HHS & PS COMMITEE #1
January 13, 2022

M E M O R A N D U M

January 12, 2022

TO: Health and Human Services Committee
Public Safety Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Hospital Emergency Department Capacity and Need for Mental Health and Psychiatric Bed Resources

PURPOSE: Briefing and Discussion: Continued from November 1, 2021

Expected participants:

Judge Marina Sabett, District Court, Montgomery County
Cari Guthrie Cho, Chief Executive Officer, Cornerstone Montgomery
Jeff Richardson, Vice President, Community-Based Behavioral Health Programs, Sheppard Pratt
Karla Hoffman, Chief, Families and Communities, Sheppard Pratt
Elizabeth Arend, representing Nexus Montgomery, and, Director Provider Services, Primary Care Coalition
Mindy Pierce, Sr. Director, Nexus Montgomery and Population Health, Primary Care Coalition
Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services, DHHS
Dr. Earl Stoddard, Assistance Chief Administrative Officer
Chief Scott Goldstein, Montgomery County Fire and Rescue Service (MCFRS)
Battalion Chief Kaufman, Montgomery County Fire and Rescue Service
Leslie Frey, Office of Intergovernmental Relations and DHHS
Dr. Novell Coots, President and Chief Executive Officer, Holy Cross Hospital
Eileen Cahill, Chief Advocacy & Community Engagement Officer, Holy Cross Hospital
Scott Graham, Director of Emergency Preparedness/Life Safety and Workforce Wellness, Holy Cross Hospital
Leslie Ford Weber, Director, Government and Community Affairs Montgomery County, and Federal Strategy, Suburban Hospital/Johns Hopkins Medicine
Margie Hackett, R.N., Transition Guide Nurse Manager, Suburban Hospital/Johns Hopkins Medicine
Saleem Choudhury, Chief Operating Officer, Adventist Healthcare
Joan Vincent, Vice President, Patient Care Services/Chief Nursing Officer, Adventist Healthcare
Kandy McFarland, Vice President, Behavioral Health, Adventist Healthcare

Background

On November 1, 2021, the Joint Committee held a session[1] to discuss two matters: (1) the general increasing demands on emergency departments as usage returned to pre-pandemic levels and people presented with more acute conditions; and (2) the specific issue of the pressures placed on emergency departments by patients who present with a mental health crisis and who spend many days or weeks in the emergency department because there is not an appropriate bed or resource for discharge.

Presentation slides from the November 1 session provided by Suburban Hospital are attached at © 1-9. They provided data on emergency department volumes, ambulance arrivals and diversions, reasons for bottlenecks, information on behavioral health care and discharge, and potential solutions. Presentation slides from DHHS are attached at © 10-17. They provided an update on the restoration/stabilization center, the current creation of a stabilization room at the Crisis Center with four recliners and exploration of other options for stabilization rooms, information on capacity at residential treatment centers, residential rehabilitation, and residential crisis beds, and recommendations on incentivizing expansion of residential treatment, hospital step down, and additional housing options.

At this session, the Joint Committee will continue to receive information regarding the specific issue of capacity in mental health programs and gaps and barriers for transfers from emergency departments. The Joint Committee will also receive an update from MCFRS on EMS transports, wait times, and "boarders" in emergency departments.

The November session was held before the recent surge from the COVID Omicron variant which is placing extraordinary pressures on hospitals, emergency services and staff.

Proposed agenda for this session:

(1) Continue discussion focused on capacity issues and barriers in mental health treatment resources and timely transfers. The Joint Committee will receive comments from four people/organizations.

(a) Judge Marina Sabett – Judge Sabett will provide comments to the Joint Committee on the impact the lack of capacity and timely placement in behavioral health programs is having on the Mental Health Court. The Council has been a strong supporter of the Mental Health Court as a way to help people address the root causes of their frequent interactions with the criminal justice system. The Mental Health Court can keep people from being arrested and jailed and also reduce their use of mental health crisis services, including emergency departments.

