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## MEMORANDUM

TO: Health Reform Oversight Committee

FROM: Frank Reed, Commissioner  
Department of Mental Health

DATE: February 15, 2016

RE: January 2016 Monthly DMH Report to the Health Reform Oversight Committee

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Attached please find the Department of Mental Health's January 2016 report to the Health Reform Oversight Committee.

The report consists of the following graphs:

- Utilization of Inpatient and Crisis Beds
- Level 1 Inpatient Capacity Utilization Statewide and by Hospital
- 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
- Daily Number of Involuntary Adults Awaiting Inpatient Placement
- Daily Number of Voluntary Adults Awaiting Inpatient Placement and Closed System Beds
- 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 (2012-2015)

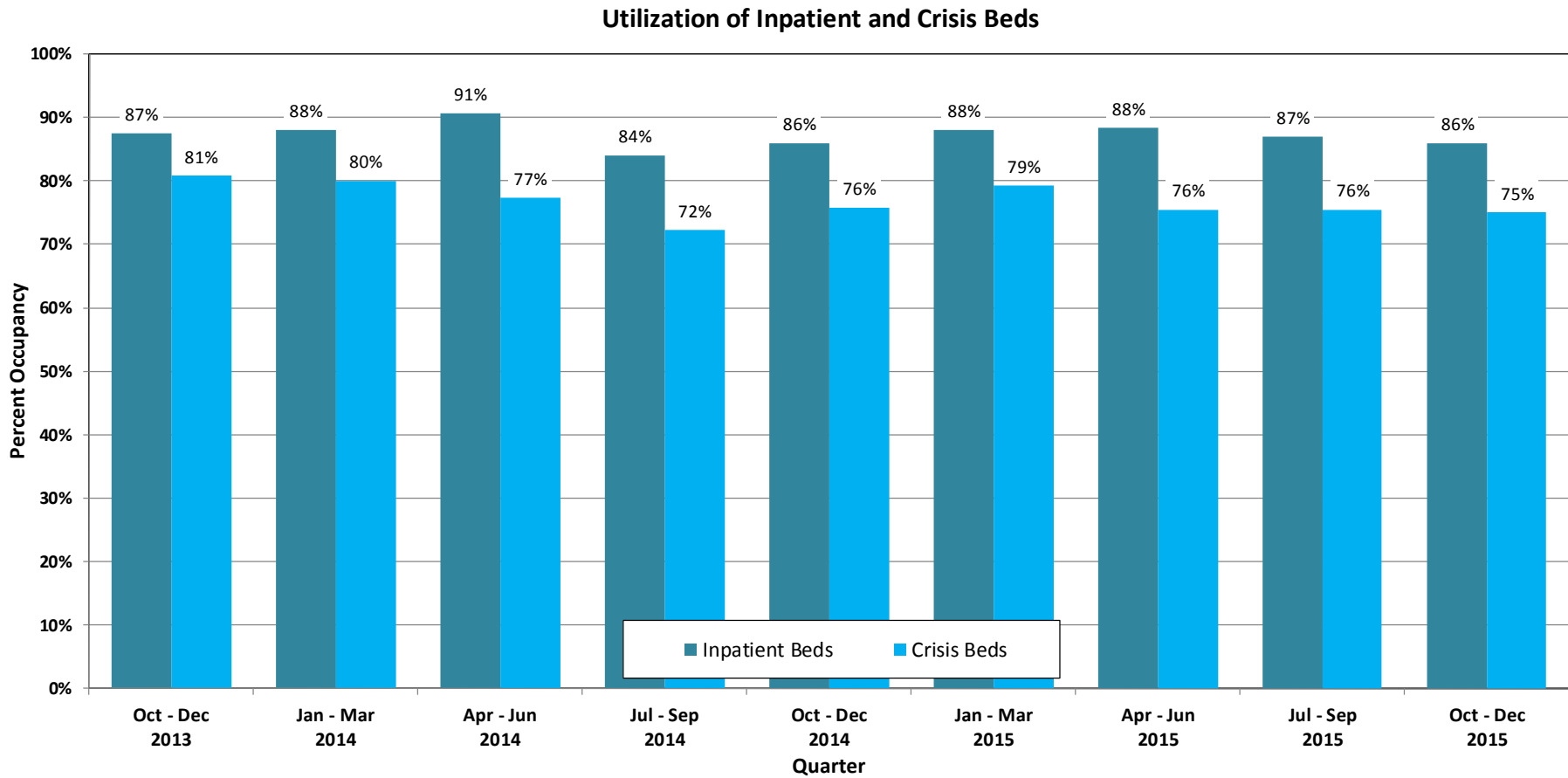
Please direct any inquiries for additional data collection or report content development to Frank Reed, Commissioner of the Department of Mental Health; [frank.reed@vermont.gov](mailto:frank.reed@vermont.gov).

Respectfully submitted,

*Frank Reed*  
Commissioner  
Department of Mental Health

Health Reform Oversight Committee  
Department of Mental Health – January 2016 Report

Utilization of Inpatient and Crisis Beds (October 2013 – December 2015)



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 Capacity Utilization Statewide and by Hospital (Part 1 of 2)

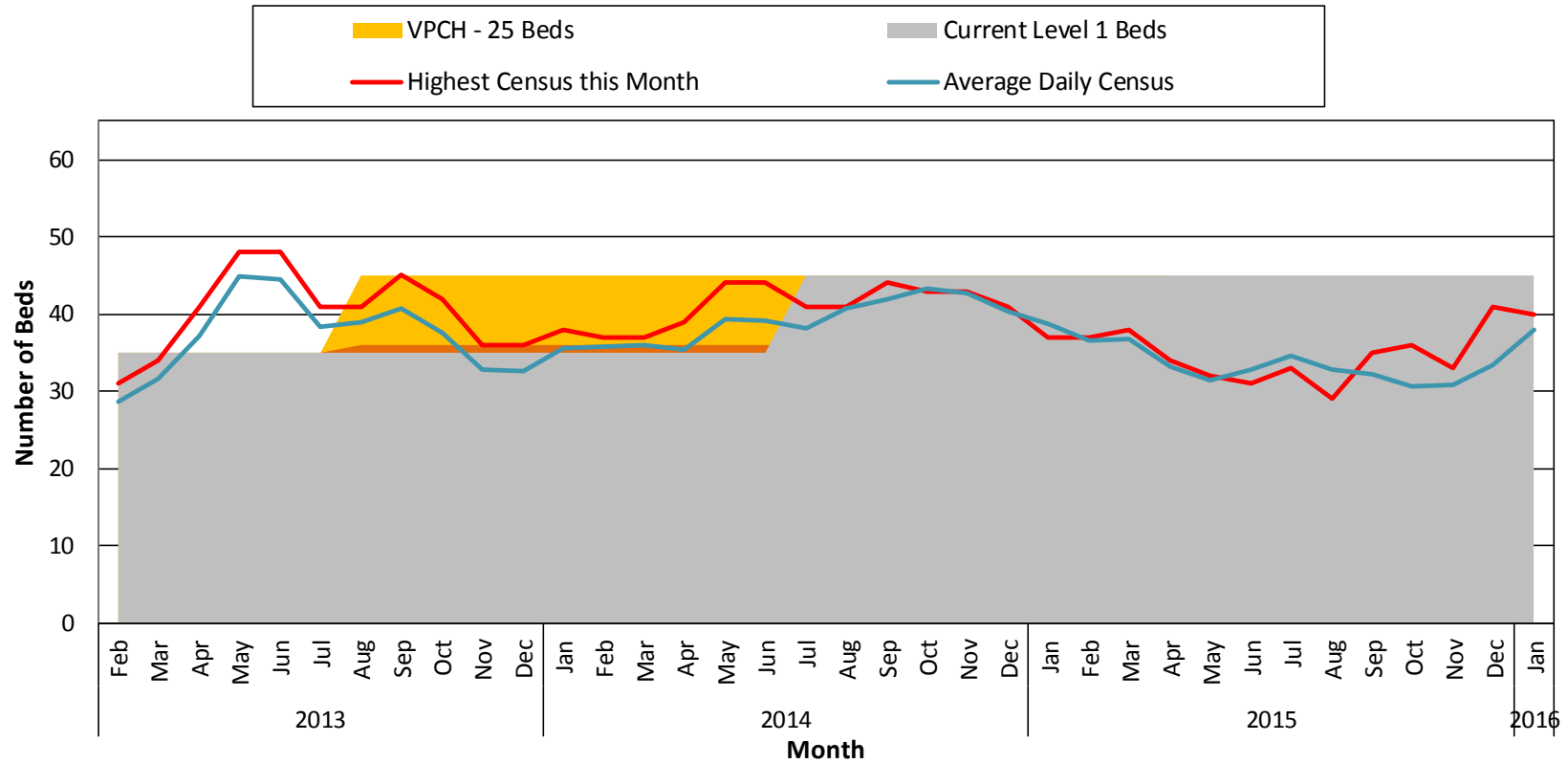
## Level 1 Inpatient Utilization: Statewide and By Hospital 2015-2016

