

## **MEMORANDUM**

**TO:** Donna Jerry, Senior Health Policy Analyst, Green Mountain Care Board  
**FROM:** Sarah Squirrell, Commissioner, Department of Mental Health  
**RE:** Northwestern Medical Center CON Input  
**DATE:** November 14, 2019

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### **Background**

Thank you for giving the Department of Mental Health (DMH) the opportunity to provide comments and questions related to the Northwestern Medical Center (NMC) Emergency Department CON application.

Policy input and guidance on mental health matters is within the statutory role of DMH. We have a responsibility to “establish the general policy and execute the programs and services of the State concerning mental health.”<sup>1</sup> We also have a responsibility to “ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.”<sup>2</sup> Additionally, DMH is responsible for ensuring the least restrictive alternatives are used during involuntary treatment.<sup>3</sup>

As outlined below, we do have concerns about the CON application as well as some further questions.

### **Data**

DMH believes it is paramount for data to inform decision-making and design intent in the expansion and construction of emergency departments. We appreciate the efforts of NMC to improve its “environment of care” for those seeking help while experiencing a mental health crisis. We understand the complexity of this effort in ensuring safety of patients and staff, protecting patient dignity and privacy, and providing an accessible and effective a milieu in the emergency department for all patients.

In FY19, there were approximately 10,100 discharges from Vermont emergency departments for those seeking mental health care. Of those, 9,553 individuals were voluntary and only 547 individuals were involuntary. Thus 95% of Vermonters seeking mental health care in emergency departments are voluntary. As the chart below indicates,

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<sup>1</sup> 18 V.S.A. § 7201(a)

<sup>2</sup> 18 V.S.A. § 7201(b)

<sup>3</sup> 18 V.S.A. § 7253 (1)(A)

NMC had only 16 involuntary patients wait in their emergency department for all of FY19.

**ED Waits at NMC  
FY19**

	Month of Departure from ED									
	Jul 18	Aug 18	Sep 18	Oct 18	Dec 18	Jan 19	Apr 19	May 19	Jun 19	Total
Number of Patients	1	3	5	1	1	2	1	1	1	16
Wait Time Hours										
Mean	26.25	98.89	65.80	96.50	48.42	33.36	44.73	1.50	23.70	58.34
Median	26.25	102.25	51.33	96.50	48.42	33.36	44.73	1.50	23.70	47.21
Minimum	26.25	46.00	33.00	96.50	48.42	10.50	44.73	1.50	23.70	1.50
Maximum	26.25	148.42	148.50	96.50	48.42	56.22	44.73	1.50	23.70	148.50

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.  
Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for persons on warrant for immediate examination or applications for emergency exam. Wait times are point in time and are categorized based on month of disposition/departure.

When designing changes or additions to emergency departments, we believe this data – indicating that 95% of patients seeking help for a mental health care crisis are voluntary – is of critical importance. While there will be a small number of patients in emergency departments that are involuntarily under the care and custody of the Commissioner of DMH and may need a secure, locked area, voluntary patients do not need, and should not be, locked in a room or separate area simply because they are presenting with a mental health concern.

### **Comments**

While DMH still has questions about NMC's plans, detailed in the next section, below are some general comments.

#### **Optimized and Least Restrictive Environment:**

DMH believes the environment of care at the NMC emergency department should be designed in accordance with the overall volume of patients presenting with mental health needs. Data indicates the vast majority are voluntarily seeking mental health care. We believe the focus should be on creating an optimized environment for all patients and to ensure that care is provided in the least restrictive setting possible.

#### **Additional Patient Space:**

According to the blueprint of the proposed design, there does not appear to be any additional space for patients outside of their rooms. Patients in need of an admission to a psychiatric unit tend to have longer stays in emergency departments than those there for

solely medical issues. Having a comfortable area outside of their individual patient room they can freely access has been shown to reduce stress and acuity of individuals trying to manage a psychiatric crisis.

#### Locked Rooms:

The data DMH reviewed indicates the vast majority of users of this unit would be voluntary patients. It is quite concerning to us that the intent appears to be to lock voluntary patients in this unit. While we appreciate there may be safety concerns that cause some involuntary patients to be locked, we do not believe voluntary patients should be locked. Rather, we recommend that the doors remain open with staff monitoring/observing the voluntary patients. We believe Anne Donahue's letter provides additional explanation on this subject.

#### Additional Questions

- Has NMC specified who would use these beds?
  - Would the beds be reserved for certain diagnoses? Certain levels of acuity?
  - If someone is a voluntary patient, can they choose where they wait – i.e. can they decide to stay in the main ED?
  - Is this unit for adults only or also for children and adolescents?
    - If the plan is to mix age groups, how do they plan to mix them together safely and in the least restrictive manner?
- Has NMC created written guidance as to when these rooms/areas will be locked and/or monitored?
- We agree with the concerns outlined in the letter sent by Anne Donahue on behalf of individuals with lived experience that additional space outside a patient room is very important. Did NMC discuss more space with the individuals with lived experience they spoke to or the staff at NCSS?
- NWC, in their most recent communications to the GMCB on 11/5/19, stated “[w]e are planning on following the design from Rutland Regional Medical Center, *specified* by the Centers of Medicaid and Medicare (CMS) as best practice, that includes installing the ability to lock the individual behavioral health and flex rooms.” (emphasis added). We are unaware of any such guidance by CMS, have they provided any documentation or a citation for this guidance?