



**STATE OF VERMONT
HOUSE OF REPRESENTATIVES
115 STATE STREET
MONTPELIER, VT
05633-5301**

May 11, 2021

Secretary Mike Smith
Agency of Human Services
280 State Drive
Waterbury, VT 05671

Secretary Daniel French
Agency of Education
1 National Life Drive, Davis 5
Montpelier, VT 05620

Jeff Tieman, President and CEO
Vermont Association of Hospitals and Health Systems
148 Main Street
Montpelier, VT 05602

Dear Secretaries Smith and French and Mr. Tieman,

As you are aware, the House Committee on Health Care (Committee) has taken testimony regarding the prolonged emergency department wait times for children experiencing mental health crisis. The Committee appreciates the Department of Mental Health's responsiveness to the concerns of the Committee, particularly its prioritization of children as part of the request-for-information process outlined in the Capital Bill.

The Committee believes it is important to establish a guiding principle to ensure that every moment of involvement with children in the mental health system is used to provide treatment and promote recovery. To that end, the Committee is requesting that the Agency of Human Services take these specific steps, with the assistance, where appropriate, of the Agency of Education and the Vermont Association of Hospitals and Health Systems (VAHHS):

- immediately establish the expectation that services in the community are robust enough to ensure that there is not reliance on emergency departments;
- immediately begin soliciting input from family and peer stakeholders to help identify immediate and ongoing progress points;
- by May 24, begin providing ongoing weekly reports on the number of children and adults waiting in emergency departments and their lengths of stay, regardless of custody or health insurance status, including the hospitals in which children and adults are held or treated, whether or not a child is in the custody of the Department for Children and Families, and any other critical information regarding pressure on the mental health system;

- by June 1, establish a target date by which the average length of “boarding” time in emergency departments shall not exceed 24 hours;
- by July 1, begin to maintain emergency department wait data disaggregated by age to inform future policy;
- by July 1, proceed with establishing the Mental Health Integration Council and use the current child emergency department crisis as an initial “case response” for integrated, whole health care system approaches to mental health; and
- by July 1, identify the best practice regarding the length of time for the assessment and disposition of patients presenting with a mental health crisis in an emergency department and the target date for achieving this best practice.

In addition, the Committee requests that the following reports and specific timelines for action be provided to the leadership of the Committee, the Senate Committee on Health and Welfare, and the Health Reform Oversight Committee:

- by June 1, provide an initial outline of ongoing and completed emergency action steps, including timelines for the identification and completion of action steps that are under the Department of Mental Health’s jurisdiction; and
- provide monthly updated action timelines through January 2022 on progress points, including the identification of new action steps, completed action steps, and the progress on medium- and longer-term action steps, with collaboration from VAHHS with regard to inclusion of the actions it has taken in the timeline.

In the immediate future, the Committee requests that steps be taken by VAHHS, with support from the Agency of Human Services, where appropriate, to immediately improve the experience of children who are forced to wait for case disposition in emergency departments and their families. Such steps would be intended to use available resources or additional training to improve the physical and social environment in emergency departments, as recommended by families and emergency department staff. Some examples to address this immediate crisis might include:

- emergency department or crisis staff providing more direct emotional support, activities, and regular support and information for parents or caregivers;
- ensuring that children are segregated from adults or other emergency department stressors;
- increasing comfort items and other environmental improvements, such as dimmer lights; and
- expanding the use of telehealth when it creates improved patient experience of care, particularly in expediting transfer from an emergency department where an admitting psychiatrist is not available on-site.

The Committee appreciates the Agencies of Human Services and of Education and VAHHS for their commitment to bringing this crisis to a close and looks forward to hearing from you by June 1, 2021.

Sincerely,

Rep. William Lippert Jr., Chair
on behalf of the House Committee on Health Care

cc: Rep. Jill Krowinski, Speaker of the House
Sen. Virginia Lyons, Chair, Senate Committee on Health and Welfare
Commissioner Sarah Squirrell, Department of Mental Health

Commissioner Sean Brown, Department for Children and Families
Interim-Commissioner Monica White, Department of Disabilities, Aging, and Independent
Living

DRAFT