



Mental Health Crisis

A Discussion With Our Legislators

Presented by

Martin Johns, MD

Jessica Ryan, BSN

Alison White, RN, MHA

TODAY'S AGENDA

- Why are we here?
- Theoretical case example
- Let the data speak
- What we need help with



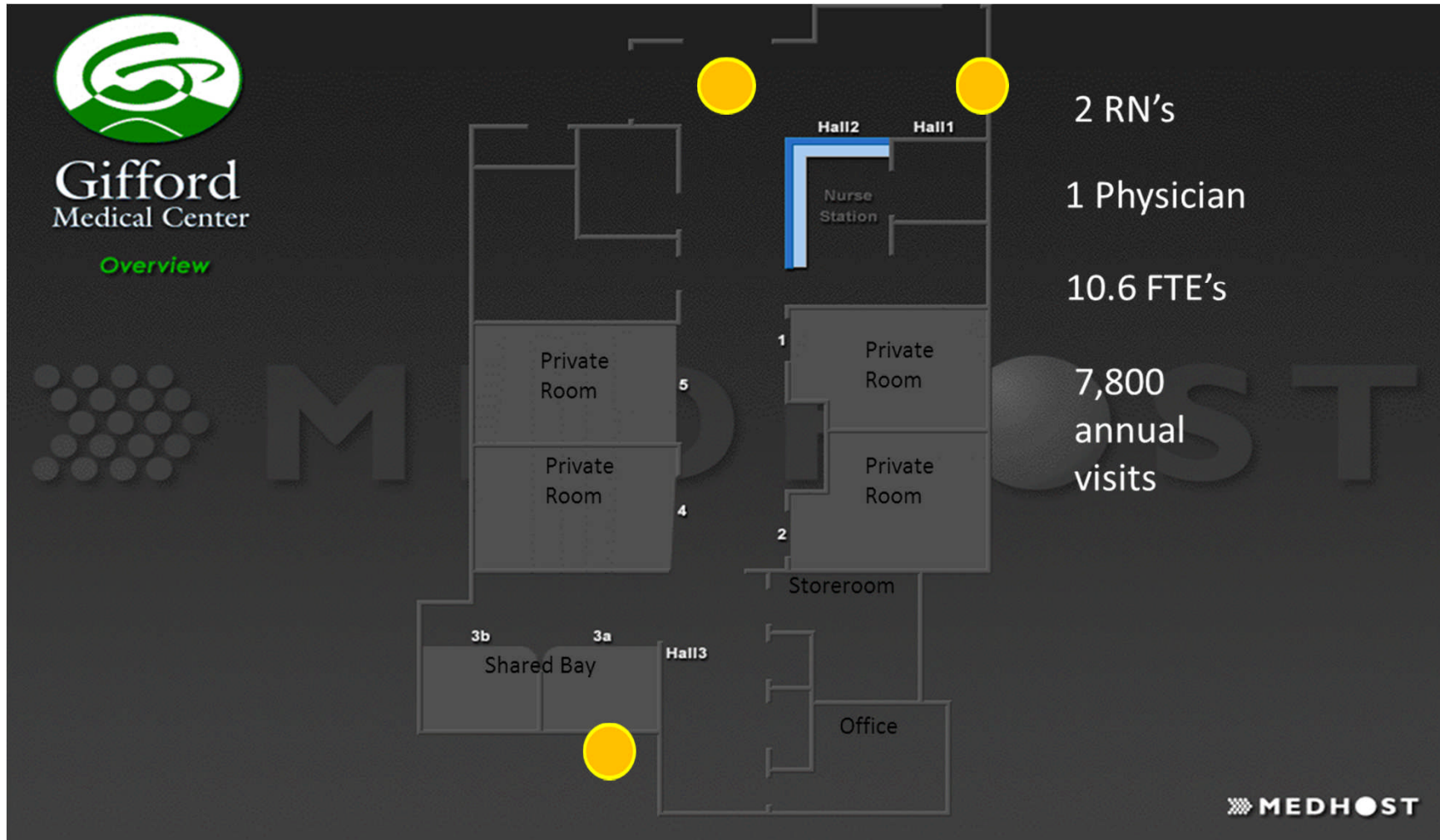
CARING FOR THOSE IN NEED

Landscape changed significantly after Irene

- Access to outpatient care
- Loss of Level 1 beds
- Growing addiction problem in the state requiring access to medical and mental health services



GIFFORD'S ED LAYOUT



STATISTICS FOR GIFFORD COMMUNITY

- One psychiatric hold reduces the Emergency room capacity by 20%
- 687 patients registered with a psychiatric complaint between 6/1/15 – 9/30/15
- Gifford has supported 6 “EE” holds ranging from 2 days to 9 days since June
- EE patients require 1:1 eyes on the patient
- Sheriffs have been available 18% of the time
- There is no police presence in Randolph from 3am to 6 am



CURRENT PROCESS FOR TRANSFERRING A PATIENT

- Patient presents to the ED
- ED Physician determines need for Psychiatric evaluation
- Clara Martin evaluates the patient
- First Certification done by ED Physician
- Clara Martin presents patients **to each facility individually**
- Facility reviews patient chart
- If the patient is accepted Sheriffs are called to determine when transport is available for the patient
- If the patient is not accepted, **the process of calling each facility individually** is repeated daily.

There is no centralized intake to control bed assignments



TIME TO LEVEL 1 BED

Average time for a Level 1 Emergency Room hold

- Adult 2013 -25 hours
- Adult 2014 -48 hours

- Minors 2013 -no data
- Minors 2014 -30 hours

“These longer wait times do not reflect a system-wide experience; it is heavily skewed by a small number of individuals who wait much longer than others in their cohort. This is due to a variety of circumstances such as bed closures due to unit acuity, no bed being readily available, or due to the acuity of the person waiting. On average, a majority of people waiting for inpatient care during the month are placed within 24 hours.”

***Vermont Department of Mental Health
2016 Budget Proposal Paul Dupree***



THOUGHTS FROM OUR CMO



LESSONS LEARNED HOW CAN WE WORK TOGETHER

- A thoughtful objective triage and patient placement process, that takes into consideration location of patient waiting
- Department of Mental Health provides equitable and reliable security services through multiple contracts with law enforcement agencies or private security firms
- Objective study done by independent contractor regarding gaps in our placement system

Thank you for your time, jryan@giffordmed.org

