The Intersection of Mental Health and Developmental Disabilities in Vermont's Care System

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Critical Intersection of Mental Health & Developmental Disabilities

50% of our care system serves people with I/DD and nearly 50% of these people have a co-occurring Mental Health and/ or SUD diagnosis.

I/DD services used to be siloed; but most agencies are pursuing integrated care to address these more complex needs.

System reform in DS and MH/ SUD took different directions – which can impact integration efforts today.

Good I/DD care must see the whole person – in all their complexity – and have options to serve them equally.

"By remaining calm, empathetic, and observant, staff helped the individual safely navigate a difficult emotional experience and reinforced positive coping strategies for future situations."

"Our Crisis Intervention Specialist that is embedded in with the VT State Police has been able to deescalate many emergency situations to eliminate the use the Emergency Room or Incarceration."

"We knew crisis does not follow the traditional set of business hours, so we made support available later as needed."

Survey Domains:

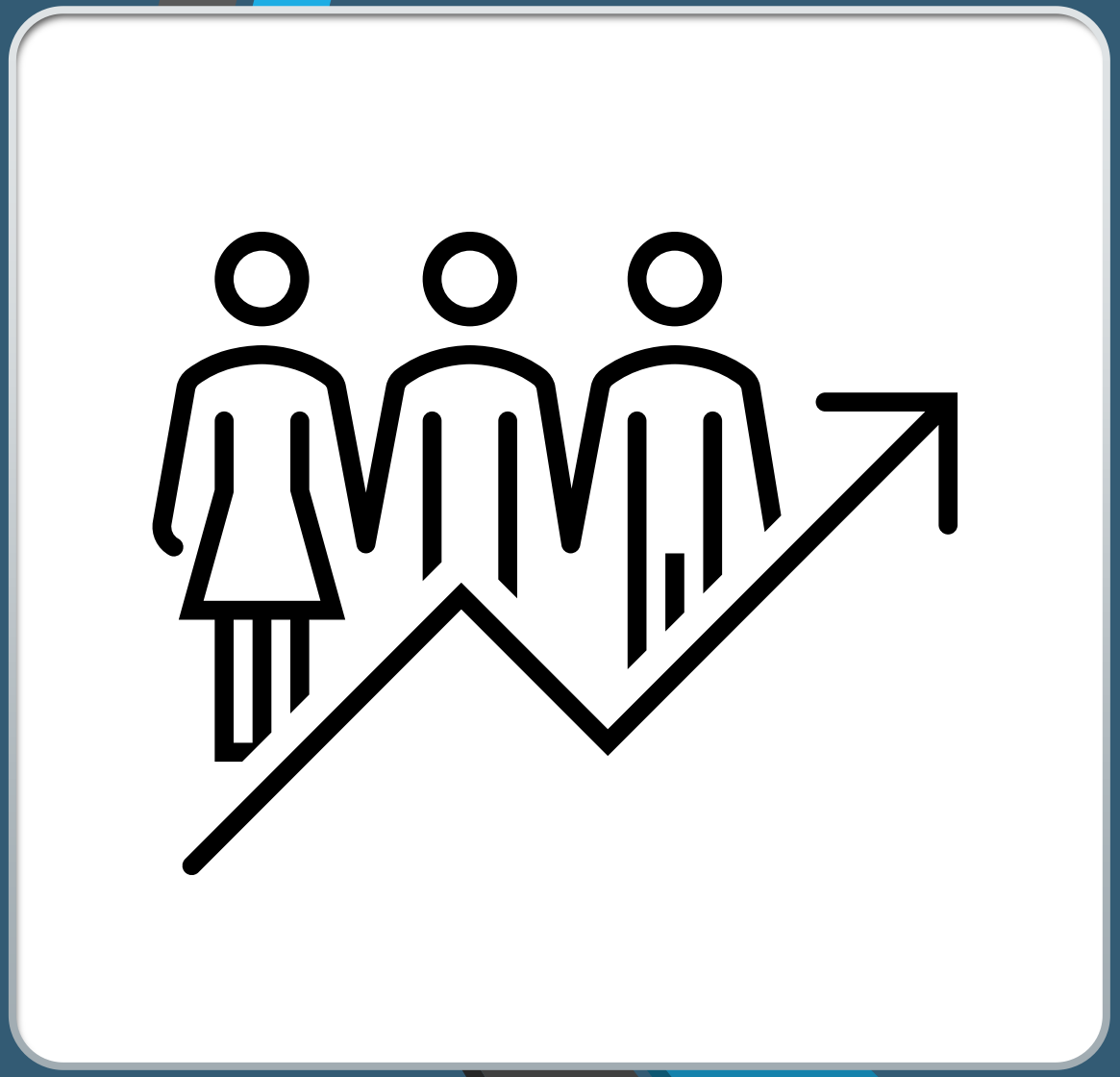
- Co-occurring Mental Health Diagnoses
- Substance Use Disorders
- Complex Health Issues
- Trauma History
- Risk/ Experience of Homelessness

Crisis Support Survey Timeline:

Conceived in 2018, a workgroup *expanded and improved* the survey in 2022.

