



The Vermont Association of Hospitals and Health Systems (VAHHS) represents Vermont's nonprofit hospital system. Children waiting in emergency departments for mental health treatment represents a public health emergency. It is our belief that the wait times for children in emergency departments will increase as Vermont emerges from the COVID-19 pandemic.

At the same time, we need to get this response right. The proposed Department of Mental Health (DMH) bed study and request for information process will help determine where resources should be invested.

Applying some of the lessons learned from the COVID-19 pandemic, VAHHS proposes the following legislative tools to help hospitals best meet the needs of children waiting in emergency departments:

Regulatory flexibility

- **Emergency Certificate of Need for EDs:** The Certificate of Need process can delay construction of therapeutic areas. An expedited process with collaboration from stakeholders would allow hospitals to improve their emergency departments for individuals in mental health crisis.
- **Licensing flexibilities to Support Statewide Telepsychiatry:** The recommendations from H.104 should support statewide telepsychiatry services.
- **Ambulance transport to alternative sites:** Ambulances typically get reimbursed when transporting to an emergency department. Explore options for reimbursing ambulances to transport individuals to alternative sites.

More resources at every level of care

- **Per diem payment for emergency departments:** hospitals receive one encounter rate payment for a stay in the emergency department regardless of how long the stay is—whether it is three hours or three weeks. For hospitals to meet the needs of long-stay patients undergoing a mental health crisis with one-on-one supervision, therapeutic spaces, or embedded mental health providers, they need to be reasonably reimbursed. VAHHS will work with the Department of Vermont Health Access (DVHA) and insurers to develop a reasonable daily rate or its equivalent under value-based reimbursement. A daily reimbursement would enable EDs to manage care while also providing information and incentive to payers to get patients to the right level of care.
- **Alternatives to emergency departments:** By its very nature, the emergency department is not a therapeutic space for people in mental health crisis. Funding is needed for alternatives, such as:
 - [Pediatric Urgent Care for Kids](#): Replicate the current PUCK model in other areas of the state
 - [Mobile Response](#): Support the proposed mobile response pilot for children in Rutland area and build off of this model for potential future use across the state
 - [Peer-Operated Crisis Respite](#): Six peer-run community centers with two crisis respite beds, each with an average stay of one week



- **ED-alternative facilities:** 24/7 alternative to an ED staffed by psychiatric nurse, licensed counselors and peer support combined with inpatient beds for immediate treatment and admission or discharge. The original Alameda model demonstrated an 80% reduction in wait times for patients waiting for care and new national models—called emPATH units—have seen hospital diversion rates close to 75%.
- **Statewide telepsychiatry services:** Vermont’s rural emergency departments cannot have psychiatry professionals on staff. A statewide telepsychiatry service would help manage workforce gaps. North Carolina and Montana have implemented similar initiatives to support their rural hospitals. VAHHS will continue to pursue this initiative and come back to the legislature with specific proposals.
- **Additional options:** As details emerge from the DMH’s request for information process this coming summer and fall, VAHHS will continue working with stakeholders to bring forward proposals for the 2022 legislative session.

Workforce Development

- Vermont’s health care system is suffering from a workforce shortage at every level of care, and the mental health sector is no exception. VAHHS will work with DMH to explore opportunities to attract and retain qualified mental health care providers.

Statewide Coordination and Accountability Measures

- **Enhance Vermont’s Bed Board:** Enhance Vermont’s current Bed Board with data to help DMH and providers understand the statewide supply and demand for placement.
- **ED wait times as program measurement:** Mental health funded initiatives must have programmatic-level performance measures that demonstrate their impact toward the population-level measure of reducing emergency department wait times and volumes for people seeking mental health care. There are many indicators to which Vermont should be accountable as a system of care; ED volumes and wait times for all people seeking care must be one of those indicators.