SYSTEM TOTAL	2015												2016
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Total Level I Beds	45	45	45	45	45	45	45	45	45	45	45	45	45
Average Daily Census	39	37	37	33	31	33	35	33	32	31	31	33	38
Total Level I Admissions this Month	9	7	7	14	9	18	14	10	10	10	10	13	17
Level 1 Admissions to Non-L1 Units	5	2	6	3	3	7	13	8	6	4	3	5	8
Total Level 1 Discharges this Month	6	13	7	18	10	16	17	9	8	15	6	12	12
Highest Census this Month	37	37	38	34	32	31	33	29	35	36	33	41	40
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER
<b>BY HOSPITAL</b>													
<b>Brattleboro Retreat</b>													
Total Level I Beds	14	14	14	14	14	14	14	14	14	14	14	14	14
Average Daily Census	18	17	16	16	16	14	16	17	16	16	14	15	16
Total Admissions during Month	3	4	4	9	7	7	9	5	6	4	4	6	6
Level 1 Admissions to Non-L1 Units	1	1	4	3	2	2	9	5	3	1	3	2	3
Total Level 1 Discharges this Month	5	3	3	5	1	7	3	0	1	2	2	1	0
Highest Census this Month	20	21	18	16	17	15	15	15	18	18	15	15	17
Over/Under for Total Planned Beds	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER
<b>RRMC</b>													
Total Level I Beds	6	6	6	6	6	6	6	6	6	6	6	6	6
Average Daily Census	10	8	8	7	6	8	8	6	7	7	6	7	7
Total Admissions during Month	2	2	3	3	2	8	4	5	4	4	2	4	8
Level 1 Admissions to Non-L1 Units	4	1	2	0	1	5	4	3	3	3	0	3	5
Total Level 1 Discharges this Month	5	3	3	5	1	7	3	0	1	2	2	1	0
Highest Census this Month	10	8	8	7	6	7	9	7	8	9	6	8	9
Over/Under for Total Planned Beds	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER
<b>VPCH</b>													
Total Level I Beds	25	25	25	25	25	25	25	25	25	25	25	25	25
Average Daily Census	10	12	12	11	9	11	11	10	9	8	11	12	15
Total Admissions during Month	4	1	0	2	0	3	1	0	0	2	4	3	3
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Level 1 Discharges this Month	1	1	0	4	1	1	3	0	1	2	2	1	0
Highest Census this Month	10	10	12	12	10	12	11	8	9	11	12	19	16
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER
<b>UVM Medical Center</b>													
Total Level I Beds	0	0	0	0	0	0	0	0	0	0	0	0	0
Average Daily Census	1	0	0	0	0	0	0	0	0	0	0	0	0
Total Admissions during Month	0	0	0	0	0	0	0	0	0	0	0	0	0
Level 1 Admissions to Non-L1 Units	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Level 1 Discharges this Month	0	1	0	0	0	0	0	0	0	0	0	0	0
Highest Census this Month	0	0	0	0	0	0	0	0	0	0	0	0	0
Over/Under for Total Planned Beds	OVER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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 onward.

Level 1 Inpatient Capacity Utilization Statewide and by Hospital (Part 2 of 2)

### Level 1 Inpatient Capacity and Utilization Vermont Statewide



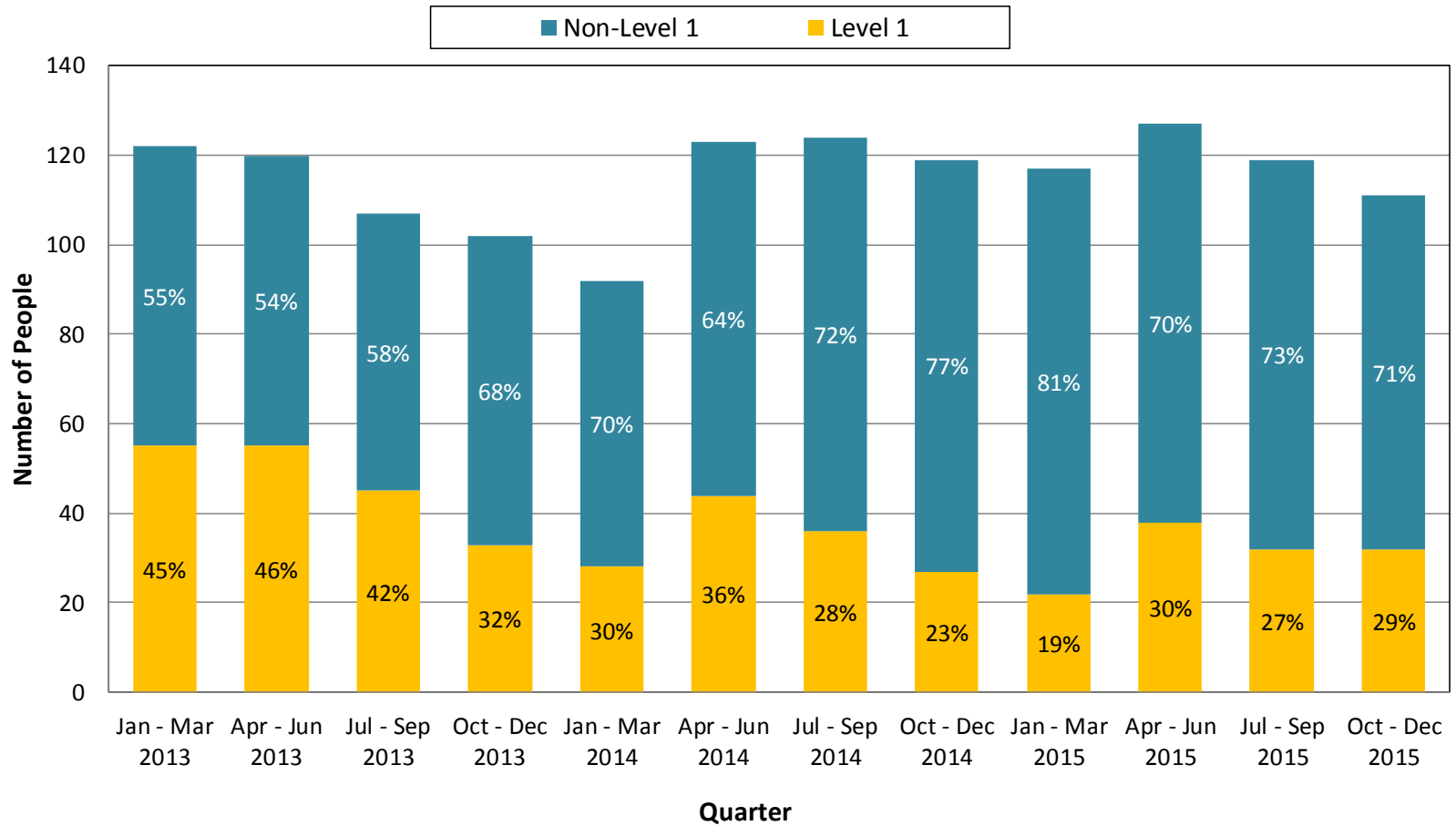
GMPPC opened 8 Level 1 beds in January 2013

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- Dec 2015)

