



Vermont Association of Hospitals and Health Systems

Introduction

Vermont's nonprofit hospitals are on the front lines of a mental health crisis. This crisis affects some of the most vulnerable individuals for whom we care. Our challenge is to ensure that we are working within the continuum of care to give these patients appropriate treatment in a safe environment, and Vermont's hospitals have gone to great lengths to meet this challenge. At the same time, hospitals and others have work to do before reaching a place where the needs of Vermont's mental health patients are consistently and compassionately met.

With this report, Vermont's hospitals would like to recharge the conversation about the challenges and gaps facing all mental health providers and patients, as well as propose potential solutions for a more comprehensive, coordinated, and accountability-based system of care. This report shares the hospital perspective—and proactive initiatives—around long Emergency Department (ED) wait times for those in mental health crisis. Long wait times in the ED are a dire symptom of a system-wide issue.

This paper is designed to prompt further data collection, identify best practices, and propose improved partnering with patients and community providers as a holistic approach to effectively address this crisis.

It should be noted that Vermont is not alone in this issue. In a nationwide survey, 80 percent of ED physicians said that patients were held in their emergency rooms.¹ Part of this effort includes studying the practices and initiatives of some other states to determine the most effective interventions.

Executive Summary

- With other stakeholders, hospitals are deeply concerned about a broken mental health system that requires a strategic and collaborative effort to repair. As they fill major gaps in care and coordination, hospitals now spend significant energy, money and staff power to accommodate a disjointed, under-resourced system.

¹ V. Alakeson et al., A Plan to Reduce Emergency Room 'Boarding' of Psychiatric Patients, *Health Affairs*, September 2010 vol. 29 no. 9 1637-1642 at <http://content.healthaffairs.org/content/29/9/1637.full>

- Vermonters in mental health crises continue to face long emergency department wait times, despite inpatient bed capacity that exceeds pre-Tropical Storm Irene levels. This state of affairs is unacceptable for patients and providers alike.
- Vermont’s hospitals have responded by employing mental health technicians, telepsychiatry, therapeutic spaces within the ED and greater coordination with community providers to help address this crisis.
- VAHHS members are working together to determine how best to provide care for patients in mental health crisis in the ED, but this is a system-wide challenge that merits scrutiny at every level.
- While these efforts are important, they are not sufficient to address the underlying access-to-care issues, nor are hospitals alone in a position to make the systemic changes that might be needed.
- Hospitals suggest the following action steps to help improve the current system:
 - Develop geriatric psych capacity in the state;
 - Create more step-down capacity to serve children and adolescents with mental health needs within their own community;
 - Provide a secure facility to treat forensic patients;
 - Build more secure step-down capacity to free up Level One beds; and
 - Analyze workforce needs and adopt a plan to address them as expeditiously as possible.
 - Assure there is a rational distribution of services across the state.
- Vermont hospitals work every day to help address the mental health crisis and are eager and ready to contribute to new solutions. At the same time, hospitals need other community providers and partners, as well as government, to partner with us in providing more coordinated and community-based care.

Vermont Hospitals and the Mental Health System Today

Vermont’s hospitals are proud to be a part of a network of health care professionals, policymakers and people with lived experience who are dedicated to addressing the mental health needs of Vermonters. This network spans a continuum from community services and support to inpatient treatment for people in crisis.

Vermont’s inpatient treatment consists of the state-run inpatient facility in Berlin or one of five Designated Hospitals: Brattleboro Retreat with 122 beds including child and adolescent inpatient beds; Central Vermont Medical Center with 14 inpatient beds; University of Vermont Medical Center with 27 inpatient beds; Rutland Regional Medical

Center with 23 inpatient beds; and Windham Center at Springfield Hospital with 10 inpatient beds.

