



Areas of Support

- We recognize the need for more transparency, accountability, and resources for Vermont's forensic mental health system. We support the evaluation of psychiatric support services and the formation of a working group to identify gaps and opportunities to improve the forensic mental health system.
- We support the development of a formal competency restoration program, recognizing that more resources will be needed to develop the appropriate settings for providing these services.

Areas of Concern

EXTENDING COMMITMENT ORDERS TO THREE YEARS WILL IMPACT ACCESS TO CARE FOR ALL VERMONTERS WAITING FOR INPATIENT MENTAL HEALTH SERVICES

Mental health services in Vermont are in high demand. Vermont's emergency departments now have over 10,000 visits for mental health reasons each year and the time they wait for care grows longer.

- For those that don't access inpatient care at the same hospital they waited, days waiting for care have increased 87% from 2015, and 348% from 2010, while the number of visits¹ have increased from 2-5% year-over-year.
- During the same time period, the percent of mental health ED visits that were completed on the same calendar day have decreased while the percent that lasted one day or more is increasing.

There are two primary "bottlenecks" in the inpatient mental health system of care. First, inpatient beds are in high demand and people wait to access care. Second, patients are unable to leave inpatient care due to lack of outpatient placements, such as secure and intensive residential programs.

- It is important for the system of care to work that our efforts are to optimize length of stay to what is clinically appropriate. **For every patient that stays in an inpatient bed for the entire year, it means there is 30-61 people seeking care that we cannot accommodate.**

CONCERNS ABOUT REGULATION

The need for inpatient psychiatric hospital care must be determined clinically and we are required—by ethics and federal regulations—to treat forensically committed people as patients first.

- All Vermont hospitals—including Vermont Psychiatric Care Hospital and Brattleboro Retreat—are certified by the Centers for Medicaid and Medicare (CMS) and are required to follow the federal conditions of participation. Hospitals are required to provide care and services consistent with the regulations.
- Care that is custodial in nature—not driven by the need for treatment—is not covered by Medicaid or Medicare. Vermont is no longer allowed to use Medicaid funds to support mental health inpatient stays in freestanding psychiatric hospitals that exceeds 60 days or for mental health inpatient stays for forensically committed individuals. Each three-year stay will cost Vermont \$1.3-\$2.7 million in general fund dollars, meaning that less money will be available to match with Medicaid to support mental health programs.

¹ ED visits for Mental Health includes hospital discharges with a primary diagnosis of mental health where the individual was not admitted to the hospital where ED care was provided. This category currently includes visits where no inpatient services were delivered as well as visits where the individual was transferred to another hospital for inpatient admission.