(b) Cornerstone Montgomery – Ms. Cho will provide the Joint Committee with an overview of the programs available at Cornerstone with a specific discussion of the Residential Crisis

[1] Link to staff report for November 1 Joint HHS and PS Committee session: https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20211101/20211101_PSHHS1.pdf

Services and Assertive Community Treatment. Cornerstone says, for individuals experiencing increased symptoms of a mental health disorder, Cornerstone Montgomery offers Residential Crisis Services. These services are community based, alternatives to inpatient hospitalization. Residential Crisis programs are located in suburban single-family neighborhoods and offer 24-hour staff supervision and support. The length of stay averages 10 days. Cornerstone's Residential Crisis Service Program is the largest alternative to inpatient psychiatric hospitalization in Montgomery County. At the November session, the potential for community-based alternatives to emergency departments was discussed. Council staff also requested that Ms. Cho inform the Joint Committee about the Assertive Community Treatment (ACT) program that generally serves clients with history of multiple inpatient hospital stays and are diagnosed with a co-occurring condition in addition to their mental health diagnosis. ACT is currently for Medicaid/Medicare funded adult clients. Ms. Cho will also share observations about the current process for transfer of patients who have gone to emergency departments.

(c) Sheppard Pratt – Mr. Richardson and Ms. Hoffman will provide an overview of Sheppard Pratt programs and comments about barriers to increased capacity. Sheppard Pratt has a wide range of services from crisis care to inpatient care. Sheppard Pratt also provides a range of community-based and family service. Sheppard Pratt has specialty programs for people of all ages. Sheppard Pratt has both voluntary and involuntary admissions. Council staff has shared with Mr. Richardson and Ms. Hoffman the particular concern about the difficulty in transferring adolescents from emergency departments as well as adolescents and adults who are in mental health crisis but also have an intellectual or developmental disability. The Joint Committee will also receive comments about barriers to increased capacity including reimbursement structures.

(d) Nexus Montgomery – Ms. Arend will provide an overview of the work of Nexus Montgomery's behavioral health committee. At the November 1 session, the Joint Committee had brief remarks from Dr. Leslie that Nexus has been meeting about patients that are high utilizers and has been investing with community partners regarding emergency crisis response. Nexus Montgomery is a partnership of the County's hospitals. Nexus says, the six hospitals operating in Montgomery County, Maryland have joined forces with a network of community-based organizations to form the Nexus Montgomery Regional Partnership. Nexus Montgomery is a hospital-led collaborative that aims to reduce avoidable or unnecessary hospital use - including readmissions, by connecting people to timely and appropriate community-based care and support services. One of its areas is an interagency effort to reduce hospital use by severely mentally ill patients. A part of Nexus' work includes collaboration with the DHHS on the creations of the stabilization/restoration center and the implementation of a system based on the Crisis Now model.

As a part of their comments, Cornerstone, Sheppard Pratt, and Nexus will highlight challenges with hiring and retaining staff – a significant point made by Holy Cross Hospital, Suburban Hospital, and Adventist Healthcare, as well as from DHHS at the November 1 session.

Council staff recommends that the Joint Committee have questions and dialogue with these presenters before hearing from MCFRS on the general emergency room capacity issue.

Representatives from Holy Cross Hospital, Suburban Hospital, and Adventist Healthcare will be present to be a part of this dialogue and respond to questions.

Issues identified at the November 1 worksession for further discussion:

- Additional treatment bed capacity is needed for adolescents. Hospitals noted that boarding of adolescents is often measured in weeks, rather than days. This is an even more critical issue when there is an intellectual or developmental disability.

- Need for more community-based resources for discharge. It may not be necessary to discharge to a treatment bed if there are more community-based resources.

- Continue to move forward with the stabilization center and interim stabilization capacity for those with no immediate medical needs.

