

HHS COMMITTEE #1  
February 26, 2009

**MEMORANDUM**

February 25, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefings and Discussion: Psychiatric Hospital Facilities in Montgomery County**

At its December 11, 2008 session, the Health and Human Services (HHS) Committee received briefings from the county's five acute care hospitals on their services, patient data, patient needs, and future facility plans. At that session, the Committee requested a session be scheduled to hear from the hospitals on their psychiatric facilities and services. In preparation for this session, Council staff asked each of the acute care hospitals to provide responses to the following questions. The questions relate to hospital based services and what might happen if a patient enter through an emergency room (voluntarily or involuntarily). The hospitals and their parent corporations may also provide an array of outpatient and community based services.

1. Does your hospital's emergency room have any special facilities or resources for persons presenting with a psychiatric disorder(s)?
2. How is intake handled if the person comes to the emergency room voluntarily?
3. How is the intake handled if the person comes to the emergency room involuntarily, such as in response to an emergency petition (police/sheriff/ambulance/mental health professional)?
4. Does your acute care hospital have in-patient psychiatric beds? If so, how many?
5. Are these beds targeted to any special populations (such as a specific age group)?
6. Is there a minimum or maximum length of stay for patients?
7. Please provide a brief overview of the types of treatment services provided.
8. Does your hospital have any partial hospitalization or day treatment programs for mental health patients?
9. Does your hospital have any ongoing partnerships for treating persons with serious mental illness (such as the partnership between Suburban Hospital and NIMH)?
10. Please provide any comments you may have on the characteristics of the population that seeks psychiatric treatment at your hospital such as age, gender, prevalent diagnosis, recent changes in any historic trends that might be the result of things like the economic downturn, aging population, etc.

11. Please provide any comments you may have on gaps in the hospital-based psychiatric treatment system.

Council staff has asked that each of the hospitals present overview comments to the Committee on their responses. Following the discussion on the acute care hospitals, Council staff has asked that Adventist Healthcare provide the Committee with a briefing on Potomac Ridge which is the county's stand alone mental health hospital.

**Presenters for the acute care hospitals are:**

Kent Fangboner, Director, Addiction and Mental Health Center, **Montgomery General Hospital** – response attached at © 1-3

Joe Petrizzo, manger of Behavioral Health Services, and Eileen Cahill, Government and Community Relations, **Holy Cross Hospital** – response attached at © 4-5.

Sako Maki, President, Potomac Ridge, Peter Levine, M.D., Medical Director for mental health services, and Robert Jepson, Government Relations and Public Policy, Adventist Healthcare, will provide comments on **Shady Grove Hospital** (response attached at © 6-7) and **Washington Adventist Hospital** (response attached at © 8-9).

Donald Silver, Corporate Director, Behavioral Health Services, and Robert Rothstein, M.D., Chair, Department of Emergency Medicine, **Suburban Hospital** – response attached at © 10-21.

The Committee may be interested in discussing with all the representatives the comments they have provided on gaps in the system.

Ms. Maki, Dr. Levine, and Mr. Jepson will provide the overview briefing on Potomac Ridge.

**Montgomery County Council**  
**Health and Human Services Committee**  
**February 26, 2009**

**Kent Fangboner, LCSW-C**  
**Montgomery General Hospital**  
**Director, Addiction and Mental Health Center**

Montgomery General Hospital has been responding to the substance abuse and mental health needs of our community since 1971. Today, our Addiction and Mental Health Center (AMHC) continues to provide a uniquely comprehensive range of general hospital-based, behavioral health services to the citizens of Montgomery County. Our full continuum of care includes a fully integrated system of acute care inpatient, outpatient, crisis and community education programs. Our AMHC continues to be an integral component of the services provided on Montgomery General's campus in Olney.

