Billings Clinic

Dear Ms. Carlson

Thank you for your request for testimony at the May 7 meeting of the Transition Review Committee. Billings Clinic is a Level 1 Trauma Center with an inpatient psychiatric unit. Billings Clinic seeks to provide the best care to psychiatric patients by stabilizing and discharging to a safe community placement or to one of the Montana State facilities.

We appreciate the Transition Review Committee's solicitation of testimony and its desire to collaborate with hospitals to ensure the most vulnerable Montanans are not overlooked during the implementation of HB 29 (2023). This letter is the written testimony of the Billings Clinic psychiatric providers. It addresses the three areas in which you solicited feedback:

(1) Challenges and barriers to discharging high-need patients with dementia or TBI to community-based placements, as they are now not lawfully eligible for civil commitment;
(2) Possible tools or aid from DPHHS that can help divert patients being discharged from hospitals to the lease restrictive, most appropriate community-based placements to avoid unnecessary involuntary commitments; and
(3) Successful efforts currently in use that can be duplicated by other hospitals to facilitate appropriate placements upon discharge.

We will address each point in turn.

*Challenges and barriers to discharging high-need patients with dementia or TBI to community-based placements*

Billings Clinic struggles to find any placement, including community placement, for high-need patients with Alzheimer's, dementia, or TBI.

Many nursing homes in Montana have closed in recent years, so it is generally difficult to find a place to discharge a dementia patient who needs skilled nursing care. *See, e.g.,* Montana DPHHS, *Senior and Long Term Care Facility Closure Tracking Data*, https://dphhs.mt.gov/assets/waivers/NursingFacilityClosuresStatusReport-SLTCBriefing.pdf (2022) (losing 741 licensed skilled nursing beds in Montana in 2022). The general difficulty is compounded (mostly impossible) when a patient has a behavioral health issue. Many nursing facilities and group homes are disinclined—or refuse—to admit or accept back a resident who has been inpatient in the psychiatric unit or who has any documented behavioral issues.

Additionally, the Montana Mental Health Nursing Care Center in Lewiston rarely will accept a placement in the facility, and they will not accept a patient with behavioral problems. Traditionally, the path to Lewistown required a commitment to the Montana State Hospital. If a patient needs to be involuntarily committed to the Montana State Hospital, the backlog there means that more patients are being held at Billings Clinic while waiting for admission to either facility. New beds may not suffice to cover the ever-increasing backlog. Additionally, there are

no appropriate placement beds to allow Billings Clinic to commit to the community, and lack of funding of community beds eliminates the ability of Billings Clinic to partner with more suitable providers and facilities to secure community placements.

Another barrier for private facilities like Billings Clinic is that they are unable or unwilling to take on the risk of involuntarily administering medications to their patients. The only facilities that involuntarily administer medications, those run by DPHHS, have been reducing the number of available beds. *See, e.g.,* Mont. Code Ann. § 53-21-401(4)(a) (ending the involuntary commitment of geriatric patients with a primary diagnosis of Alzheimer's, dementia, or TBI); Mont. DPHHS, *Geropsychiatric Care at the Montana State Hospital*, https://archive.legmt.gov/content/Committees/Interim/2021-2022/Children-Families/Meetings/March2022-MSH-Meeting/march2022-msh-meeting-spratt-unit-report.pdf (Jan. 2020) ("The 60-bed Spratt Unit provides geropsychiatric and skilled nursing care to patients admitted to the hospital."). The result is that the most vulnerable patients cannot get the treatment that they need, or they decompensate while waiting for a bed in a state facility where they can receive proper treatment.

Case managers and social workers with the state often either cannot or will not help once a patient has been admitted to a private facility like the Billings Clinic. For example, last month, a DD Services patient presented at Billings Clinic, and her group home refused to accept her back. In the following month, Billings Clinic social workers and legal counsel made 18 unanswered calls to the DD Services' case worker and countless unanswered calls to the patient's guardian. The APS case worker refused to help because the patient was safe at Billings Clinic. It took a personal call to DPHHS Director Brereton before someone from DD Services helped arrange a placement for the patient, who had decompensated during that month, to be committed to the Montana Intensive Behavior Center at Boulder.

Compounding this problem is that, even when a patient is admitted to a Montana State facility, discharges from the facility back to Billings are not coordinated or effective. Often, released patients gravitate back almost immediately to the Community Crisis Center then back to the Billings Clinic emergency room.

The result of these barriers to safely discharging and treating these already compromised patients is an increased time that the Billings Clinic team must spend finding a place to safely discharge its psychiatric patients. This process can take a month or more. In the month that the Billings Clinic held the DD Services patient, it could have instead provided treatment for 6 or 7 acute psychiatric patients. Some of those patients will likely end up being unnecessarily committed to the Montana State Hospital because another facility could not provide the appropriate evaluation and treatment.

*Tools or aid from DPHHS that can help divert patients being discharged to the least restrictive, most appropriate community-based placements*

Billings Clinic proposes six things that DPHHS could do to help Billings Clinic discharge to the least restrictive, most appropriate community-based placements:

(1) For some patients, the least restrictive placement is to be inpatient at a state facility. DPHHS should increase the number of beds at the Montana State facility Lewiston in general and reserve some of those new beds for patients with behavioral health issues.

(2) Private hospitals are bearing the weight of nursing homes and group homes refusal to admit or accept back a patient who has been in-patient in the psych unit or who has behavioral problems. DPHHS should hire case managers to facilitate the safe discharge of patients from the psychiatric unit to skilled nursing facilities, group homes, or Montana State facilities. By facilitating a timely discharge for these patients, DPHHS helps make more acute psychiatric beds at Billings Clinic available, which ultimately reduces the number of unnecessary admissions to Montana State Hospital.
(3) DPHHS should petition the Montana Legislature to pass legislation that disincentivizes nursing homes and group homes from refusing to readmit or accept residents with behavioral health issues. These residents often end up as long-term patients at the Billings Clinic when there is no medical reason for their continued hospitalization. Effective case management could save the State money: when a nursing home refuses to accept a patient back from a hospital, Montana Medicaid ends up paying both for the hospital stay and for the patient's continued bed at the nursing home.
(4) DPHHS should invest in crisis stabilization for Alzheimer's, dementia, and TBI patients. These services could help prevent patients from decompensating.
(5) Montana State facilities should prioritize the admissions of patients from facilities that provide for proper evaluation and necessary treatment.
(6) Montana needs to appropriately fund community facilities who can absorb community commitments.

*Successful efforts currently in use that can be duplicated*

Billings Clinic and the Yellowstone County Attorneys' Office work with county attorneys and critical access hospitals in Eastern Montana to have a Billings Clinic psychiatrist evaluate—and sometimes stabilize—a patient that the county attorney or CAH believe need to be involuntarily committed. The result of this teamwork is a reduction in the number of unnecessary admissions to the State facilities.

*Conclusion*

The Billings Clinic is grateful for the Transition Team's thoughtful solicitation of testimony. Billings Clinic looks forward to continued dialog and partnership to provide the best care possible for the most vulnerable Montanans.