DISABILITY RIGHTS VERMONT

formerly Vermont Protection & Advocacy
(800) 834-7890 (Toll Free)
(802) 229-1355 (Voice)
(802) 229-2603 (TTY)
(802) 229-1359 (Fax)
141 Main Street, Suite # 7, Montpelier, VT 05602

Vermont Community Mental Health Services Survey
Pre- and Early COVID-19 Analysis

Introduction

In March 2020 Disability Rights Vermont (DRVT) issued "Wrongly Confined", a public report illustrating how Vermont has a problem with unnecessary and excessive institutionalization of Vermonters with disabilities.[1] DRVT found that Vermont's mental health system overemphasizes reliance on inpatient units to respond to people's need for mental health treatment and lacks a community mental health system robust enough to prevent people from being unnecessarily institutionalized. To address this issue, DRVT's "Wrongly Confined" report provided several recommendations, first of which was to acknowledge and raise the profile of the problem itself. Then COVID-19 hit and much changed in all of our lives, including in the provision of community-based mental health services.

In the Summer of 2020, in collaboration with partners at Vermont Legal Aid, Pathways Vermont and Vermont Care Partners, DRVT began an effort to directly survey stakeholders in the mental health system (people receiving mental health services and providers of mental health services), collecting available data to determine what lessons could be learned from people's responses and experiences related to the pandemic. We knew that the cessation of most in-person services, the increased anxiety and fear of the pandemic, the social unrest and economic pain that much of the country and our community was experiencing, as well as the workforce shortages caused by the virus' impact, all contribute to a situation where stakeholders were thinking hard about how best to provide needed services.

[1] http://disabilityrightsvt.org/wp-content/uploads/2020/06/DRVT-Olmstead-Report.pdf

The brief analysis below is based on input from people in Vermont receiving mental health services (19 people responded to our survey) as well as on data and information obtained from the Vermont Department of Mental Health, Vermont Care Partners and Pathways Vermont. Our analysis of the data indicates that in the near and mid-term future resources should be more intensely focused on creating technological and social access to in-person, virtual and other electronic forms of counselling, peer support and assistance with housing, employment and overall social connectivity for Vermonters seeking assistance with mental health conditions.

Methodology

To assess aspects of how the Vermont mental health system had changed due to COVID-19, DRVT and the Vermont Poverty Law Fellow at Vermont Legal Aid (VLA) created a survey that was distributed to people served by Vermont's Designated Agencies (Vermont Care Partner members). The survey asked participants information about their experiences in the months prior to the onset of the pandemic compared with their experiences in the first few months of the pandemic. While we only received 19 responses to this survey from people receiving community based mental health services, the responses were varied in several ways (geography, age) and provided helpful, insightful information. In addition, we were graciously provided with data from Vermont Care Partners and Pathways Vermont regarding mental health services provided during Pre- and Early COVID-19 periods.

Results

Both Vermont Care Partners and Pathways Vermont reported **substantial reductions** in people receiving crisis services, making Emergency Department visits, and obtaining crisis bed placements during Early COVID-19 as compared to Pre-COVID-19. Conversely, Pathways' Support Line experienced **significantly more use**, and for more intense issues, during April/May of 2020 than for the same period in 2019. Of note, and contrary to Vermont Care Partners and Pathways Vermont (and available Vermont Department of Mental Health) data, is that DRVT's respondent group reported a doubling of crisis service use in the Early COVID-19 period. This distinction in data may be attributed to the small survey sample and self-selection of the respondents to our survey.

While Pathways Vermont increased services on their Support Line during Early COVID-19, they reported a slight increase in average caseload and a decrease in total hours of services per client provided in Early COVID-19 as compared to Pre-COVID-19. In contrast, Vermont Care Partners reported that despite a reduction in staff during Early COVID-19, their remaining staff provided significantly more service planning and coordination services and therapy appointments to their client base compared to Pre-COVID-19.