In 2023 the first Crisis Support Survey was conducted with follow up surveys completed in 2024 & 2025.

OUTCOME: Data shedding light on the complexity of care that our service network responds to.



13 Agencies Completed the Crisis Support Survey in 2025

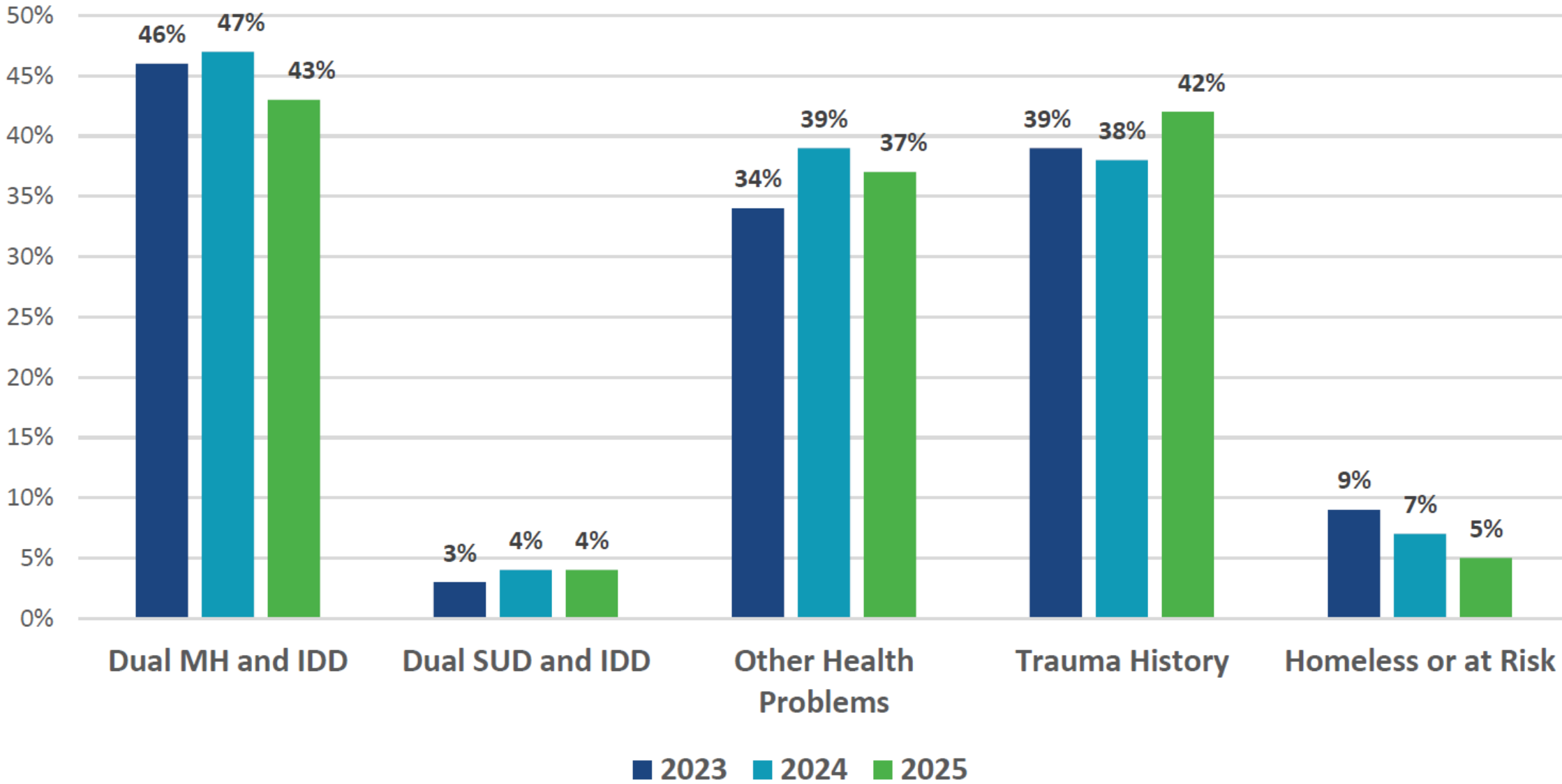
2025 Survey Data

CRISIS DEFFINITION FOR SURVEY

"A person experiencing or anticipating to experience psychological behavioral and/or emotional dysregulation that will result in acute life disruptions within the next 45 days."

Number of people receiving developmental services through HCBS (Medicaid Waiver) from a DA or SSA.

