



## Equal Rights, Protection and Participation

### Funding Challenges for Maintaining and Expanding Peer Support

We believe, based on data from the [\*2019 Reforming Vermont's Mental Health System, Report to the Legislature on the Implementation of Act 79\*](#), and based on the experience of our Patient Representatives, that the need for Patient Representatives exceeds our current capacity.

The 2019 Report clearly demonstrates that emergency admissions<sup>1</sup> and involuntary medication orders<sup>2</sup> have increased significantly in recent years. 2018 also saw highly variable rates of involuntary admissions, with Quarter 1 and Quarter 4 having significant spikes in involuntary admissions<sup>3</sup>.

The data presented in the report is aggregate across all inpatient settings. Anecdotally, our Patient Representatives in Brattleboro have reported increases in involuntary and EE patients during 2017 and 2018. We have not been able to meet the need for advocacy at the Brattleboro Retreat. We have had multiple VPS employees express burnout and extreme emotional distress due to witnessing distressing conditions for patients, the number of patients requesting advocacy, and a lack of accountability and lack of adherence to the hospital's grievance policy. We believe an additional employee located in Brattleboro will help to address the perceived need and mitigate burnout.

We also believe that an additional advocate would help to decrease inpatient length of stay, which will help to address ED wait times, as beds will become available faster. With additional

---

<sup>1</sup> Chart 11: Emergency and Forensic Admissions, *2019 Reforming Vermont's Mental Health System, Report to the Legislature on the Implementation of Act 79*, Page 21

<sup>2</sup> Chart 15: Court Ordered Involuntary Medication, Total People and Total Filings, *2019 Reforming Vermont's Mental Health System, Report to the Legislature on the Implementation of Act 79*, Page 25

<sup>3</sup> Chart 9: Involuntary Admissions – Comparison of Total Number and Level 1 patients, *2019 Reforming Vermont's Mental Health System, Report to the Legislature on the Implementation of Act 79*, Page 19

funding for more patient representatives, we could begin visiting patients on emergency evaluation holds in EDs.

At our most recent meeting with Rutland Regional Medical Center, we also discussed the need for greater coverage in the Emergency Department. We currently do not engage with the ED, and the Peer Specialist on the hospital staff specifically said she had very little contact and needed support. The hospital also stated that they do not follow up with mental health patients coming through the emergency department and would welcome support and collaboration for better service to patients. Follow-ups may help to mitigate what the hospital called “super-utilizers” from returning to the ED so quickly in crisis situations.

Furthermore, the designation of the White River Junction Veterans Administration Medical Center to provide involuntary inpatient care creates a critical need for representation to patients there. The Patient Representative will need training specific to the VA system and should also be a military veteran.

In order to meet increased inpatient need in Brattleboro, to provide advocacy at the White River VA Medical center, and have patient reps visit emergency departments, we estimate we will need to hire at a minimum 5 additional part-time Patient Representatives, or two full-time and one part-time.

Beyond the need for peer support in facilities like the Brattleboro Retreat, the VA Medical Center and Rutland Mental Health is the need for support post hospital stay. Housing, employment, co-occurring substance use issues, and legal involvement can all be contributing factors in crises experienced after discharge from mental health facilities and/or the emergency departments. Accessing the services for support can be just as daunting and anxiety-filled as the factors. For this reason, VPS is also mandated in the Rutland area to provide bridging services---that is, we support people by helping them to access these services as advocates, not service providers. In this capacity we work with peers by supporting them with attending meetings and other events where accessing services is made more difficult by experiences of discrimination and stigma sometimes exacerbated by structural barriers found in the very agencies that are supposed to help. More support in this area is needed to prevent this lack of access from continuing to create crises that result in the need for hospital stays and interaction with other systems, including criminal justice, when crises happen.

Additional staffing and funding for the training and coordination of volunteer efforts across our network would help to meet these needs. Good intentions and overworked staff are not a great combination for success. To that end, I would as for the following:

- Two new FT staff members to act as bridgers to services and patient reps in Rutland Regional Hospital. They have told us in meetings that they do not do follow ups for the ED for people admitted for mental health issues and would welcome the assistance of VPS to stem the tide of “super-utilizers” who return soon after discharge because of difficulties in accessing community resources. These two individuals would also share some rotating on-call duty with the ED for peer support
- Four new FT staff to act as bridgers for the Retreat’s discharges, as patient representatives to Brattleboro Memorial Hospital ED and to inpatients at the Retreat. Part of their duties would also be attending competency hearings with individuals as advocates when possible
- One volunteer coordinator (PT) to assist our current trainer with training people who have accessed our services to help support other peers navigate the systems
- One FT staff person to work on development/fundraising to reduce agency dependency on DMH for funding
- One Patient Representative for the VA in White River Junction. This person would need to be full time and a veteran. Due to the complex nature of the VA system and its many requirements for in-person visits to fill out documents to apply for services, the person would have to be full time.