**53%** Q2 2021



**Percentage of clients offered a face-to-face contact within five calendar days of initial request**

**67%** Q2 2021



# Mental Health System Needs & Gaps

- Youth Inpatient
- Residential Facilities
- Intensive Outpatient
- Therapeutic Foster Care



Thank you!