



Mental Health and Vermont's Hospitals: Data, Partnerships, and Opportunities

The Vermont Association of Hospitals and Health Systems (VAHHS) and its member hospitals view mental health as a vital part of the care continuum and overall wellness. As we do for any medical condition, we take shared responsibility for ensuring mental health care reaches all who need it.

Vermont's hospitals have continually played an active role in mental health, working with other providers, Administration officials, legislators, and partners in a variety of ways. Hospital efforts have spanned every point of the care continuum, including:

- **Embedding mental health care** providers in primary care offices so that patients with mental health concerns have immediate access to treatment during their primary care visit.
- **Incorporating mental health specialists** in their emergency departments or training current emergency department staff in collaboration with the Vermont Psychiatric Care Hospital.
- Planning to **increase inpatient capacity** at the Brattleboro Retreat and Central Vermont Medical Center
- Working with the Designated Agencies, the Department of Mental Health, chief medical officers, emergency department medical directors, and other groups to **enhance communication and education**

Data

To tell our story, inform policy, and promote transparency and accountability systemwide, VAHHS has been collecting data from the emergency departments and psychiatric inpatient units.

Finding

- Emergency department visits have grown by a small amount, but the number of visits staying over one day in the emergency department has grown by 47% each year
- 3% of psychiatric inpatient visits make up 40% of the total psychiatric inpatient bed days. A very small percentage of clients take up a significant portion of resources.
- Nine out of ten adult inpatient visits are voluntary and account for almost 50% of all bed days.

Implications

- There is insufficient system flow and a possible lack of inpatient capacity. We must support our emergency departments with resources to support mental health patients while they wait for care
- Further study is needed to understand what these patients need to leave inpatient care.
- While a small percentage of stays using a significant portion of resources, we also need to examine what works for the majority of adults in inpatient care



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Promising Pilot Projects

Hospitals on their own and partnering with community providers have implemented pilot projects across the state that address mental health utilization of the emergency departments and improve inpatient bed utilization.

- The **Emergency Department Pilot Project at Northwestern Vermont Medical Center** has reduced emergency department visits by 37% for a cohort of high utilizers with mental health diagnoses who through a collaborative approach with their Designated Agency and an embedded crisis clinician.
- **Community Health Teams at Southwestern Vermont Health Care** improve outcomes for individuals with chronic mental health challenges and/or substance use disorders by developing wraparound services through multi-agency partnerships and care planning. The Community Care Team has reduced emergency department visits by 40% after its first year.
- The proposed **Referral and Treatment Hub Immediate Access Model from Washington County Mental Health Services and Central Vermont Medical Center** would accept immediate referrals from primary care offices, psychiatric units, emergency rooms, individuals, and other providers to the community to provide immediate mental health and substance use treatment services.
- The **Brattleboro Retreat** is piloting an in-home program called *Telefriend* where individuals with chronic mental conditions complete 5-10-minute daily sessions on a tablet to monitor medication adherence, symptoms, and training on illness self-management and healthy lifestyle behaviors tailored to the individual's diagnoses. Under a similar New Hampshire Telefriend program, hospitalizations were reduced by 80% and emergency department visits were reduced by 76%.

Policy and System Development

- **VAHHS will pursue all solutions** to the potential, gradual loss of federal funding for the Brattleboro Retreat and Vermont Care Psychiatric Hospital slated to begin in 2021.
- While increased inpatient capacity will help alleviate the current crisis, other options on the continuum of care, such as expansion of secure residential options, are also necessary. Rutland Regional Medical Center (RRMC), in partnership with Rutland Mental Health Services, is proposing an **eight-bed, staff-secure, adult residential program** located on the campus of RRMC.
- VAHHS has created a subgroup to share ideas and information around **improving discharge planning** for patients with mental illness.
- Finding placements for even a few patients could help reduce the total length of stay for all mental health patients. The Designated Agencies and the Department of Mental Health have offered to focus on and coordinate care for this relatively small group of people, which could greatly improve patient flow and patient care.
- Peer support can be effective for those in mental health crisis. Hospitals are interested in **utilizing peer support** to help patients in a way that is safe and complies with federal and state regulations.