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MEMORANDUM

TO: Mental Health Oversight Committee
Health Care Oversight Committee
Joint Fiscal Committee

FROM: Paul Dupre, Commissioner of the Department of Mental Health

DATE: December 29, 2014

RE: November – December 2014 Monthly DMH Report to the Mental Health Oversight Committee

Attached please find the November 2014 report to the Committees on Mental Health and Health Care consistent with reporting provided to the general assembly in April 2014.

Utilization of Inpatient and Crisis Beds
Level 1 Inpatient Utilization: Statewide and by Hospital
Level 1 Inpatient Capacity and Utilization, Vermont Statewide
People with Involuntary Admissions, Comparison of Level 1 and Non-Level 1
Involuntary Non-Level 1 and Level 1 bed days
Average Numbers of People Waiting Inpatient Placement
Vermont State Hospital and Designated Hospitals, Emergency and Forensic Admissions
Adult Inpatient Utilization and Bed Closures
Wait Times in Hours for Involuntary Inpatient Admission

Additional Reporting Requests

Sheriff Supervisions in Emergency Departments
Average Distance to Psychiatric Inpatient Care
Hospital Admissions, Length of Stay, and Readmissions

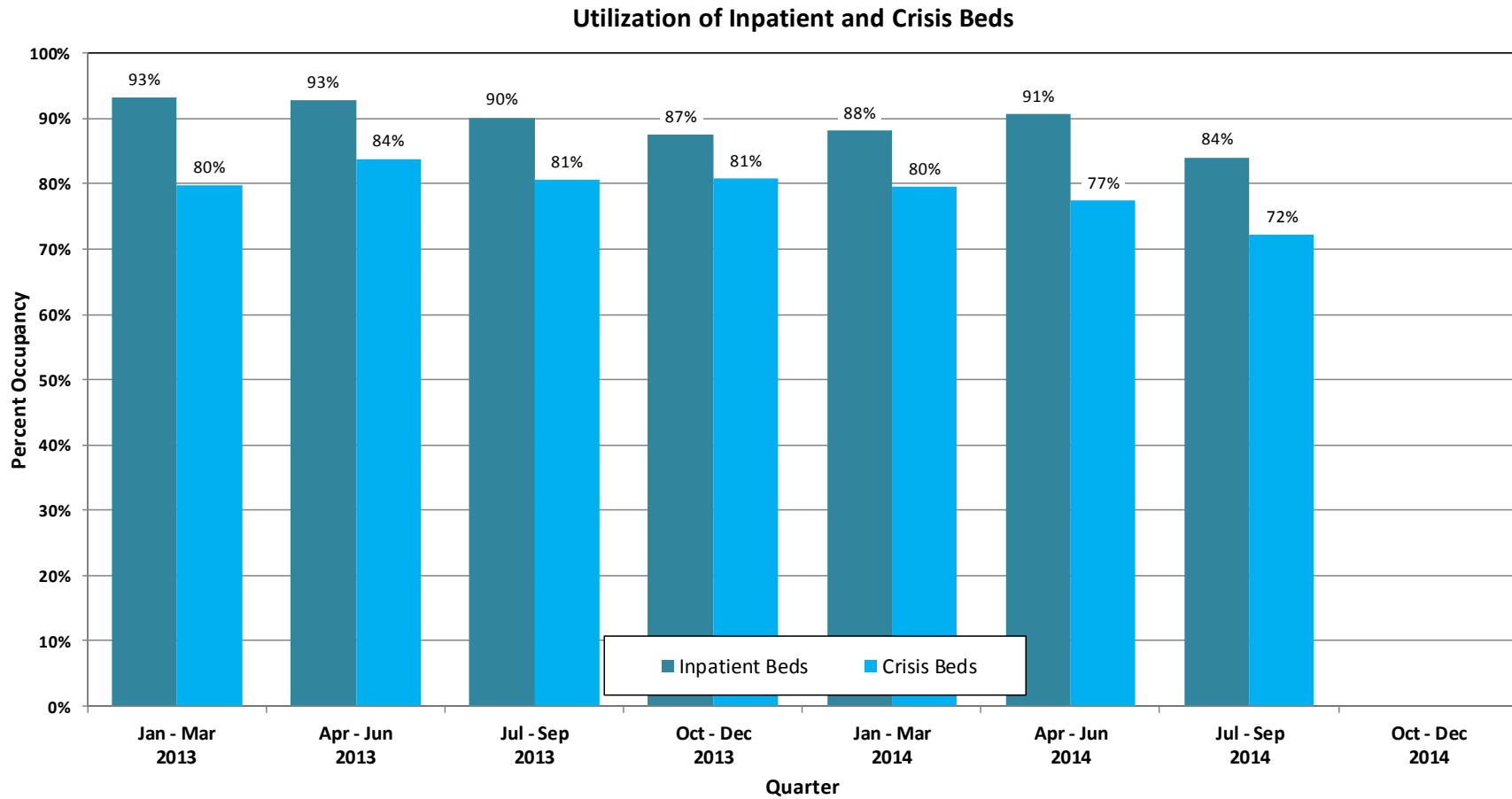
Vermont Department of Mental Health System Snapshot (2012-2014)

Respectfully submitted by the Department of Mental Health.

Please direct any inquiries for additional data collection or report content development to Paul Dupre, Commissioner of the Department of Mental Health; paul.dupre@state.vt.us.

Joint Legislative Mental Health Oversight and Health Care Committees
 Department of Mental Health – November - December (2014) Report

Utilization of Inpatient and Crisis Beds (Jan 2013 – Sep 2014)



Based on data reported to the Vermont Department of Mental Health (DMH) by crisis bed programs and inpatient facilities for adult care using the electronic bed boards system. Programs are expected to report to electronic bed boards a minimum of once per day to update their census. State averages are adjusted to exclude programs on days where there were no updates submitted to the bed board.

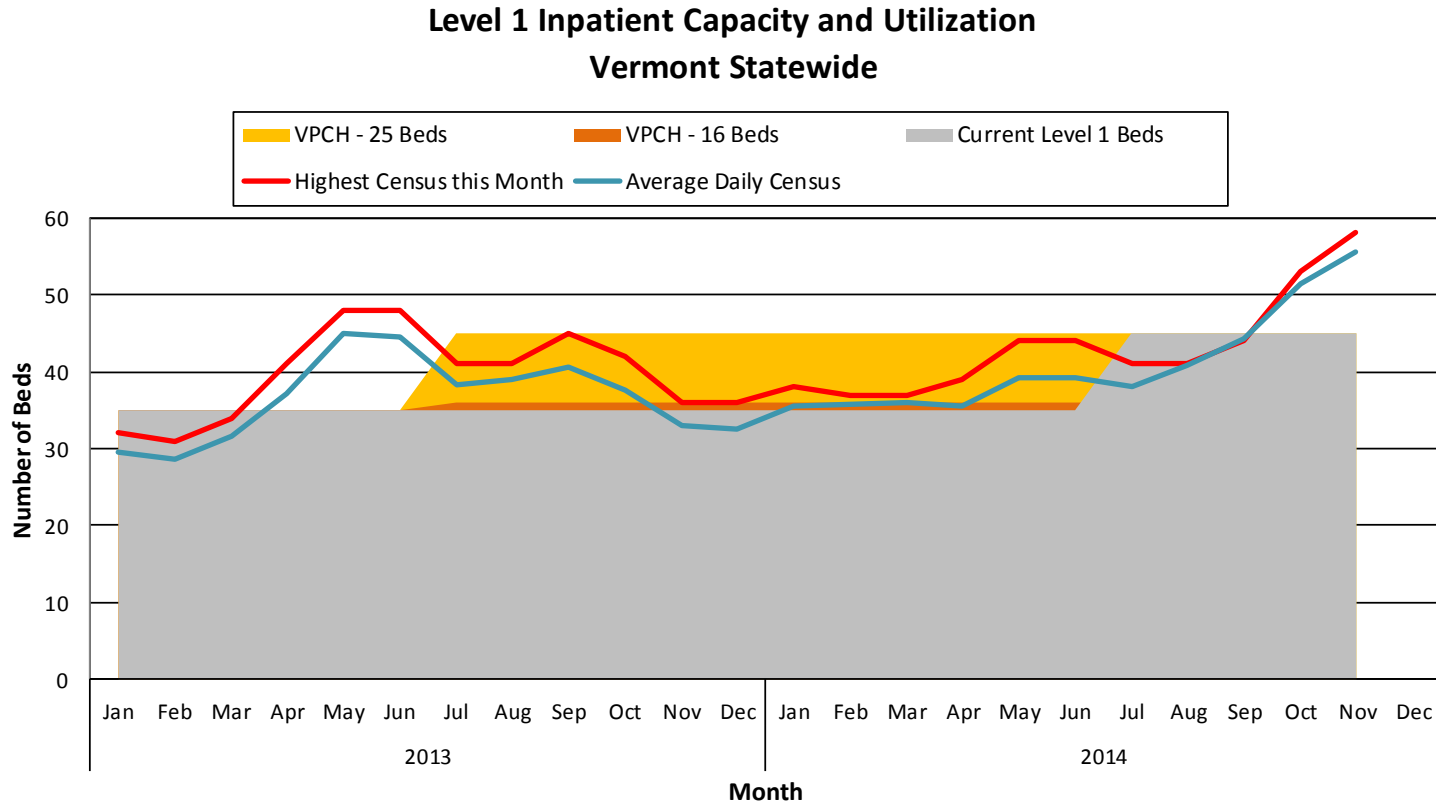
Level 1 Inpatient Utilization: Statewide and by Hospital (2013-2014)