### **Overview of Behavioral Health Services**

#### **Special Emergency Facilities for Behavioral Health Patients**

Montgomery General opened a **Crisis Evaluation Unit (CEU)** in our Emergency Department (ED) in 2008 to provide the appropriate environment and treatment necessary to meet the special needs of patients with a behavioral health disorder. It currently has a capacity for 5 patients. The CEU is staffed by nurses trained both in emergency medicine and behavioral health – a unique combination of clinical skills. Current plans include a larger physical space for the CEU when our new ED opens in 2010. Our **Crisis Intervention Service (CIS)** provides 24/7 coverage in our ED by licensed, masters prepared therapists who conduct a psychiatric evaluation and recommend the most clinically appropriate services/level of care.

#### **The Emergency Evaluation Process**

**Voluntary** behavioral health patients who present to our ED are screened at Triage and then taken back to our Crisis Evaluation Unit. The patient is medically assessed and cleared by the ED physician, stabilized and then evaluated by a Crisis Intervention therapist. Disposition is then arranged in consultation with the ED physician and the psychiatrist on-call based on medical necessity criteria and safety concerns.

**Emergency Petition** patients are transported by Montgomery County Police and taken directly back to our Crisis Evaluation Unit where the same triage, stabilization and evaluation process is conducted. The appropriate level of care will then be determined. If the patient meets criteria for hospitalization, they will be evaluated based on their presenting behavior, their willingness to agree to an admission and their capacity to understand the Voluntary process. If the patient does not meet criteria for a Voluntary admission, placement will be arranged at another facility. If the **Involuntary** patient is uninsured, disposition will be coordinated through the Montgomery County Crisis Center and a bed will be purchased at another hospital. For patients who have Involuntary status

and have insurance, it is the responsibility of the hospital to locate an appropriate placement for transfer.

### **Inpatient Behavioral Health Services**

Montgomery General Hospital has a total of **33** Voluntary acute care beds, with **6** of these beds designated for adolescent patients 13-17 years of age. We also have identified beds for detox, medically compromised and geriatric patients. Length of stay is based on medical necessity criteria. Adult and adolescent psychiatric patients have an average length of stay of **4.7** days and detox patients average **3.3** days.

### **Outpatient Behavioral Health Services**

Montgomery General has a full continuum of hospital-based, addiction and mental health outpatient services, including:

- Two separate **Partial Hospitalization Programs** – one for patients with a mental health diagnosis and one for addiction patients continuing the stabilization process from our inpatient detoxification unit.
- Intensive Outpatient Programs – Adults, Seniors, Dual Diagnosis and Addiction
- Outpatient Programs – Adolescents, Addiction Relapse Prevention, Individual Therapy, Group Therapy and Medication Management

### **Partnerships**

Montgomery General does not currently have formal partnerships such as the relationship that exists between Suburban Hospital and NIMH. However, our hospital does collaborate closely and have effective working relationships with a number of providers and organizations throughout the community. Some of these include: Montgomery County Public School System (Safe and Drug Free Schools), local Parent Teacher Associations, Substance Abuse Services for Children and Adolescents (SASCA), Collaboration Council, Mental Health Association of Montgomery County, Montgomery County Chapter of the National Alliance for the Mentally Ill. Other close working relationships include Avery Road Treatment Center, McAuliffe House, Threshold Services, St. Lukes, Pathways and Mountain Manor.

### **Population Served**

While we do evaluate children in our Emergency Department, we provide treatment services to patients who are 13 years of age or older. Approximately 60% of all inpatient admissions are dually diagnosed, with a mental health and substance abuse primary diagnosis. The age group treated at our facility that is the most prevalent ranges from 40-59 years of age. The gender ratio is 55% male and 45% female. We treat many patients during their first episode of a severe depression/actively suicidal or a psychotic disorder, however, the majority of our patients have experienced prior hospitalizations. The major diagnostic categories are depression and affective disorders, psychotic disorders and chemical dependency.