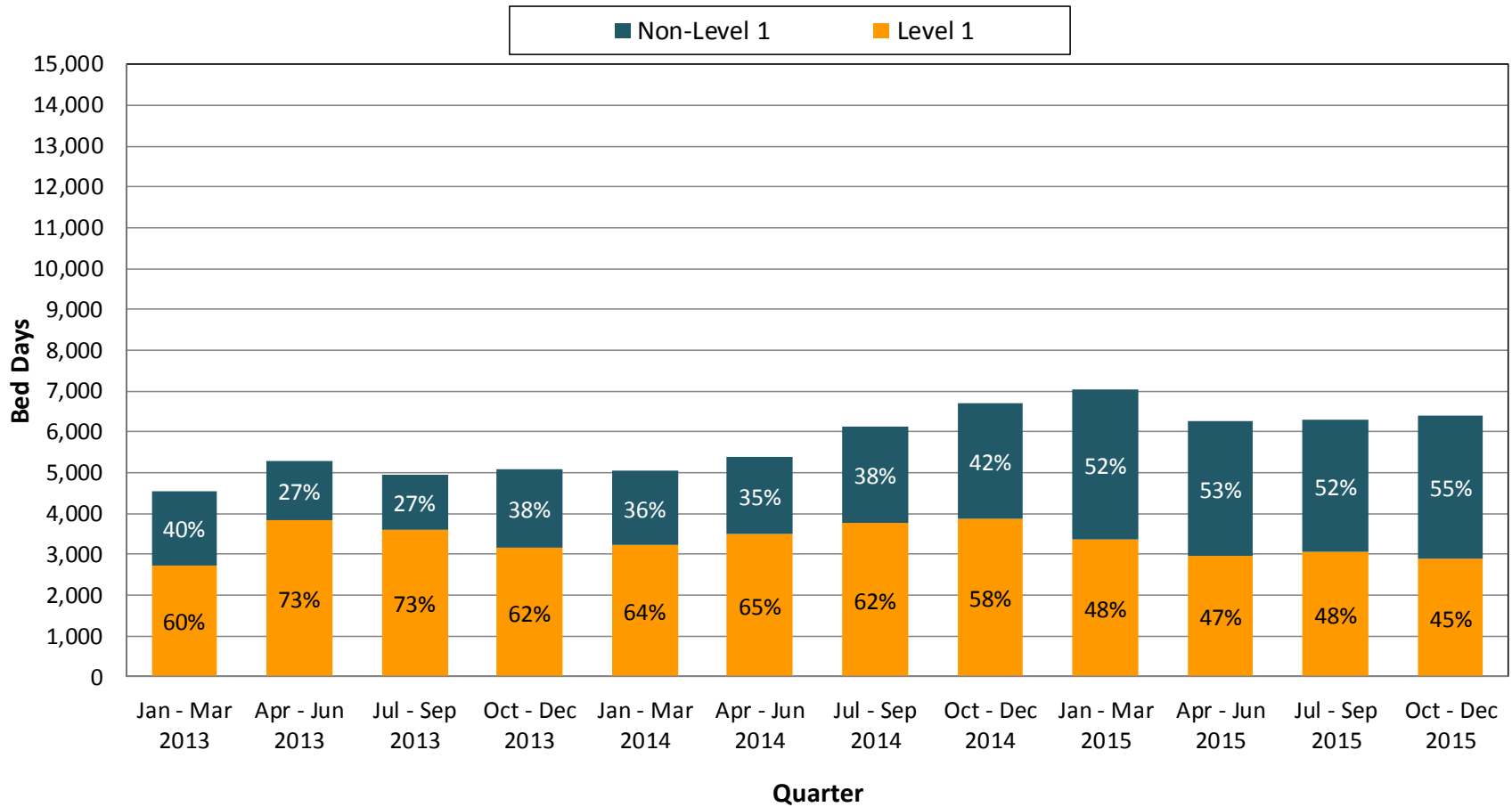
**People with Involuntary Admissions  
Comparison Level 1 and Non-Level 1**



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 – Dec 2015)

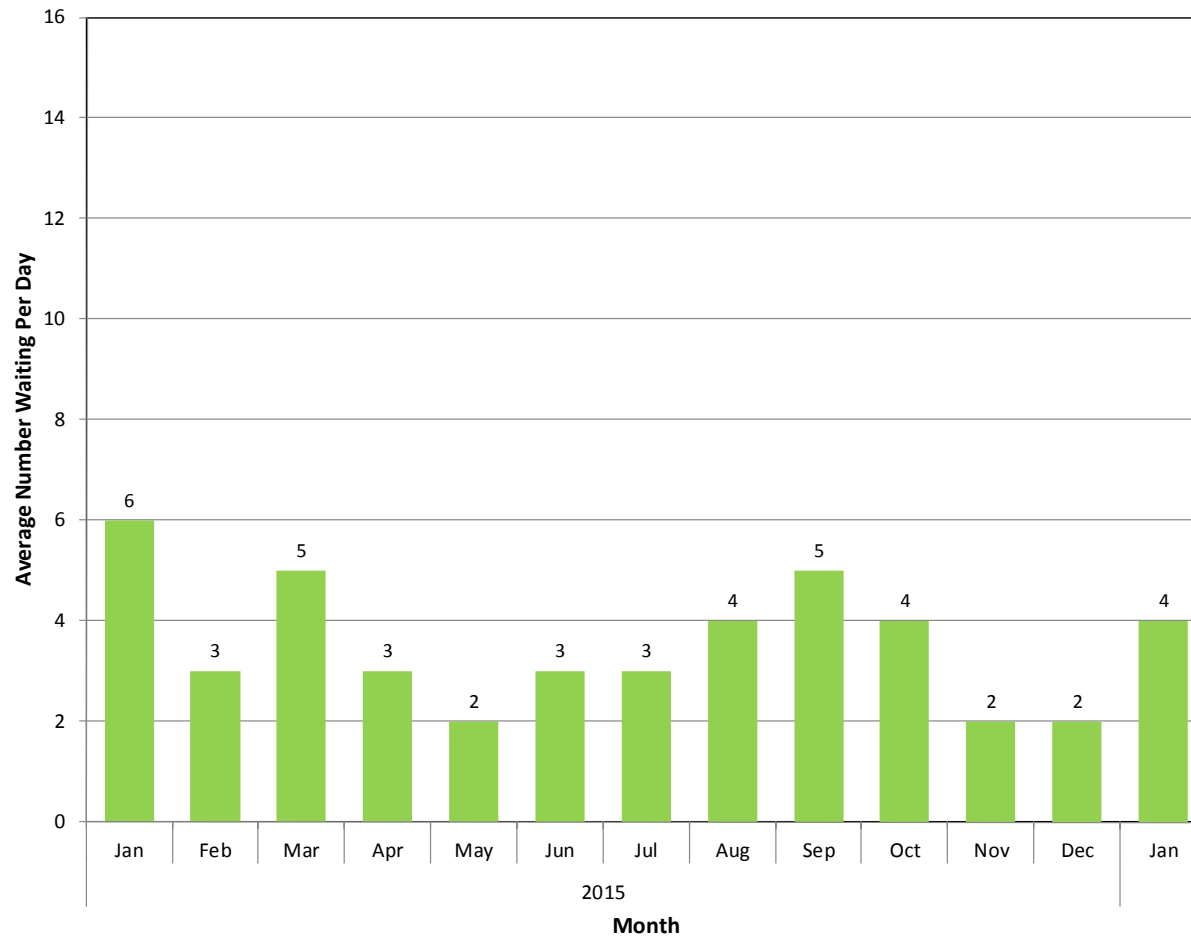
**People with Involuntary Admissions: Bed Days  
Comparison Level 1 and Non-Level 1**



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 (2016)

