

Vermont Futures Project

Transforming Inpatient Services in a System of Care

Beth Tanzman

Vermont Division of Mental Health

Btanzman@VDH.state.vt.us

Vermont Context

- 4th in community MH spending per capita in the nation
- Among lowest use of inpatient psychiatric care
- Vermont State Hospital
 - Average Daily Census 48-50; Acute, Long term, Forensic
 - Decertified; Antiquated facility; Dept of Justice investigation
- General Hospitals provide limited acute inpatient care

Futures Planning Process: Advisory Committee

- 30 member, multi-stakeholder committee has met for more than 2 years
- Monthly meetings, 12 active work groups, all open to public
- Developed proposal for system of statewide psychiatric care in Vermont:
 - New inpatient programs
 - New community programs

- QUICK LINKS**
 - Restaurant Scores
 - Forms & Applications
 - Physician Profiles
 - Laboratory Tests
 - Telephone Hotlines
 - Laws and Rules
 - Children & Families**
 - Diseases & Prevention**
 - Community Health**
 - Health Professionals**
 - Mental Health**
 - Substance Abuse**
 - Data and Records**
 - Healthy Environment**
 - Emergency Response**
- 

Mental Health Futures Project

About the Futures Project

- [Futures Advisory Committee](#)

Futures Project Work Groups

- [Burlington Site Review Work Group](#)
- [Facilities \(Architecture\) Work Group](#)
- [Clinical Care Management Work Group](#)
- [Crisis Bed Development Work Group](#)
- [Housing Development Work Group](#)
- [Residential Recovery Work Group](#)
- [VSH Employees' Work Group](#)
- [Inpatient Work Group](#)
- [Peer Support Work Group](#)

Upcoming Meetings

- [12/01/06 Meetings](#)
- **Mental Health Legislative Oversight Committee**
Vermont State House - Labor Relations Building, 13 Baldwin Street, Montpelier
 - No meeting scheduled at this time.

Planning Documents

- [Futures Project plan amendment \(9/20/00\)](#)
- [Futures Project plan \(pdf, 839 KB, 40 pages\) - 03/22/06](#)
- [Actuarial Study of the Needed Bed Capacity for Adult MH Inpatient Services](#)
- [Inpatient Option Analysis \(pdf\)](#)
- [Vermont State Hospital Futures Plan \(118 pages, 1.18 MB\) - 02/04/05](#)

Certificate of Approval Application to Develop a Community Residential Recovery Program in Williamstown

- [08/11/06 Williamstown Recovery Program Certificate of Approval](#)
- [08/03/06 Public Hearing Minutes](#)
- [08/03/06 Public Hearing Agenda](#)
- [08/03/06 Public Hearing Review Panel](#)
- [Letter of Intent](#)
- [Application Cover Letter](#)
- [Application Narrative](#)

MENTAL HEALTH TOPICS

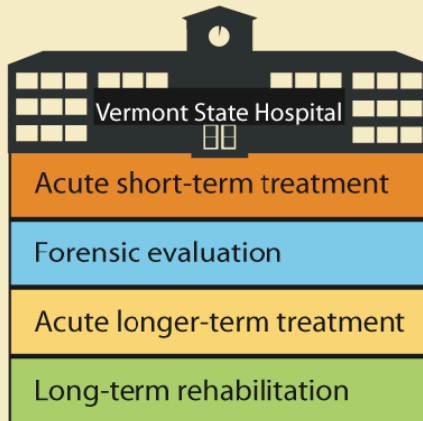
- [Mental Health Home](#)
- [Weekly Update](#)
- [Futures Project Home](#)**
- [Futures CON \(Certificate of Need\)](#)
- [Futures Community Programs](#)
- [Futures Inpatient Programs](#)

Vermont Futures Project

- Integrate Psychiatric Hospital care with General Hospital care
- Provide rehabilitation services in community settings
- Strengthen and enhance community service infrastructure
- Reduce reliance on inpatient care through prevention, early intervention, and alternatives to hospitalization

Current Inpatient Services

Vermont State Hospital

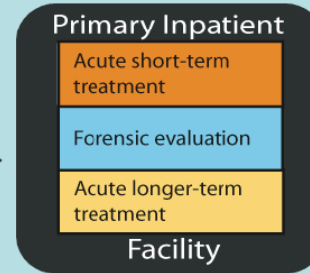


Note: Acute short-term treatment is currently available at VSH and five community hospitals. The most intensive level of acute treatment, however, is currently available **only** at VSH.

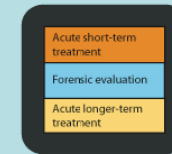
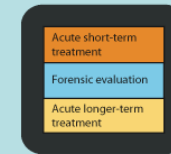
Futures Statewide Plan

New Inpatient

3 Facilities: 50 New Inpatient Hospital Beds*



Smaller additional capacity



* estimated number of beds

New Community Residential Beds

24 New Regional Community Residential Beds*



*estimated number of beds and facilities

New Community Programs



Housing



Peer Support



Transportation



Crisis Stabilization
Beds



Specialty Support
Teams



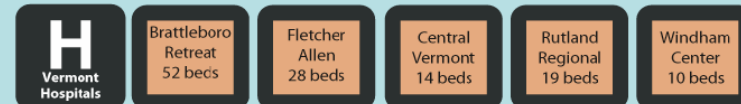
Outpatient
Services

Community Inpatient Hospital Beds

for acute short-term treatment



No Change



Futures Plan: Inpatient Integration and Co-location

- Psychiatric care should be fully integrated with general medical and surgical care
- Parity: tertiary mental health care should be provided in the same setting, with the same standards that tertiary care in any other medical discipline is delivered

Clinical Advantages of Co-location

Improved Care

Psychiatric patients have access to the same medical resources as any other inpatient:

- Imaging, neurophysiologic testing, and physical procedures
- Proximity to specialists enhances consultation on co-occurring medical concerns
- Rapid expert medical response in the event of emergencies
- Minimizes complex transport of patients and disruption of treatment continuity

Clinical Advantages of Co-location

Psychiatric care benefits from:

- Scientific advances
- Quality improvement
- Public & regulatory oversight
- High standards for inpatient care
- Associated with Vermont's academic medical center

Advantages of shared infrastructure services

- Clinical and social policy goals of integration are best achieved by partnering with Vermont's hospitals.
- Collaboration offers significant efficiencies and economies of scale over recreating a stand-alone hospital.
- Federal reimbursement for inpatient care via Medicaid is important to the fiscal sustainability of the service.

We're Learning from Stakeholders

- Issues of involuntary care drive dialogue, experience, and perception
- Parity and Integration are “rights” issues
- Bottom-line responsibility for care is valued
- Nothing about us without us

We're Learning from: Public Hearings

- Public safety must be addressed
- Comfort with status quo of separate health and MH systems of care
- Lack of trust that replacement services will be adequately resourced
- Belief that inpatient psychiatric care doesn't require a hospital

We're Learning from Legislative and Regulatory Process

- Powerful interests support status quo
- Risk averse
- Political skill and support
- Intense scrutiny