



Vermont Association of Hospitals and Health Systems

Inpatient Mental Health Committee

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The Future of Vermont's Mental Health Systems: A Statement of Vision*

The Vermont Association of Hospitals and Health Systems (VAHHS) Inpatient Mental Health leaders believe that every Vermonter should have access to quality psychiatric care. Our state should do all in its power to ensure that our patients receive proper mental health care, which entails a wide range of options that can be tailored to meet individual needs.

The current crisis at the Vermont State Hospital (VSH) will never be resolved to satisfaction if we think of VSH as an island unto itself. The State Hospital is an important player in a statewide network providing mental health services to our state's residents. The problems at VSH must be resolved with an inclusive planning process designed to improve all mental health services in Vermont. By looking at the provider network as a whole, Vermont has the potential to create a mental health system that works efficiently to address the preventive, acute, and chronic mental health needs of every Vermonter who requires such care.

VAHHS supports the American Psychiatric Association's (APA) Vision for the Mental Health System as a guiding document. In particular we affirm, APA's recommendations to provide the best possible care for patients with "Serious and Persistent Mental Illness", which include:

- Full access to treatment, rehabilitation, and support services in a coordinated and comprehensive system of care that is culturally competent;
- Continuity of care
- Treatment that meets standards of care that are supported by best practice research;
- Pharmacological intervention based primarily on efficacy and total cost rather than short-term costs;
- Treatment in the least restrictive setting that is consistent with both safety and reasonable expectations of benefit;
- Financial support adequate to meet basic human needs;
- Safe, supportive housing with the ultimate goal being housing as independent as possible;
- Daily activity that is meaningful, productive, and life-enhancing;
- Social opportunities and collegiality within a community; and
- Support services that assist attaining this quality of life.

(Please refer to www.psych.org for the entire APA document.)

* This document has been unanimously adopted by the Administrators and Psychiatric Medical Directors of the not-for-profit institutions listed in this document.

Vermont's Current System: A Network of Providers

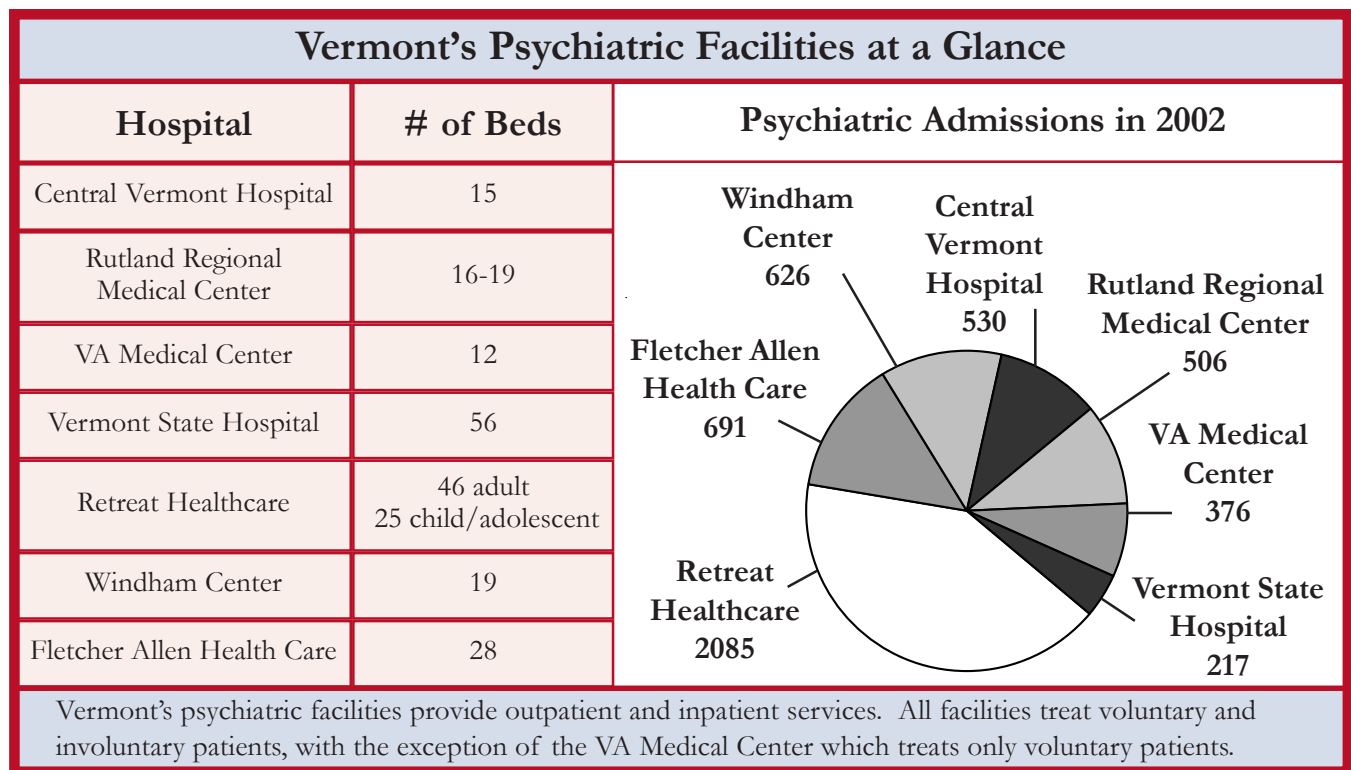
There are six regional hospitals in the State of Vermont that provide psychiatric services. Central Vermont Medical Center, Springfield Hospital (Windham Center), Rutland Regional Medical Center, The White River Junction VA Medical Center, and Fletcher Allen Health Care are general hospitals that have inpatient psychiatric units as part of their overall inpatient services. The Brattleboro Retreat is a free-standing psychiatric hospital.

