VERMONT

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MEMORANDUM

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

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

DATE: February 5, 2019

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

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Information about the proposed reduction to sheriff supervision contracts from the Department of Mental Health FY'19 Budget Adjustment talking points, 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. Hospital's 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	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 who though 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.