Testimony (phone) of Robert Pierattini MD, Chair of Psychiatry, Univ. of Vermont Medical Center. Feb. 21, 2018

Good afternoon.

Thanks for the opportunity to speak to you. I asked for this time to urge you to take action to address the mental health crisis. We are facing an unprecedented demand for emergency psychiatry services, and we are not equipped as a state to respond to the emergency. I know you have heard about this from many points of view, and perhaps it is unnecessary to describe the problem further. But both hospitals and emergency personnel such as police are seeing a surge of suicide and dangerous behavior. We evaluate every person who arrives at our emergency department to assess dangerousness and to develop a treatment plan. Our experience over several years leads us to one conclusion: we do not have enough inpatient psychiatry beds in Vermont to meet the needs of our communities. At UVM Medical Center, we typically have 8-12 people in our emergency department, and people can wait for a week or more for admission. The emergency departments are not designed to manage people over a period of days, and patients seeking other care are displaced. Of most concern, using an emergency department to hold a person after a violent crime is inappropriate and dangerous.

After many months of study and meetings with many stakeholders, Secretary Gobeille and Commissioner Bailey provided recommendations to address the crisis. In particular, they have recommended the rapid creation of twelve temporary forensic inpatient beds. That recommendation is now under scrutiny, and I would like to share my impressions with the goal of having your support to add these beds.

First, we need an urgent solution to the problem of too few inpatient psychiatry beds. The problem has been worsening steadily for seven years, and we now are at a crisis point. The hospitals have responded to this emergency, but the emergency response is not sustainable. We do not have the luxury of years before we act to address the problem.

Second, after many months of study, this proposal is the only one that is feasible, effective, and timely. We heard proposals that will take many years, we heard proposals that cannot be accomplished, and we heard proposals that will not solve the problem. The people most knowledgeable about the needs and solutions have offered this as the best suggestion.

Third, from a technical clinical point of view, developing new forensic capacity will expand capacity more than simply creating general inpatient psychiatry beds. For most of the past several months, slightly over half of the available beds at VPCH have been occupied by forensic patients. There are eleven there today. Those patients tend to have a higher risk of violence and they tend to have a long length of stay. Freeing up a bed occupied by a long-stay patient makes that bed available to several shorter-stay patients. VPCH has the ability to manage aggressive patients. Moving aggressive

patients from general hospitals to VPCH will mitigate the reductions in census necessary when violent patients are managed on general units.

I don't think we have an alternative that can be built in the time frame that we need to manage this crisis. I urge you to support the recommendation to build this forensic unit.

By the way, I know the committee has been discussing the issue of emergency involuntary procedures in secure residential settings. The addition of this competency for those facilities would be a big advance. There are patients who have reached their best baseline, but still might occasionally have transient disruptive or aggressive behavior. The current practice of transporting those patients to emergency departments adds to the burden of the emergency departments when a full readmission is not indicated. Having the ability to manage the acuity of patients at each level of care is key to using our resources wisely.

I would be happy to answer any questions.