With the exception of the White River Junction VAMC, which treats only voluntary patients, all of the institutions admit patients on a voluntary and involuntary status. Admissions for emergency psychiatric examinations to the five locked facilities increased by 25% from fiscal year 2001-2003 and admissions for emergency psychiatric examinations decreased at Vermont State Hospital by 22% from fiscal year 2002-2003. Most of Vermont's designated psychiatric facilities are short-term stabilization units whose primary goal is to evaluate, stabilize and arrange appropriate outpatient treatment for patients in crisis. Each hospital can admit adults over the age of eighteen years; the Brattleboro Retreat also admits children and adolescents and is contracted by the State of Vermont to admit children on an involuntary basis as well.

The Vermont State Hospital serves a vital function in this matrix of inpatient psychiatric services. It currently provides:

- intensive care treatment for patients of very high acuity who cannot be treated safely in some of the designated hospitals
- longer term treatment for persons with refractory conditions who require more than short-term stabilization
- treatment for patients who require court-ordered forensic psychiatric examinations
- treatment for patients who are adjudicated to a psychiatric hospital instead of jail

As we prepare to change our system, these patient needs must be met.



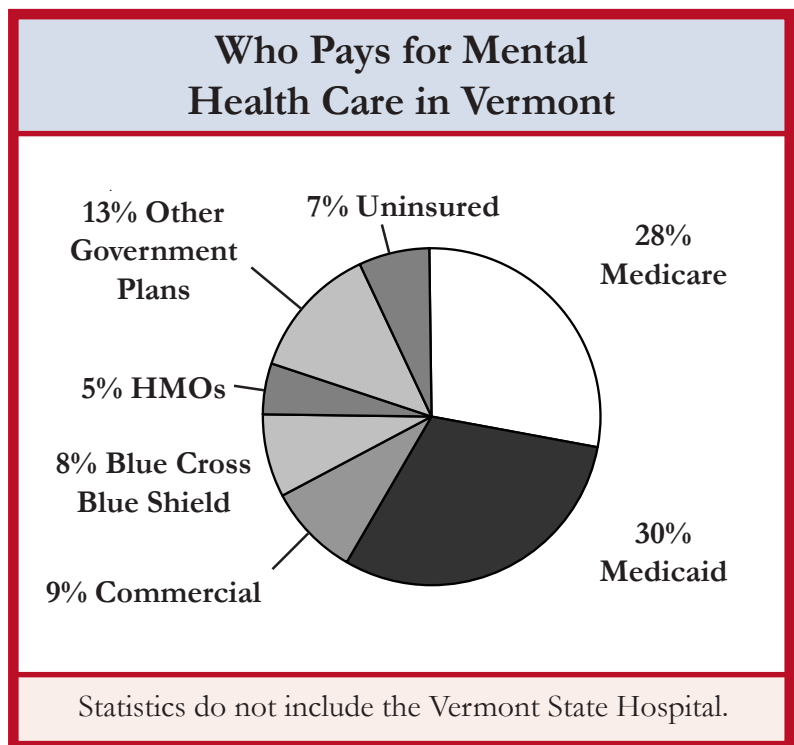
Each psychiatric facility serves both their core community, plus broader catchment areas to provide care “close to home.” By design, they interface with community mental health centers, private psychiatrists, psychologists and psychotherapists as well as primary care physicians in order to provide all patients a continuum of care.