Level 1 Inpatient Utilization: Statewide and By Hospital 2013-2014

SYSTEM TOTAL	2013												2014											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Level I Beds	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	45	45	45	45	45	
Average Daily Census	29	29	32	37	45	44	38	39	41	38	33	33	36	36	36	35	39	39	38	41	44	51	56	
Total Level I Admissions this Month	22	13	20	22	26	10	19	18	13	12	7	14	14	8	10	11	18	16	9	14	10	9	10	
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	4	8	12	8	5	3	7	9	7	6	9	11	8	6	5	3	4	6	
Total Level 1 Discharges this Month	17	17	13	15	19	17	19	18	15	15	11	10	14	9	8	9	13	21	8	13	3	7	6	
Highest Census this Month	32	31	34	41	48	48	41	41	45	42	36	36	38	37	37	39	44	44	41	41	44	53	58	
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	UNDER	UNDER	UNDER	OVER	OVER	
BY HOSPITAL																								
Brattleboro Retreat																								
Total Level I Beds	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
Average Daily Census	14	16	19	18	21	20	16	17	19	18	17	15	17	17	17	19	23	21	22	20	19	21	21	
Total Admissions during Month	7	9	10	3	11	3	3	4	4	5	1	5	3	2	3	7	8	7	4	3	6	2	4	
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	2	1	3	4	2	1	4	2	2	3	7	6	4	3	1	3	1	3	
Total Level 1 Discharges this Month	7	7	7	5	7	8	3	3	3	6	3	3	4	2	3	1	6	11	2	4	0	4	4	
Highest Census this Month	16	18	20	20	22	22	17	18	20	20	18	18	17	18	18	23	25	25	23	23	21	22	22	
Over/Under for Total Planned Beds	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	
RRMC																								
Total Level I Beds	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
Average Daily Census	4	1	3	9	9	10	8	8	8	7	6	6	7	9	10	10	9	8	8	10	11	13	13	
Total Admissions during Month	2	0	5	8	8	2	4	5	5	3	4	5	10	3	1	2	4	5	3	5	1	4	3	
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	0	1	2	2	0	0	0	7	3	0	1	1	1	3	4	0	3	3	
Total Level 1 Discharges this Month	5	2	0	4	8	2	6	6	5	4	4	5	7	2	1	2	5	6	2	4	0	4	4	
Highest Census this Month	6	3	6	11	11	11	10	9	8	8	7	8	9	10	10	11	10	9	10	11	12	12	14	
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	
VPCH																								
Total Level I Beds	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	25	25	25	25	25	
Average Daily Census	5	5	4	4	6	6	7	6	6	7	6	6	6	6	6	5	5	5	5	10	14	16	20	
Total Admissions during Month	8	0	0	2	2	3	6	2	2	1	0	1	1	1	3	1	2	1	2	6	3	3	3	
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Level 1 Discharges this Month	2	2	1	0	1	3	4	4	1	2	0	1	1	2	2	2	1	2	0	1	0	0	0	
Highest Census this Month	7	6	4	5	6	6	8	7	7	7	6	6	6	6	7	6	7	7	7	12	10	18	21	
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	
FAHC																								
Total Level I Beds	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	0	0	0	0	0	
Average Daily Census	6	6	6	6	9	9	7	9	8	6	5	5	5	3	3	2	2	5	2	1	1	1	1	
Total Admissions during Month	5	4	5	9	5	2	6	7	2	3	2	3	0	2	3	1	4	3	0	0	0	0	0	
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	2	6	7	2	3	2	3	0	2	3	1	4	3	0	0	0	0	0	
Total Level 1 Discharges this Month	3	6	5	6	3	4	6	5	6	3	4	1	2	3	2	4	1	2	4	0	0	0	0	
Highest Census this Month	8	8	8	8	11	10	8	10	11	7	6	6	6	4	4	3	4	6	3	1	1	1	1	
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	OVER	OVER	UNDER	OVER	OVER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources. 'Over/Under for Total Planned Beds' is computed using the difference between total level 1 beds and average daily census for each hospital and statewide. Unit of admission is available from June 2013 onw ar d.

Level 1 Inpatient Capacity and Utilization, Vermont Statewide (2013-2014)

