



VAHHS Resources

DATA COLLECTION— VAHHS is collecting point-in-time data on all patients waiting in emergency departments for mental health placement, regardless of legal status or insurance. VAHHS also keeps this data de-identified and disaggregated and shares with DMH upon request, to inform future policy discussions and questions.

EMERGENCY DEPARTMENT ALTERNATIVES— VPQHC and VAHHS invited Dr. Scott Zeller to discuss EmPATH units as alternatives to emergency departments in a webinar open to all interested parties. VPQHC, VAHHS, and VCP developed a series of webinars that highlighted alternatives to emergency departments.

EMERGENCY DEPARTMENT REIMBURSEMENT— New Hampshire provides per day reimbursement to hospitals for patients waiting in emergency rooms to increase resources to support patients waiting for mental health placement. VAHHS met with DVHA and submitted a proposal for appropriate reimbursement options. We appreciate this committee’s support of the initiative.

Emergency Department Resources

PEER SUPPORT— Emergency departments agree that expanding and certifying peer supports would have a high/moderate impact on quality of services. Emergency Department Directors were enthusiastic in learning more about the certification process and supported a framework similar to substance use peer recovery coaches’ model.

COMFORT ITEMS/ACTIVITIES KITS— Initially, about half of EDs have kits of activities and comfort items for children. VAHHS has partnered with the Vermont Community Foundation and VPQHC to provide mini-grants and/or activities kits to all hospitals.

TRAUMA INFORMED CARE—VAHHS is exploring opportunities with the Department of Mental Health, the University of Vermont Medical Center and the Vermont Community Foundation to develop training opportunities to expand trauma informed care to emergency departments. Some hospitals have already initiated trauma-informed care in their Emergency Departments.

EXPANDING TELEPSYCHIATRY—VPQHC and VAHHS invited the North Carolina Statewide Telepsychiatry Program to discuss their efforts to roll out a statewide telepsychiatry program to support hospitals and patients seeking mental health services through emergency departments, specifically identifying opportunities for diversion from hospitalization and/or commitment. VPQHC received federal funding and is taking the lead on developing a statewide telepsychiatry program for Vermont.

SMART MEDICAL CLEARANCE —VAHHS is working with emergency departments and designated psychiatric inpatient hospitals/units to standardize the medical screening process for all patients waiting mental health placement in emergency departments. We are hoping to roll out this process on May 1.

Survey on Policy Impacts

VAHHS surveyed its emergency departments about needed mental health supports in EDs and potential impacts on EDs. Most importantly, all interventions should have ED wait times as one measure of effectiveness.

HIGHEST IMPACT ON WAIT TIMES, VOLUMES, AND QUALITY OF SERVICES :

- Addressing workforce shortages and turnover
- Developing ED alternatives
- Increasing outpatient beds
- Increasing inpatient beds
- Supporting ED renovations would

HIGH/MODERATE IMPACT ON QUALITY OF SERVICES

- Expanding and certifying peer support services

MODERATE IMPACT ON WAIT TIMES AND VOLUMES

- Increasing outpatient services would have a moderate impact on wait times and volumes