## Recent Trends

- Treating more medically complex behavioral health cases.
- Increasing number of older adults and Seniors needing behavioral health treatment
- Continuing to treat patients in a managed care environment with limited lengths of stay for both inpatient and intensive outpatient services.
- Continuing to treat a high percentage of inpatients that are dually diagnosed.
- Beginning to evaluate more inactive military with severe depression and with a primary or secondary diagnosis of PTSD.

## Gaps in Services

- Availability of intermediate and long-term inpatient treatment in the State system for uninsured and insured mentally ill patients.
- Access to a sobering facility for individuals who frequent Emergency Departments and do not need or desire treatment.
- Additional slots for effective case management services in the community.
- Access to Involuntary beds for insured patients with a history of violence or aggressive behavior.
- Access to additional Involuntary beds for uninsured patients during periods of peak volume throughout the system.
- Additional nursing/group home placements for Seniors with a psychiatric diagnosis.
- Additional crisis beds available to improve the access from the Emergency Department to this alternative to hospitalization.
- Availability of additional psychiatrist appointments for Medicare and Medicaid outpatients.
- Timely access to Child/ Adolescent psychiatrists in community.
- Placement for developmentally delayed Involuntary psychiatric patients awaiting transfer from the Emergency Department.

## HOLY CROSS HOSPITAL

### Responses to Montgomery County Council's Health & Human Services Committee's Request for Information on Psychiatric Facilities

February 26, 2009

**1. Does your hospital's emergency room have any special facilities or resources for persons presenting with a psychiatric disorder(s)?**

Yes. Holy Cross Hospital has two designated "safe" rooms for patients with psychiatric disorders. When these rooms are full, staff makes other appropriate safe accommodations. Also, Holy Cross Hospital has both on-call psychiatric crisis clinicians and psychiatrists to perform psychiatric assessments and arrange for psychiatric transfers to other hospitals.

**2. How is intake handled if the person comes to the emergency room voluntarily?**

The patient is triaged by a registered nurse and placed in one of the two "safe" rooms, if available. An emergency medicine physician will complete the assessment and, if needed, order a psychiatric consult.

**3. How is the intake handled if the person comes to the emergency room involuntarily, such as in response to an emergency petition (police/sheriff/ambulance/mental health professional)?**

Same as above, except that hospital security may be called in.

**4. Does your acute care hospital have in-patient psychiatric beds? If so, how many?**

No.

**5. Are these beds targeted to any special populations (such as a specific age group)?**

N/A.

**6. Is there a minimum or maximum length of stay for patients?**

N/A.

**7. Please provide a brief overview of the types of treatment services provided.**

N/A

**8. Does your hospital have any partial hospitalization or day treatment programs for mental health patients?**

No.

**9. Does your hospital have any ongoing partnerships for treating persons with serious mental illness (such as the partnership between Suburban Hospital and NIMH)?**

Holy Cross Hospital has a formal relationship with the Montgomery County Crisis Center (through a Memorandum of Understanding), and collaborates with several community-based organizations, mostly organizations within the county but a few in other Maryland counties.

In addition, we have close working relationships with four inpatient units within Montgomery County. We send patients to all of them, with most patients going to either Potomac Ridge Hospital or Washington Adventist Hospital.

**10. Please provide any comments you may have on the characteristics of the population that seeks psychiatric treatment at your hospital such as age, gender, prevalent diagnosis, recent changes in any historic trends that might be the result of things like the economic downturn, aging population, etc.**

In recent years, Holy Cross Hospital has seen an increase in middle-aged patients requiring psychiatric services, the most prevalent conditions being depression and bipolar disorders. There is no demonstrated measurable increase yet as a result of the recent economic downturn.

**11. Please provide any comments you may have on gaps in the hospital-based psychiatric treatment system.**

The Maryland Hospital Association is advocating for more psychiatric services in the state. Pre-certification is becoming more difficult and time consuming to obtain from managed care organizations. Also, Holy Cross Hospital understands that the Montgomery County Crisis Center, which provides psychiatric assessments for any and all uninsured patients, a necessary requirement for placement, is having to care for more displaced and homeless families.

