

The General Assembly finds that:

(1) The State's mental health system has undergone substantial transformations during the past ten years, with regard to both policy and the structural components of the system.

(2) The State's adult mental health system was in disarray after Tropical Storm Irene flooded the Vermont State Hospital in 2011. The General Assembly, in 2012 Acts and Resolves No. 79, added over 50 long- and short-term residential beds to the State's mental health system, ~~most~~ all of which are operated by the designated and specialized services agencies. It also strengthened existing Department of Mental Health care coordination to assist community providers and hospitals in the development of a "system" that fosters the movement of patients between appropriate levels of care as needed. ~~communication, coordination, and case management resources to turn co-existing elements into a "system" that fosters the movement of patients between appropriate levels of care as needed.~~

(3) Over the past five years, Vermont has seen a gradual increase in the number of psychiatric patients, both voluntary and involuntary, who are held in the emergency departments awaiting a hospital bed for a multitude of reasons related to hospital flow and system pressures. Currently, hospitals average 90% capacity while crisis beds average just under 70%, the latter largely due to understaffing. Issues related to hospital discharge include inadequate staffing in community programs and insufficient community programs to meet the need. ~~because there are no appropriate beds for them in terms of acuity and unit milieu. Currently, the Vermont Psychiatric Care Hospital (VPCH) is full, and crisis beds are full or understaffed.~~

(4) Patients presenting in emergency departments often remain in that setting for many hours or days under the supervision of hospital staff, peers, crisis workers, or law enforcement officers until a bed in a psychiatric inpatient unit becomes available. Many of these patients are in rooms without windows, are not allowed free movement, and hear the sounds of other patients in physical distress 24 hours a day. Some of these patients' conditions worsen while waiting for an appropriate placement. Hospitals also struggle under these circumstances because their staff is demoralized by the notion that they cannot care adequately for psychiatric patients and consequently there is a rise in turnover rates. Many hospitals are investing in special rooms for psychiatric emergencies and hiring mental health technicians to work in the emergency department.

(5) Care provided by the designated agencies is the cornerstone upon which the entire mental health system balances. Approximately half of the psychiatric patients admitted to an emergency department are not clients of the designated agency but are meeting with the crisis response team for the first time, presenting with both mental health and substance use issues. eceive services from designated agency crisis teams. Many of these patients are assessed, stabilized, and discharged from emergency departments to return home or to supportive programming provided by designated agencies. moved from emergency departments to crisis beds or other residential care closer to home. Relying on supportive programming provided by the designated agencies, many patients return to either independent or supported living situations within their own communities.

(6) There is a shortage of psychiatric care professionals both nationally and statewide. Psychiatrists who work in Vermont have testified that they regret practicing in the State because they find boarding psychiatric patients in emergency departments inhumane and that there is an overall lack of health care parity between physical and mental conditions.

(7) Designated agencies currently have nearly 400 vacant positions statewide. Hourly wages for

designated agency employees have risen by less than 1% per year over the past decade. Designated agencies experience a pattern wherein newly hired clinicians work for two years to become licensed and then leave for more lucrative positions. Turnover rates at designated agencies average 27 percent statewide. This leads to less experienced providers treating some of the State's most acute psychiatric patients. On average it cost over \$4000.00 to hire and train each new clinician. With approximately 400 vacancies, \$X is diverted annually from direct patient care and services for the purpose of attaining appropriate staffing levels. The cornerstone of the mental health system is severely underfunded [and eroding](#).

(8) Before moving ahead with changes to refine the performance of the current mental health system, an analysis is necessary to take stock of how it is functioning and what resources are necessary for evidence-based [or best practice](#), cost-efficient improvements.