

MEMORANDUM

TO: Senator Jane Kitchel, Chair, Senate Committee on Appropriations

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

DATE: January 30th, 2019

SUBJECT: Department of Mental Health, Fiscal Year 18 Sheriff Supervision Expenditures by Hospital

In follow up to budget adjustment testimony by the Department of Mental Health on January 23, 2019, please find attached, a breakout of actual annual expenditures for Sheriff Supervision at Vermont hospitals in fiscal year 2018 based on date of service. The Department of Mental Health Sheriff Supervision amounts in budget adjustment and in the fiscal year 2020 budget are based on expenses paid during fiscal year 2018, therefore, are not an exact match of the data shown.

For ease of reference, the amount of expenditures proposed to be reduced in the fourth quarter of fiscal year 2019 is excerpted below from the Department of Mental Health, Budget Adjustment talking points, also posted in full [here](#).

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	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).