- Insufficient placements through the Department of Social Services and the Department of Juvenile Services and concerns that placements are not geographically appropriate.

- Resources are also needed to place people who present with a substance use disorder/addition that is co-occurring.

- Gain more information on why residential treatment center beds are closing/declining including barriers to operating from reimbursement rates. What would appropriate reimbursement rates and reimbursement models be? Advocate with the State and General Assembly Delegation about the need for more capacity. (Adventist Healthcare discussed the funding pressure that impact their ability to maintain program beds and provide quality services with extremely limited margins.)

- What is the potential to increase capacity in Montgomery County? Is the land that is part of the Holy Cross Germantown campus an appropriate place to consider new partnerships to address this issue? How can hospitals be allowed to be creative and have flexibility? (Noted that new beds/capacity requires State approval and acknowledgement that more capacity is needed.)

- What is the need for respite resources for family members and unpaid caregivers?

- What is needed for the County's aging population?

- Create a public awareness campaign about mental health resources. Need for a central number for people to call to get immediate help with how to access providers. Could this be 211? What is the role of 988 (suicide hotline) when it is rolled out? Even people who work in the system find it very difficult to navigate the system when seeking help for their own family members.

(2) <u>Receive update from MCFRS on EMS transports, ambulance wait times, numbers of emergency department boarders. Dialogue with MCFRS and hospital representative about current issues and working on longer solutions for post-Omicron.</u>

Issues identified at the November 1 worksession for further discussion:

- Need to make the EMS 700 "air traffic controller position" permanent. MCFRS instituted this position during COVID to help better direct ambulances to County hospitals to reduce wait times and situations where ambulances might have to go to a second hospital. Hospital representatives told the Joint Committee that this was very valuable and should remain in place. It was not in place in November as COVID cases had declined. However, it has been reinstituted as a part of MCFRS response to the recent Omicron surge. In the December press release[2] said, MCFRS created an EMS "disposition officer (EMS700) to ensure load balancing at the local emergency departments."

- Determine if the County can establish a protocol and system that would divert some people from emergency departments by transporting patients to designated urgent care centers. MCFRS notes that there are State requirements for urgent care centers that accept transports and there would be a need to education residents about why this is appropriate care. There was some work on this prior to the pandemic and this issue would need a follow-up work group.

- Related was a request that there needs to be a public health campaign about blood donations. On January 11, 2022, the Red Cross declared there is a "national blood crisis" that is impacting care.[3]

Attached:

[2] https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=39741

[3] NPR report January 11, 2022
https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20211101/20211101_PSHHS1.pdf

SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

Discussion of Emergency Department Capacity
Montgomery County Council
Health & Human Services / Public Safety
November 1, 2021

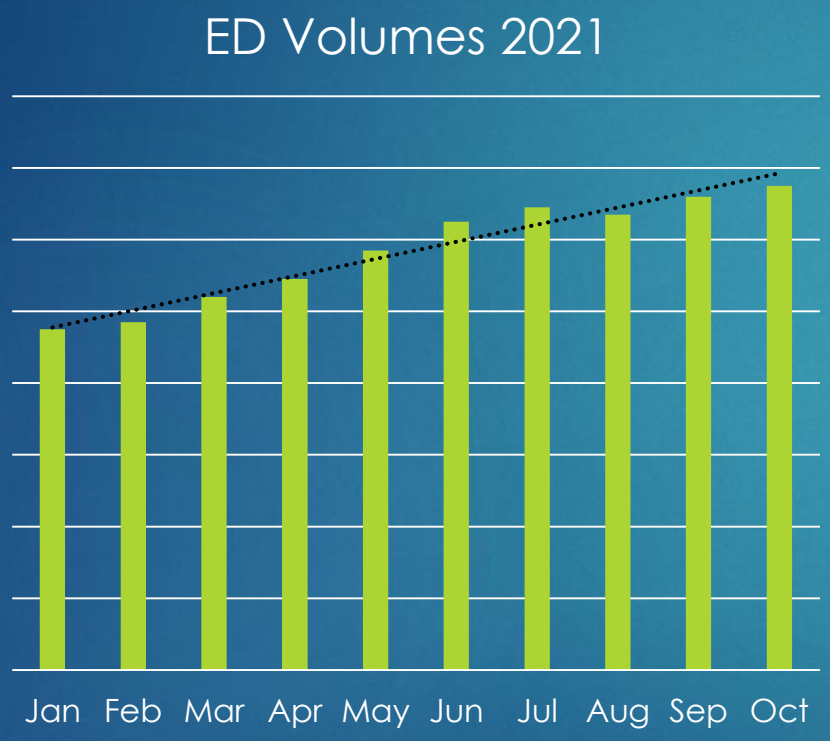
BARTON LEONARD, M.D.

