

MEMORANDUM

TO: Senator Virginia Lyons, Chair, Senate Committee on Health and Welfare

FROM: Sarah Squirrel, Commissioner, Department of Mental Health
Mourning Fox, Deputy Commissioner, Department of Mental Health

DATE: February 6, 2019

SUBJECT: FY'19 Budget Adjustment- Sheriff Supervision, Department of Mental Health

In follow up to testimony provided by the Vermont Department of Mental Health on February 5, 2019, please find below information about Sheriff Supervision contract reductions proposed in the Department of Mental Health FY'19 Budget Adjustment.

This information has been updated from what was previously provided to the committee to include a quarterly cost estimate by hospital on page two. The estimate uses actual annual expenditures for Sheriff Supervision at Vermont hospitals in fiscal year 2018 based on date of service and is therefore not an exact match for the trended amount of expenditures proposed to be reduced in the fourth quarter of fiscal year 2019.

Also attached to this memorandum is additional information from Northwestern Counseling and Support Services about the emergency department pilot project with Northwestern Vermont Medical Center.

Information about the proposed reduction to sheriff supervision contracts from the Department of Mental Health FY'19 Budget Adjustment talking points is posted [here](#) and excerpted below.

Reduce Sheriff Supervision

Gross: \$145,508 GF: \$67,239

This is a reduction for ¼ year to Sheriff Supervision cost. A large portion of the money we pay under the sheriff's contracts is for supervision in emergency departments (ED) vs transportation. We are legally required to provide transport, we are not for supervision – it was something DMH started doing after Irene to help the hospitals. However, it has been an ongoing and increasing cost for DMH's budget. Supervision simply provides an additional body other than hospital staff to keep eyes on a person. A hospital's ability to manage the dysregulated behavior of a patient who is waiting for an inpatient psychiatric bed varies from hospital to hospital. This may be due to the need to maintain a safe surrounding, availability of support resources, or security services at the hospital

Per Centers for Medicare and Medicaid Services (CMS) standards non-hospital personnel may not put hands on, restrain, contain in any way, or otherwise stop a person from leaving the ED. CMS is very clear that patients in the hospital are the sole responsibility of the hospital. Should a sheriff intervene, which unfortunately happens, Licensing and Protection (L&P) can and does investigate. At least two hospitals have had findings against them and one is working on a corrective action plan to avoid losing their CMS certification. Using Sheriffs in EDs continues to expose the hospitals to increased risk of further CMS violations. Should they find the hospital violated CMS standards, the hospital's certification may be at risk. Hospitals will insist this is a necessary service as they are people under DMH custody, but it is not legally required and does nothing more than cost DMH hundreds of thousands of dollars each year to pay sheriffs to simply watch a person in an ED, without being able to actually help in an intervention. Further, some hospitals have built psychiatric-specific supports in their emergency departments allowing reduced reliance on sheriff supervision, which may have contributed in an overall decrease of sheriff supervision use in 2018.

**Sheriff Supervision Costs
FY18- by Hospital**

Hospital	Annualized Cost	Quarterly Estimated Cost
BMH	\$25,872	\$6,468
Copley	\$77,839	\$19,460
CVMC	\$165	\$41
Gifford	\$38,191	\$9,548
MtAscutney	\$22,388	\$5,597
NMC	\$27,370	\$6,843
North Country	\$28,116	\$7,029
NVRH	\$68,206	\$17,052
Porter	\$134,925	\$33,731
Springfield	\$135,018	\$33,755
SVMC	\$6,395	\$1,599
UVM-MC	\$2,665	\$666
VPCH	\$633	\$158
Total	\$567,783	\$141,946

**Sheriff Supervision Costs
FY18
By Hospital**

Hospital	Total Cost	Number of Invoices
BMH	\$25,871.98	5
COPLEY	\$77,838.75	14
CVMC	\$165.00	1
GIFFORD	\$38,190.77	8
MT ASCUTNEY	\$22,387.65	6
NMC	\$27,370.18	5
NORTH COUNTRY	\$28,115.85	10
NVRH	\$68,206.25	13
PORTER	\$134,924.56	23
SPRINGFIELD	\$135,017.85	19
SVMC	\$6,395.03	6
UVM-MC	\$2,665.00	2
VPCH	\$633.07	4
TOTAL	\$567,781.94	116

Data based on invoices sent from Sheriff Departments to the Department of Mental Health. Supervision includes supervision in Emergency Departments and Court Hearings (VPCH). R:\Research\Involuntary Transportation\Transportation 2018\leg req superv cost FY18.xlsx