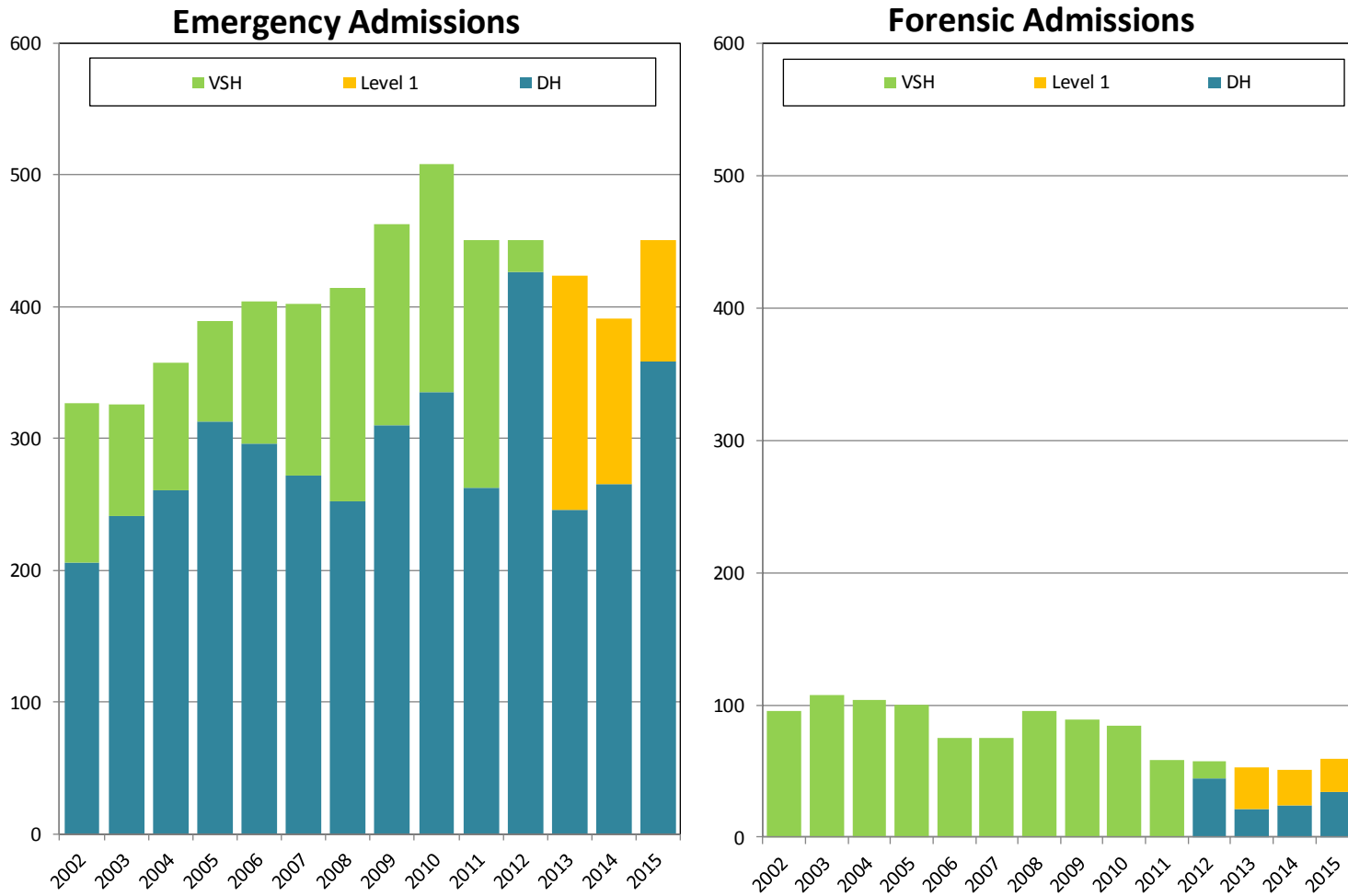
**Average Numbers of People Waiting Inpatient Placement  
(Adult Emergency Exams, Warrants, and Forensic Observations Only)  
Jan 2015 - Jan 2016**



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

Vermont State Hospital and Designated Hospitals, Emergency and Forensic Admissions (FY2002-2015)

**Vermont State Hospital and Designated Hospitals  
Emergency and Forensic Admissions  
FY2002-FY2015**



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 - FY2015 with a forensic legal status or emergency legal status at admission.



**Adult Inpatient Utilization and Bed Closures: Page 1 of 2**

**System Total and Level 1 Units**

**Feb 2015 - Jan 2016**

■	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	Jan
<b>ADULT INPATIENT UNITS</b>													
Total Beds	188	188	188	188	188	188	188	188	188	188	188	188	188
Average Daily Census	164	164	174	170	165	163	163	161	165	160	161	158	167
Percent Occupancy	87%	87%	92%	90%	88%	87%	87%	85%	88%	85%	86%	84%	89%
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0	0	0	0
# Days with Closed Beds	31	28	31	23	30	29	31	31	30	31	27	24	20
Average # of Closed Beds	8	7	4	3	3	3	4	10	5	4	2	3	2
<b>VPCH</b>													
Total Beds	25	25	25	25	25	25	25	25	25	25	25	25	25
Average Daily Census	21	24	25	23	22	22	20	17	18	21	22	22	25
Percent Occupancy	84%	97%	100%	93%	87%	89%	81%	68%	74%	83%	89%	89%	99%
# Days at Occupancy	0	15	31	4	0	0	0	0	0	0	0	0	26
# Days with Closed Beds	31	17	0	11	19	6	31	31	30	31	12	19	5
Average # of Closed Beds	4	2	-	3	3	2	3	8	4	3	2	2	1
<b>BR TYLER 4</b>													
Total Beds	14	14	14	14	14	14	14	14	14	14	14	14	14
Average Daily Census	14	14	14	14	14	14	13	14	14	14	13	14	14
Percent Occupancy	100%	100%	100%	98%	100%	100%	96%	99%	99%	100%	95%	100%	100%
# Days at Occupancy	31	28	31	24	31	29	16	26	27	29	12	28	27
# Days with Closed Beds	0	0	0	0	0	0	13	2	0	0	12	0	0
Average # of Closed Beds	-	-	-	-	-	-	1	1	-	-	1	-	-
<b>RRMC SOUTH WING</b>													
Total Beds	6	6	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	6	6
Percent Occupancy	100%	100%	100%	99%	100%	97%	98%	100%	98%	99%	99%	100%	98%
# Days at Occupancy	31	28	31	29	31	24	27	31	27	30	29	30	26
# Days with Closed Beds	0	0	0	3	0	4	0	0	2	2	0	0	4
Average # of Closed Beds	-	-	-	-	-	-	-	-	1	1	-	-	1
<b>Wait Times for Beds</b>													
Average # People Waiting per Day	6	3	5	3	2	3	3	4	5	4	2	2	4

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 (2015-2016) (page 2 of 2)

**Adult Inpatient Utilization and Bed Closures: Page 2 of 2**

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

■	All Units	■	Level 1 Units	■	Non-Level 1 Adult Units
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**Feb 2015 - Jan 2016**