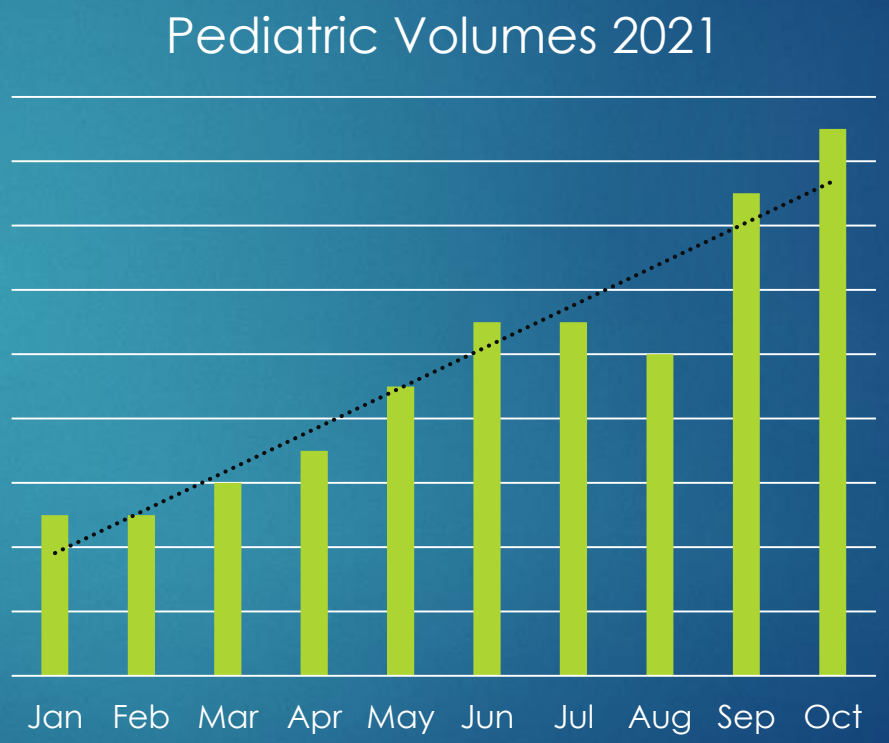
GRETA CUCCIA, R.N., B.S.N., C.E.N

Overview of Emergency Services at Suburban Hospital

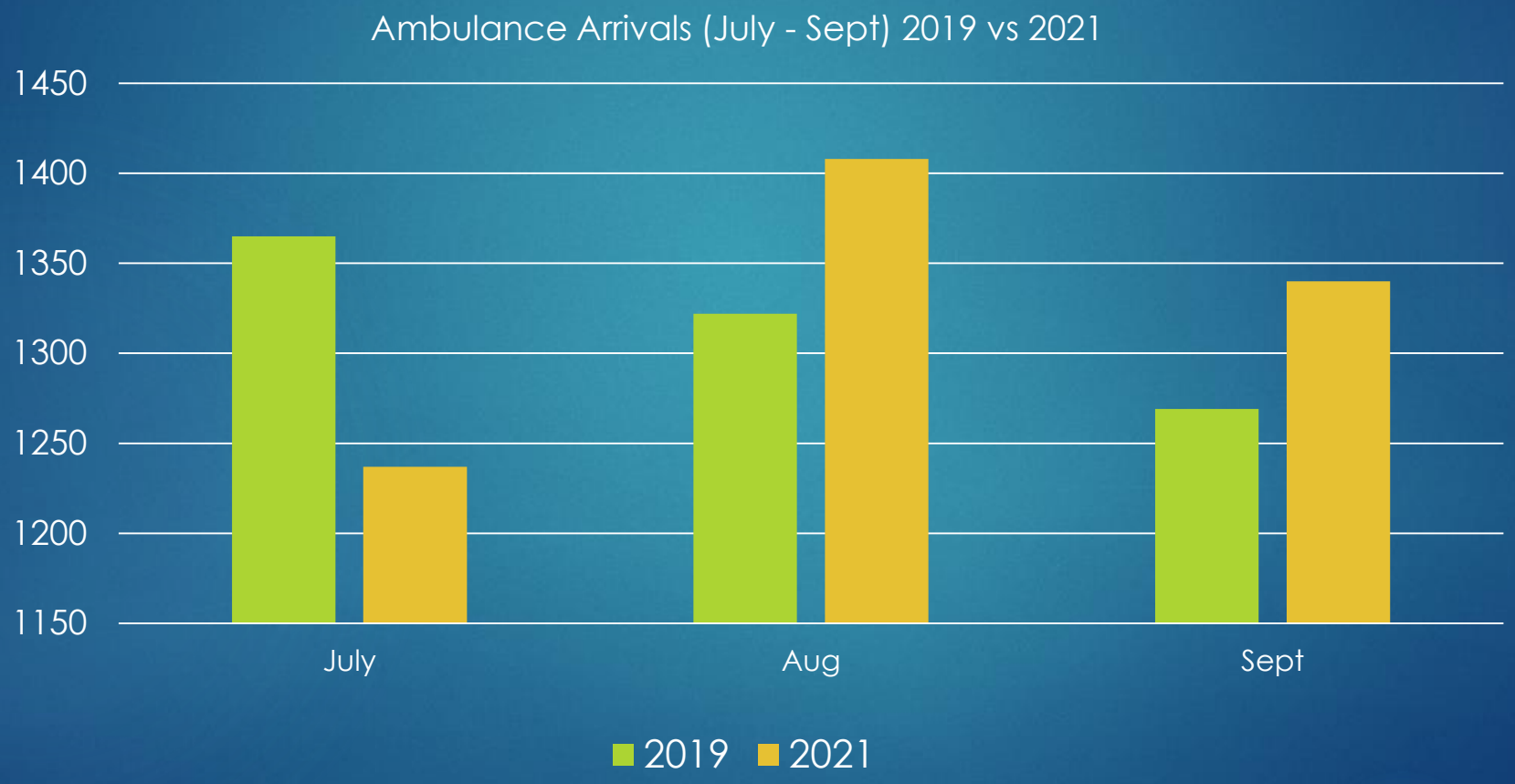
- Providing Adult and Pediatric care since 1943 from Bethesda
- Level II Trauma Center since 1977
- Partnership with NINDS for acute stroke care
- Demand for services is high, particularly pediatric and adult behavioral health and worsening chronic conditions
- Number of patients seeking care returned to pre-pandemic levels in first quarter of fiscal year with small increase

