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Rebecca Maurer COUNCIL MEMBER, WARD 12
COMMITTEES: Health, Human Services & the Arts • Municipal Services & Properties • Transportation & Mobility • Rules

From: Kathleen Moser, Ward 12 Executive Assistant
To: Ward 12 Councilwoman Rebecca Maurer
Re: Closing of St. Vincent's
Date: September 16, 2022

Councilwoman Maurer,

You asked me if I would prepare a memo on the impact of St. Vincent's closing its doors to inpatient care. This is something near and dear to my heart. In 2018, my brother Vinny died at age 23 from schizophrenia and substance abuse. My family immediately began workshopping ways his and our suffering could be used to lessen that of others. From trying to have his brain donated to science to giving his clothes to Bishop Cosgrove Center. An acknowledgement that we all are because others were. I am grateful for the opportunity to share this information with others and hopeful that it brings about some perspective to those who read it—

So that others might suffer less.

1. *St. Vincent's is a critical community resource for many reasons, especially because it is one of just two psychiatric emergency departments in Ohio.*

St. Vincent's Charity Medical Center (SVCMC) announced this week that it will be closing its Emergency Department and terminating inpatient care. To some this may look like another unfortunate hospital closure, part of a greater shift toward telehealth and outpatient treatment. It is so much more.

SVCMC's ER is not just an ER-- it is a Psychiatric Emergency Department (PED). **One of just two in the state of Ohio and one of only seven in the nation**. PEDs are a specialty ER, staffed with psychiatric care 24/7; Psychiatrists, Psychiatric Nurses, Psychiatric Social Workers, Mental Health Techs. St. Vincent's also has 64 inpatient beds for direct admission and an additional 27 bed detox unit. This is a rarity in mental health services.

2. *Psychiatric crisis is already difficult to manage under the best of circumstances.*

To understand the gravity of this loss and the state of mental healthcare, it is important to really grasp what trying to get psychiatric crisis care looks like in a regular ER:

Someone in crisis cannot walk into a facility like the diversion center, a crisis unit, or treatment facility and get a bed. Nor can an agency call and demand one. Medical clearance is needed first, which is where ERs come into play.

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Someone enters the ER experiencing a mental health crisis. They may be contemplating suicide. Or days into a psychotic episode, finally convinced to go by their heartbroken family. Maybe the police took them in after being called to a scene.

They are checked into the ER like anyone else. When there is space they are brought back to a room in the ER—this is not the same as being admitted. A staff member *should* be assigned to keep watch 24/7 because of the potential threat to self. They wait for a doctor, which can take hours. This is often the resident or attending doing rounds—not necessarily a psychiatrist.

If a doctor determines that the patient meets criteria for admission, the search for an open bed begins.

Most hospitals do not have an in-house psych unit, so the patient needs to be transferred out. If a patient is being held on a 72 hour psychiatric hold—or "pink-slipped"—the general hospital must transfer them within 24 hours to a hospital licensed by the state Mental Health and Addiction Services Board. The waitlists at hospitals and facilities that have inpatient psych units are long and only growing. If there are no beds open in the area, the patient is either sent home or held in the emergency department until one opens. **Patients who are pink-slipped are transferred to the licensed hospital and held in that ER until the bed opens. This could be hours. Or days. Or even weeks. Many times they end up leaving without help.**

3. *Even at licensed psychiatric hospitals, the cycle of severe mental illness is overwhelming and compounded by decades of disinvestment and failure to properly care for those with mental illness.*

Only five hospitals in the city of Cleveland have an inpatient psychiatric unit in-house. With St. Vincent's closing, it will be four. At these hospitals, a patient can be admitted directly into the unit *if* there is a bed open. If there is not, they will face the same options as those at other hospitals.

Many people fall through the cracks during the admission waiting period. The young adult contemplating suicide is handed a referral for outpatient services and told to call tomorrow. The person experiencing psychosis changed their mind in the hours waiting, and by the time a doctor could see them they are gone.

It is one step in what many in the community call The Cycle: Hospitalization --> released into unstable housing --> outpatient services --> stops using services and/or goes off medicine --> event or incident occurs--> hospitalization

This cycle will go on and on. People with a severe mental illness cycle 10, 15, 25 times. Finding stable and safe housing—or long term care—on the outside is even harder than finding a bed from the ER. Most end up homeless, in prison, or dead. That is the reality people are facing.

This cycle has been a crisis for a long, long time. There have been hundreds of St. Vincent's every year in America since the 1950s. Cuyahoga County has closed down several facilities of varying treatment levels for severe mental illness. This most recent loss of 64 beds and 27 detox beds at St. Vincent's is monumental. **These losses will directly add to the suffering of a population already overwhelmed with pain. People will die because of this decrease in services.**

4. *St. Vincent's directly relates to major funding requests before Cleveland City Council and other public bodies.*

St. Vincent's is a warning. A lesson on how our government invests its money and resources and capacity. There was no one decision that closed this hospital. Decisions over the years on where and how to invest ultimately left Sisters of Charity, the operator of St. Vincent's, out to dry.

We need to fund the people and places doing the work and listening to those with real life experience.

The Diversion Center will not fill in the gap left by St. Vincent's. The Diversion Center cannot take walk-ins and it is not a hospital. Frontline Services is already stretched to capacity.

In the coming days, Council will review a $5 million ARPA expenditure to the Cleveland Police Department to expand a so-called "co-responder" crisis response program. The program's structure ignores the mental health community's calls for a *care* response model rooted in psychiatric and medical professionals, not the police.

And now here we are. No money to St. Vincent's. Little support for Frontline Services and their crisis response line. Some behavioral healthcare workers in Cleveland being paid just $13 an hour. All while the most important resources—like St. Vincent's—close their doors. Services go down. Safety calls go up. It's used to justify more money into inadequate programs and projects. The bureaucratic cycle goes on.

I really hope to see a day where both these cycles break and we expand the options and care for those suffering. And fund them. Then fund them some more. When it comes to social services, we don't need to reinvent the wheel. Especially when right now there's no road ahead.