VERMONT MEDICAL SOCIETY RESOLUTION

Addressing Pediatric Mental Health Needs in Vermont

As adopted at the VMS Annual Meeting on November 6, 2021

RESOLVED, that VMS Work with partners such as the American Academy of Pediatrics Vermont Chapter, American College of Emergency Physicians Vermont Chapter, Vermont Academy of Family Physicians, Vermont Psychiatric Association, Vermont Association of Hospitals and Health Systems and Vermont Department of Mental Health to advocate for sustainable & appropriate funding for a comprehensive and multi-faceted approach to children's mental health in Vermont, that includes both short-term measures to alleviate the current acute boarding crisis as well as longer-term interventions designed to support the growing need for mental health services both inside and outside the hospital setting, including, but not limited to, the following specific areas:

1. Build/bolster the statewide infrastructure to meet the needs of all patients in need of mental healthcare including:
   a. Increase inpatient mental health facility capacity including the development of additional mental health facilities
   b. Community based & transitional units focused on addressing acute mental health concerns (such as Psychiatric Urgent Care for Kids (PUCK), Mobile response, emergency Psychiatric Assessment, Treatment & Healing (emPATH) units, peer respite)
   c. Creation of a comprehensive forensic mental health system
   d. Fully funding Collaborative Care Models, including the Vermont Child Psychiatry Access Program (CPAP)
   e. Increase psychiatric capacity in Emergency Departments including the development of safe ED psychiatric treatment space and/or psychiatric specific emergency departments

2. Workforce capacity building - continue to support initiatives and funding which will bolster the mental health workforce capacity in Vermont

3. Advocate for the Department of Mental Health to fund statewide chart auditing/quality measurement of children admitted to emergency departments for mental health services in order identify gaps in care/treatment services to make systematic change, which must include a process to synthesize chart audit results, then review and implement change