Patients of all Ages are Seeking Care

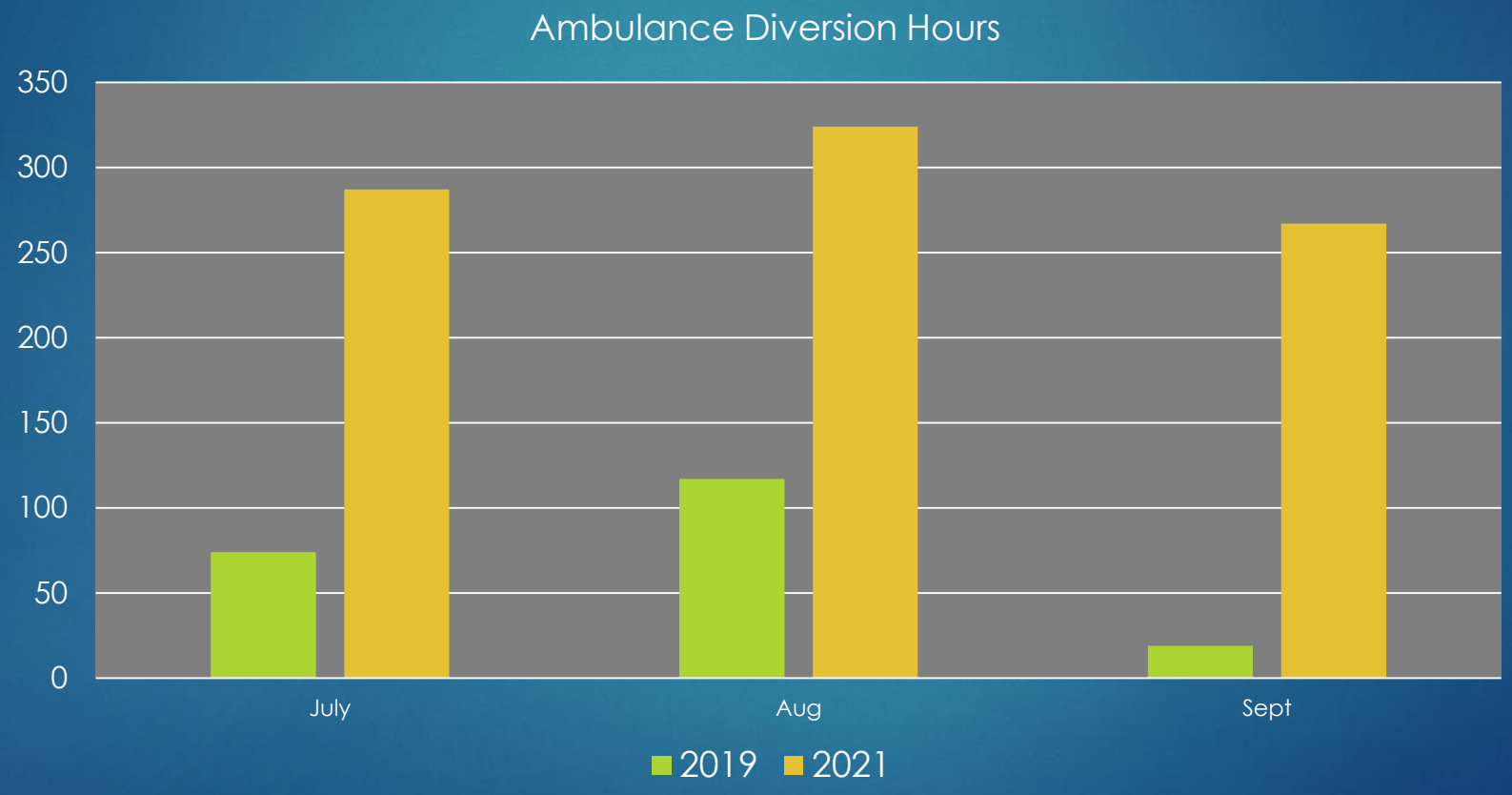




Ambulance Arrivals to Suburban Hospital



Suburban Hospital's Ambulance Diversion Hours



Many reasons for bottlenecks

- Return to “normal” volume for the all the medical reasons our citizens seek care in the emergency department
- Patients presenting with more severe conditions because of delayed care during the pandemic
- Suburban Hospital trauma cases have increased 49% in 2021 over the same period in 2019 and the mix has changed
- Workforce challenges in the emergency department and other areas of the hospital
  - At Suburban, patients are waiting 15% longer in the emergency department before being admitted to a hospital bed
- A shortage of beds – physical or staffed – for the next level of care is challenging for all