Existing and Future Challenges

Vermont’s mental health system suffers from many of the systemic ills afflicting our entire health care system: it is fragmented, under-funded, and overloaded. Patients seek mental health services in a wide variety of settings. Current best practice demands well developed interfaces with other agencies such as Community Mental Health Centers (CMHCs), welfare offices, housing authorities, Visiting Nurse Agencies (VNAs), and physician offices, since hospitals are not equipped to duplicate these services.

More and more patients – from children to the growing population of senior citizens - are seeking mental health services. Even so, mental illnesses remain largely undiagnosed, even though depression has long been identified as one of our country’s most prevalent – and costly – chronic illnesses.

Patients seeking care in our inpatient facilities (excluding the VSH) are covered by the following insurance plans: 28% Medicare, 30% Medicaid, 9% commercial insurers, 8% Blue Cross Blue Shield, 5% HMOs, 13% other government plans (including VA), and 7% uninsured. Facilities must continuously balance sufficient, insufficient and non-existent payments in order to maintain financial solvency. This funding reality translates into very little financial security and even less capital to plan adequately for the future. Funding in other mental health settings is also seriously and chronically lacking.



Inpatient mental health funding is also threatened by two pending changes at the federal level. The advent of Medicare’s new Psychiatric Prospective Payment System threatens to decrease inpatient psychiatric payments, especially for psychiatric units located in general medical hospitals. In addition, a federal executive order will gradually eliminate federal Medicaid funding for Institutes of Mental Diseases (IMDs) over the next eighteen months. Since both VSH and the Brattleboro Retreat are classified as IMDs, the loss of funding could severely strain existing capacity and access for our neediest patients.



VAHHS Policy and Legislative Recommendations

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Whatever course is determined for VSH and the patients currently cared for at that facility, several key issues must be addressed as we re-evaluate the relative capacities of community acute care facilities, CMHCs and other providers. These issues include:

■ **Involuntary Treatment**

Whether patients are treated at the VSH or at other psychiatric facilities, state law should allow for involuntarily committed patients to receive appropriate treatment including medication. The needed legal changes include:

- If a patient is treated involuntarily, it should not require two separate judicial actions to initiate treatment and medication. There should be one judicial action to determine treatment and if necessary, medication administration.
- Courts must make commitment determinations within 48 hours with adjudications at the facility.

■ **Age of Consent**

Parents must be able to sign their children under age 14 into a psychiatric hospital or unit. Parents should not need to obtain court action. This procedure must be consistent with the admission process for medical patients and consistent with Parham v. J.R., 442 U.S. 584 (1979), a U.S. Supreme Court decision that determined parents have the right to make treatment decisions for their minor children up to the age of 14 without needing the consent of the child.

■ **Transportation**

The current system lacks sufficient funding for transportation. All transportation to and from psychiatric facilities should respect patient rights and dignity.

■ **Continuity of Care**

Enhanced liaisons with robust, active, properly funded outpatient agencies will shorten acute hospital stays and greatly improve continuity of care. Community based services, including support services, partial hospital programs, respite beds and outreach should also be employed.

■ **Judicial improvements**

Judicial improvements, including the establishment of in-house hearings, timely adjudications and well-trained court professionals are essential for the expansion of services in community psychiatric facilities.

■ **Unified Mental Health Code**

Adopting a unified Mental Health Code for Vermont that will help guide ongoing systemic improvements is an important key to our planning process.

■ **Parallel Standards**

Our state laws should apply parallel standards for psychiatric and medical treatments, including:

- The Rights of parents to consent to inpatient treatment on behalf of children under the age of 14;

■ **Parallel Standards** (continued)

- The Rights of patients to refuse specific treatments. The same standards as those used for medical guardianship should be applied to the evaluation of psychiatric patients to determine capacity. Revised standards would allow health providers the ability to treat (no capacity) or to discharge without liability for consequences (if patient has capacity).
- The right of patients to swift due process. Currently emergency medical guardianship can be before the court in 48 hours or less, while our patients can languish for months in limbo without either release or treatment. This is contrary to the best practice standard of treating patients in the least restrictive setting possible.

■ **Physician Authority**

Physicians should have full authority to determine a patient's need for services. Payment authorization under Medicaid should not delay initiation of treatment.

■ **Adequate Financing**

Fair and adequate financing for the full range of mental health services is fundamental for any meaningful and sustainable reforms.