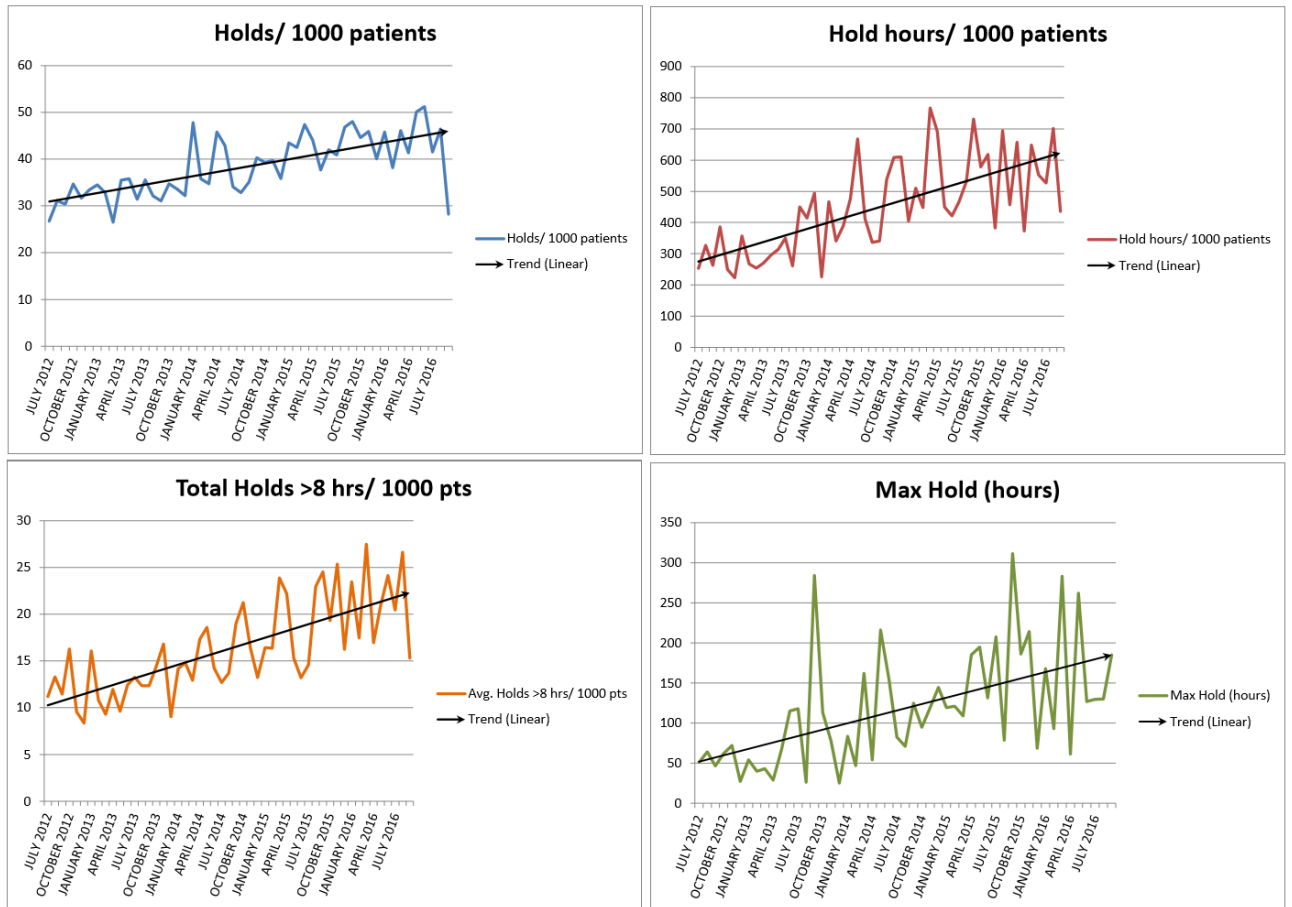
Although Vermont's current inpatient capacity is slightly higher than the level of beds prior to Tropical Storm Irene,² too many individuals in mental health crisis who present in our EDs are unable to access the appropriate treatment setting quickly enough, often waiting days or sometimes weeks in a highly stressful place. The ED is typically a loud, crowded and chaotic environment that is not conducive to the delivery of best care to patients in mental health crisis. Physician, nursing and technical staff are required to manage multiple patients at any one time—many of them critically ill—and can provide only episodic and limited ongoing assessments and support to patients with psychiatric needs housed in the ED. These staff members often have limited training and experience with longer term care and treatment of psychiatric patients.

Finally, due to staffing resource constraints, patients with psychiatric illnesses in EDs receive little if any psychiatric *care* because EDs are not set up to treat patients but to screen and stabilize them before they are placed in the appropriate treatment setting. That means that real treatment does not begin until the patient is admitted to the appropriate inpatient unit. Currently, long wait times in the EDs result in delayed treatment and an additional hardship for patients and families as the process slowly unfolds and resources are pieced together.

The data below shows this trend steadily increasing. This crisis is not going to go away without further action across the spectrum of mental health providers and at all levels of care.

² Department of Mental Health, Agency of Human Services, *Vermont 2016: Reforming Vermont's Mental Health System, Report to the Legislature on Implementation of Act 79*, Jan. 2016, pg. 8, <http://legislature.vermont.gov/assets/Legislative-Reports/2016-ACT-79-Report-rev.pdf>

Wait Time Data at a Vermont Emergency Department



Vermont Hospital Initiatives

Vermont’s hospitals work on solution to the access-to-care problem faced by many mental health patients and help relieve the extreme pressure experienced by the EDs. Many hospitals have implemented initiatives such as mental health technicians, telepsychiatry, therapeutic space in the ED, and greater coordination with community partners to improve care.

Some hospitals have found success in employing mental health technicians in their EDs.³ These providers, who have a mental health background and remain with the patient, are often able to deescalate crises in a safe and less restrictive way than other ED providers, who may have less consistent contact with the patient. With the employment of

³ The Emergency Nurses Association also recommends mental health technicians for improved care of patients with mental health conditions. See *Emergency Nurses Association, Care of the Psychiatric Patient in the Emergency Department* at <https://www.ena.org/practice-research/research/Documents/WhitePaperCareofPsych.pdf>

psychiatric nurses, one hospital has seen a 50 percent decrease in the use of restraints and zero assaults on providers.

