

Department of Mental Health Testimony to
Senate Health and Welfare Committee on H.241

4/15/2015

Good Morning. Thank you for the opportunity to testify before this committee on the bill related to rulemaking on Emergency Involuntary Procedures.

The Department of Mental Health (DMH) testified to the House Human Services Committee earlier this session and recommended that we endorse the regulations as required by the Centers for Medicare and Medicaid Services (CMS) as the standards for Vermont, considering all hospitals in Vermont providing psychiatric care in inpatient settings are certified by CMS. This would allow for consistent practice across all settings in the hospital. Since then the House Human Services Committee heard testimony from various parties and has passed a bill that requires DMH to propose a rule with some important clarifications in areas that needed clarity on legislative intent. DMH is in agreement with the version passed by the house on March 18th, 2015. We do have some concerns that the section under Sec 2. 18VSA 7251 section 9 on Principles for Mental Health Care Reform is still unclear and leaves much to interpretation but we are willing to work with stakeholders in the broader goal of reducing the use of seclusion and restraint in Vermont's hospitals.

In the meantime, the committee will be encouraged to hear that the Department of Mental Health has continued to work with partner and designated hospitals in implementing strategies to reduce the use of emergency involuntary procedures (EIPs).

All three level I hospitals as well as two other designated hospitals have attended a two-day training on the Six Core Strategies for reduction of Seclusion and Restraint led by Dr. Kevin Huckshorn. They have each developed a plan that is specific to their hospitals with their own strengths and challenges to address steps to reduce EIPs. There are monthly follow-up meetings with Dr. Huckshorn and the hospitals. Dr. Huckshorn is returning to Vermont to meet

with each of the hospitals to check on progress made and identify further performance improvement steps.

DMH has convened a stakeholder group which includes the hospitals, the community system, family and patient advocates as well as the public. This group has been meeting for a year to review statewide EIP data and have a direct conversation with the hospitals as well as give them feedback. It is the most direct way to have the public engage with the hospitals and learn about what efforts each hospital is making to provide care safely.

In summary, like any quality improvement process, the department has a two-pronged approach to reducing EIPs. First, is quality assurance which is to say that we identify rules for when and how EIPs may be used? Second, is performance improvement to reduce the use of them by improving the skill set of the workforce to better manage potentially dangerous circumstances? We think that the version of H.241 passed by the house will help meet these two goals.