Maintaining or obtaining stable housing, having access to appropriate technology, and having access to the types of person-centered supports desired by survey respondents were ubiquitous and critical concerns. Respondents expressed mostly great satisfaction with services and supports when offered by knowledgeable and respectful providers, with respondents indicating when this occurred it was extremely helpful. However, some respondents were adamant that when they did not perceive the staff to be providing those services in the appropriate way, that dynamic caused harm and obstruction to successful services. The flexibility offered by alternatives to in-person visits was appreciated by many, but significant concerns remain, including a desire by many respondents to return to in-person contact, community outing supports, and assistance with housing and employment issues. Sections detailing specific data and findings from the documents reviewed follow below:

Vermont Care Partners Service Data to DRVT

Pre-COVID-19 (Nov ’19 to Feb ’20) vs. Early COVID-19 (March – June ’20)

Designated Agency (DA) data gathered by Vermont Care Partners indicates that DA staff were somewhat reduced during Early vs. Pre-COVID-19 (to 590 from 620) but provided more service planning and coordination services to more clients during Early COVID-19 than during Pre-COVID-19 (16,555 services provided to 1,730 CRT/CSP clients during Early COVID-19, increased from 14,486 services provided to 1,618 CRT/CSP clients Pre-COVID-19). The most striking increase in services appears to be the number of therapy appointments provided, from 4,261 Pre-COVID-19 to 5,238 during Early COVID-19. Notably, the number of DA emergency crisis screenings decreased during Early COVID-19 compared to Pre-COVID-19: 793 crisis screenings provided to 197 CRT/CSP clients Pre-COVID-19 while 609 crisis screenings to 172 clients occurred during Early COVID-19. Group Treatment and Crisis Bed use was reduced in Early COVID-19, in part due to

COVID-19-related closures and staffing issues. The overall number of CRT/CSP clients slightly decreased in Early vs. Pre-COVID-19 from 2371 to 2331 clients.

A large majority of the CRT/CSP clients surveyed directly by Vermont Care Partner member agencies found the video/phone options as effective as meeting in person (30% of 310 respondents strongly agreed, 24% agreed while 24% neither agreed nor disagreed, 19% disagreed, and 4% strongly disagreed). The vast majority of CRT/CSP clients found their services specifically helpful during COVID-19 (47% of 295 clients strongly agreed, 29% agreed).

Pathways Vermont Service Data to DRVT

Pre-COVID-19 (Nov '19 to Feb '20) vs. Early COVID-19 (March – June '20)

Pathways Vermont data showed a very slight increase in caseload per case manager (211 up to 214) and a decrease in average hours of service per client per week during Early COVID-19 compared to Pre COVID-19 (301 hours weekly down from 342 hours). As expected, in person (face-to-face) hours of service significantly decreased from 1,143 Pre-COVID-19 to 443 during Early COVID-19 while non face-to-face services increased from 221 Pre-COVID-19 to 761 during Early COVID-19. Pathways Vermont also reported a reduction in clients seeking Emergency or Higher Level services in Early COVID-19 compared with Pre COVID-19.

Pathways Vermont reported on a lack of phone and internet for many of their clients Pre- COVID-19 (14 were without phones and 75 without internet) and significant efforts and improvements made during Early COVID-19 to provide their clients with this necessary technology.

Pathways Vermont also reported that some of their staff appreciated incorporating telehealth into their practice, and that after the pandemic their hope is that alternatives such as this can be continued.

Pathways Vermont Support Line Call Data April-May '19/'20

Most counties throughout Vermont had significantly more calls to the Pathways Vermont Support Line in 2020 than 2019, especially the more populated counties. The most significant increases were calls related to 'Disaster' up from 1 call in '19 to 366 in '20, and then 'Connection', 'Information', 'Substance Use', and 'Suicidal

Feelings'. Calls about self-harm and relationship issues were notably decreased in 2020. Overall increase in call volume and call intensity demonstrates that many Vermonters with mental health needs were able to find support using the Support Line as an alternative to in-person contacts. The data also suggests that the needs for accessible community mental health supports in Vermont are not decreasing anytime soon and that there is a need to augment and expand services, and make widely known the availability of those services.

DRVT/VLA Survey Results

1. *Demographics*

Nineteen people receiving community mental health services in Vermont responded to our survey. Demographics of respondents included ages below 30 to above 75, mostly in the middle age, mostly white respondents, with one individual identifying as Native American. Six respondents identified as female and four as male. One identified as male with some fluidity, another identified as transgender, and another as non-binary. Three respondents had a high school diploma or less, but the majority (14) had some college or higher degrees, including Masters or 'professional' (5). Most respondents reported income below $30k annually, many significantly less, but 4 had income above $40k. Most respondents lived alone and about 90% were registered voters and had completed the U.S. Census.