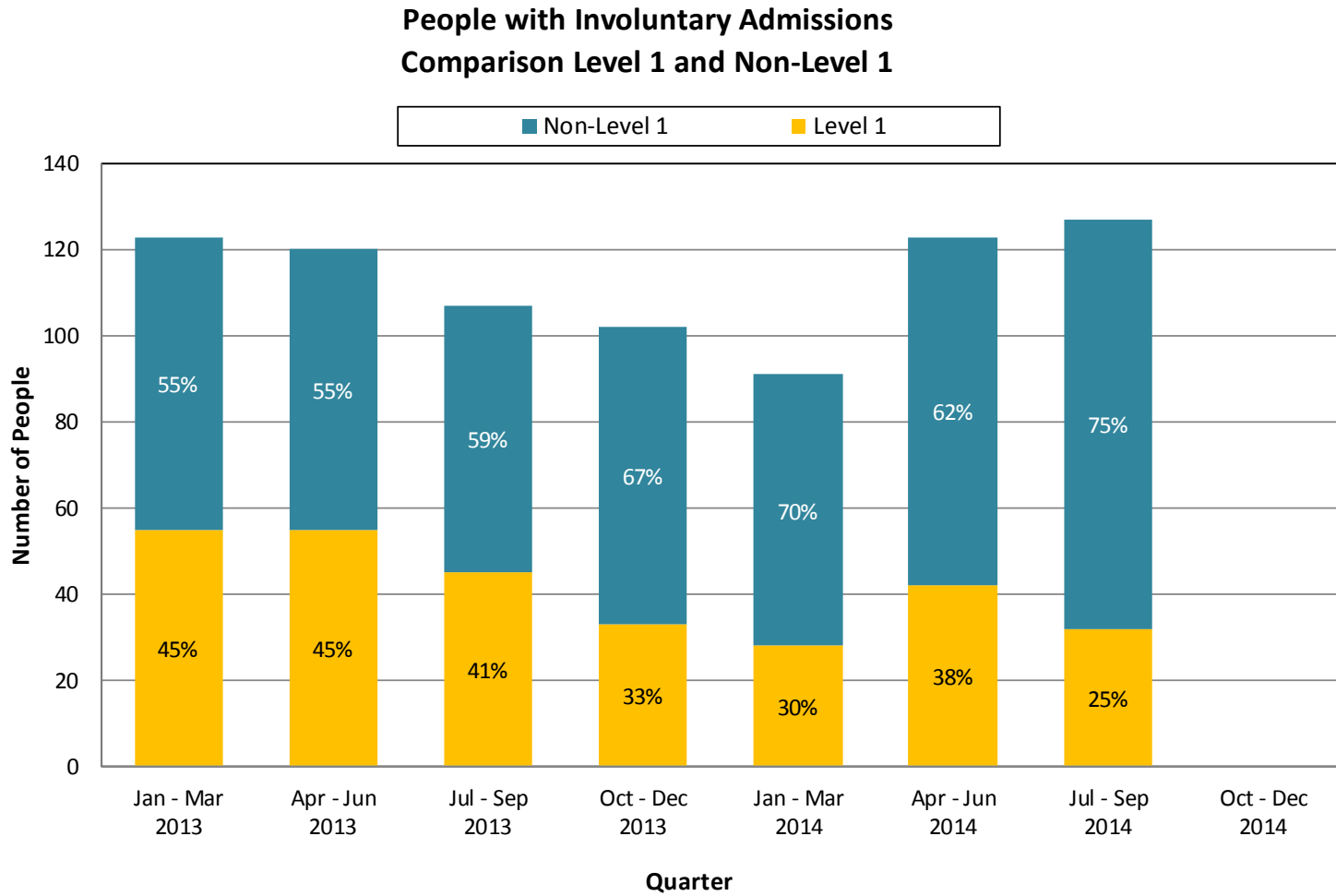


GMPC opened 8 Level 1 beds in January 2013

RRMC opened 6 Level 1 beds in April 2013

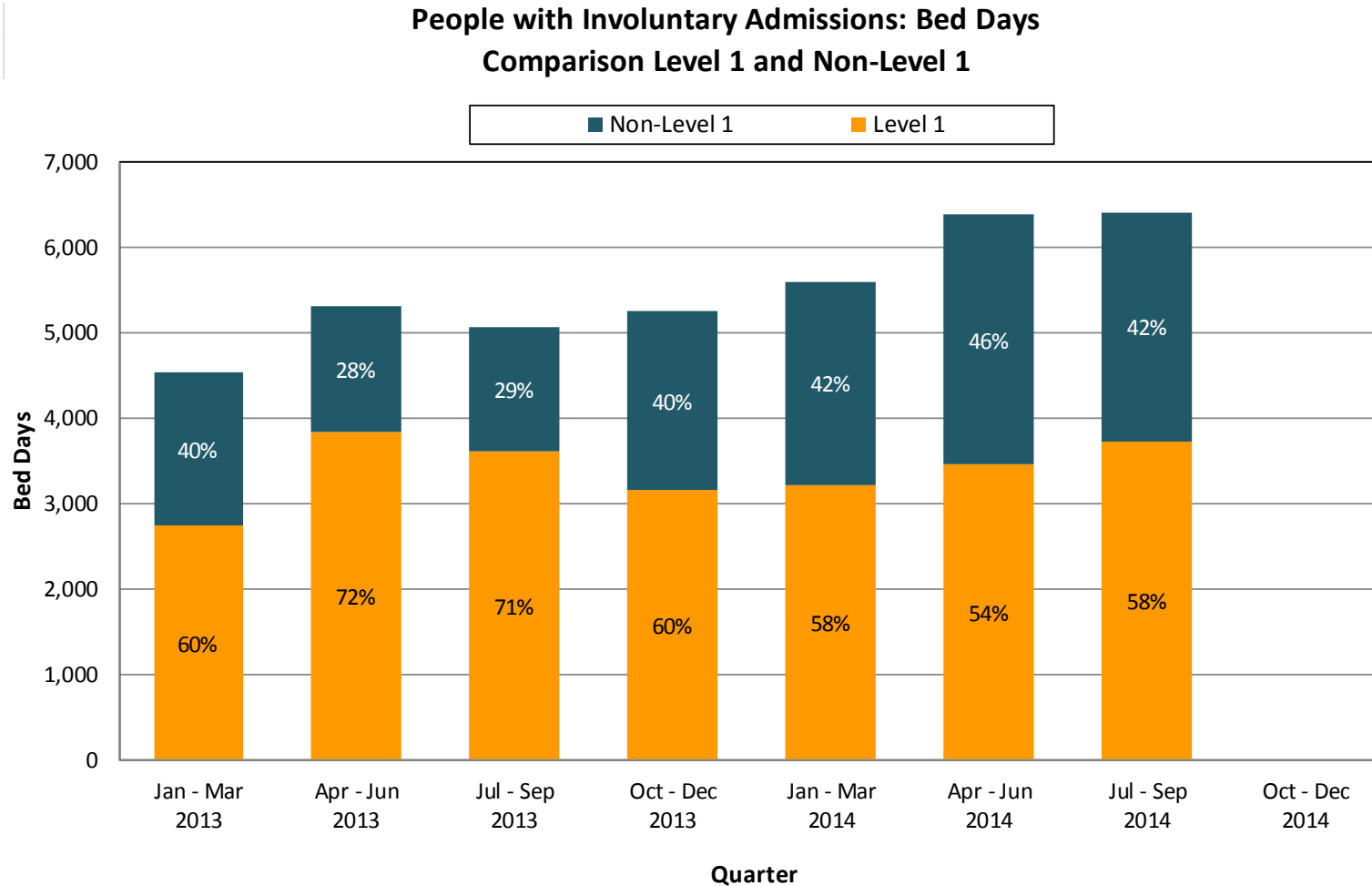
Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources.

People with Involuntary Admissions, Comparison of Level 1 and Non-Level 1 (Jan 2013- Sep 2014)



Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources.

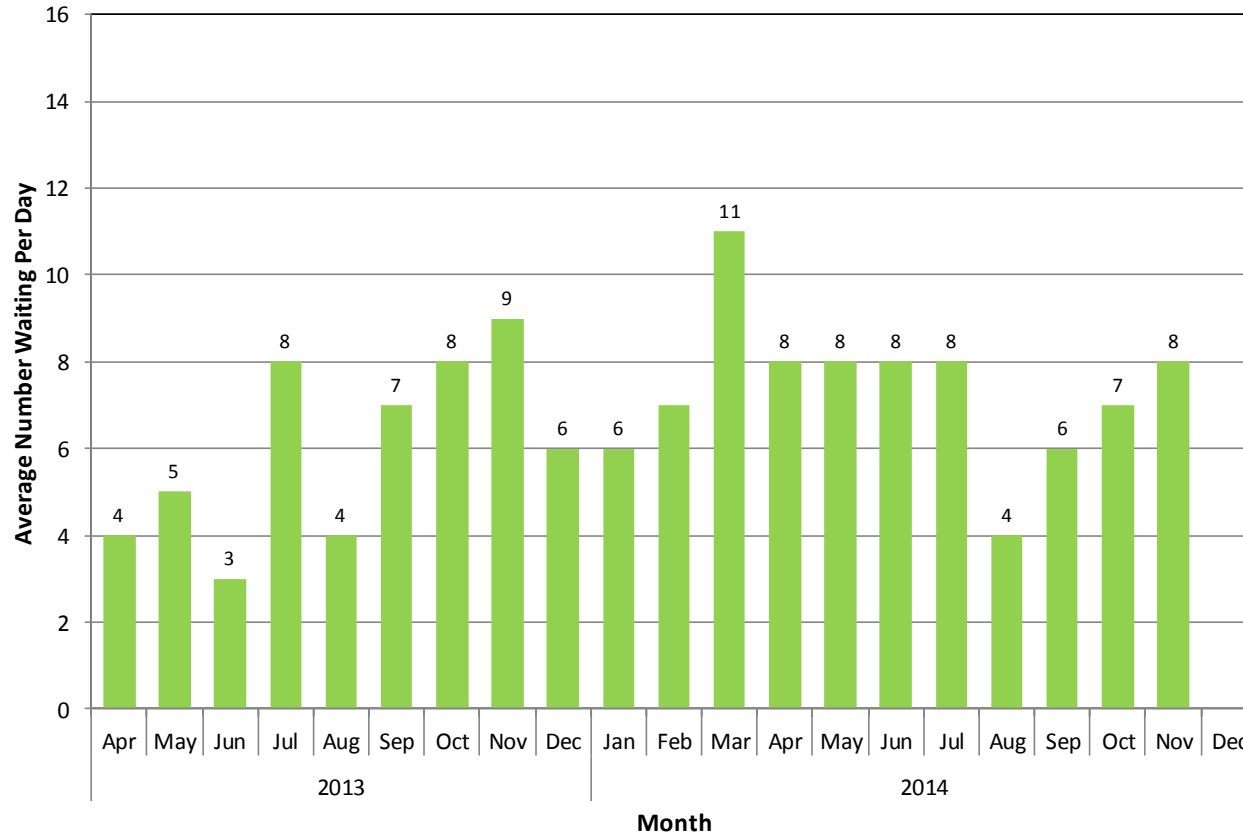
Involuntary Non-Level 1 and Level 1 bed days (Jan 2013 – Sep 2014)



Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources. Bed days for Level 1 stays can include inpatient days before the Level 1 determination was made due to the payment structure of Level 1 inpatient stays.

Average Numbers of People Waiting Inpatient Placement (2013-2014)

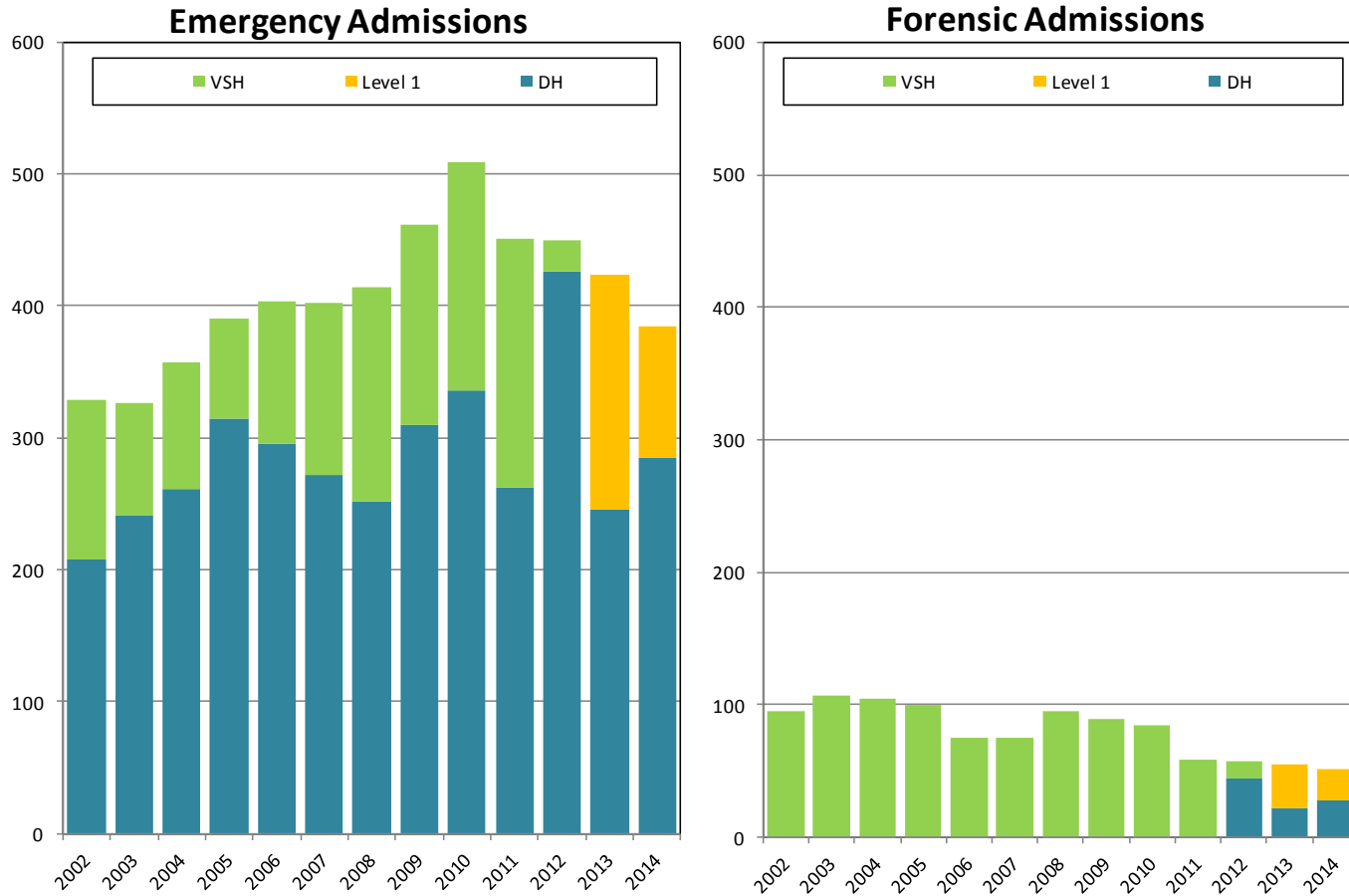
Average Numbers of People Waiting Inpatient Placement



Based on the VPCH admissions unit's morning update report and end-of-shift reports regarding persons waiting inpatient placement. Includes persons waiting in emergency departments inpatient placement or involuntary and persons waiting in department of corrections for inpatient placement on a court ordered forensic observation.

Vermont State Hospital and Designated Hospitals, Emergency and Forensic Admissions (FY2002-2014)

**Vermont State Hospital and Designated Hospitals
Emergency and Forensic Admissions
FY2002-FY2014**



Analysis based on the Vermont State Hospital (VSH) Treatment Episode Database, and adult inpatient tracking maintained by the Department of Mental Health, Care Management Unit. Includes all admissions during FY2002 - FY2014 with a forensic legal status or emergency legal status at admission.

Adult Inpatient Utilization and Bed Closures (2014) (page 1 of 2)

Adult Inpatient Utilization and Bed Closures: Page 1 of 2

**System Total and Level 1 Units
2014**

 All Units	 Level 1 Units	 Non-Level 1 Adult Units
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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ADULT INPATIENT UNITS												
Total Beds	169	169	169	169	169	169	188	188	188	188	188	
Average Daily Census	137	147	151	153	155	148	154	159	163	167	164	
Percent Occupancy	83%	87%	89%	91%	92%	88%	82%	85%	87%	89%	87%	
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0	0	
# Days with Closed Beds	31	28	31	30	31	19	30	31	30	31	30	
Average # of Closed Beds	6	10	7	3	4	3	18	14	10	6	6	
VPCH												
Total Beds	8	8	8	8	8	8	25	25	25	25	25	
Average Daily Census	8	8	8	8	8	8	9	14	18	21	21	
Percent Occupancy	100%	100%	99%	100%	98%	100%	34%	55%	71%	83%	84%	
# Days at Occupancy	31	27	28	30	26	30	0	0	0	0	0	
# Days with Closed Beds	0	0	3	0	0	0	30	31	30	31	24	
Average # of Closed Beds	-	-	1	-	-	-	17	11	7	5	4	
BR TYLER 4												
Total Beds	14	14	14	14	14	14	14	14	14	14	14	
Average Daily Census	14	14	14	14	14	14	14	14	14	14	14	
Percent Occupancy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
# Days at Occupancy	29	27	31	30	30	29	31	31	30	31	29	
# Days with Closed Beds	0	0	0	0	0	0	0	0	0	0	0	
Average # of Closed Beds	-	-	-	-	-	-	-	-	-	-	-	
RRMC SOUTH WING												
Total Beds	6	6	6	6	6	6	6	6	6	6	6	
Average Daily Census	6	6	6	6	6	6	6	6	6	6	6	
Percent Occupancy	98%	100%	100%	99%	100%	99%	100%	99%	100%	99%	100%	
# Days at Occupancy	28	28	31	29	31	29	31	29	30	30	30	
# Days with Closed Beds	6	0	1	2	0	0	0	0	2	0	0	
Average # of Closed Beds	1	-	1	1	-	-	-	-	1	-	-	
Wait Times for Beds												
Average # People Waiting per Day	6	7	11	8	8	8	8	4	6	7	8	