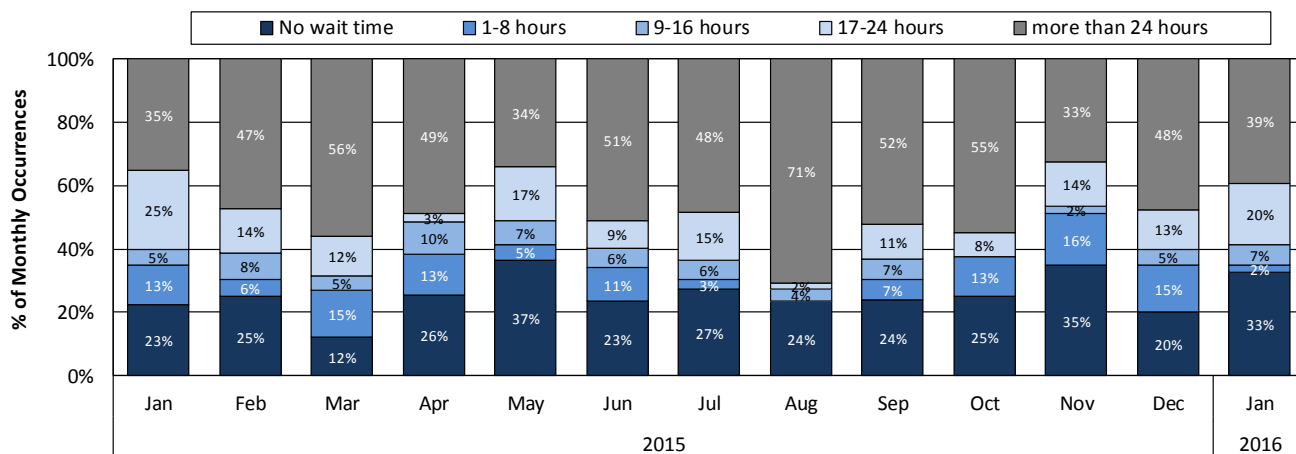
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
<b>ADULT INPATIENT UNITS</b>													
Total Beds	188	188	188	188	188	188	188	188	188	188	188	188	188
Average Daily Census	164	164	174	170	165	163	163	161	165	160	161	158	167
Percent Occupancy	87%	87%	92%	90%	88%	87%	87%	85%	88%	85%	86%	84%	89%
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0	0	0	0
# Days with Closed Beds	31	28	31	23	30	29	31	31	30	31	27	24	20
Average # of Closed Beds	8	7	4	3	3	3	4	10	5	4	2	3	2
<b>CVMC</b>													
Total Beds	14	14	14	14	14	14	14	14	14	14	14	14	14
Average Daily Census	11	11	13	12	12	11	11	11	13	11	12	11	12
Percent Occupancy	76%	81%	90%	86%	82%	75%	77%	80%	90%	80%	87%	77%	84%
# Days at Occupancy	2	7	4	4	4	0	1	0	5	1	10	1	0
# Days with Closed Beds	0	2	3	0	3	6	2	0	0	0	0	0	0
Average # of Closed Beds	-	2	1	-	2	1	2	-	-	-	-	-	-
<b>FAHC</b>													
Total Beds	27	27	27	27	27	27	27	27	27	27	27	27	27
Average Daily Census	25	22	23	19	20	19	19	22	25	22	22	23	25
Percent Occupancy	92%	81%	85%	70%	75%	71%	71%	81%	94%	83%	82%	83%	92%
# Days at Occupancy	0	0	0	0	0	0	0	0	11	0	0	0	0
# Days with Closed Beds	1	19	12	0	5	3	2	25	2	7	7	6	0
Average # of Closed Beds	2	1	1	-	1	1	1	2	1	1	1	1	-
<b>BR (NON LEVEL 1 UNITS)</b>													
Total Beds	75	75	75	75	75	75	75	75	75	75	75	75	75
Average Daily Census	65	65	69	73	70	70	70	68	67	68	65	63	65
Percent Occupancy	86%	86%	92%	97%	93%	93%	94%	91%	90%	90%	87%	84%	86%
# Days at Occupancy	0	0	0	6	2	1	4	0	1	0	0	0	0
# Days with Closed Beds	30	28	31	17	20	28	2	13	16	8	5	9	12
Average # of Closed Beds	3	5	3	2	1	2	2	1	1	1	1	3	2
<b>RRMC GEN PSYCH</b>													
Total Beds	17	17	17	17	17	17	17	17	17	17	17	17	17
Average Daily Census	16	16	16	15	14	16	15	16	16	15	17	15	16
Percent Occupancy	92%	92%	93%	90%	81%	94%	90%	97%	92%	86%	97%	88%	92%
# Days at Occupancy	9	5	12	11	5	9	9	19	11	3	21	5	5
# Days with Closed Beds	9	4	0	0	1	8	6	6	7	7	0	1	7
Average # of Closed Beds	1	1	-	-	1	2	1	1	1	3	-	1	1
<b>WC</b>													
Total Beds	10	10	10	10	10	10	10	10	10	10	10	10	10
Average Daily Census	7	8	9	8	8	8	8	8	6	6	6	5	8
Percent Occupancy	74%	79%	85%	77%	78%	75%	77%	76%	63%	58%	63%	45%	79%
# Days at Occupancy	0	6	11	5	8	3	5	3	0	0	2	0	4
# Days with Closed Beds	6	6	5	2	1	0	0	0	0	0	0	0	0
Average # of Closed Beds	2	1	2	1	1	-	-	-	-	-	-	-	-
<b>Wait Times for Beds</b>													
Average # People Waiting per Day	6	3	5	3	2	3	3	4	5	4	2	2	4

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 (2015-2016)

### Emergency Exams and Warrants, and Court Ordered Forensic Observations

#### Wait Times in Hours for Involuntary Inpatient Admission CY15 - Jan 2016



Wait time	2015												2016
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
No wait time	9	9	5	10	15	11	9	12	11	10	15	8	15
1-8 hours	5	2	6	5	2	5	1	0	3	5	7	6	1
9-16 hours	2	3	2	4	3	3	2	2	3	0	1	2	3
17-24 hours	10	5	5	1	7	4	5	1	5	3	6	5	9
more than 24 hours	14	17	23	19	14	24	16	36	24	22	14	19	18
<b>Total</b>	<b>40</b>	<b>36</b>	<b>41</b>	<b>39</b>	<b>41</b>	<b>47</b>	<b>33</b>	<b>51</b>	<b>46</b>	<b>40</b>	<b>43</b>	<b>40</b>	<b>46</b>

Wait Time in Hours		2015												2016
EEs/Wrts		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
	Mean	47	40	46	31	27	33	47	47	46	39	19	41	33
	Median	18	18	25	18	17	24	23	32	22	28	7	19	18
OBS	Mean	442	102	155	35	20	75	123	194	122	36	19	59	100
	Median	442	100	167	33	5	75	123	196	96	2	13	50	100
<b>Total</b>	Mean	67	56	54	31	26	34	49	64	56	38	19	45	36
	Median	19	23	27	22	17	25	24	41	25	28	7	22	19

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCB 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, and court ordered forensic observations, 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 2, 2014 with the opening of the Vermont Psychiatric Care Hospital. Nearly one fifth of individuals who are held on emergency exams or warrants, and 23% of people waiting in EDs, have zero wait time before inpatient bed placement.

When taking a closer look at the populations of individuals who wait for bed placements, there are certain patients moving towards placement sooner than others. For example, youth generally have an average wait of less than 24 hours since July 2014, compared to approximately 33 hours for the first six months of the year. During portions of November and December, BR's children's unit was only operating at 57%-67% capacity at times due to bed closures which partially

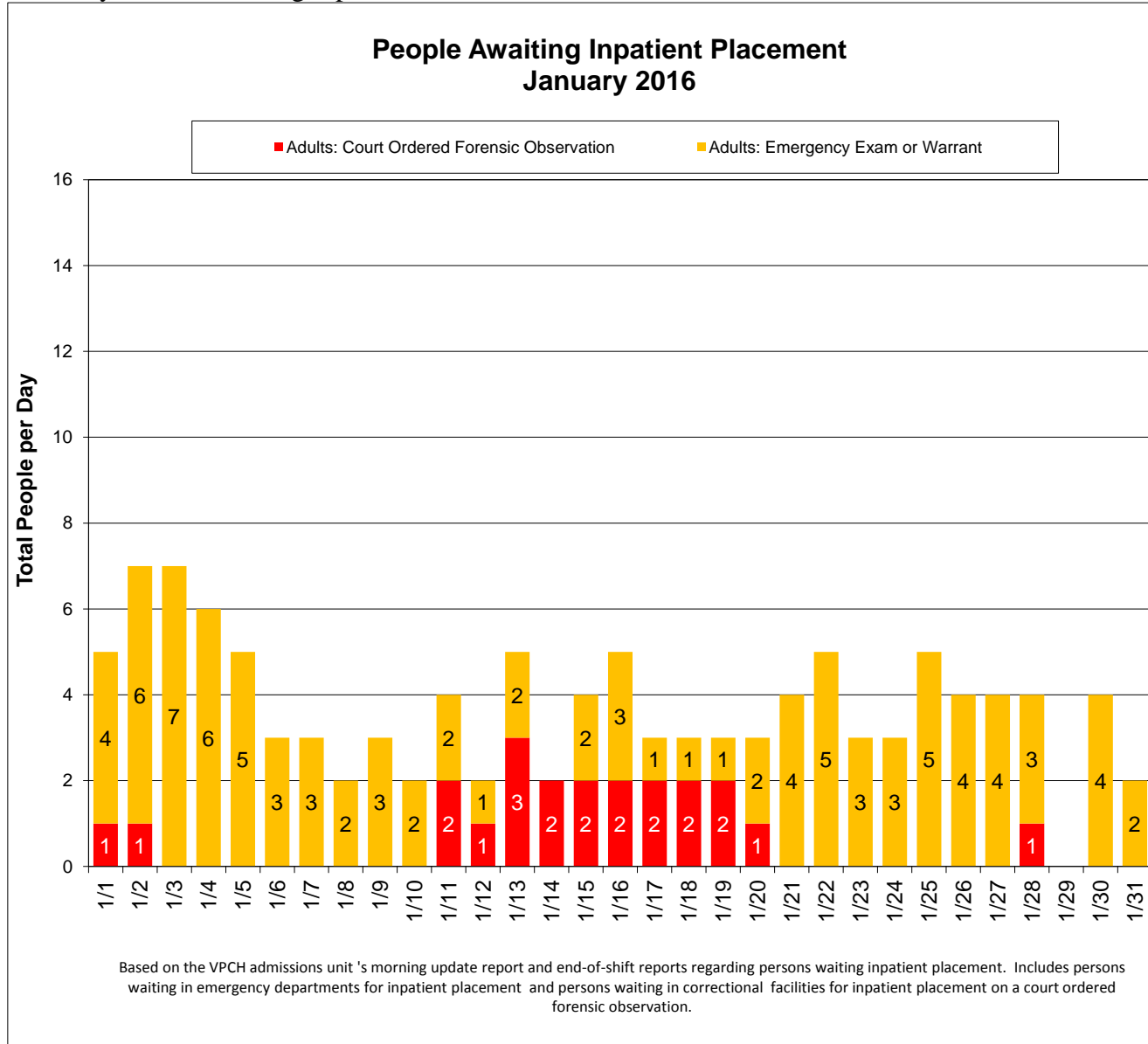
attributed to longer wait time than normal for youth. Adults held under EEs and Warrants have a markedly higher average wait time as compared to youth.