Respondents received services from six different Designated Agencies and some private entities. Some respondents reported they did not have relationships with services providers despite their efforts to receive them. Respondents were about equally spread out in terms of receiving services between one and ten years. Only 3 reported CRT services but most reported receiving some mental health or case management-type supports (8 case management specifically). Only one indicated 'in home' supports. Only 2 respondents noted they were court ordered to receive services.

More than 25% of respondents reported historic and continuing lack of adequate access to stable housing, food, transportation and technology. Several reported risk of or actual evictions and unemployment as ongoing problems.

2. *Accessibility of Services (Pre- and Early COVID-19)*

As expected, for those receiving **Case Management** services respondents reported a decline in 'in-person' supports and an increase in alternative contact options (phone, video, text) starting in the Early COVID-19 phase.

Individual therapy that the majority of Respondents (11) had Pre-COVID-19 ceased during Early COVID-19 with no equally sufficient replacement via phone/text/video reported. A few respondents reported increases in phone or video contact but overall supports were not at the same level as Pre-COVID-19.

Family Therapy was used by only 2 respondents Pre COVID-19 and did not occur in Early COVID-19. One respondent noted this service was not available.

Group Therapy/Supports were used by a minority of respondents, with several reporting it was not available Pre- or Early COVID-19. All respondents who had these supports reported they ended during Early COVID-19.

Psychiatric Medication Prescriber Services were utilized by the majority of respondents, mostly in person and at lengthy intervals Pre COVID-19, with a notable decrease in in-person meeting and no clearly indicated increase in virtual or telephonic contacts in Early COVID-19.

Other Community-Based Supports were rarely used by respondents Pre-COVID-19 and even less frequently in Early COVID-19. These supports included home visits for medication, community outing supports for errands and recreation, and employment support. Notably no 'housing' supports were identified in the responses despite stable housing being a common concern.

3. *Impression of Services (Pre- and Early COVID-19)*

Of those reporting some form of **Case Management** Pre-COVID-19, respondents were equally split on their level of satisfaction, with both very unsatisfied and well satisfied expressed. Narrative responses included a couple brief positive statements, and several longer statements critical of individual case managers. Clearly a vocal minority of our respondents were unhappy with their services and our survey narrative section was a useful way for them to express themselves. Our survey did not inquire as to how respondents felt about their ability to have their concerns heard, respected and responded to, but it appears that at least for our respondent pool, additional work in this area would be helpful to improve

overall services and outcomes. Respondents indicated a marked decrease in satisfaction with Case Management services in the Early COVID-19 period, including the lack of in-person assistance, compared to Pre-COVID-19 case management services.

Of those reporting **Individual Therapy**, as with the information on Case Management above, respondents were about equally split on level of satisfaction with both very unsatisfied and well satisfied expressed Pre COVID-19 and, notably, weighted much more heavily towards satisfaction during Early COVID-19. This change in satisfaction may indicate the importance of individual therapy/support during times of societal calamity such as a pandemic.

Only 2 respondents used **Family Therapy** and reported complete dissatisfaction with that service, with additional details noted in the narrative responses.

Group therapy or supports Pre-COVID-19 were reported to be either very satisfactory or not at all satisfactory, about equally. The lack of Early COVID-19 groups manifested in 100% dissatisfaction during that time.

Psychiatric Medication Prescriber Services were mostly very satisfactory with a significant minority expressing complete dissatisfaction Pre-COVID-19. A more equal spread between not satisfied and satisfied was reported for Early COVID-19. The narratives provided represented dissatisfaction to varying degrees, including severe, with psychiatric medications.

Other Community-Based Supports were identified as mostly unsatisfactory Pre-COVID-19, with the exception of one very positive comment, but were identified as dramatically more unsatisfactory during Early COVID-19 by the few relevant respondents. Responses included pleas for more help and return to more or augmentation of current community supports.

Some respondents indicated appreciation for the increase in use of telephone or video for contacts with providers as alternatives to in person contacts during Early COVID-19. Many respondents indicated problems with these alternatives in terms of technology, access and consistency. More than a few respondents indicated concern about the reduction/elimination of in-person contacts (groups, community outing supports) that occurred in Early COVID-19.