3060

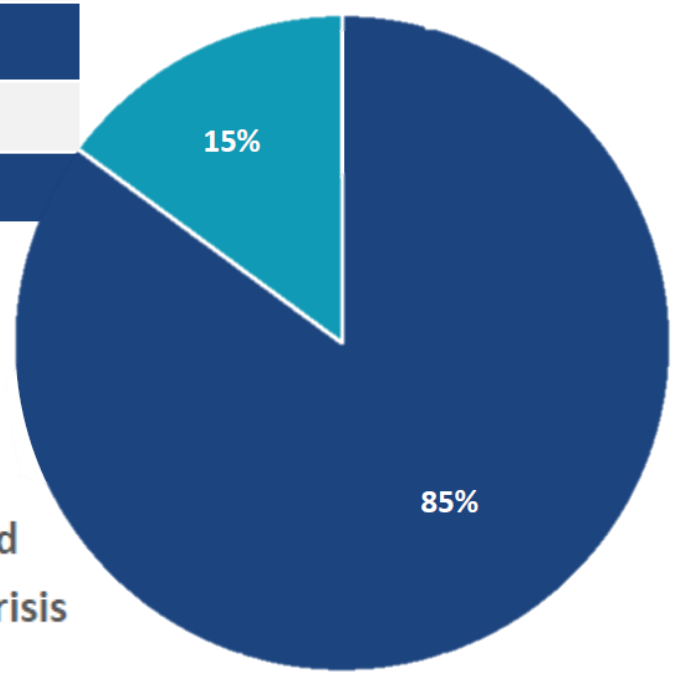


Number of people receiving developmental services through HCBS (Medicaid Waiver) from a DA or SSA.	3060

Year	Estimated number of people in crisis between the dates of 10/1 -10/31.	Estimated number of people at risk of crisis between the dates of 10/1-10/31.	Total
2022	122	235	357
2023	244	366	610
2024	192	344	536
2025	180	318	498

October 2025 Moment in Time Study

# of people in I/DD services who are in crisis or at risk of crisis.



"Through active collaboration and frequent communication with Police, EMT, Hospitals we have been able to fully integrate him into a community environment."

Number of people receiving developmental services through HCBS (Medicaid Waiver) from a DA or SSA.	3060

Date	Estimated number of hospital Emergency Department visits for behavioral or mental health symptoms between the dates of 10/1-10/31.*	Estimated number of hospital Emergency Department visits for behavioral or mental health symptoms that resulted in admission to a psychiatric treatment setting outside of DS-specific crisis support services between the dates of 10/1-10/31.*
2022	82	18
2023	122	25
2024	162	25
2025	84	20

**All results may be duplicative. i.e., include multiple visits by one person.*

Number of people receiving developmental services through HCBS (Medicaid Waiver) from a DA or SSA.	3060

Year	From the total number of Emergency Department visits for behavioral or mental health symptoms, note the number that resulted in stays of:			
	Less than 24 hours	1-6 days	7-29 days	30+ days
2022	53	19	3	2
2023	78	12	5	9
2024	64	25	9	4
2025	72	12	0	2

"Staff supporting a client around the clock in a hotel due to no other safe places for client to reside."

Why does it seem like acuity has increased?

- Changes in entrance and evaluation criteria
- Aging population with heightened needs
- Measuring complexity and acuity is challenging – especially when a co-occurring disorder is present.
- More people still choose to visit the emergency room for behavioral or mental health symptoms.

"This strategy allowed us to ensure everyone involved including the individuals felt supported, was treated with dignity and had what they needed to navigate the current period of crisis."

Caring for people with complex needs in VT DS System

PROGRESS…	BUT…
Acute-care history for people with I/DD is grim and Vermont has made significant strides forward but..	Our providers and the service system overall still lack clinical options for people with complex needs.
Agencies coordinate closely with the state, hospitals, and law enforcement.	We have Gaps: trained staff, housing, access to MH clinicians, and high-acuity complex care options.
In Vermont, people with I/DD are supported in the community – not in institutions.	When important resources like Psychiatric inpatient beds close, then our people with I/DD are also impacted.

Mental Health& SUD Resources for People with I/DD

- Resources: medical directors, psychiatrists, experienced staff, in-patient care
- Network crisis beds
  (Notably VCIN, also a consultant)– Limited, often full
- Agency Crisis or On-Call teams – integrated, and not
- Support from DAIL for clinical trainings and evaluations

Funding and System Reform Priorities

Enhanced Medicaid funding for:

+ Crisis Services

+ Clinical Care for MH & SUD

+ Enhanced Staffing - DS services have high vacancies and turnover.

"His progress demonstrates the importance of flexible, person-centered planning and the power of collaborative community support."

Staff consistently devote extensive time, often beyond their scheduled hours, to prevent or manage crises. The top two reasons for crisis remain mental/neurological health or substance use and finding or retaining housing.

Thank You For Your Curiosity And Support

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