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. As a historical example, October 2014 saw 41 individuals awaiting placements under an EE/Warrant for an average wait time of 44 hours. Included in this figure were two individuals with a combined average wait time of 10 days. When these two individuals were removed from the analysis, the remaining 39 individuals had an average wait time of 24 hours – approximately a 50% reduction in time.

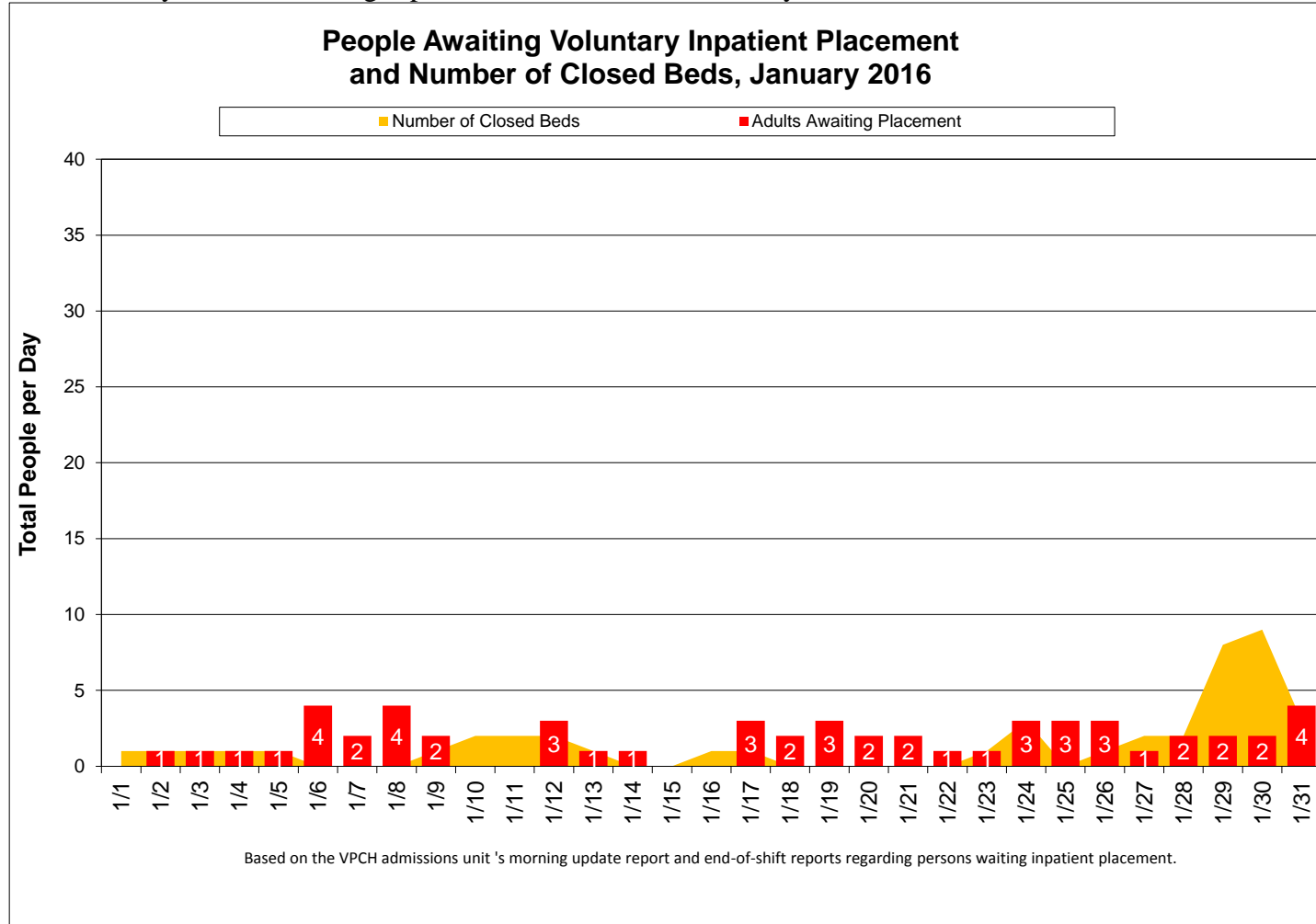
Beginning January 2015, the reporting of ED wait times focused primarily on adults in the care and custody of the Commissioner who are held on EE/warrants or being held for forensic observation due to the unique circumstances involved with placements of Level 1 and individuals involved with the courts. Individuals experiencing longer wait times have complicating factors that are systemic (need for Level 1 bed and significant medical complications) as well as individual (comorbid issues with dementia, TBI, med refusals, etc.). 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. A significant reason for this lack of accessibility is due to some number of these beds being utilized by longer term patients, who either need longer treatment stays due to their acuity or for whom community based placements are difficult to organize and staff. 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.

Daily Number of Involuntary Adults Awaiting Inpatient Placement



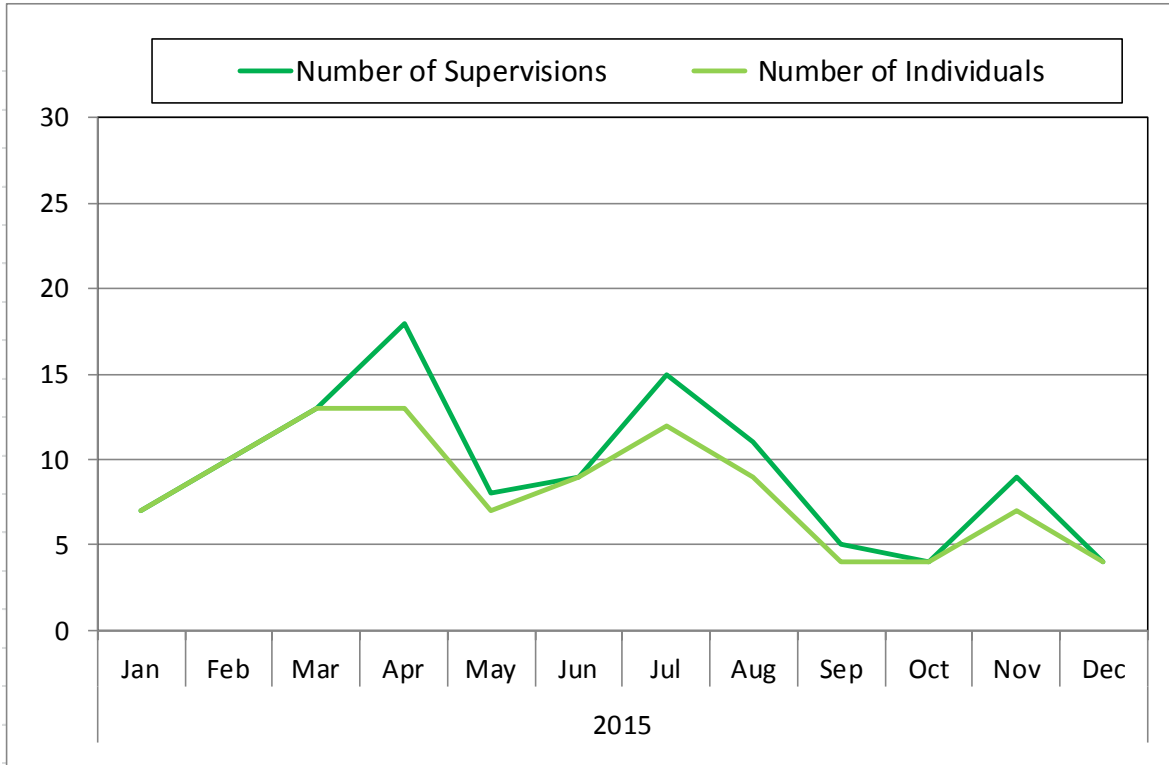
Daily Number of Voluntary Adults Awaiting Inpatient Placement and Closed System Beds