Alternatives to Sheriff Supervision- promising and potential pilots:

- The **Emergency Department Pilot Project with Northwestern Counseling and Support Services and Northwestern Vermont Medical Center** has reduced emergency department visits by 61% for a cohort of high utilizers with mental health diagnoses through a collaborative approach with their Designated Agency and an embedded crisis clinician. See attached for more information.
- **Community Health Teams at Southwestern Vermont Health Care** improve outcomes for individuals with chronic mental health challenges and/or substance use disorders by developing wraparound services through multi-agency partnerships and care planning. The Community Care Team has reduced emergency department visits by 40% after its first year.
- The proposed **Referral and Treatment Hub Immediate Access Model** from Washington County Mental Health Services and Central Vermont Medical Center would accept immediate referrals from primary care offices, psychiatric units, emergency rooms, individuals, and other providers to the community to provide immediate mental health and substance use treatment services.

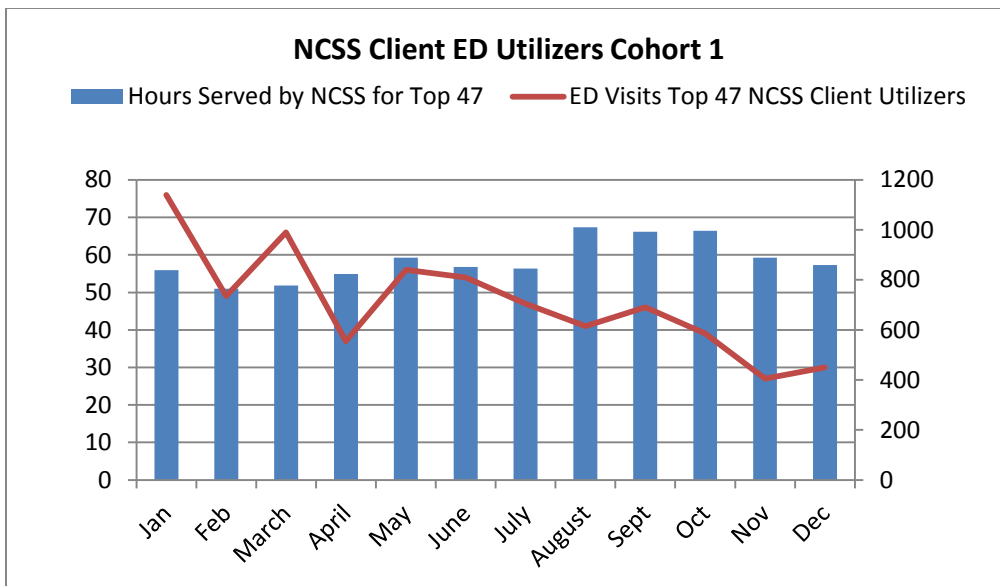
NCSS High ED Utilizer Summary

How Clients are Identified as High ED

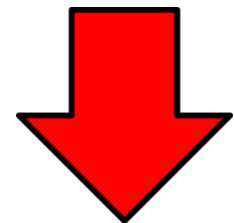
- NMC tracks High ED Utilization monthly and provides NCSS a quarterly report from which NCSS clients are identified
- An individual is identified as an Active NCSS Client if they are engaged in any service beyond a Crisis only service
- From January 2017 through Sept 2017, 48 clients who are engaged in services at NCSS have been identified as High ED Utilizers *

What Has Contributed to the Reduction of ED Visits:

- Monthly meeting with NMC focusing on identifying High Utilizers and developing a collaborative approach
- Hired FTE Embedded ED Crisis Clinician – funded by NCSS
- Provide care management resources for personal and family adjustments, finances, employment, food, clothing, housing and symptoms of mental illness
- Utilize Bay View crisis bed program- Proven effective at reducing symptoms of anxiety, depression and somatic symptoms
- Initiate and track community referrals
 - *Between Jan – Sept of 2017 the NCSS ED Embedded Clinician has connected 35 patients to a PCP who previously did not have one identified*