Behavioral Health Care is Complicated

- In first quarter of fiscal year, patients with behavioral health needs rose 5.5% over same period in 2019
- Require more staff to ensure safety of both staff and patients
- Safe discharge to home or another care site takes longer
  - Bed shortage
  - Available placements may not be geographically desirable
  - Co-occurring substance abuse and/or medical needs
- Legal complexity for involuntary placements or obtaining consent
- Central registry has proven unworkable

Suburban Hospital's Response to Meeting these needs

- Dedicated crisis intervention team available 24/7
- Peer recovery coaches; Screening Brief Intervention Referral to Treatment (SBIRT)
- Ability to begin psychiatric care while waiting for other placement
- Psychiatric ED within the larger department

Solutions to Consider

- Workforce support
- EMS officers in EDs to assist with patient distribution
- Continuing public health campaigns to get flu and COVID vaccines, pedestrian and vehicle safety, violence reduction
- Alternative care sites for behavioral health patients
  - Crisis/Stabilization center(s)
  - Detox center for substance use disorders
  - Residential Treatment Centers for adolescents with direct entry from an emergency department
  - "Geri-psych" facilities

Restoration Center, Stabilization, and Bed Availability

Rolando L. Santiago, PhD
Chief, Behavioral Health and Crisis Services
Department of Health and Human Services
Montgomery County, Maryland

Virtual presentation delivered at the joint meeting of the Health and Human Services and Public Safety Committees of the Montgomery County Council, November 1, 2021

Restoration Center

What is being done now?

- Description of project:
  - 16 recliners, 16 beds
  - Staffed 24/7/365
  - Public-private partnership
- Program of requirements (POR) for a Restoration Center completed

What will happen in next 12 months?

- Incorporate the stabilization center in FY23 Capital Improvement Program (CIP)
- Conduct fundraising activities from State and other sources
- Generate interest from possible operations partner from private sector

Stabilization Room

What is being done now?

- Behavioral Health and Crisis Services at DHHS beginning implementation of a new two-year SAMHSA grant for stabilization room at Crisis Center
- The stabilization room will have 4 recliners
- Staff a 24/7 stabilization room with seven nurses, and other staff

Stabilization Room

What will happen in next 12 months?

- Partner with hospitals to explore other stabilization rooms or centers
- Explore funding options
  - Short-term: a funding announcement from the State to hire peers at walk-in/urgent care centers (due November 9)
  - Long-term: reimbursable services from a Medicaid waiver

Residential Treatment Centers (RTC)

- RTC Beds in all of Maryland for under 18:
  - 222 Private RTC beds – 95 total for children under the age of 12
  - 93 public beds (32 in Montgomery County)
  - Average stay 6 mos to 1.5 years (some more)

- Since 2016, over 150 RTC beds in private facilities were closed
  - Current average wait time = 6 months

Residential Rehabilitation Program (RRP)

- For adults
- Capped at 348 in Montgomery County
- Current waitlist:
  - 159 applicants as of 10/29/21
  - Current average wait time = 6 months

Residential Crisis Beds (RCS)

- Capacity in Montgomery County:
  - About 30 with a private provider
  - Four at Crisis center
- Stay: 10 days

Recommendations

- Develop additional housing options for adults with behavioral health needs that would serve as step down from hospital with wraparound services included. Low barrier access.
- Continue to enhance collaboration among behavioral health systems
- Incentivize providers to expand RTC facilities in Maryland