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March 9, 2016

Sent Via Email and US First Class Mail

Jeffrey A. Meyers, Commissioner
NH Department of Health and Human Services Brown Building
129 Pleasant Street
Concord, N.H. 03301

Amy Kennedy, Policy Director
Office of the Governor
State House
107 North Main Street
Concord, NH 03301

Dear Commissioner Meyers,

I'd like to thank you and the Governor's Office for convening the meeting last Friday to discuss the emergency department (ED) boarding issue. The State's recognition of the problem and clear desire to address it, as well as your dual focus on the "front door" and transition/discharge problems, are critical to the State's success in tackling this important issue. The meeting was productive and we look forward to working with you as you move forward.

As I mentioned at the meeting, we believe there are a number of both short- and long-term steps that the State can take to impact this problem.

1. Enhancing Opportunities to Divert Individuals from Emergency Department Admissions

Essential to the process of reducing or eliminating the ED boarding problem is ensuring that people experiencing a psychiatric emergency have access to community based interventions that can divert them from unnecessary ED referrals or admissions. There are immediate steps the State can take to improve this access. Additionally, the State must take a more comprehensive approach to gathering and analyzing information in order to better understand the systemic issues that are leading people to end up in the ED, and to develop responses to improve the community services that can, and should, have a positive impact on addressing the problem.

a. Access to Community Interventions and Services

In the Concord Region, where Mobile Crisis Intervention (MCI) has begun, particular attention should be paid to whether individuals in the ED (and yellow pod) were seen by MCI, and if not, why not. Effective MCI outreach and education strategies are required to increase community stakeholders' knowledge and utilization of this service model. When individuals, families, local providers and first responders are aware of these alternatives, it dramatically reduces the frequency with which persons are directed to EDs.

If individuals do present at the Concord Hospital emergency room without having been seen by an MCI team, ED staff should be expected to initiate a referral to the mobile crisis team. This evaluation should take place within 60 minutes of the referral and include an assessment of alternatives to inpatient admission, including utilization of alternative respite settings or Crisis Apartments.

Concord Hospital should have a protocol outlining the MCI referral process in order to ensure the appropriate and timely release of persons unlikely to require inpatient admission. Similarly, all police departments and other first responders within the Concord region should have a protocol for timely referral to MCI. Additionally, a determination should be made as to the source of referral to the ED (police, families, providers, self) in order to determine the best strategies for shifting these clients to MCI, and to determine whether the mobile crisis team is utilizing their crisis respite beds to the maximum extent possible.

Given the recent introduction of the Concord MCI team, BBH staff and other state officials should be examining ways to promote the level of collaboration required to ensure the routine use of this important diversionary resource. Achieving an effective and highly utilized MCI program in the Concord region is important not only for future implementation of the Community Mental Health Agreement (CMHA), but as a model for further expansion of diversionary services across the State of New Hampshire.

For those individuals in the EDs throughout the state that present as a result of a revocation of conditional discharge, or are otherwise known to the CMHC, staff of the MCI and/or ED should immediately be in contact with the responsible CMHC provider to discuss the individual's access to community-based services, including the area ACT team. For those already served by an ACT team, an assessment should be made as to whether follow-up by the team, and continued crisis support in the community, is an appropriate resolution to the behavioral health crisis. For those who meet eligibility criteria for ACT team services, a referral should be made with the required consent.

The State must ensure that its regional ACT teams are fully staffed and operating consistent with the CMHA, including the provision of community-based crisis supports. If ACT teams can achieve the statewide capacity contemplated by the CMHA, a significant number of clients with more intense behavioral health needs will have ready access to the kind of community-based crisis supports required to prevent an unnecessary emergency room admission.

b. Gathering Information and Developing Responses

As noted at Friday's meeting, it is essential that the State immediately begin to better understand both who is in the ED and why they ended up there. By developing a better understanding of these issues, the State should be able to implement "upstream" measures to divert individuals that could be served within the community, and identify Community Mental Health Centers that would benefit from technical assistance to ensure that individuals known to their regions are receiving appropriate community services. A list of questions and data points such as those identified throughout this letter should be developed so that the State can immediately begin to gather consistent information across all regions in order to determine specific measures that should be taken to help alleviate the problem. The DRC is available to assist in the development of a draft set of questions if the Department feels that would be useful.