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**Shady Grove Adventist Hospital  
Response to HHS Committee Questions**

<p>What happens if a patient presents at an emergency room with an acute mental health disorder?</p>	<p>All patients that present to the emergency department with an acute mental health disorder are given priority for triage and placed in the Emergency Psychiatric Treatment Unit (EPTU) within the ED. Patients are then assessed medically and if further medical work up is required it is obtained during this time. If not, the patient is determined medically cleared by the physician at which point a licensed mental health clinician evaluates the patient to determine disposition.</p>
<p>Does your hospitals emergency room have any special facilities or resources for persons presenting with a psychiatric disorder(s)?</p>	<p>The EPTU, at Shady Grove Adventist Hospital is a 6-bed locked and secured treatment area within the main emergency department. 24 hour video camera surveillance is provided for patient and staff safety. Access to this area is gained through badge access only or by approved access by assigned staff that provide 24 hour care to patients. Patient rooms in the EPTU were designed to eliminate a patient's ability to harm themselves or others. Therefore, rooms are without wall fixtures or additional furnishings that could be a hazard or otherwise pose as a weapon or threat to others.</p>
<p>How is intake handled if the person comes to the emergency room voluntarily?</p>	<p>A Voluntary mental health patient is triaged in a similar manner as all patients presenting to the emergency department. Assessment of any medical need is a primary concern. However, the vulnerability and potential safety risk of all patients presenting with mental health needs, voluntary or involuntary, makes them a high priority and those patients are triaged immediately and taken to the EPTU or other ED room depending upon the presentation.</p>
<p>How is the intake handled if the person comes to the emergency room involuntarily, such as in response to an emergency petition (police/sheriff/ambulance/mental health professional)?</p>	<p>In most cases we have received prior notification from the authorities that a petitioned patient is expected and a "brief" presentation is provided as well. Once the patient is in the facility, an abbreviated triage by the charge nurse is performed and considering there are no outstanding medical concerns that need to be addressed, the patient is then escorted by the police and security to the EPTU. The nursing staff has the primary responsibility for patients. However, licensed mental health staff are available to provide assistance with patients.</p>
<p>Does your acute care hospital have in-patient psychiatric beds? If so, how many?</p>	<p>NO</p>
<p></p>	<p></p>

Are these beds targeted to any special populations (such as a specific age group)?	Not applicable
Is there a minimum or maximum length of stay for patients?	Not applicable
Please provide a brief overview of the types of treatment services provided	Not applicable
Does your hospital have any partial hospitalization or day treatment programs for mental health patients?	No
Does your hospital have any ongoing partnerships for treating persons with serious mental illness (such as the partnership between Suburban Hospital and NIMH)?	Potomac Ridge Behavioral Health, a member of Adventist HealthCare, provides staffing of licensed mental health care providers 24 hours a day, 7 days a week in the EPTU. In addition, we have a strong partnership with Montgomery County Crisis Center to ensure that the uninsured and/or under-insured population have access to ongoing treatment.
Please provide any comments you may have on the characteristics of the population that seeks psychiatric treatment at your hospital such as age, gender, prevalent diagnosis, recent changes in any historic trends that might be the result of things like the economic downturn, aging population, etc.	4 % of ED patients last year had a psychiatric complaint as their primary problem. ( 3248) 22% of those were 10-18 years of age ( 716) 1% were under 10 ( 29)
Please provide any comments you may have on gaps in the hospital-based psychiatric treatment system.	Care for the uninsured 10 -18 age group is challenging from a disposition and inpatient standpoint due to a lack of available options.  Disposition for the aggressive/combatative patient is also a serious problem and can result in protracted ED stays.  Gaps in the system exist for mentally ill adults with significant developmental disabilities (DD).

