Vermont Chapter
INCORPORATED IN VERMONT
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vermont Medical Society

VERMONT ACADEMY OF FAMILY PHYSICIANS

Vermont Psychiatric ASSOCIATION

S.197 - Establishing the Coordinated Mental Health Crisis Response Working Group

On behalf of the American Academy of Pediatrics Vermont Chapter, Vermont Academy of Family Physicians, Vermont Medical Society, & Vermont Psychiatric Association I am here to speak in support of S.197.

As you all know our mental health system is in crisis. Vermont is not alone, but we can and should do better. There are many organizations and individuals doing amazing work to come up with solutions to improve mental health for and of Vermonters, but we cannot do this in silos. We must work together to leverage existing resources and come up with innovative solutions.

Any sustainable improvements must happen in a coordinated effort with the right voices at the table - we would urge that the representatives include a primary care physician and a psychiatrist – whom could be named by the VMS.

A comprehensive and multi-faceted approach must include short-term strategies to alleviate the current acute boarding crisis, as well as longer-term interventions designed to support the growing need for mental health services both inside and outside the hospital setting. We are pleased to see that the Governor's recommended budget includes a proposal to expand mobile response units and urge the legislature to appropriate funding to do so, as well as to support more statewide alternatives to emergency departments such as PUCK and emPATH units.

In speaking about coordinated mental health crisis response, I would be remiss if I didn't include few actionable things we could do in the short term that could make a large difference in the lives of Vermonters.

Much like mental health, primary care is in crisis – you will hear more about this in the days/weeks to come. The backbone of our healthcare system, patients trust their primary care office and we know that a high percentage of visits include mental health. One way to improve access to mental health care and support primary care is the integration of mental health services into primary care. There are a number of ways to do this, but a model that has shown great promise and utilizes existing workforce is the Collaborative Care Model or Child Psychiatry Access Program. The Collaborative Care team is led by the patient's existing primary care provider (PCP) and gives the PCP and patient access to support from behavioral health care managers, psychiatrists and frequently other mental health professionals and allows patients to receive high quality psychiatric care in their medical home/primary care office.

A Pediatric Collaborative Care model has received HRSA grant funding to launch in Vermont. Unfortunately ongoing reimbursement for this model is not paid for by Vermont insurers and there are a group of codes that would provide payment for these services. We would propose that all Vermont health insurance payors, including DVHA and commercial insurers turn on and provide payment for this work.

The following codes are for care management services provided to patients being served in medical settings for any behavioral health condition being addressed by the treating medical provider, including substance use disorders:

G2214;
99492;
99493;
99494;
99484; and

Codes for **for FQHCs** to provide the same type of care:
G0511
G0512 }

Again, we are support the creation of the coordinated mental health crisis response working group and look forward to participating.

S.194/S.195

On behalf of the Vermont Psychiatric Association I speak in support of both S.194 & S.195. We see both of these pieces of legislation as steps in continuing to build the mental health infrastructure, while putting standards in place, and creating a certification for peer workers in order to ensure qualified staff.

A couple of quotes from members:

"I have had dozens of patients use Alyssum or Soteria successfully when experiencing significant levels of distress. They are fairly careful about who they accept as are most peer run programs. In my experience, the vast majority of clients are highly satisfied with the services they receive. If someone is admitted to a peer in program and becomes a risk to self or others, there transferred to the emergency room and evaluated for a higher level of care.

My opinion is that the more hospital diversion options that we and our clients have, the better. And I am in favor of having as many nonmedical options as possible for those who prefer that route. In all honesty, if I was in significant distress and had a choice between a psychiatric hospital or a peer run program, I would choose the latter."

"Many of the patients I've seen in the inpatient setting and in the emergency room would benefit from having respite facilities like this to go to. Most need a few days away from their stressors before they're ready to get back to it. Many don't need or even want to be in the hospital but they have no other choice. This would free up some of the inpatient beds to those who would benefit from hospitalization and more economically alleviate congestion. The beds could be used as hospital diversion/ ED discharge, or step-down from hospital. "

Thank you.