



**Vermont Association of
Hospitals and Health Systems**

November 9, 2018

Frank Reed, Director of Mental Health Services
Vermont Department of Mental Health
Waterbury State Office Complex
Waterbury, VT 05676

Sent via e-mail to jennifer.rowell@vermont.gov

Re: VAHHS Response to October 25th DMH Memorandum

Dear Director Reed,

I am writing on behalf of the Vermont Association of Hospitals and Health Systems (VAHHS). Our organization represents all of Vermont's hospitals except for the Vermont Psychiatric Care Hospital. Addressing Vermont's mental health crisis and the long Emergency Department wait times that are a symptom thereof continues to be VAHHS's biggest priority.

This letter is in response to the Department of Mental Health's memorandum on Orders of Nonhospitalization (ONH) dated October 25, 2018. VAHHS supports the following items:

- **Allowing for psychiatrists to testify via teleconference or telephone:** Testifying in court will often take up a full day for a psychiatrist who could be seeing patients. With a workforce shortage in mental health, it is beneficial to the mental health system as a whole to have more psychiatrists seeing patients whenever they can instead of spending time on the road or waiting in court.
- **Requesting that there be a set timeframe for judicial findings and orders:** As discussed, delays in judicial findings or orders happen rarely, but when they do, they can be for weeks at a time. Our hospitals have experienced wait times of a full two weeks to get a court order. Contrast this to New Hampshire, where the deciding entity has 3 days to issue a written legal decision in a revocation of conditional discharge appeal.¹

In looking at six cases presented from one of our hospitals, we see that there is variability in the time it takes for the court to arrive at a decision. One patient had an order same day as the hearing, while others waited almost two weeks. In the six cases presented, a limit of 3 days would result in a quicker decision in five of those six cases. Every day waiting for an order prolongs the time the patient remains in the hospital which has safety, quality of life, and financial implications. Having more consistency and an upper limit on how long a decision can take also provides more stability to the mental health system.

¹ He-M 609.07(g) [Appeal of Revocation](#).

- **Pilot project on the use of non-emergency involuntary medications in the community setting for individuals on ONHs:** This proposal, where individuals refusing medication at the Middlesex Therapeutic Community Residence (MTCR) could receive involuntary medication at the Vermont Psychiatric Care Hospital would likely avoid unnecessary hospitalizations. Currently, individuals at MTCR must go to a hospital to receive such treatment and may end up with a long inpatient stay. Treatment in the community and through the Vermont Psychiatric Care Hospital could provide a less restrictive environment for treatment and maintained placement in the community instead of starting the hospitalization process all over again.

The conversation around ONHs is broader than the Department of Health memorandum and some items put forth by the Department of Mental Health have not been addressed. VAHHS would like to continue participating in that discussion, and any omission does not indicate lack of support.

Thank you for your consideration. Please contact me with any questions or concerns.

Sincerely,



Devon Green, Vice President of Government Relations
Vermont Association of Hospitals and Health Systems