**Washington Adventist Hospital  
Response to HHS Committee Questions**

<p>Does your hospitals emergency room have any special facilities or resources for persons presenting with a psychiatric disorder(s)?</p>	<p>WAH has a dedicated licensed clinician (Needs Assessment Clinician) in the Emergency Department who conducts a psychosocial evaluation and psychiatric needs assessment for any E.D. patient presenting with a primary psychiatric issue. The NAC works in collaboration with the attending E.D. physician responsible for evaluating and clearing the patient medically.</p>
<p>How is intake handled if the person comes to the emergency room voluntarily?</p>	<p>The patient is screened initially for safety in the E.D., triaged, and evaluated by an E.D. physician. If the medically cleared patient evidences need for psychiatric care, the E.D. physician requests NAC consultation/"intake". The NAC conducts a complete psychosocial evaluation and recommendation for level of care. The attending ED physician discharges the patient to the appropriate level of care in collaboration with the NAC, and psychiatrist on call if the patient is to be admitted to WAH's psychiatric unit. The NAC facilitates admission to the inpatient unit, or locates a receiving facility, or outpatient referral. The NAC also obtains insurance authorization for treatment as indicated.</p>
<p>How is the intake handled if the person comes to the emergency room involuntarily, such as in response to an emergency petition (police/sheriff/ambulance/mental health professional)?</p>	<p>The above screening and evaluation process would be the same. If it is determined that the patient needs involuntary inpatient psychiatric care, the NAC facilitates the process of obtaining the two certifications necessary. The NAC then facilitates admission to the WAH inpatient unit or locates a receiving facility as appropriate.</p>
<p>Does your acute care hospital have in-patient psychiatric beds? If so, how many?</p>	<p>Yes. 40 beds.</p>
<p>Are these beds targeted to any special populations (such as a specific age group)?</p>	<p>36 adult beds and 4 dedicated adolescent beds (ages 15-17)</p>
<p>Is there a minimum or maximum length of stay for patients?</p>	<p>No</p>
<p>Please provide a brief overview of the types of treatment services provided</p>	<p>A locked unit within the general hospital providing treatment for stabilization of acute crisis associated with psychiatric disorder. Average length of stay is about 5 days. Treatment is multidisciplinary, and is based on a medical model and comprehensive assessment. A secure environment provides 24-hour registered nurse monitoring. Modalities of treatment include, as appropriate: medication, substance abuse assessment for dually diagnosed patients, social work services including family intervention, structured therapeutic program focused on relapse prevention,</p>

	<p>individual therapy, and adjunctive testing and therapies as indicated; such as nutritionist services, physical therapy, occupational therapy or neurological testing. The patient is assisted to develop a plan for maintaining stability after discharge. Follow-up care is arranged prior to discharge.</p>
<p>Does your hospital have any partial hospitalization or day treatment programs for mental health patients?</p>	<p>Yes, a Partial Hospitalization Program is adjacent to the inpatient program. It operates M-F, 6 hours each day. Provides structured group therapies, and medical management. In addition, Intensive Outpatient Programs are provided for adults, dually diagnosed adults (substance abuse/addictions), and adolescents. Clients usually attend IOP 3 days per week from 5-8 pm</p>
<p>Does your hospital have any ongoing partnerships for treating persons with serious mental illness (such as the partnership between Suburban Hospital and NIMH)?</p>	<p>WAH has a partnership with CSAAC (Community Services for Autistic Adults and Children) providing outpatient medical management, and has deemed status by DHMH to provide services as Community Mental Health Center for Medicare and gray zone patients awaiting approval for Medicaid in the IOP programs.</p>
<p>Please provide any comments you may have on the characteristics of the population that seeks psychiatric treatment at your hospital such as age, gender, prevalent diagnosis, recent changes in any historic trends that might be the result of things like the economic downturn, aging population, etc.</p>	<p>Age range of patients is young adult to elderly with average age of 40. 15-20% speak primarily Spanish. Primary diagnosis is psychosis, bipolar disorder and schizophrenia, or major depression. 15-20% are dually diagnosed. 5% are developmentally disabled or autistic adults with acute behavioral crisis. There has been an increase in dementia related psychosis and admissions of older adults in the last 5 years.</p>
<p>Please provide any comments you may have on gaps in the hospital-based psychiatric treatment system.</p>	<p>In general, there are limited options for:</p> <ol style="list-style-type: none"> <li>1. Acute psychiatric treatment for severely developmentally disabled and autistic individuals.</li> <li>2. Treatment for forensic-psychiatric patients.</li> </ol> <p>There is opportunity to improve coordination of care for patients with multiple hospitalizations among various facilities. We still have a number of patients landing in our E.D. after a fairly recent stay in a neighboring hospital and vice versa. In addition, it is increasingly difficult to locate and access aftercare for patients, especially sub-acute beds and residential care. This has resulted in longer lengths of stay in the hospital.</p>