4. <u>Crisis Services (Pre- and Early COVID-19)</u>

The Respondent group reported a doubling of calls to Crisis Hotlines (4 to 8) and calls to 911 (1 to 2) and trips to an Emergency Department (0 to 1) during Early COVID-19 as compared with the Pre-COVID-19 period.

The relevant group reported strong appreciation for crisis hotlines, including text capacity, as well as support from local Emergency Departments. Knowledgeable and compassionate relationships offered by individuals through these supports, and natural supports, were identified as equally important to success and satisfaction. Conversely, failure to create/sustain the aforementioned relationship was identified as problematic by one respondent.

Conclusions and Recommendations

DRVT and the Vermont Poverty Law Fellow's review of available data and responses to our community mental health services survey clearly demonstrates the importance and critical need for expanding and improving those services during the rest of the pandemic and into the future.

The importance of highly skilled, professional, knowledgeable and respectful peer and professional supports that are accessible to people in the community, whether in person or with appropriate technology, was emphasized by survey respondents and implied in the data sets provided by Vermont Care Partners and Pathways Vermont.

While alternatives to in-person, in-home and in-community supports are crucial during the pandemic, and may be very appropriate for some individual service recipients (and staff) even without a pandemic, our review found that the basic need for in-person contact, assistance with socializing and navigating community-life and life needs, is paramount and central to a successful statewide mental health system of care. These appropriate, respectful and knowledgeable person-to-person supports, are the most important, most desired and most difficult to obtain and maintain effectively, and the area that requires society's most audacious and diligent efforts to augment. The large increase in Pathways Vermont Support Line calls during Early COVID-19, the increase in DA clients and use of services during the same time period, and pleas from survey respondents for more individual help in the community from well-trained providers, are all

signs that Vermont can and should make radical, long lasting improvements in our capacity and emphasis for our statewide community mental health system.

Recent data indicates the use of crisis services is increasing and that as the COVID-19 pandemic continues these numbers will also continue to increase. Counteracting these foreseeable increases and preventing unnecessary trauma and institutionalization is crucial. To do this we must augment services like housing supports, group/individual therapy, community outing supports, vocational supports, and peer supports. Improvement in these and the aspects of professionalism, relationship building, and technologic capacity identified herein, will make a difference. And to make meaningful change there must be effective outreach to people who could benefit from these services.

The Vermont mental health system could better serve Vermonters seeking mental health treatment in the community by prioritizing and publicizing the above-referenced areas of focus. The data suggests that people were experiencing mental health emergencies and challenges early in the pandemic but were not going into hospitals at the same rate as prior to the pandemic. In fact, inpatient beds were significantly reduced during the Early COVID-19 and emergency department visits were down. This reduction in expensive, often coercive, institutional mental health care during the early stages of the pandemic suggests that Vermont's current system, with some additional supports, increased services and quality assurance efforts, could serve many more Vermonters more effectively in the community rather than in institutions.

For example, service providers reported they were able to, in some ways, provide more services during the pandemic than prior to the pandemic largely due to providing services remotely. While there are concerns about the effectiveness of remote mental health services and without doubt such services do not work for all individuals, there is an opportunity now to identify the appropriate uses of these alternatives to in-person contact and optimize both time for those contacts while increasing the in-person contacts for service recipients who would benefit from such increases. Formally adopting an appropriate, respectful and effective combination of in-person and remote services to provide optimal mental health supports to people in the community would be an appropriate action to take given the information obtained.

When asked directly in our survey what more is needed, respondents indicated most areas needed more resources, including housing supports, peer supports,

and more use of and technological assistance with virtual meetings. Several respondents expressed a desire for more supportive provider relationships and to be treated with more respect by their service providers. Some expressed a desire to at least get back to the level of services they had Pre-COVID-19 and that they needed and appreciated the services they wished to receive and feared they would not return to Pre-COVID-19 levels. These responses demonstrate the critical and ongoing need to increase understanding and a sense of shared respect and responsibility for our community's, as well as individuals', mental health. We hope this brief report can be an important part of re-designing our system of care moving forward and making progress toward our goal of improving the lives of Vermonters with disabilities, including mental health conditions, as we continue to struggle through the pandemic and beyond.

For questions or comments about this report, please contact DRVT's Supervising Attorney, A.J. Ruben, at 1-800-834-7890 ext. 103 or aj@disabilityrightsvt.org