

Vermont Psychiatric Survivors
128 Merchants Row
Rutland, VT 05701
June 13, 2023

Green Mountain Care Board
144 State Street
Montpelier, VT 05601

Letter of Support

Proposal for reallocation of FY2017 University of Vermont Medical Center enforcement

To the Green Mountain Care Board:

Vermont Psychiatric Survivors is writing in support of the University of Vermont Health Network proposal for reallocation of the \$18 million in reserved funds for psychiatric support. We appreciate that the Network held a forum with the Program Quality Committee at UVMHC to present its draft proposal and solicit our input. This committee – of which VPS is a member – meets monthly to discuss challenges and opportunities in the delivery of psychiatric care at UVMHC and consists of advocates, family members, persons with lived experience of psychiatric diagnoses (psychiatric survivors) and those with such experiences who assist their peers in recovery (peer support workers.) VPS is a membership organization that provides advocacy and peer support, including as the peer-run organization contracted by the Department of Mental Health to provide access to a patient representative on the UVMHC and CVMC inpatient psychiatric units as required by statute.

We were particularly pleased to see the emphasis on services that can prevent crises or effectively address people in crisis in ways that help to avoid higher level interventions such as use of an emergency department or inpatient care.¹ Many – we would suggest a majority – of patients who come to the emergency room are there unnecessarily for one of two reasons:

- they do not require an inpatient level of care but cannot access outpatient services due to lack of availability (either because of sudden onset or the lack of “walk-in” care with an existing outpatient provider), or
- they *do* require inpatient care, but only because they were unable to access support when it was needed and symptoms were therefore exacerbated, precipitating the need for a higher level of care.

The UVMHC proposal provides progress for solutions to emergency room and inpatient overutilization in far more cost-effective and patient-centered ways. The urgent care program is an obvious one. Psychiatry is well behind the curve in health care reform in this area. Urgent care centers to reduce unnecessary reliance on emergency rooms for physical conditions – whether a broken bone or the flu – have become an expected norm. Yet the equivalent access to address urgent health care needs in mental health is noticeably absent.

However, in addition, the enhancement of other services will help to prevent a trajectory towards crisis, including the proposals regarding early intervention within integrated primary

care, access to specialty supports for transgender youth and eating disorders, and alternative options for treatment such as TMS and Esketamine.

We do want to share three issues that we discussed in our conversation with UVMHN. This input was well received by Network representatives, and we want to reference it here.

1. There is longstanding and widespread recognition of the importance of patient-directed planning in systems of care in psychiatry [first underscored in the President's New Freedom Commission on Mental Health (Hogan, 2003)], as well as the value of peer support services within those systems.² Notably, the Veteran's Administration has instituted a mental health peer support component in all of its primary care practices. We shared our belief with UVMHN that it is essential to quality that psychiatric survivors participate in the development of the Urgent Care program and with the CVMC inpatient facility reconfiguration, and that peer support staff be integral to the urgent care program and in the transportation pilot.
2. We hope and we encouraged UVMHN to consider the opportunity of the reconfiguration of the CVMC psychiatric unit as a means to improve the environment of care beyond private bedrooms. There have been increasing negative impacts of the regulatory environment on the therapeutic environment in many psychiatric units. This has reduced access to therapeutic options at CVMC in recent years due to requirements from the Joint Commission to reduce perceived physical safety risks without concomitantly considering patient emotional safety and/or recovery risks. We have had communications over the past six months with the Joint Commission, Licensing and Protection, the hospital, and patients through contacts by the VPS newspaper, *Counterpoint*. The Joint Commission indicated its belief that maintaining an emotionally safe environment can be addressed by the hospital while also maintaining required safety standards. "Accredited organizations have options when it comes to developing environments that are both safe and conducive to healing."³ However, those options come at a cost. In the case of CVMC, some therapeutic options could become available again if planned space redesign is cognizant of simultaneously addressing those needs. We thus shared with UVMHN our belief in the importance of a redesign plan that incorporates these considerations so that the opportunity for efficiency of resources is not lost.
3. We shared with UVMHN our belief that inpatient pediatric psychiatric care should be available at UVMHC in conjunction with its Children's Hospital and that we were glad to see the proposal for a feasibility study that includes capacity for children. We also shared that we understood, but regretted, the fact that it would not be feasible to focus the reallocation of funds on development of such a unit at this time. However, we noted that the current state plan to invest substantial resources in the immediate future to expand adolescent inpatient care in the extreme southwestern part of the state is short-sighted, potentially violates Certificate of Need access standards, and would perpetuate severe obstacles to family involvement. This was an issue Southwestern Vermont Medical Center itself observed in its April, 2023 feasibility study when it identified as a question, "*Should new beds be created in southern Vermont since the current beds are also in southern Vermont at the Brattleboro Retreat (Vermonters' expectation that care resources, particularly those funded by the state, are nearby and equitably located).*"

We appreciated the UVMHN receptivity to our input at the meeting.

In conclusion, we fully endorse and urge Green Mountain Care Board approval of the well-thought-out initiatives identified in the UVMHN proposal.

We believe they will have positive effects on unnecessary emergency room use and inpatient capacity. We appreciate the ongoing collaborative work of UVMHN in engaging with psychiatric survivors and peers in these initiatives.

Sincerely,

/s/

Walt Wade, Executive Director

Vermont Psychiatric Survivors

1. “With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care:” Crisis care is... “an essential resource to eliminate psychiatric boarding in emergency departments” and the lack of outpatient options results in “The ever-escalating cost of inpatient healthcare for individuals who are unable to access needed community-based services in a timely manner.” Excerpts from: the Substance Abuse and Mental Health Services Administration (SAMHSA), best practice toolkit for crisis care, February 4, 2020.
2. “Minimum Expectations to Operate a Crisis Receiving and Stabilization Service” require that it “Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including... Peers with lived experience similar to the experience of the population served.” SAMHSA toolkit.
3. *Counterpoint* Media Responses from the Joint Commission, 3-31-23, attached.