

MEMORANDUM

TO: Susan Barrett, Executive Director, Green Mountain Care Board

FROM: Emily Hawes, Commissioner
Department of Mental Health

DATE: April 26, 2022

SUBJECT: Department update on Emergency Department Wait Times

The issue of mental health patients boarding in emergency departments (ED) while awaiting inpatient psychiatric treatment has been a challenge for Vermont's system of care for many years – but greatly exacerbated by inpatient bed closures and workforce challenges during the COVID-19 pandemic. The problem has no single solution. The actions listed and planned for in this memo are not only those taken by the Department but serve to provide a comprehensive overview. Addressing the issue requires the attention and participation of the entire community – federal partners, state legislators, hospitals, residential facilities, community mental health providers, and beyond. The Department is committed to ensuring the mental health system of care is there for Vermonters when and where they need it.

In this memo, the Department provides a bulleted list of actions to decrease the number of patients boarding in EDs in three parts:

1. Interventions that are being done **today**.
2. Plans for activities in the **next 100 days**.
3. Strategies for **long-term** success.

Today

- DMH's Children and Adult care management teams triage and coordinate care for youth and adults waiting for a higher level of care.
 - The dedicated teams diligently focus on and prioritize youth waiting in EDs. The teams explore the causes for each youth waiting, and how to eliminate the barriers to getting them the care they need.
- DMH supports individuals to be able to have the choice of being at home when they can do so safely while waiting for an inpatient and/or crisis bed.
- DMH frequently communicates and collaborates with both state and community partners.

- DMH facilitates a working meeting with DCF each day to collaborate on obstacles for discharge.
- DMH participates in a statewide hospital daily huddle to highlight barriers and bed availability, focusing on hospitals experiencing the most need.
- DMH includes new partners to the conversation. For example, Champlain Valley Physician's Hospital (CVPH) is more integrated than previously. DMH has a better understanding of whom they can accept and why.
- DMH works in partnership with the Department of Public Safety to embed mental health clinicians with State Police.
 - Currently, eight of ten Designated Agencies (DA) have achieved this goal, and the remaining two are in the hiring process.
- DMH works with DAs and Specialized Service Agencies (SSA) to support their ability to keep people in the community.
 - **\$2 Million** in funding already went to DA's and SSA's in December for workforce retention.
 - The mental health case rate payment model targets were adjusted to enable stable payments.
 - DMH supports training needs in DAs by funding their crisis staff sent to QMHP training, which included a shorter training through telehealth. The training is now offered in person and with a broader curriculum, making it a full day of material.
 - As of February 14th, the Howard Center's Jarrett House children's stabilization program is back to 24/7.
 - Supported by funding from DMH for overnight staffing, NFI's Hospital Diversion Program is also back to 24/7.
 - Rutland's Mobile Response and Stabilization Services pilot has plans for three (3) mobile teams.
 - Currently, they have one (1) team fully staffed and will have a second team fully staffed by next month if the current interviews go as planned. Since October, they have reported receiving twenty-eight (28) calls. The team is on location in 45 minutes or less in most cases (93.75%).
- DMH identified the need to further expand community-based crisis response programs through a request in Home- and Community-Based (HCBS) Federal Medical Assistance Percentage (FMAP) to support programs like the Crisis Assistance Helping Out On The Streets (CAHOOTS) program, PUCK, and mobile crisis response teams.
- DMH is addressing the increasing need for suicide prevention activities. On average, 65% of the individuals boarding in the ED are there due to their risk of suicide.
- Vermont's suicide prevention Lifeline provides 24/7 coverage if someone needs immediate assistance.
- The Crisis Text Line offers 24/7 free and confidential text support by texting "VT" to 741741
- DMH has worked with community providers to increase inpatient and residential bed capacity.
 - Brattleboro Retreat has increased access.
 - The Agency of Human Services (AHS) has provided the Retreat with ten contracted nursing supports, enabling additional inpatient capacity over the past three months through April.
 - The Retreat has transitioned four (4) closed adult inpatient beds into four (4) open adolescent beds.