Based on data reported to the Vermont Department of Mental Health (DMH) by designated hospitals (DH) for adult inpatient care using the electronic bed boards system. Beds at inpatient settings can be closed based on the clinical decision of the director of each inpatient unit. Average number of people waiting per day is determined using the morning inpatient update and wait times in days are based upon data maintained by the VPCH admissions department that is submitted by crisis, designated agency, and hospital screeners.

Adult Inpatient Utilization and Bed Closures (2014) (page 2 of 2)

Adult Inpatient Utilization and Bed Closures: Page 2 of 2

**System Total and Non-Level 1 Units
2014**

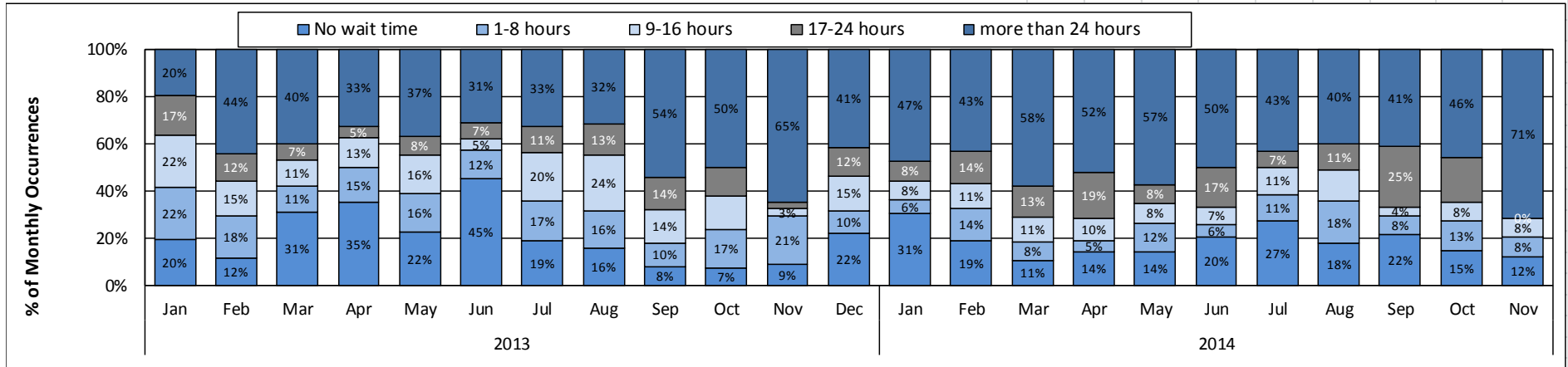
All Units
 Level 1 Units
 Non-Level 1 Adult Units

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ADULT INPATIENT UNITS												
Total Beds	169	169	169	169	169	169	188	188	188	188	188	
Average Daily Census	137	147	151	153	155	148	154	159	163	167	164	
Percent Occupancy	83%	87%	89%	91%	92%	88%	82%	85%	87%	89%	87%	
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0	0	
# Days with Closed Beds	31	28	31	30	31	19	30	31	30	31	30	
Average # of Closed Beds	6	10	7	3	4	3	18	14	10	6	6	
CVMC												
Total Beds	14	14	14	14	14	14	14	14	14	14	14	
Average Daily Census	12	11	12	11	13	12	12	12	13	12	12	
Percent Occupancy	89%	76%	86%	81%	92%	85%	85%	87%	90%	83%	84%	
# Days at Occupancy	8	1	5	1	13	3	3	6	6	4	4	
# Days with Closed Beds	0	0	0	0	0	0	15	12	0	0	1	
Average # of Closed Beds	-	-	-	-	-	-	2	1	-	-	1	
FAHC												
Total Beds	27	27	27	27	27	27	27	27	27	27	27	
Average Daily Census	25	20	20	24	24	24	23	22	21	22	22	
Percent Occupancy	91%	74%	75%	89%	88%	89%	85%	80%	78%	82%	81%	
# Days at Occupancy	0	0	0	0	0	1	0	0	0	0	0	
# Days with Closed Beds	31	27	31	30	29	19	2	15	27	8	12	
Average # of Closed Beds	2	7	5	2	2	2	1	1	2	1	1	
BR (NON LEVEL 1 UNITS)												
Total Beds	73	73	73	73	73	73	75	75	75	75	75	
Average Daily Census	57	67	66	66	68	64	69	67	68	69	67	
Percent Occupancy	78%	92%	91%	91%	93%	87%	92%	89%	90%	91%	89%	
# Days at Occupancy	0	0	0	0	0	0	3	0	0	2	0	
# Days with Closed Beds	30	28	26	14	26	10	8	31	21	16	26	
Average # of Closed Beds	3	2	2	2	2	2	1	2	2	2	1	
RRMC GEN PSYCH												
Total Beds	17	17	17	17	17	17	17	17	17	17	17	
Average Daily Census	12	15	16	16	17	15	14	16	17	17	15	
Percent Occupancy	71%	89%	95%	96%	98%	90%	84%	93%	98%	99%	90%	
# Days at Occupancy	2	4	14	18	20	7	7	9	21	28	3	
# Days with Closed Beds	23	24	5	10	12	0	7	0	0	2	15	
Average # of Closed Beds	2	1	1	1	1	-	1	-	-	1	1	
WC												
Total Beds	10	10	10	10	10	10	10	10	10	10	10	
Average Daily Census	6	8	8	7	8	6	7	9	7	8	7	
Percent Occupancy	61%	76%	77%	69%	83%	64%	68%	85%	70%	77%	66%	
# Days at Occupancy	1	4	5	3	7	2	6	7	0	2	2	
# Days with Closed Beds	3	2	0	0	0	0	1	0	0	1	1	
Average # of Closed Beds	6	2	-	-	-	-	2	-	-	3	3	
Wait Times for Beds												
Average # People Waiting per Day	6	7	11	8	8	8	8	4	6	7	8	

Based on data reported to the Vermont Department of Mental Health (DMH) by designated hospitals (DH) for adult inpatient care using the electronic bed boards system. Beds at inpatient settings can be closed based on the clinical decision of the director of each inpatient unit. Average number of people waiting per day is determined using the morning inpatient update and wait times in days are based upon data maintained by the VPCH admissions department that is submitted by crisis, designated agency, and hospital screeners.

