



VERMONT ASSOCIATION OF
HOSPITALS AND HEALTH SYSTEMS

April 10, 2018

Senate Committee on Health and Welfare
State of Vermont
115 State Street
Montpelier, VT 05633-5301

Sent via email to: fbrown@leg.state.vt.us

RE: Comments on S. 203, Systemic Improvements of the Mental Health System

Dear Chair Ayer and Committee Members:

Thank you for providing the Vermont Association of Hospitals and Health Systems (VAHHS) the opportunity to comment on S. 203, Systemic Improvements of the Mental Health System.

VAHHS represents all of Vermont's not-for-profit hospitals and the VA hospital. Our number one legislative priority for 2018 is to address the mental health crisis. We applaud the work done by this committee and the House Committee on Health Care on this issue. We know that this is only the beginning of addressing the mental health crisis and will continue to work with patients, our community provider partners, advocates, and the legislature to provide effective and compassionate care for Vermonters with mental illness.

Legislative Intent

VAHHS appreciates the legislature's support in S.203 of expanding inpatient psychiatric bed capacity at the Central Vermont Medical Center campus. We think that the University of Vermont Health Network's long-term proposal contains real promise to provide comprehensive and appropriate care for Vermonters experiencing mental illness.

Waiver of Certificate of Need for Renovations at the Brattleboro Retreat

While the University of Vermont Health Network's proposal provides a long-term vision, Vermonters and providers are also looking for relief in the near-future. The Agency of Human Services proposal to create 12 level-one beds at the Brattleboro Retreat will help provide such relief. The waiver of the certificate of need requirement in Section 3 of S.203 will ensure that the Retreat's expansion will happen as quickly and efficiently as possible.

Emergency Involuntary Procedures in Secure Residential Recovery Facilities

Section 4, which addresses the use of emergency involuntary procedures in secure residential facilities, helps provide the right care in the right place at the right time for Vermonters at secure residential facilities that are experiencing a mental crisis necessitating an emergency involuntary procedure. Currently, those patients must be brought to the hospital, disrupting a plan of care that is transitioning that patient to the community. Allowing secure residential facilities to perform emergency involuntary procedures will ensure greater continuity of care for these patients.

Data Collection and Report for Patients Seeking Mental Health Care in Hospital Settings

VAHHS has been working with hospitals to collect system-wide data for both voluntary and involuntary patients with mental illness. Our comprehensive inpatient data collection effort is ongoing and we are in the process of verifying our manually collected data with our hospitals and other community providers.

We are also collecting data from our emergency departments. We have enclosed our latest data on patients in emergency departments where patients are not directly admitted to that inpatient unit. This data shows that while there has been a modest increase in the number of patients coming to the emergency department with mental illness, there has been a much greater increase in the amount of time these patients spend at the emergency department. We are hoping to combine this data with our manual inpatient data for an even more comprehensive picture.

Under S.203, VAHHS would continue its current data collection efforts and would also be required to collect information on emergency involuntary procedures performed in the emergency department. Collecting information on emergency involuntary procedures specific to individuals seeking psychiatric care in the emergency department is very difficult because hospitals do not currently differentiate between emergency involuntary procedures for reasons of mental illness versus other reasons, such as intoxication or disorientation. Our understanding is that the legislature is looking for high level data in this area, and we appreciate this flexibility.

Most importantly, VAHHS values the legislature's support of our large data collection effort. The requirements in Section 6 will allow VAHHS and its hospitals to continue collecting data in a way that can respond to changing needs and be the most useful to the legislature and providers.

Report on Institutions for Mental Disease

Under Section 9, the Agency of Human Services must submit a plan to address the potential elimination of federal funding for the Vermont Psychiatric Care Hospital and the Brattleboro Retreat. We appreciate the legislature's effort to address this potential loss of funding now. While the current proposals from the University of Vermont Health Network and the Brattleboro Retreat will help address the mental health crisis, those proposals only address the current state. Vermont will be thrown into a much larger crisis if we do not adequately respond to the potential loss of federal funding for the Vermont Psychiatric Care Hospital and the Brattleboro Retreat.

Again, thank you for your work in S.203. We think these efforts show promise and look forward to continuing to partner with the legislature to ensure that Vermonters with mental illness receive effective and compassionate care.

Thank you for your consideration. Please contact me if you would like additional information.

Sincerely,



Devon Green, Vice President of Government Relations
Vermont Association of Hospitals and Health Systems