



State of Vermont

Department of Mental Health
Commissioner's Office
Redstone Office Building
26 Terrace Street
Montpelier VT 05609-1101
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-828-3824
[fax] 802-828-1717
[tty] 800-253-0191

MEMORANDUM

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

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

DATE: October 29, 2013

RE: October, 2013 Monthly DMH Report to the Joint Legislative Mental Health and Health Care Oversight Committees

Attached please find the October, 2013 report to the Committees on Mental Health and Health Care as outlined in *2012 Acts and Resolves No. 79*. Additionally, information that the Department believes will be responsive to data collection requests is incorporated in the Appendix sections.

I. Act 79 Requirements

1. Number of individuals receiving acute inpatient psychiatric care (Level 1, general involuntary) in all hospitals, and the single combined one-day highest census number (Level 1).
2. The number of individuals waiting for admission, including the number of individuals treated in each setting and the single combined one-day highest census number each month.
3. The total census capacity and average daily census of intensive recovery residence beds, and the secure residential (MTCR) daily census; average length of stay for crisis beds across the state system of care.

II. Additional Data in Appendices

4. DMH Monthly Snapshot, which includes Court Ordered Involuntary Medication numbers including time from application to orders. Note: Applications for hearings for Court Ordered Involuntary Medication cannot be made before a Patient has been through a commitment hearing. Commitment Hearings take an average of thirty (30) days.

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 September FY 2013 Report

10/29/13

This report provides information required by the 2012 *Acts and Resolves No. 79*, as well as information that has been requested by Oversight Committee members. The questions are followed by both data and a narrative explanation.

Act 79 Requirements pertaining to LEVEL I BEDS

(1) The number of Level 1 patients receiving acute inpatient care in a hospital setting other than the renovated unit at Rutland Regional Medical Center (RRMC), the renovated unit at the Brattleboro Retreat (BR), and Green Mountain Psychiatric Care Center (GMPCC), including the number of individuals treated in each setting, and the single combined one-day highest number each month.

Table A1 Titled: **Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee: Level 1 Inpatient Utilization: Statewide and By Hospital** depicts this data.

The data in this table present both the total system of psychiatric beds and reports on utilization for each hospital. The table represents the total # of *designated LEVEL I beds* in our system (including FAHC), the average daily census, the number of admissions and discharges to and from *Non- LEVEL I hospital beds*, the highest census per month and the trend of whether the system is over or under its designated capacity.

September data show that there were 6 people classified as Level I in hospital beds that are not designated as such; there are 35 Level I beds and there was an average daily census of 39 Level I patients. This is the difference between the average daily census and the number of beds designated for Level I patients. Individuals can be admitted to a non-Level I bed and may or may not later be transferred to a Level I unit. DMH data sources identify placement at admission to the hospital. BR, FAHC and RRMC were both over utilization capacity again for the month of September, while GMPCC continued to be under capacity. The actual numbers of these beds at smaller units/hospitals is quite small as can be seen on the Table below. GMPCC provides care for an acute group of patients, and during the month of September they were at occupancy for 28 days, with no beds closed on average.. Tracking occupancy on the Level I units is subject to influences related to clinical acuity of the milieu, as well as managing the environmental issues. These factors were outlined in the September MHOC report.

When computing capacity for inpatient psychiatric treatment, DMH looks at the number of contracted beds for Level I patients, computed averages of the length of stay in hospitals, the total number of beds for all persons in need of treatment, and the number of persons who are waiting for admission to a hospital. Data is available for involuntary admissions and for voluntary admissions who present to emergency departments only. There is an unknown number of individuals who may need a hospital bed, who do not come to the attention of the DMH. The trend over the last 5 months shows a slightly upward trend in being over the number of planned beds for the Level I population.

In an effort to further delineate the capacity across all of the psychiatric hospital units, queries were sent to the BR, RRMC, and FAHC to identify the percentage of patients admitted to their units on a voluntary status. The BR reported that the average percentage of voluntary patients admitted between 10/12 and 9/30/13 was close to 94%. FAHC

reported that the average percentage of patients who were admitted voluntarily and remained on the status, between 9/12 and 9/13, is 28% for Shepardson 6 Unit; 95.7% for Shepardson 3S. Data was not available from RRMC for this report.

Another way to calculate data for voluntary patient census is to look at the involuntary census and compare it to the beds used. DMH calculates that for the entire system, which includes all 6 hospitals, voluntary patients make up 62% of the available psychiatric beds.

Table A. 1

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee
 Level 1 Inpatient Utilization: Statewide and By Hospital