Wait Times in Hours for Involuntary Inpatient Admission (2013-2014)

Emergency Exams and Warrants, Court Ordered Forensic Observations, and Youth
Wait Times in Hours for Involuntary Inpatient Admission
2013-2014



Wait time	2013												2014											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
No wait time	8	4	14	14	11	19	12	6	4	3	3	9	11	7	4	6	7	11	12	8	11	7	6	
1-8 hours	9	6	5	6	8	5	11	6	5	7	7	4	2	5	3	2	6	3	5	8	4	6	4	
9-16 hours	9	5	5	5	8	2	13	9	7	6	1	6	3	4	4	4	4	4	5	6	2	4	4	
17-24 hours	7	4	3	2	4	3	7	5	7	5	1	5	3	5	5	8	4	9	3	5	13	9	0	
more than 24 hours	8	15	18	13	18	13	21	12	27	21	22	17	17	16	22	22	28	27	19	18	21	22	35	
Total	41	34	45	40	49	42	64	38	50	42	34	41	36	37	38	42	49	54	44	45	51	48	49	
Wait Time in Hours																								
Youth	Mean						27	17	23	21	48	32	8	19	17	39	30	45	49	18	28	24	23	54
	Median						30	16	15	18	47	26	8	17	14	28	28	38	17	35	21	24	53	
EEs/Wrts	Mean	17	36	29	24	35	24	33	18	72	43	60	33	40	56	80	39	48	56	56	39	55	55	62
	Median	12	16	14	6	14	3	13	11	31	19	39	14	17	17	39	21	27	20	16	16	19	21	43
OBS	Mean	16	48	77	223	87	75	277	269	468	404	525	325	580	652	641	753	288	447	24	55	412	170	199
	Median	0	48	0	229	69	34	278	277	489	354	495	281	580	532	641	613	311	219	0	74	412	148	187
Total	Mean	17	39	32	49	40	28	61	46	81	86	111	67	68	132	102	106	67	84	51	40	64	60	75
	Median	12	19	14	8	14	3	15	15	25	25	46	17	19	19	39	26	28	26	14	16	20	23	56

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.

Analysis based on data maintained by the VPCD admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need to admission to disposition, less time for medical clearance, for persons on warrant for immediate examination, applications for emergency exam, court ordered forensic observations, and youth waiting for inpatient admission. Wait times are point in time and are categorized based on month of service, not month of disposition, for clients who had a disposition to a psychiatric inpatient unit.

Examination of Wait Times

A majority of individuals who are awaiting placements to inpatient hospital beds are placed within 48 hours of entering the Emergency Departments (EDs) across the state. The total number of available beds was increased on July 1 with the opening of the Vermont Psychiatric Care Hospital. Nearly one fifth of individuals who are held on emergency exams or warrants, and 13% of people waiting in EDs, have zero wait time before inpatient bed placement.

When taking a closer look at the populations of clients who wait for bed placements, there are certain clients moving towards placement sooner than others. For example, youth generally have on average waited less than 24 hours since July 2014, compared to approximately 33 hours for the first six months of the year. During the last week of November, BR's children's unit was only operating at 57% capacity due to bed closures which partially attributed to longer wait time than normal for youth. Adults held under EEs and Warrants have a markedly higher average wait time as compared to youth.

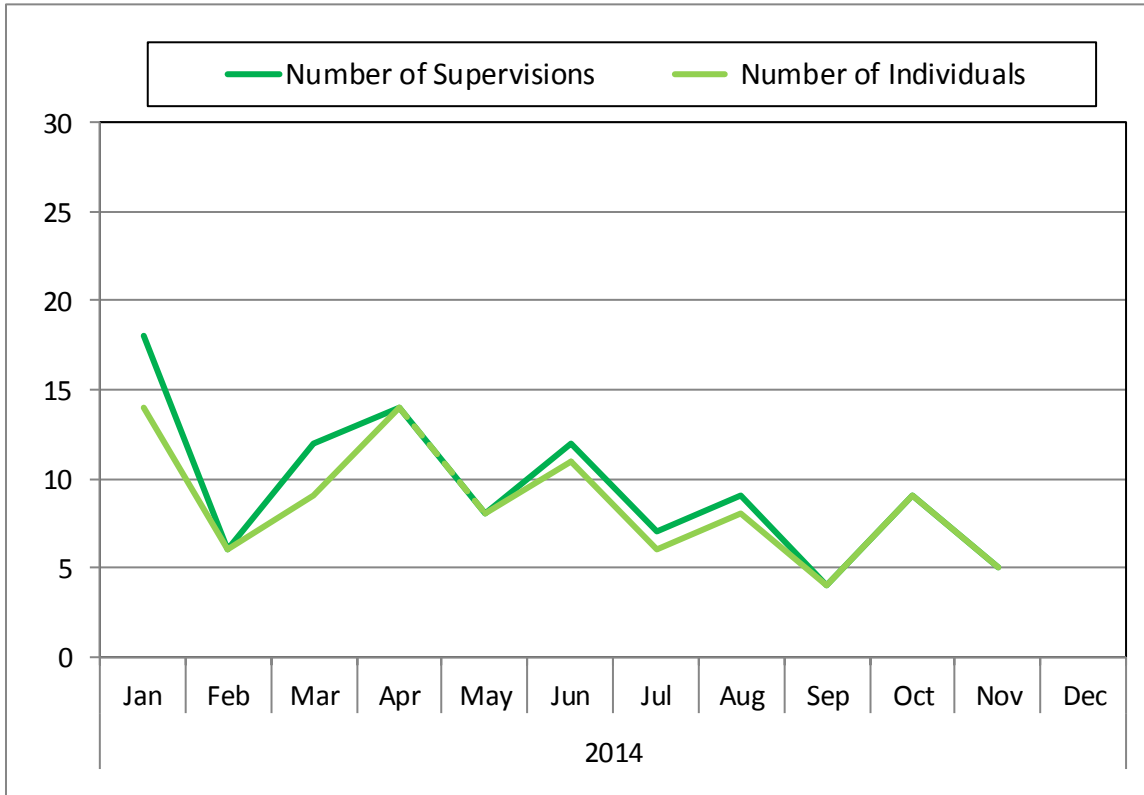
These longer wait times do not reflect a system-wide experience; it is heavily skewed by a small number of individuals who wait much longer than others in their cohort. This is due to a variety of circumstances such as bed closures due to unit acuity, no bed being readily available, or due to the acuity of the person waiting. Specifically, the month of October saw 41 clients awaiting placements under an EE/Warrant for an average wait time of 44 hours. Included in this figure are two individuals with a combined average wait time of 10 days. When we remove these two individuals, the remaining 39 individuals had an average wait time of 24 hours – approximating a 50% reduction in time. Considering data through October, 2014, approximately 75% of individuals were placed within 46 hours or less with an average wait time of 12 hours. A similar pattern is observed when looking at the entire first quarter of FY15. Excluding the highest two wait outliers in August, wait times decreased from 39 hours to 24 hours and similarly for three wait outliers in September decreased wait times from 55 hours to 36 hours. While the number of individuals waiting longer than 24 hours increased for November, removing three outliers with exceptionally long wait times reduced the mean wait time from 62 hours down to 42 hours. Our goal continues to be placing individuals in appropriate beds as soon as they are available and patient acuity is appropriate for the inpatient placement.

DMH has a cadre of experienced care managers (Care Management Team), who work with each of the Designated Hospitals, the Designated Agencies Emergency Services teams, and the hospital Emergency Departments statewide. Their function is to work with individual cases and the relevant action systems, to move people needing care through the system. The system is comprised of several points along a continuum which represent appropriate levels of care. Since our acute mental health treatment system became decentralized, placement considerations have become more complex. As referenced above, the majority of individuals waiting for a hospital admission are placed without a problem within an average of 12 hours of arriving at an ED. It is the 25%, who wait for longer periods of time, that may require treatment in the highest levels of care. The reasons for this lack of accessibility are primarily due to some number of these beds being utilized by longer term patients, who either need longer treatment stays or for whom an appropriate community based placement is not available. The Care management Team also works on longer term planning for these individuals, monitoring availability of placements in various levels of community care across the state. Under the auspices of the Quality Management Director, the Department will soon be conducting an RBA process to further understand the various factors contributing to turning this curve; planning interventions aimed at enhancing the ability of the system to accommodate the needs.