Some hospitals also utilize telepsychiatry to perform assessments and more quickly put in place a care plan for patients, although there is some degree of disagreement on the advisability of telepsychiatry for all patients. Brattleboro Memorial is partnering with the Brattleboro Retreat on a pilot project. Data from this pilot project should be available later this spring.

In addition to greater access to providers with mental health backgrounds, patients in mental health crisis also benefit from access to a calm, safe, and therapeutic environment within the ED. Hospitals have found that a safe space also protects the dignity, privacy and confidentiality of the person receiving care. These spaces typically include a secure area outside the patient's room where the patient can safely move about and engage in therapeutic activities, as well as private access to basic facilities such as a bathroom and shower. Many of Vermont's hospitals have started transforming EDs to include safe spaces.

Hospitals have worked closely with community partners to coordinate care for individuals with mental health needs. This work includes everything from training all ED providers about community resources to having a dedicated care management provider who connects patients to community resources. Some hospitals have also partnered with community providers by sharing strategic plans with Designated Agencies, jointly employing psychiatrists with Designated Agencies, and funding a liaison to work intensively with patients who often utilize the ED, the Designated Agency, and Federally Qualified Health Centers.

In addition to each hospital's efforts, VAHHS has organized a mental health task force comprised of psychiatric and ED clinicians across hospitals to develop effective solutions that will allow hospitals to provide better care for their mental health patients. The mental health task force has developed draft clinical goals and is in the process of reviewing them with ED and other clinical personnel. It is possible that not all hospital EDs will have the ability to deploy all of the resources called for as part of the clinical goals—like prompt access to psychiatric consults—because only designated hospitals have psychiatrists on staff. That will lead to renewed conversations with state policy makers and other stakeholders on how best to provide care in the ED setting.

Vermont hospitals also understand that the mental health system is a continuum of care including many different types of providers. The designated hospitals meet frequently with the Department of Mental Health to coordinate with regard to pressing and emerging issues. VAHHS leaders and representatives from hospitals plan to meet with the Designated Agencies, Nursing Home Association, the Department of Health Division of Alcohol and Drug Abuse Programs, and other advocacy groups to collaboratively address the mental health crisis broadly and the issue of ED wait times specifically.

Challenges

In order to reduce ED wait times and provide patients with mental health needs the appropriate treatment, all mental health providers need to examine where patients are going today and where there are impediments within the system. Once the impediments are identified, providers can work to alleviate them, determine what they need for resources, and hold each other accountable for maintaining the proper placement of patients for care within the system. Hospitals see the following challenges to this process:

- Comparable and comprehensive statewide data across providers;
- The need for crisis beds, mobile crisis and other community-based alternatives to EDs;
- Increased capacity of residential options in the community for people with persistent mental illness such as “assisted living” that provides minimally necessary support and preserves dignity and autonomy to the extent possible;
- Comprehensive partnerships between hospitals and Designated Agencies throughout the state; and
- Better coordination between hospitals and state agencies including DMH, DCF, and DVHA to reduce barriers to care and actively assist in directing and providing patients with the appropriate level of care within the community.

In the past, the health care payment system has not been set up for coordination of care between different providers. With the All-Payer Model and ACOs, Vermont moves into a position where providers are incentivized to coordinate care. As the All-Payer Model progresses, providing better care to those in mental health crisis must be strongly and routinely emphasized.

Opportunities

In working with the hospitals and other providers, VAHHS has identified some widely-accepted opportunities to address the mental health crisis:

- Develop geriatric psych capacity in the state
 - Vermont’s population is aging at a rapid rate. Nursing homes are currently ill-equipped to care for patients with psychiatric illnesses. Geriatric care for those with long-term mental health issues would

provide the specialized treatment this population needs while creating greater capacity to treat those who need hospital-level services.

- Create more step-down capacity to serve children and adolescents with mental health needs within their own community
 - As with geriatric patients, children and adolescents also require specialized care.
- Provide a secure facility to treat forensic patients
- Build more secure step down capacity to free up Level One beds
- Encourage workforce development to ensure the right mental health personnel and resources exist in the right places for patients.
 - Careful analysis of workforce need as well as proper recruitment, retention, and training of mental health providers at all levels is important to ensure quality health care for Vermonters.
- Assure there is a rational distribution of services across the state.
 - Develop state policies to support flexible crisis clinical pathways so that patients receive services in the most appropriate setting for their clinical needs.
 - Expand community options for service to avoid admission to the hospital.

Conclusion

After Tropical Storm Irene, Vermont put a plan into place—Act 79—to care for patients with psychiatric illnesses. A number of years have passed and problems still persist. Long wait times in the ED are only a symptom of a much larger set of challenges, challenges that touch a broad array of providers at various levels and require a collaborative, holistic approach. All health care providers working with patients who have mental health needs must analyze patient flow to determine where increased capacity is needed. Providers must also work closely together to identify and reduce all impediments to care. With so many different and important perspectives, progress will be difficult and requires a sustained, strategic and coordinated approach. Fortunately, all providers have the same goal—the best care for Vermonters.