## Additional Reporting Requests

Sheriff Supervisions in Emergency Departments (2015)

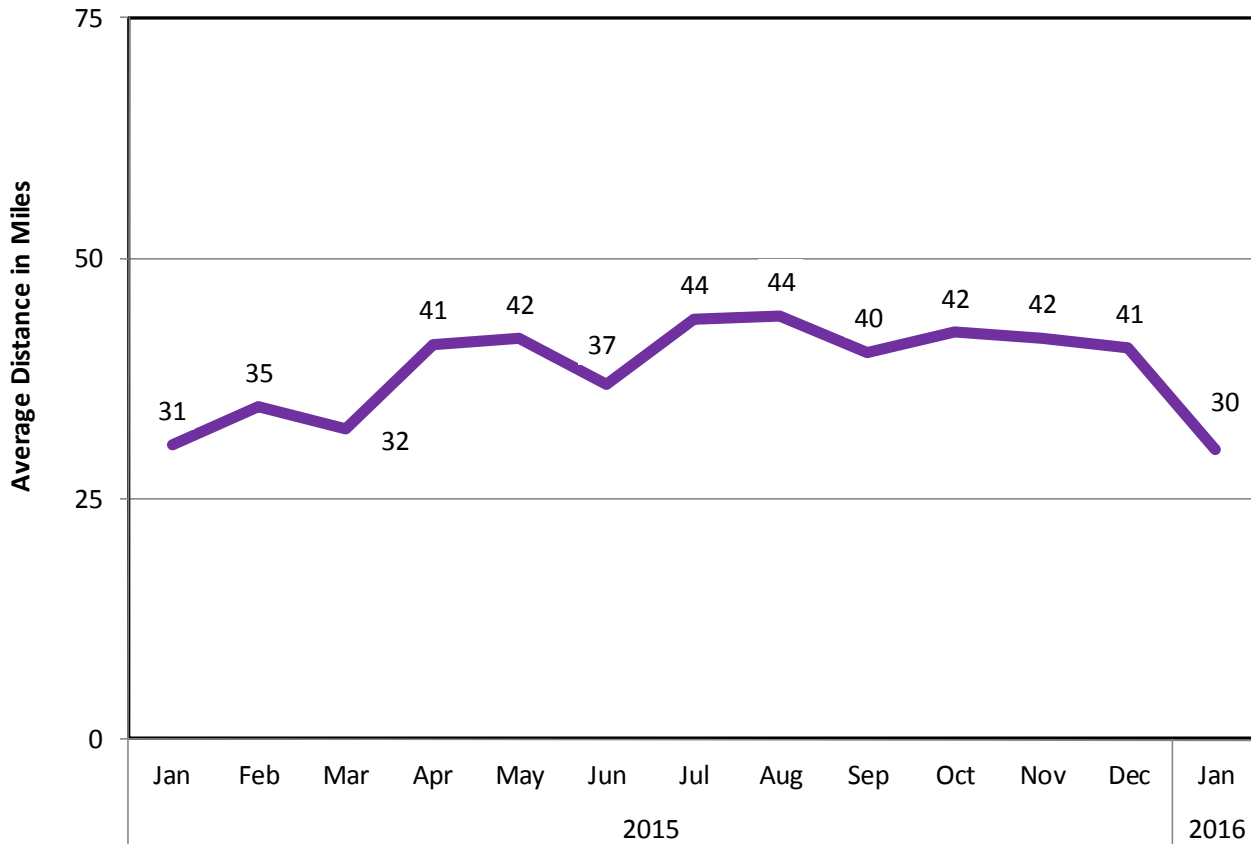
### Sheriff Supervisions in Emergency Departments 2015



Based on sheriff supervision invoices received by the Department of Mental Health Business Office for supervision of individuals in emergency departments.

Average Distance to Psychiatric Inpatient Care (2015-2016)

**Average Distance to Psychiatric Inpatient Care  
From Home to Designated Hospital for Involuntary Stays  
Jan 2015 - Jan 2016**



	<u>2015</u>												<u>2016</u>
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Total Cases*	35	32	40	39	40	47	29	44	42	41	40	33	44
Average Distance in Miles	31	35	32	41	42	37	44	44	40	42	42	41	30

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**

SYSTEM TOTAL	2014					2015							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Admissions this Month	34	43	38	42	42	43	52	31	46	48	44	39	37
Total Discharges this Month*	36	34	38	41	62	43	38	43	41	48	46	33	37
Length of Stay for Discharged Clients*	61.1	38.1	71.1	37.9	54.8	42.9	55.4	40.1	35.8	49.8	69.7	37.8	50.8
30 Day Readmission Rate*	8%	15%	11%	15%	10%	16%	5%	9%	10%	4%	9%	15%	11%

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 85 records without discharge dates, which accurately reflect the number of involuntary patients receiving inpatient care. DMH Care Managers are in the process of following up with hospitals to collect missing discharge dates and are revisiting the process for data collection.

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 (2012-2016)



Vermont Department of Mental Health  
System Snapshot (February 12, 2016)

\*data forthcoming

2016

Reporting Category	FY16 Q3			FY16 Q4			FY17 Q1			FY17 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Adult Inpatient Hospital</b>												
% Occupancy	81%											
Avg. Daily Census	173											
% Occupancy at No Refusal Units	99%											
Avg. Daily Census	45											
<b>Adult Crisis Beds</b>												
% Occupancy	67%											
Avg. Daily Census	27											
<b>Applications for Involuntary Hospitalizations (EE)</b>												
Youth (0-17)	5											
Adults	48											
Total adults admitted with CRT	15											
Designation (% of Total applications)	31%											
<b>Total Level 1 Admissions</b>	17											
<b>Instances when Placement Unavailable &amp; Adult Client Held in ED</b>												
	26											
<b>Adult Involuntary Medications</b>												
# Applications	4											
# Granted Orders	1											
Mean time from filing date to decision date (days)	6											
<b>Court Ordered Forensic Observation Screenings</b>												
# Requested	7											
# Inpatient Ordered	2											
<b>VT Resident Suicides</b>												
<b>Youth (0-17)</b>												
Total	*											
# with DA contact within previous year	*											
<b>Adults (18+)</b>												
Total	*											
# with DA contact within previous year	*											
<b>Housing</b>												
# Clients permanently housed as a result of new Act79 housing funding	0											
Total # enrolled to date	124											
<b>Involuntary Transportation</b>												
<b>Adults (total transports)</b>												
# of Transports	*											
% Non-Restrained	*											
% Restrained	*											
% all transports using metal restraints	*											
% all transports using soft restraints	*											
<b>Youth Under 18 (total transports)</b>												
# of Transports	*											
% Non-Restrained	*											
% Restrained	*											
% all transports using metal restraints	*											
% all transports using soft restraints	*											
<b>CRT Employment</b>												
% Employed		*										
Wages per employed client												