Additional Reporting Requests

Sheriff Supervisions in Emergency Departments

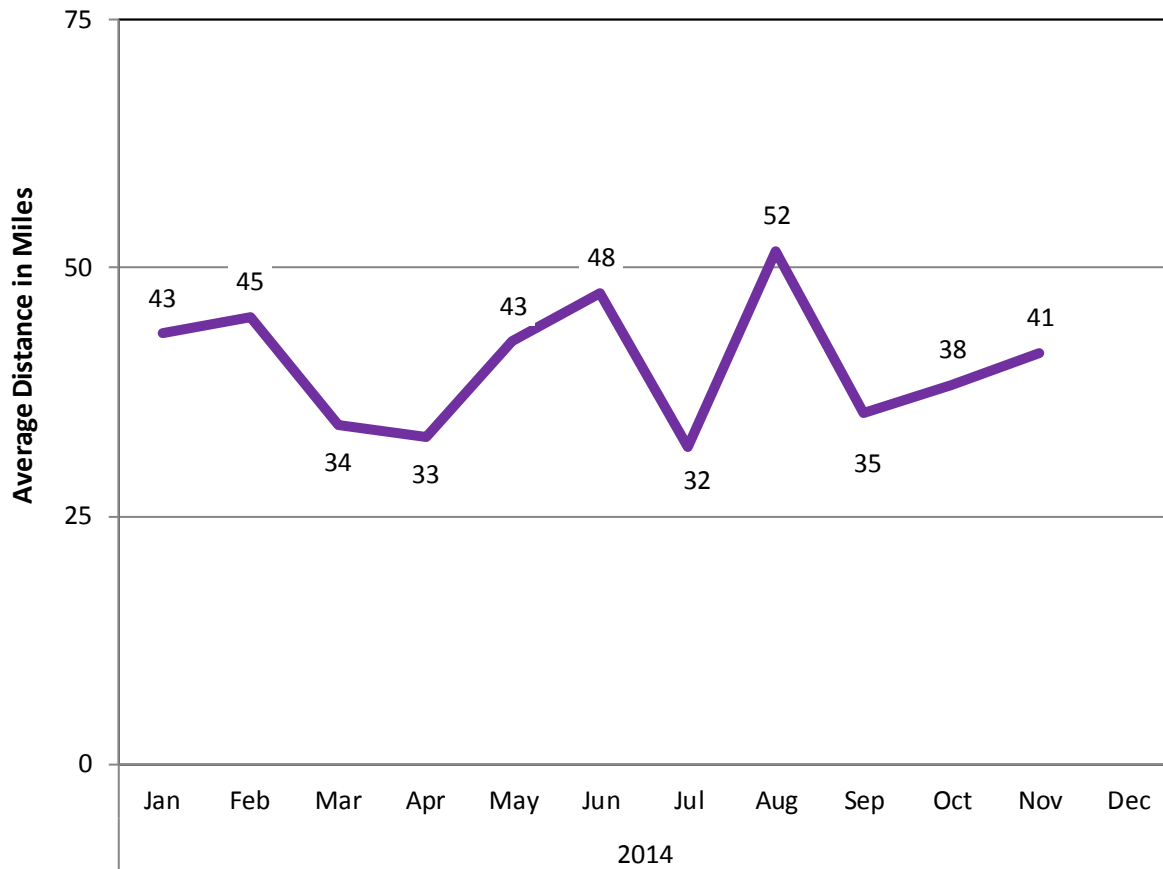
Sheriff Supervisions in Emergency Departments 2014



Based on sheriff supervision invoices received by the Department of Mental Health Business Office for supervision of individuals in emergency departments. Data are typically reported two months behind to allow receipt of all Sheriff invoices, however, preliminary counts for the previous month are presented.

Average Distance to Psychiatric Inpatient Care (2014)

**Average Distance to Adult Psychiatric Inpatient Care
From Home to Designated Hospital for Involuntary Stays
2014**



Month of Admission

2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Cases*	30	26	33	33	41	44	41	38	37	44	35	
Average Distance in Miles	43	45	34	33	43	48	32	52	35	38	41	

Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners for adults admitted to involuntary inpatient care at Designated Hospitals. Total cases includes persons admitted involuntarily to psychiatric inpatient units, but may also include patients who convert to voluntary upon arrival to the unit. Cases and averages exclude patients with no residency information and patients reported as residing out of state.

Hospital Admissions, Length of Stay, and Readmissions

Adult Involuntary Inpatient Utilization: Statewide 2014

SYSTEM TOTAL	2014									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total Admissions this Month	32	28	34	36	45	48	45	44	44	50
Total Discharges this Month*	35	24	31	35	45	43	41	46	33	33
Length of Stay for Discharged Clients*	44.5	51.7	39.0	32.6	64.0	40.0	27.9	26.5	63.5	71.2
30 Day Readmission Rate*	3%	13%	0%	6%	13%	9%	10%	4%	12%	6%

Analysis is based on the adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit.

* Administrative staff and care managers at the Department are working to complete data records. While a majority of FY2014 records are entered, staff are still working to close out records with discharge dates. Once all records for FY2014 are resolved, the Department will be able to report length of stay and 30 day readmission rates as requested.

This request has been updated from last month's report to include the Department's progress in entering involuntary admissions events into our data collection spreadsheet. Currently, there are approximately 80 records without discharge dates, which accurately reflect the number of involuntary patients receiving inpatient care.

Data collection regarding involuntary admissions is a multi-unit manual effort at present. Data for involuntary admissions are collected by the Department's Care Management Unit with assistance from administrative staff. At the beginning of each month, the Research and Statistics Unit provides Care Management with data collected on screenings for inpatient hospitalization. Care management reviews this list and adds records that may have been missed. Care management then coordinates with Utilization Review to capture Level 1 status for each patient. Data for inpatient stays typically takes two months to capture (i.e. August data completed in October). This delay represents Department efforts to audit the data collection and spreadsheet entries for completeness and accuracy. This delay also allows the Department to collect as many discharge dates as possible, since the median length of stay for inpatient psychiatric care is 14 days.

Vermont Department of Mental Health System Snapshot (2012-2014)



Vermont Department of Mental Health
System Snapshot (April 14, 2014)