# Overview of Psychiatric Facilities and Services

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Montgomery County Council  
Health and Human Services Committee  
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# Facilities

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- Separate pod in the Emergency Department with 2 patient rooms for adults
- Overflow can be accommodated in other ED rooms; pediatric patients in the pediatric ED
- 24 beds in the inpatient Behavioral unit for ages 13+



# Admission Process

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- All behavioral patients are seen initially in the ED and assessed
  - Triage
  - Evaluation of suicide risk (a Joint Commission requirement)
  - Medical evaluation
- If cleared medically, are next evaluated by a social worker on the crisis intervention staff for placement

# Level of Care Placement

- Determined by ED physician, crisis staff, and on-call psychiatrist
- Can be placed into a medical unit with a sitter or under "close obs" by medical nursing staff if appropriate
- In-patient unit is voluntary only for ages 13+, but more usually age 15+
  - Younger children most often referred to Children's, Dominion, Potomac Ridge, or Shepard-Pratt

# Emergency Petitioned Patients

- Approximately 25/month
- Bypass triage and placed directly into Behavioral ED pod
- An EP'd patient may be sent home, admitted voluntarily or committed involuntarily. If admission is needed, we try to admit voluntarily rather than involuntarily commit the patient.

# Involuntary placements

- 22 acute care hospitals plus free standing psych hospitals state-wide accept involuntary patients, but there is no central repository of available beds
- Suburban Hospital staff typically spend many hours calling around to locate facilities willing to accept patients
- Uninsured patients needing a “purchase of care” bed are particularly hard to place if Potomac Ridge is full
- State has legal responsibility, but is seeking to redefine obligations in the community for first 30 days of acute care



# Voluntary patients

- Approximately 105+/month
- Average length of stay is 5.35 days
- Seen daily by psychiatrist for evaluation and medication management
- RNs monitor behavior, medical status, medication, detox
- Assigned to a social worker/case manager who coordinates care and discharge planning
- Group therapy lead by clinical nurse specialist
- Occupational therapy also available



# Day Treatment programs

- Ages 18+ with primary psychiatric diagnosis
- Approximately 6-10 daily for 3-6 hours per day; Monday-Friday
- Most participate for 2-3 weeks



# Population characteristics

- Most between ages 30-60
- Many dually-diagnosed patients – mentally ill and addicted
  - Mood disorders, such as depression or bipolar
  - Addictions to alcohol and prescription narcotics



# Recurrent Patients

- Significant number of psychotic, chronically mentally ill patients
- 20% of the population using 80% of the resources
- Coordination of care issues as they are treated in multiple facilities
- New pilot to collect data consistently and share across organizations



# Impact of Economic Issues

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- Observed state-wide decline in inpatient admissions over last 6 months
- No data, but speculation
  - Concerns over job security if employers are notified as part of discharge planning or treatment plan
  - Continuing lack of benefit parity for psychiatric care vs. medical care
  - Routine seasonality as annual limits are reached in second half of calendar year



# Partnerships

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- National Alliance for the Mentally Ill (NAMI) on family support
- St. Luke's and Threshold for alternate discharge placements for chronically ill
- Statewide collaboratives
  - Task Force on the Plan to Guide the Future Mental Health Services Continuum in Maryland