# Vermont Department of Mental Health System Snapshot (February 12, 2016)

\*data forthcoming

2015

Reporting Category	FY15 Q3			FY15 Q4			FY16 Q1			FY16 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Adult Inpatient Hospital</b>												
% Occupancy	87%	87%	92%	90%	88%	88%	86%	85%	88%	79%	81%	78%
Avg. Daily Census	164	164	174	168	165	165	157	161	165	165	145	164
% Occupancy at No Refusal Units	91%	98%	100%	95%	93%	93%	89%	88%	85%	91%	92%	94%
Avg. Daily Census	41	44	45	43	42	42	30	40	38	41	42	42
<b>Adult Crisis Beds</b>												
% Occupancy	81%	76%	81%	81%	74%	71%	75%	72%	78%	76%	75%	74%
Avg. Daily Census	32	30	33	33	30	29	30	29	31	30	30	30
<b>Applications for Involuntary Hospitalizations (EE)</b>												
Youth (0-17)	8	6	3	9	7	0	3	2	7	6	9	3
Adults	48	32	44	48	41	52	41	50	46	39	46	32
Total adults admitted with CRT	17	12	9	14	14	19	14	15	9	14	11	6
Designation (% of Total applications)	35%	38%	20%	29%	34%	37%	34%	30%	20%	36%	24%	19%
<b>Total Level 1 Admissions</b>	9	7	7	14	9	7	14	10	10	10	10	13
<b>Instances when Placement Unavailable &amp; Adult Client Held in ED</b>												
	29	19	18	22	25	30	22	35	30	28	24	14
<b>Adult Involuntary Medications</b>												
# Applications	4	12	6	5	3	5	11	3	5	11	5	10
# Granted Orders	1	10	4	3	2	3	8	2	5	10	4	8
Mean time from filing date to decision date (days)	12	12	20	8	11	11	9	12	12	18	28	13
<b>Court Ordered Forensic Observation Screenings</b>												
# Requested	3	15	8	8	7	5	4	9	7	14	8	13
# Inpatient Ordered	2	10	4	3	3	2	1	5	5	5	4	9
<b>VT Resident Suicides</b>												
<b>Youth (0-17)</b>												
Total	0	0	0	0	0	0	1	0	0	0	0	0
# with DA contact within previous year	-	-	-	-	-	-	1	-	-	-	-	-
<b>Adults (18+)</b>												
Total	8	5	7	6	11	7	8	14	8	1	6	9
# with DA contact within previous year	0	2	2	2	1	3	4	5	1	0	0	2
<b>Housing</b>												
# Clients permanently housed as a result of new Act79 housing funding	0	0	0	0	3	1	2	1	1	1	0	1
Total # enrolled to date	129	116	116	127	126	120	122	123	123	123	122	124
<b>Involuntary Transportation</b>												
<b>Adults (total transports)</b>												
# of Transports	18	12	18	17	20	24	16	25	18	21	22	12
% Non-Restrained	83%	67%	61%	76%	95%	75%	50%	76%	28%	81%	68%	92%
% Restrained	17%	33%	33%	24%	5%	25%	50%	24%	72%	19%	32%	8%
% all transports using metal restraints	11%	25%	17%	12%	0%	0%	13%	12%	28%	14%	14%	8%
% all transports using soft restraints	6%	8%	17%	12%	5%	25%	38%	12%	44%	5%	18%	0%
<b>Youth Under 18 (total transports)</b>												
# of Transports	11	7	2	8	6	0	2	1	6	5	8	0
% Non-Restrained	73%	86%	100%	100%	83%	0%	0%	100%	83%	80%	88%	-
% Restrained	27%	14%	0%	0%	17%	0%	100%	0%	17%	20%	13%	-
% all transports using metal restraints	18%	14%	0%	0%	0%	0%	100%	0%	0%	20%	0%	-
% all transports using soft restraints	9%	0%	0%	0%	17%	0%	0%	0%	17%	0%	13%	-
<b>CRT Employment</b>												
% Employed		17%			17%			*			*	
Wages per employed client		\$2,338			\$2,572							



## Vermont Department of Mental Health System Snapshot (March 13, 2015)

\*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
<b>Adult Inpatient Hospital</b>												
% Occupancy	87%	88%	89%	91%	93%	89%	82%	85%	86%	89%	87%	81%
Avg. Daily Census	146	147	151	153	157	150	153	159	162	167	164	153
% Occupancy at No Refusal Units	98%	98%	100%	100%	99%	100%	63%	75%	84%	90%	91%	91%
Avg. Daily Census	28	27	28	28	28	28	29	34	38	41	41	41
<b>Adult Crisis Beds</b> * VPCH gradual opening of 25 beds												
% Occupancy	83%	79%	77%	77%	77%	76%	76%	66%	75%	80%	73%	74%
Avg. Daily Census	32	30	29	29	29	29	29	25	28	32	29	30
<b>Applications for Involuntary Hospitalizations (EE)</b>												
Youth (0-17)	5	4	7	5	9	10	4	3	8	5	10	8
Adults	38	32	35	46	42	46	45	52	49	55	40	34
Total adults admitted with CRT	9	11	8	9	9	14	15	10	16	13	14	11
Designation (% of Total applications)	24%	34%	23%	20%	21%	30%	33%	19%	33%	24%	35%	32%
<b>Total Level 1 Admissions</b>	14	8	10	11	18	16	9	14	9	7	10	6
<b>Instances when Placement Unavailable &amp; Adult Client Held in ED</b>												
	19	19	27	27	30	33	28	29	32	27	28	19
<b>Adult Involuntary Medications</b>												
# Applications	6	8	7	4	4	5	8	6	5	12	7	6
# Granted Orders	5	4	6	4	4	4	7	4	4	10	5	6
Mean time from filing date to decision date (days)	14	17	16	10	14	9	13	12	10	18	11	8
<b>Court Ordered Forensic Observation Screenings</b>												
# Requested	6	11	12	14	8	10	11	10	5	8	9	10
# Inpatient Ordered	2	7	3	5	5	4	3	4	2	3	5	6
<b>VT Resident Suicides</b>												
<b>Youth (0-17)</b>												
Total	2	0	0	0	0	1	0	3	1	0	0	1
# with DA contact within previous year	2	0	0	0	0	1	0	1	0	0	0	0
<b>Adults (18+)</b>												
Total	11	5	6	6	6	7	8	10	16	12	13	2
# with DA contact within previous year	1	1	0	2	2	3	1	2	3	2	1	0
<b>Housing</b>												
# Clients permanently housed as a result of new Act79 housing funding	1	2	3	3	4	1	1	1	2	1	1	0
Total # enrolled to date	124	122	124	131	131	131	132	133	129	121	121	121
<b>Involuntary Transportation</b>												
<b>Adults (total transports)</b>												
# of Transports	13	15	13	16	15	22	14	19	16	29	18	13
% Non-Restrained	85%	87%	69%	81%	67%	59%	71%	79%	38%	79%	56%	85%
% Restrained	15%	13%	31%	19%	33%	41%	29%	21%	63%	21%	44%	15%
% all transports using metal restraints	8%	7%	15%	6%	7%	32%	0%	5%	44%	21%	28%	8%
% all transports using soft restraints	8%	7%	15%	13%	27%	9%	29%	16%	19%	0%	17%	8%
<b>Youth Under 18 (total transports)</b>												
# of Transports	4	5	7	4	3	5	6	7	7	3	10	8
% Non-Restrained	100%	100%	100%	100%	100%	100%	83%	86%	71%	100%	100%	75%
% Restrained	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	0%	25%
% all transports using metal restraints	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	0%	25%
% all transports using soft restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>CRT Employment</b>												
% Employed		16%			18%			17%			17%	
Wages per employed client		\$2,301			\$2,375			\$2,339			\$2,437	



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

\*data forthcoming

2013

Reporting Category	FY13 Q3			FY13 Q4			FY14 Q1			FY14 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Adult Inpatient Hospital</b>												
% 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
<b>Adult Crisis Beds</b>												
% 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
<b>Applications for Involuntary Hospitalizations (EE)</b>												
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%
<b>Total Level 1 Admissions</b>	22	13	20	22	26	10	19	18	13	11	7	14
<b>Instances when Placement Unavailable &amp; Adult Client Held in ED</b>	27	21	43	27	38	24	38	16	34	29	30	23
<b>Adult Involuntary Medications</b>												
# 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
<b>Court Ordered Forensic Observation Screenings</b>												
# 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
<b>VT Resident Suicides</b>												
<b>Youth (0-17)</b>												
Total	0	0	0	0	0	2	0	0	0	1	0	1
# with DA contact within previous year	-	-	-	-	-	1	-	-	-	0	-	1
<b>Adults (18+)</b>												
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
<b>Housing</b>												
# 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
<b>Involuntary Transportation</b>												
<b>Adults (total transports)</b>												
# 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%
<b>Youth Under 10 (total transports)</b>												
# 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%	-	-	-
<b>CRT Employment</b>												
% Employed		15%			16%			17%			15%	
Wages per employed client		\$2,318			\$2,457			\$2,298			\$2,456	



## Vermont Department of Mental Health System Snapshot

### Definitions

<b>Inpatient Hospital</b>	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.
<b>Designated Agency Crisis Bed</b>	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.
<b>Court-ordered Forensic Observations</b>	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.
<b>Emergency Examination (EE)</b>	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.
<b>Restrained Transport (formerly called Secure)</b>	Transport via law enforcement utilizing either metal or soft restraints.
<b>Non-Restrained Transport (formerly called Non-Secure)</b>	Transport not utilizing restraints; this can include plain clothed law enforcement, Designated Agency transport teams, or other means of transport such as family members.
<b>VT Resident Suicides</b>	Based on <u>PRELIMINARY</u> 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.
<b>Housing</b>	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.