Emergency Involuntary Procedures (EIP) Work Group
March 11, 2022 ~ 10:30am – 12:00am

Attendance: DMH Staff: Laura Lyford, Sam Sweet, Stephen DeVoe; David Horton; Kelly Klein; VCPI: Alex Lehning; VAHHS: Emma Harrigan; CVMC: Kimberly Cookson; BR: Alix Goldschmidt; Bonnie MacGregor; DRVT: Merry Postemski; VA: Karen Lewicki; UVMMC: Jessica Charbonneau; Dr. Janice Lebel, NAMI: Laurie Emerson; Kevin Huckshorn

Meeting minutes are intended to capture the substantive business of the meeting and should not be construed as an explicit transcript of all meeting commentary

Welcome and Introduction: Introductions took place. Review of agenda and minutes. No questions pertaining to prior meetings' minutes. No additional content to include for today's agenda. There will be additional funding for training/implementation of Six Core Strategies.

Updates from Members: Topics: Thinking about professional development, consultation, and technical assistance learning opportunities around 6CS in the coming months:
1) COVID-19 check-in: What are you seeing - more acuity? More violence? Longer LOS? More workforce challenges (vacancies)?
2) Describe your ideal consultation/process.

BR: COVID check-in: outbreak in Oct 2021 that took 6 weeks to get under control between patients and staff. Moved to mandatory vaccination. Providing vaccination to patients. Another outbreak in January 2022 but more diffused. Bi-weekly testing since Oct 2021. Workforce challenges, and yet some staff are choosing to stay in VT and continue working at BR. Numbers are moving u as they have the staffing to do so. Not necessarily longer LOS.

Question: Kevin Huckshorn – switch to mandatory vaccinations. Did you loose staff?
Answer: Not very many, just a few.

CVMC: Also went to mandatory vaccinations. Did lose some people. A few staff tested positive in the past few months. No spreading to patients. Has some FEMA nurses and more travelers due to staff shortages. Admission and 7 day follow up COVID testing of patients. Encouraging mask wearing. Not set up for people to coexist with someone who is testing positive. People may be in ED longer until they can come upstairs if testing positive.

Question: Merry Postemski – Windham Center to accept COVID patients. When did that stop?
Answer: Stopped when numbers where very low and posed it to ED's to see if they wanted us to continue or have the bed returned to psych beds. Ended the contract with Windham but then contracted with Springfield ED to hold 2 beds. Did this for a few months but then ended due to lack of utilization. Patients in ED's testing positive. Outside of RRMC, we don't have another hospital willing to do this. Depending on which ED a positive patient is at, they may be able to receive psych treatment while they are quarantining.

DA: No participation.

DAIL: No participation.

DMH: Nothing additional to add.

NAMI: Nothing additional to add.

RRMC: No participation.

SH: No participation.

UVMMC: No participation.

VPCH: Nothing additional to add.

VA: Nobody is trying to do a mixed unit. No one has succeeded. Maintaining people in med beds. Will admit people with positive PCR tests if deemed not infectious. Infectious Disease department assesses PCR test and Rapid test.

VAHHS: Nothing to add.

DVRT: Nothing to add.

Data Presentation:

Involuntary Admission Data:

Adult EIP's administered: Most administered to adults.

Youth EIP: BR states COVID outbreak and 3 patients needing to be quarantined. All 3 kids were having a difficult time. Had to get creative during that difficult time.

Adult & Youth EIP: Most administered to adults.

Drop in one type of restraints often results in an up-tick in other forms of restraints. Data stable.

New level I unit at BR opened in October.

Most EIP's administered on level I units.

Lyndon Lodge = adult unit, serves involuntary only

Most involuntarily admitted patients do not receive EIP.

Patients that do receive EIP's receive low numbers of episodes.

Review methods for calculating level I and statewide data rates and average hours in restraints/seclusion. Next year will include Lyndon Lodge.

Question: Kevin Huckshorn – What data are we using for national data? Joint Commission? Unsure. Take into consideration the national averages against the states and where we stand.

Merry Postemski – Does the VA not serve involuntary patients or not perform EIP's. They are included, but it's unusual they occur.

Voluntary Admission Data:

CON's from BR for EIP's. Not as much data as involuntary. Usually pretty brief.

Adult EIP's administered: Not many EIP's administered.

Youth EIP's administered: Most EIP's administered to youth.

Adult & Youth EIP's administered: More seclusion/manual restraint than medication.

Question: Kevin Huckshorn – Voluntary patient and EIP occurs; are they automatically transitioned to involuntary status?
Answer: Alix Goldschmidt – not necessarily, no.

Question: Dave Horton – Did level I EIP's occur on Lyndon Lodge?
Answer: Alix Goldschmidt – If patient was transferred to that unit, perhaps. Will look into more.

Most EIP's on level I units.

Reviewed hours in restraint/seclusion.

DA representation soon. Discussed membership. Reports given to the Commissioner, check in about where recommendations end up going and how they impact the work we do as a group. Continuing checking in about pandemic status when bring perspectives. Discussed 6CS upcoming work. In what way would you best be served from these opportunities. How can we navigate 2 sides of data and what the numbers tell us? Is there anything we can do differently with our meeting structure? How can we utilize the data in meaningful ways to affect our work?

Public Comments

Kevin Huckshorn – Emergency System (988) going live in July. Triage call center responds, if not resolved the crisis, mobile crisis deployed, if not resolved, person brought in for assessment. Divert from ED's and jails. Are we going to be seeing more facilities serving people in behavioral health crisis that may need EIP's as a result of 988?

Emma Harrington – No planning currently for psych urgent care. Looking into peer operated centers outside of hospitals.

Kevin Huckshorn – SAMSHA Crisis Now Guidelines. Not an urgent care but 24/7 service center.

Laurie Emerson – NAMIVT advocating for the system of mobile hubs, and crisis station.

Kelley Klein – Not concerned with EIP's taking place where they're not allowed. Doesn't see the direction that we're going to go. Skilled workers in the community.

Next Meeting: June 10, 2022