

ATTACHMENT E

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Purpose of this Consultation

Thank you for asking me to review your staffing plan for the new public Vermont Psychiatric Care Hospital. This new facility is designed to serve persons with serious mental conditions and people found, by your courts, to be Incompetent to Proceed to Trial or Not Guilty by Reason of Insanity or Mental Illness. I apologize that I do not know your laws that well to use the correct terminology.

1. I have reviewed numerous documents to date. These include:
 - A. Your actual staffing proposal for this new 25 bed hospital
 - B. Your policies on Emergency Involuntary Procedures
 - C. Your data on actual emergency procedures used in last few years
 - D. The GMPCC/VPCH Strategic Plan
 - E. The "Staff Responsibilities" document sent by Mr. Jeff Rothenberg
2. I also participated in three conference calls with key state leadership staff to get clarity on their plans and rationale for these staffing plans.
3. After a thorough review and you and your staff's patience in answering all my questions I will offer the following comments and recommendations.

Consultant Comments on the new Vermont Psychiatric Care Hospital Staffing Plan

1. As you already know, decisions on how to staff state mental health (MH) hospitals are a complex and difficult task. There are no national standards for staffing state mental health hospitals. That is because hospital staffing patterns rely on variables that cannot be often compared to other hospitals, or other states. Staffing patterns used by state MH hospitals are predicated on the layout of the facility, the type and acuity of persons served in that hospital, the type of staff employed, the use of video cameras, and the history of the said hospital. All of these variables inform individual hospital staffing decisions.

2. I reviewed your staffing proposal for this 25-bed hospital. On first glance, I found your staffing to be well over what I was used to. But once I was introduced to your new hospital facility layout, I understood completely your staffing plan.

The new Vermont Psychiatric Care Hospital plans must be lauded for being very progressive and very respectful of persons served privacy and space. But the other side of this very progressive work is that usual staffing allowances must go up. It is much easier to staff an institutional facility with shared baths, in one long rectangular building, with full "line of sight", than it is to staff a new facility, such as yours is going to be. With privacy and respect in mind. And good for you as the more that states embrace the need to build mental health hospitals with privacy and respect in mind, the more our country can move away from our past treatment of individuals with serious mental illness. Kudos to you to help lead the way.

3. Also important is the fact that Vermont does not have a forensic, stand-alone hospital to manage the care for persons that are found, by the courts, to be Incompetent to Proceed to Trial (ITP) or Not Guilty by Reason of Mental Illness (NGRI). This nomenclature varies among states but, the fact is, that your new hospital will be mixing these forensically involved individuals with your non-legally involved individuals with mental illness.

You are the first state I have known that mixes these populations. I think that this is risky for Vermont, as clients found to be ITP or NGRI are essentially the Department of Corrections' clients and are widely, in other states, believed to be a significant risk to your other hospital clients who are not legally involved.

In Delaware, we have a stand-alone unit for up to 40 of these clients. From my experience here, and in FL, probably 60% of these forensically involved individuals are fine. It is the other 40% of these clients who can pose a real risk to your other clients and your staff. And the expectation that you serve them together, with regular Vermont citizens who are just ill, is of concern to me also.

4. Your lack of any Security Staff, in your overall staff mix is troubling to me. My hospital in DE is only 115 beds now. Forty of these beds are forensic in a stand-alone unit. I have only has 1-2 Security Staff, per shift on the civil side But they perform a very important function in terms of perimeter security and a uniform when sometimes that is needed. But we also have another set of security corrections officers on the Forensic Unit due to the assumed dangerousness of only a few of these clients.
5. Finally, this new staffing pattern should greatly reduce your use of overtime and mandation. But, to be sure that this happens you will need to have collected baseline data on the use of OT and Mandation in your old hospital to compare with your new hospital. And one of your leaders will need to be assigned to your staffing office so you can be very comfortable about who is making staffing decisions and calling people in. This latter function is where many state hospitals lose control as they do not monitor these decisions and leave these decisions to pretty low level staff. This information should go into your state and facility-wide Performance Improvement Activities so that someone is monitoring your use of staff at this hospital and your outcomes

Recommendations

1. You will need time, at least a year, to move into this new facility and train your VSH staff on their responsibilities in working in this new facility. You will also need time to settle the persons that you are serving into this new setting. I have experience in moving 350 persons, from an old and decrepit hospital to a new one. That was a great success but a number of events need to occur in this process.
2. I expect that once you, and your staff, moves into this new facility you will be able to analyze your real staffing needs in a way that is not possible currently. And would again suggest that you analyze these needs by assuring that lead staff spend time on these two units for the next year. If lead staff do not spend time on these units you will never really know what is needed.
3. I would suggest since this move is imminent, that you provide the legislature a report on your experiences in running this new VT Psychiatric Care Hospital by next January 2015.
4. I would suggest that you monitor the use of overtime and mandation, from baseline, to your move into this new hospital. These outcome data points should decline, from baseline. If they do not something is wrong. Starting with your staffing office and who is making these decisions to call people in.
5. I also suggest that, once your new hospital is stabilized, that you again get your new VSH staff educated on the Six Core Strategies for Reducing Violence and the Use of SR in MH Settings. And on best care and treatment of people admitted to hospitals so that they do not stay very long. Does not need to include me. I have colleagues that also do this work to train on this evidence-based practice.