We would recommend that an individual or team, ***independent*** of the Community Mental Health Centers, be appointed for the purpose of gathering the information regarding those in the EDs. This will allow the State to meet with people while they are in the EDs across the state and take a real-time unbiased look at what may be leading to the boarding issues in each individual region and help identify the measures that can be taken to divert any unnecessary hospitalizations. This individual evaluator or team of evaluators should be knowledgeable and skilled in the best practices of community based services including ACT, mobile crisis, supported housing, and other community based, mobile interventions such as medication monitoring, functional supports, and peer respite.[1]

The evaluators should determine the services the individual has access to, and whether those services are responding adequately to the person experiencing a mental health crisis. For example, was the person on an ACT Team? Did the Act Team go out to meet the individual in their home or community? For an individual whose conditional discharge was revoked due to a failure to take medications, did the individual have access to a nurse or other mobile medication monitoring program prior to the revocation or ED referral? Was the revocation a result of actual dangerousness or for some other reason that should have been handled within the community? Have circumstances changed since the time of the referral such that a less restrictive setting is appropriate? The answers to these questions may, again, lead to critical determinations regarding the availability and effectiveness of the community services in a particular region and the possibility that a CMHC would benefit from technical assistance in one or more areas.

2. Addressing Transition and Discharge Issues

A number of important barriers were identified during Friday's meeting to the efficient and effective discharge of individuals from New Hampshire Hospital. First, New Hampshire Hospital must ensure that they are committed to, and adequately staffed for, discharging individuals 7 days a week. New Hampshire Hospital acknowledged that there was a significant slowdown of discharges, and consequently admissions, over the weekend. It is evident by the significant spike in ED boarding numbers by Monday morning that this has created a significant problem. The State

[1]The Disability Rights Center is able to suggest individuals that may be available to perform this service if requested by the Department.

should take measures to ensure that New Hampshire Hospital is discharging people as soon as they are ready for discharge, including weekends. Community services should be in place in order to avoid unnecessary readmissions, and the CMHCs should all be involved in the transition planning and discharge of people they serve.[2]

The Disability Rights Center is also aware of individuals that are languishing at New Hampshire Hospital as a result of a failure of area agencies to develop community based programs for individuals eligible for developmental services but "stuck" at the hospital. Even if this is only a few beds, each of those beds could serve a significant number of individuals over the course of a year. We recommend that the Department immediately involve the Bureau of Developmental Services to hold area agencies accountable and require them to develop the services these individuals need so that they are able to transition out of New Hampshire Hospital.

Additionally, we urge the State to improve the processes of the Central Team, developed in accordance with the CMHA. The Team is expected to intervene in difficult discharge cases, and to identify and resolve barriers to discharge identified by the hospital and others. However, to date this Team has not had the time or resources needed to fulfill this important part of their mission in the context of NHH, a fact which lead the Expert Reviewer to find the State out of compliance with the CMHA. Proactive transition planning, starting at admission, is critical to a properly functioning discharge system.

Finally, we are hopeful that the State will fully utilize the Expert Reviewer and the Expert Reviewer's technical assistance expert to move the Quality Service Review (QSR) process forward as quickly as possible. While the QSR process cannot take the place of the ED study recommended above, it will provide critical feedback on the overall performance of the community mental health system, allowing the State to examine, in an ongoing way, the extent to which individuals experiencing mental illness are accessing the services and supports necessary to avoid unnecessary emergency department admissions and lead productive lives in the community.

Thank you very much for the opportunity to provide input on this important issue. Please do not hesitate to contact me if you have any questions or I can be of further assistance.

Sincerely,

Amy B. Messer
Executive Director

[2] The DRC has heard of a number of instances in which the CMHC is not involved in the transition planning at NHH and/or unaware that an individual has been discharged back to the community. CMHC involvement is critical in ensuring that appropriate services are available upon discharge and to reduce unnecessary readmissions to the ED.