- Linden Lodge, the newly constructed twelve (12) bed Level 1 unit at the Retreat, has increased capacity to ten (10) beds currently occupied.
 - The Vermont Psychiatric Hospital (VPCH) has opened more beds and is now up to twenty-one (21) beds and was finally able to hire a permanent nurse after having an opening for a year and a half.
 - Middlesex Therapeutic Community Residence (MTCR) has opened its seventh bed and is now up to full capacity.
- Due to a lack of sheriff availability (related to their staffing issues) which resulted in longer wait times in EDs, DMH explored alternative transportation companies. DMH has recently contracted with the Youth Transit Authority (YTA), a secure transportation company specializing in the safe transport of involuntary individuals from the EDs to inpatient units. YTA can respond within a very short time frame based on location within the State.
- DMH has supported the creation of activity kits for children waiting in the EDs.

The Next 100 Days

- DMH will be collaborating with the Vermont Program for Quality in Health Care (VPQHC) on a project called the “Vermont Suicide Prevention in EDs QI Initiative.”
 - Almost all VT hospitals have signed on. In a recent study on pediatric patients boarding in Vermont EDs, it was found that the majority of children presented with suicidal ideation or a suicide attempt, which was also the most common disposition diagnosis.
- DMH has identified that Chittenden County has seen an increased need for Emergency Services. DMH is working with partners in that community to understand the barriers they are facing and support their ability to complete Emergency Exams (EE) reassessments.
- DVHA has received a Mobile Crisis state planning grant. DMH is soliciting stakeholder input on the needs/strengths/gaps of mobile crisis services in VT and how the new Medicaid benefit design could best support individuals and families.
- DMH is investing **\$100,000** from MHBG to telepsychiatry services in the smaller critical access hospitals. The goal is to ensure that any individual presenting to an ED with an acute mental health crisis will have the option to receive a timely specialized psychiatric assessment via videoconferencing technology. DMH is currently working with the Vermont Association of Hospitals and Health Systems (VAHHS) and VPQHC to determine the most effective rollout of this service.
 - For example, VPQHC is receiving \$1,000,000 through a Federal allocation under Senator Leahy’s office to establish a Vermont Emergency Telepsychiatry Network.
- DMH continues to work directly with Vermonters to understand their needs and solicit their solutions. DMH has another family and stakeholder engagement meeting scheduled for May.

The Long-term

- DMH will be supporting the addition or expansion of new alternative models (such as Psychiatric Urgent Care for Kids (PUCK)) to support individuals in crisis rather than going to EDs.
- The Governor’s Recommend will be supporting additional suicide prevention activities, which can help support those experiencing suicidality in the community.
- DMH in partnership with the Governor’s office and the VA has signed on for the Governor’s Challenge, a national policy initiative focused on supporting veterans, service members and their families with their suicide prevention needs

- DMH will be implementing a new Medicaid mobile crisis benefit with the enhanced federal match.
- DMH released a Request for Proposal (RFP) for a new children's inpatient unit.
- DMH will be supporting an initiative to increase the capacity of residential beds. The Request for Information (RFI) received six (6) responses. DMH anticipates releasing an RFP shortly.
- DMH is contemplating using the enhanced federal match for a pay-for-performance effort to incentivize DAs to serve people in-home or community settings rather than EDs.
- DMH will be implementing value-based performance measures in the alternative payment model to increase the incentive for DAs to serve higher acuity clients and prevent them from needing higher levels of care.
- DMH is engaged in a learning collaborative with the key stakeholders and decision-makers from the DA network and AHS around the Certified Community Behavioral Health Clinic Model to understand if this is a direction Vermont should pursue. The Steering Committee for this work is forming now. A decision on the adoption of this model is planned for Spring 2023.
- DMH will be supporting an initial stage of a peer support credentialing program with a \$30,000 grant to complete a series of stakeholder working session to develop recommendations for access to peer support services. Peer supports are an essential component of the system of care that can reduce wait times at EDs for patients seeking mental health care and provide beneficial supports to individuals while they are waiting.
- DMH's Deputy Commissioner Krompf facilitates a Workforce Development Subcommittee in the Mental Health Integration Council to address the workforce shortages that impact access.