*data forthcoming

Reporting Category	FY13 Q3			FY13 Q4			FY14 Q1			FY14 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital												
% Occupancy	94%	91%	92%	84%	87%	93%	88%	89%	89%	89%	90%	83%
Avg. Daily Census	137	132	136	134	135	146	138	139	139	143	149	137
% Occupancy at No Refusal Units							100%	96%	99%	99%	99%	98%
Avg. Daily Census							28	27	28	28	28	27
Adult Crisis Beds												
% Occupancy	77%	79%	83%	82%	84%	85%	82%	81%	79%	81%	83%	79%
Avg. Daily Census	27	28	29	29	31	31	30	31	31	31	32	31
Applications for Involuntary Hospitalizations (EE)												
Youth (0-17)	-	-	-	9	10	6	9	7	15	6	4	2
Adults	50	32	55	41	55	39	65	32	43	43	37	39
Total adults admitted with CRT	13	13	27	19	14	11	15	12	9	7	11	19
Designation (% of Total applications)	26%	41%	49%	46%	25%	28%	23%	38%	21%	16%	30%	49%
Total Level 1 Admissions	22	13	20	22	26	10	19	18	13	11	7	14
Instances when Placement Unavailable & Adult Client Held in ED												
	27	21	43	27	38	24	38	16	34	29	30	23
Adult Involuntary Medications												
# Applications	2	3	3	2	9	4	5	7	5	10	9	4
# Granted Orders	2	3	2	2	5	3	5	6	3	4	6	3
Mean time from filing date to decision date (days)	22	12	20	27	19	17	20	14	12	17	9	10
Court Ordered Forensic Observation Screenings												
# Requested	11	13	9	10	11	11	22	20	19	16	13	9
# Inpatient Ordered	3	7	5	5	6	6	11	8	7	5	6	5
VT Resident Suicides												
Youth (0-17)												
Total	0	0	0	0	0	2	0	0	0	1	0	1
# with DA contact within previous year	-	-	-	-	-	1	-	-	-	0	-	1
Adults (18+)												
Total	4	6	10	8	10	5	8	10	14	13	8	6
# with DA contact within previous year	0	3	2	2	1	0	2	1	4	4	1	1
Housing												
# Clients permanently housed as a result of new Act79 housing funding	18	21	14	11	14	5	0	5	0	2	0	0
Total # enrolled to date	98	119	133	144	158	169	169	176	176	168	123	123
Involuntary Transportation												
Adults (total transports)												
# of Transports	19	17	18	11	18	13	18	12	18	15	17	17
% Non-Restrained	58%	94%	61%	82%	78%	85%	72%	75%	83%	100%	94%	65%
% Restrained	42%	6%	39%	18%	22%	15%	28%	25%	17%	0%	6%	35%
% all transports using metal restraints	16%	6%	6%	9%	6%	8%	17%	25%	17%	0%	6%	18%
% all transports using soft restraints	26%	0%	33%	9%	17%	8%	11%	0%	0%	0%	0%	18%
Youth Under 10 (total transports)												
# of Transports	3	3	0	0	0	0	0	0	2	0	0	0
% Non-Restrained	100%	100%	-	-	-	-	-	-	100%	-	-	-
% Restrained	0%	0%	-	-	-	-	-	-	0%	-	-	-
% all transports using metal restraints	0%	0%	-	-	-	-	-	-	0%	-	-	-
% all transports using soft restraints	0%	0%	-	-	-	-	-	-	0%	-	-	-
CRT Employment												
% Employed	15%			16%			17%			15%		
Wages per employed client	\$2,318			\$2,457			\$2,298			\$2,456		



Vermont Department of Mental Health System Snapshot (December 18, 2014)

*data forthcoming

2014

Reporting Category	FY14 Q3			FY14 Q4			FY15 Q1			FY15 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital												
% Occupancy	87%	88%	89%	91%	93%	89%	82%	85%	86%	89%	87%	
Avg. Daily Census	146	147	151	153	157	150	153	159	162	167	164	
% Occupancy at No Refusal Units	98%	98%	100%	100%	99%	100%	63%	75%	84%	90%	91%	
Avg. Daily Census	28	27	28	28	28	28	29	34	38	41	41	
Adult Crisis Beds * VPCH gradual opening of 25 beds												
% Occupancy	83%	79%	77%	77%	77%	76%	76%	66%	75%	80%	73%	
Avg. Daily Census	32	30	29	29	29	29	29	25	28	32	29	
Applications for Involuntary Hospitalizations (EE)												
Youth (0-17)	5	4	7	5	9	10	4	3	8	5	10	
Adults	38	32	35	46	42	46	45	52	49	55	39	
Total adults admitted with CRT	9	11	8	9	9	14	15	10	16	13	13	
Designation (% of Total applications)	24%	34%	23%	20%	21%	30%	33%	19%	33%	24%	33%	
Total Level 1 Admissions	14	8	10	11	18	16	9	14	9	7	10	
Instances when Placement Unavailable & Adult Client Held in ED												
	19	19	27	27	30	33	28	29	32	27	28	
Adult Involuntary Medications												
# Applications	6	8	7	4	4	5	8	6	5	12	6	
# Granted Orders	5	4	6	4	4	4	7	4	4	9	5	
Mean time from filing date to decision date (days)	14	17	16	10	14	9	13	12	10	17	7	
Court Ordered Forensic Observation Screenings												
# Requested	6	11	12	14	8	10	11	10	5	8	9	
# Inpatient Ordered	2	7	3	5	5	4	3	4	2	5	6	
VT Resident Suicides												
Youth (0-17)												
Total	2	0	0	0	0	1	0	3	1	0	*	
# with DA contact within previous year	2	0	0	0	0	1	0	1	0	0	*	
Adults (18+)												
Total	11	5	6	6	6	7	8	10	14	10	*	
# with DA contact within previous year	1	1	0	2	2	3	1	2	3	2	*	
Housing												
# Clients permanently housed as a result of new Act79 housing funding	1	2	3	3	4	1	1	1	2	1	1	
Total # enrolled to date	124	122	124	131	131	131	132	133	129	121	121	
Involuntary Transportation												
Adults (total transports)												
# of Transports	13	15	13	16	15	22	14	19	16	29	*	
% Non-Restrained	85%	87%	69%	81%	67%	59%	71%	79%	38%	79%	*	
% Restrained	15%	13%	31%	19%	33%	41%	29%	21%	63%	21%	*	
% all transports using metal restraints	8%	7%	15%	6%	7%	32%	0%	5%	44%	21%	*	
% all transports using soft restraints	8%	7%	15%	13%	27%	9%	29%	16%	19%	0%	*	
Youth Under 18 (total transports)												
# of Transports	4	5	7	4	3	5	6	7	7	3	*	
% Non-Restrained	100%	100%	100%	100%	100%	100%	83%	86%	71%	100%	*	
% Restrained	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	*	
% all transports using metal restraints	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	*	
% all transports using soft restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	
CRT Employment												
% Employed		16%			18%			*				
Wages per employed client		\$2,301			\$2,375							



Vermont Department of Mental Health System Snapshot

Definitions

Inpatient Hospital	The hospitals designated by the Commissioner of Mental Health for involuntary psychiatric treatment: Brattleboro Retreat (BR), Central Vermont Medical Center (CVMC), Fletcher Allen Health Care (FAHC), Rutland Regional Medical Center (RRMC), Windham Center at Springfield Hospital (WC), and Vermont Psychiatric Care Hospital (VPCH). Adult Inpatient Units at VPCH, RRMC - South Wing, and Brattleboro Retreat - Tyler 4. The units designated as no refusal units: BR - Tyler 4, RRMC - South Wing, VPCH.
Designated Agency Crisis Bed	Emergency Services beds intended to provide crisis intervention, respite, or hospital diversion that are staffed by and under the supervision of a designated community mental health agency (DA). Statewide averages are adjusted to exclude programs on days where there were no updates submitted to the bed board.
Court-ordered Forensic Observations	Forensic patients are designated when there is criminal justice involvement and when there are questions concerning competency/sanity of an individual being arraigned. A screening is requested by a community mental health agency pursuant to §4815 13 VSA. Numbers represent a point in time count mid-month.
Emergency Examination (EE)	An application for emergency examination has been completed for involuntarily admission (§7508 of 18 VSA) to a designated hospital for psychiatric treatment (danger to self or others) subsequent to an evaluation by community mental health agency screener & medical doctor.
Restrained Transport (formerly called Secure)	Transport via law enforcement utilizing either metal or soft restraints.
Non-Restrained Transport (formerly called Non-Secure)	Transport not utilizing restraints; this can include plain clothed law enforcement, Designated Agency transport teams, or other means of transport such as family members.
VT Resident Suicides	Based on PRELIMINARY data from the Vital Statistics System maintained by Vermont Department of Health and Monthly Service Report (MSR) data provided by the Department of Mental Health (DMH). Cross-sector data analysis was conducted using LinkPlus, a probabilistic statistical linkage software developed by the CDC for linking records across databases. MSR data includes services provided by community designated agencies for clients served by DAs within the year prior to death. Primary Program is defined as the primary program assignment on the client's last service with DMH. Monthly counts are subject to change as more information is made available.
Housing	Based on the number of applications approved, in the months the program has been operating and the total approved to date. Enrollment to date numbers do not necessarily sum to total numbers housed. Data cleaning is on-going.