**61 % Reduction in ED
Visits by NCSS Active
Clients
Jan to Dec 2017**

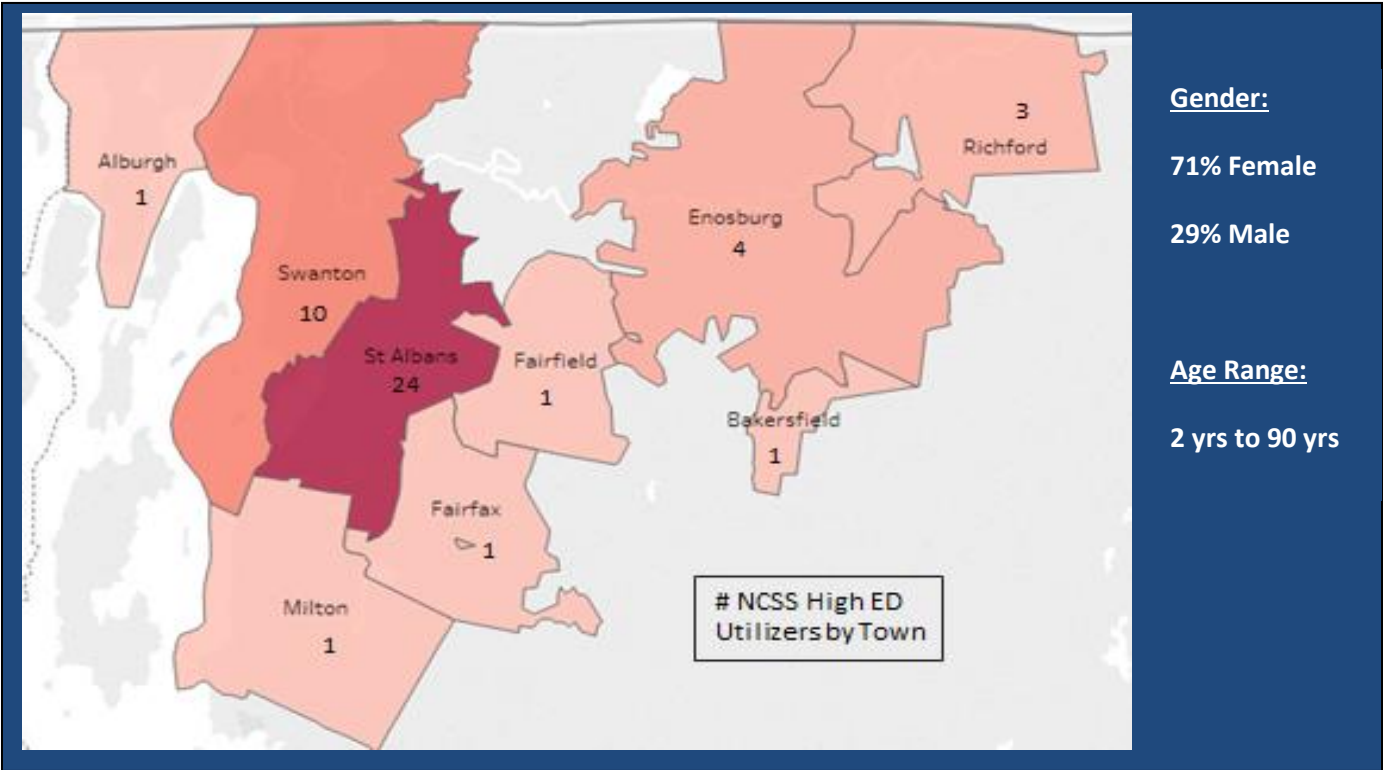


NCSS High ED Summary 07/18 *ED visit data provided by NMC October 16, 2017, based on High ED Utilizer definition of three or more visits in three months

NORTHWESTERN COUNSELING & SUPPORT SERVICES

Profile of NCSS High ED Utilizer Population

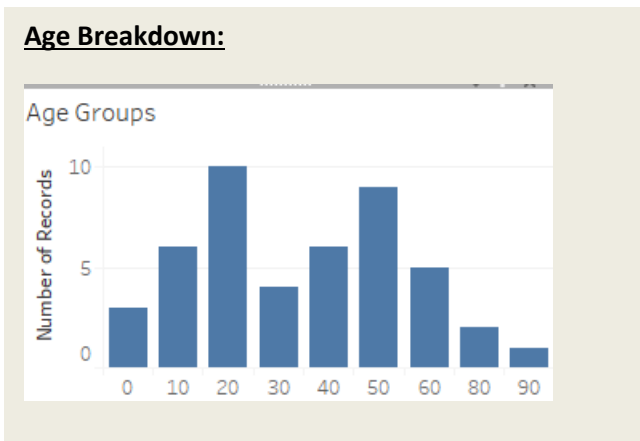
Residence Map:



Gender:
71% Female
29% Male

Age Range:
2 yrs to 90 yrs

Age Breakdown:



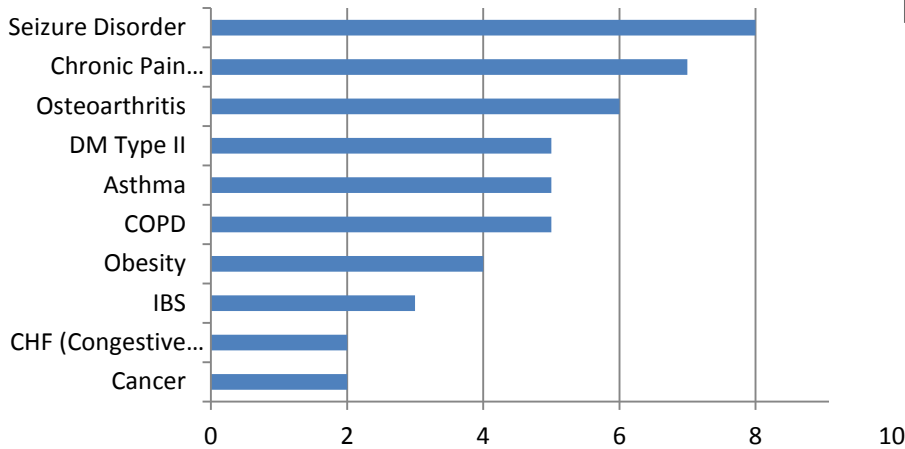
Primary Care Affiliation

The Notch		33.33%
St Albans	12.50%	
Enosburg	4.17%	
Fairfield	6.25%	
Swanton	6.25%	
Alburgh	2.08%	
Richford	2.08%	
Northwestern Medical Center		31.25%
NW Primary Care	16.67%	
NW Pediatrics	12.50%	
Georgia NW	2.08%	
St Albans Primary Care		25.00%
Milton Family Practice		6.25%

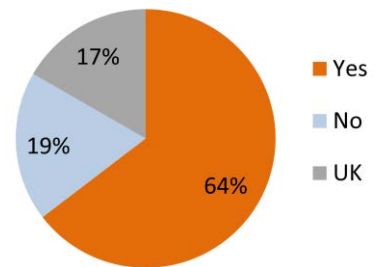
NCSS High ED Summary 07/18 *ED visit data provided by NMC October 16, 2017, based on High ED Utilizer definition of three or more visits in three months

Medical Profile of NCSS High ED Utilizer Population

Prevalence of Chronic Conditions for NCSS High ED Utilizers

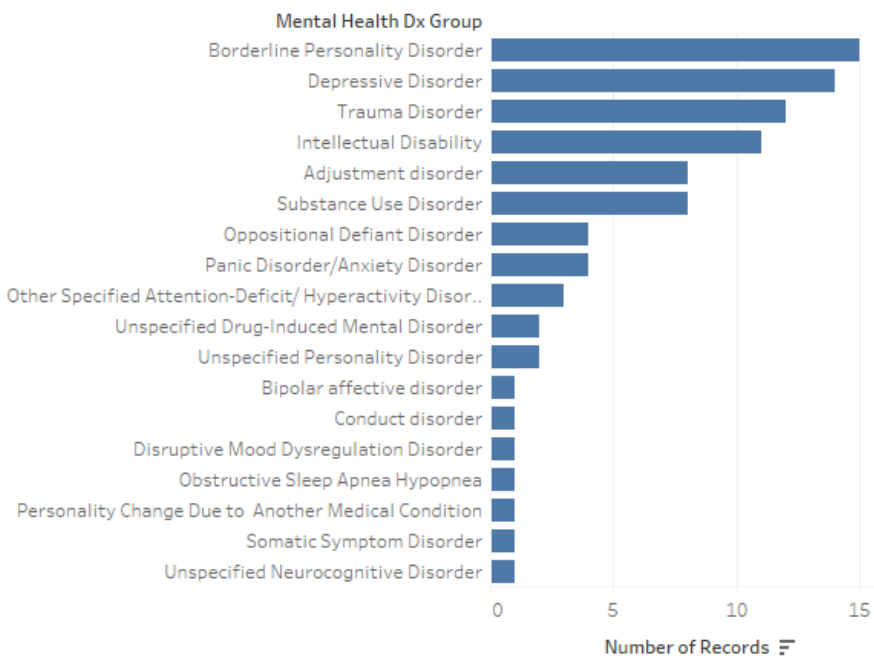


64 % of NCSS High ED Utilizers have a known Chronic Medical Condition



Mental Health Profile of NCSS High ED Utilizer Population

NCSS High ED Utilizers by Mental Health Dx



The majority of NCSS Active Clients that are high utilizers of the ED are receiving outpatient services only, and do not meet criteria for our more intensive CRT program

