Vermont Association of Hospitals and Health Systems
148 Main Street
Montpelier, VT 05602
E info@vahhs.org
O (802) 223-3461
VAHHS.ORG

February 26, 2021

House Corrections and Institutions Committee – Alice Emmons, Chair
House Appropriations Committee – Mary Hooper, Chair
House Health Care Committee – Bill Lippert, Chair
Senate Health and Welfare Committee – Ginny Lyons, Chair

Sent via e-mail

Re: VAHHS Support for DMH's Secure Residential Facility Proposal

Honorable Chairs Emmons, Hooper, Lippert, and Lyons:

In 2012, Act 79 charged the Commissioner of Mental Health with coordinating a geographically diverse system and continuum of mental health care throughout the state. In the almost 10 years since Act 79, Vermont made significant investments in community mental health services, inpatient mental health care for both voluntary and involuntary patients, peer services, and housing supports.

Since 2012 and Act 79, demand for mental health care has increased year over year in emergency departments in Vermont. Over 10,000 people seek mental health care through Vermont's emergency departments and fewer of them leave same-day with each passing year. While COVD-19 reduced the number of people seeking services through emergency departments, this reduction is not a long-lasting trend. Even with almost 1,500 fewer visits to emergency departments in federal fiscal year 2020, people wait for mental health treatment just as long as they did in 2019.

We acknowledge that more is needed for mental health everywhere—both in communities and in hospitals. However, Vermont needs to make the investment now to support adults with complex clinical and safety needs. Expanding capacity for secure residential services and reframing the structure of the program to meet the needs of the population is critical to preserving the dignity and autonomy of individuals served and increasing access to safe and appropriate treatment and recovery services. We have every confidence that the Department of Mental Health (DMH) is proceeding with a plan informed by data that will serve future residents safely and respectfully.

The delay in action on a secure residential recovery facility is a disservice to Vermonters with complex mental health needs. Act 79 explicitly called for the development of a secure residential recovery facility. In the almost 10 years since Act 79, Vermont still has not made the permanent investment in a secure residential recovery facility, leaving its residents to live in a temporary trailer-like structure.

The need for secure residential services is different from the original vision. While the delay in development of a permanent, secure residential facility has plagued Vermont's mental health system for years, it has given us more time to reflect on needs. Like all service arrays highlighted in Act 79's reform of the mental health system, the need for secure residential services has also increased since 2012. The Department of Mental Health's residential bed need report (2019) shows that the need for a secure residential facility with the ability to conduct emergency involuntary procedures exceeds the current capacity at the Middlesex Therapeutic Community Residence (MTCR). DMH's report also shows that 95% of referrals to MTCR have come from Level 1 units, unique hospital services that are reserved for patients with highly acute and complex needs. This was not the population in mind when MTCR was developed.

MTCR is a specialized program for adults with complex clinical and safety needs who are inappropriate for hospitalization. While most adult discharges from mental health inpatient units are hospitalized for 7 days or less, there is a cohort of patients who require extraordinary care and resources. While only 3% of all adult mental health inpatient discharges stay 90 days or more in the hospital, their combined length of stay accounts for more than 20% of all reported bed days in the same year.

Some of the longest of these hospitalizations are because patients cannot be discharged to an appropriate level of care. The average length of stay for the five patients admitted to MTCR in 2019 was over 300 days in the hospital. A secure residential facility with increased capacity could help free up Level 1 beds which are routinely at 95-100% occupancy. Referrals for these patients to other community programs are usually rejected. While these patients are stable and accepting treatment, they still require considerable support and skills development to recover and live independently in the community. MTCR provides a needed service for adults who otherwise would fall through the cracks or become stuck in inpatient care.

MTCR provides an important step between highly regulated inpatient units and other residential settings in the state. While MTCR is a higher level of care than other residential settings in Vermont, MTCR programming is very different from hospital services. Hospitals are focused on stabilization and treatment. MTCR is designed to help residents develop and implement skills that will help them integrate back to their lives in their home communities.

Demand for high intensity services is not decreasing. Level 1 inpatient beds are routinely 95-100% full and MTCR is almost always at 100% capacity. Interventions that help this small population of adults leave inpatient care can have major positive effects on the inpatient system of care, reduce wait times in emergency rooms, and support individuals in continuing to safely receive services in the least restrictive setting.

The need for emergency involuntary procedures (EIPs) in a residential setting needs to be considered. To be clear, VAHHS strongly believes that seclusion and restraint should be used only as a last resort to prevent imminent harm. Our willingness to work in partnership with the Department and stakeholders to reduce EIPs on Vermont's psychiatric units reflects that commitment. We also recognize that there are instances in which seclusion or restraint must be used. If intervention to avoid harm prevents law enforcement involvement, removal from the facility, or an unsafe staff environment, brief restraint to prevent harm is the most cautious course of action. This intervention can keep people in the least restrictive environment that is safe for them and prevent unnecessary hospitalizations or emergency department boarding.

We believe that work should continue to gather feedback on the concerns about the use of EIPs in the secure residential facility, explore whether there should be limitations on which types of emergency involuntary procedures are acceptable or safe in a residential program, and how the residential facility will be accountable to the Department and the mental health ombudsman if EIPs are used. **However, we must urge that this work not delay the approval and construction of an expanded, permanent facility.**

To conclude, the MTCR replacement proposal put forth by DMH is the most reasonable and prudent investment for this important population to-date. The proposal from DMH for a state-run program with more beds is right-sized for Vermont and plans appropriately for current demand as well as future need.

Thank you for the opportunity for VAHHS and all of Vermont's Hospitals to express our support for the secure residential proposal from the Department of Mental Health. We commend DMH on its effort to solicit feedback from all stakeholders, and we look forward to being part of future conversations on this important issue.

Sincerely,

Jeff Tieman
President and CEO
Vermont Association of Hospitals and Health Systems