Vermont Association of Hospitals and Health Systems

Testimony: Mental Health Initiatives S.197, S.194, S.195

Current State of Patients in Mental Health Crisis at Emergency Departments

This Monday, January 24, we had 37 people waiting in VT emergency departments for mental health placement. Over 70% were waiting more than 24 hours and 10 people had been waiting more than a week. In a system where we strive to move people in hours, we consistently have people waiting days for placement. This is not the right care at the right time or place.

Over the last several months, we typically have 30-40 patients waiting for mental health placement. Total hours waiting for mental health placement have increased since we started measuring in May 2021. Over half on any given day have been waiting more than 24 hours. Most are waiting for inpatient admission.

While COVID has severely limited inpatient and community capacity in Vermont, wait times for mental health placement are not unique to COVID. The volume and wait times for people seeking care through Vermont's EDs has continually increased in the years since tropical storm Irene.

VAHHS supports all efforts to improve initial response to individuals in mental health crisis, statewide telepsych for emergency departments, more therapeutic alternatives to the emergency department, and peer support for patients.

S.197: Coordinated Mental Health Crisis Response Working Group

Our hospitals support this working group's goal to get patients the care they need at the right time and place, and we look forward to having an emergency department representative participate. This work also coincides well with 988 National Suicide Prevention Lifeline being available on July 16, 2022.

In addition to the important goals of the group, **VAHHS asks the committee to have the group consider a rare but devastating situation—when a patient assaults one or several health care workers and are taken to court but ordered by a judge to return to the same emergency department while waiting for inpatient treatment.**

To be clear, people with mental illness are not inherently violent and patients waiting for mental health placement are not assaultive. However, when assaults or credible threats of violence are made against health care workers by people waiting for mental health placement, the lack of resources and prolonged wait times for people needing forensic mental health placement results a very dangerous situation for both patients and health care workers.

It is the intention of statute to provide a mechanism where a criminal defendants with mental health needs can be examined in the least restrictive environment, prevent unnecessary pre-trial detention, and prevent substantial threat of physical violence to any person, including the defendant. However, we have a gap in our system where people who have committed violent acts are returned to the same location where they have hurt people. We need a solution to this issue, and we hope this group can help.

S.194: Peer-Operated Respite Centers

Again, our hospitals want individuals to have access to needed resources at the right place and time. Anywhere from 10-30% of people waiting in VT EDs for mental health placement are waiting for community options to become available and most people waiting for mental health placement are

voluntary. If more respite options are available, it may reduce the amount of people waiting in the emergency departments.

We also appreciate peer-run community centers using the number of individuals likely diverted from emergency departments as a reported metric. Emergency department data is an effective measure of success of the legislature's policy interventions, and we encourage it to be used broadly.

S.195: Certification of Mental Health Peer Support Specialists

VAHHS supports certification of mental health peer support specialists. Emergency departments have found great success with peer support for patients with substance use disorder, and we see mental health peer support specialists being similarly beneficial both in helping with the individual's immediate needs and creating a connection for both the individual and the care providers with community resources.