SYSTEM TOTAL	2012						2013								
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Total Level I Beds	27	27	27	27	27	27	35	35	35	35	35	35	35	35	35
Average Daily Census	15	19	23	25	24	24	29	29	32	37	45	44	38	39	39
Total Level I Admissions this Month	23	17	9	25	13	21	22	13	20	22	26	10	19	18	11
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	4	8	10	6
Total Level 1 Discharges this Month	6	15	7	19	21	15	17	17	13	15	19	17	19	18	15
Highest Census this Month	19	22	24	31	29	28	32	31	34	41	48	48	41	41	44
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	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
Average Daily Census	11	14	18	18	17	15	14	16	19	18	21	20	16	17	18
Total Admissions during Month	16	13	8	13	9	14	7	9	10	3	11	3	3	4	2
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	1	2	2
Total Level 1 Discharges this Month	4	9	6	12	14	13	7	7	7	5	7	8	3	3	3
Highest Census this Month	13	16	19	21	20	17	16	18	20	20	22	22	17	18	19
Over/Under for Total Planned Beds	UNDER	UNDER	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
Average Daily Census	3	4	3	4	4	4	4	1	3	9	9	10	8	8	8
Total Admissions during Month	7	4	1	5	1	4	2	0	5	8	8	2	4	5	5
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	0	1	2	2
Total Level 1 Discharges this Month	2	6	1	3	3	1	5	2	0	4	8	2	6	6	5
Highest Census this Month	5	6	4	5	5	6	6	3	6	11	11	11	10	9	8
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER
GMPCC															
Total Level I Beds	-	-	-	-	-	-	8	8	8	8	8	8	8	8	8
Average Daily Census	-	-	-	-	-	-	5	5	4	4	6	6	7	6	6
Total Admissions during Month	-	-	-	-	-	-	8	0	0	2	2	3	6	2	2
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Level 1 Discharges this Month	-	-	-	-	-	-	2	2	1	0	1	3	4	4	1
Highest Census this Month	-	-	-	-	-	-	7	6	4	5	6	6	8	7	7
Over/Under for Total Planned Beds	-	-	-	-	-	-	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
Average Daily Census	1	1	1	4	3	4	6	6	6	6	9	9	7	9	8
Total Admissions during Month	0	0	0	7	3	3	5	4	5	9	5	2	6	7	2
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	6	7	2
Total Level 1 Discharges this Month	0	0	0	4	4	1	3	6	5	6	3	4	6	5	6
Highest Census this Month	1	1	1	5	4	5	8	8	8	8	11	10	8	9	11
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	UNDER	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 onward.

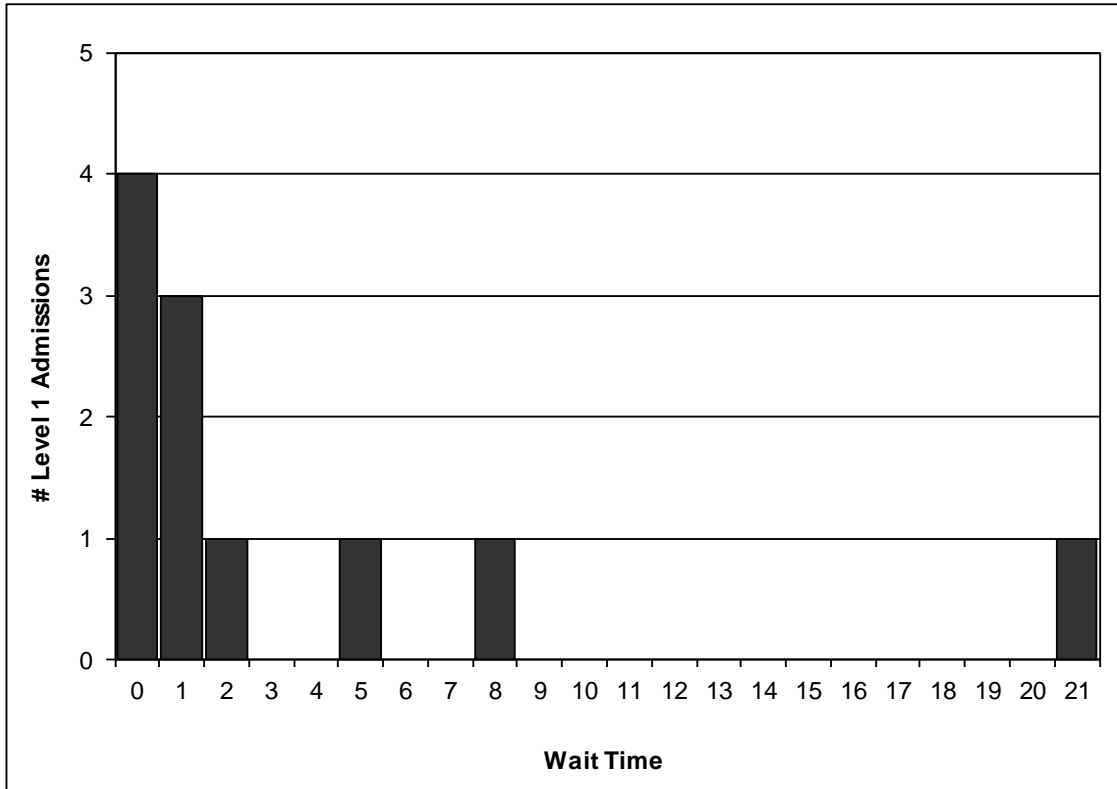
- (2) The number of individuals waiting for admission to a level 1 psychiatric inpatient unit after the determination of need for admission to emergency departments, or correctional facilities, is made and the number of days individuals are waiting.

Graph A: Wait Times to Admission for Level I patients for September 2013 depicts this data.

This graph shows that of the 11 *Level I* admissions who were waiting in September, 63% were admitted within a day, while the other 4 individuals, were each waiting differing lengths of time, up to 21 days. This data includes those individuals waiting in both emergency departments and correctional facilities, where waits tend to be somewhat longer. There was only 1 individual who waited more than a week; 21 days, in a correctional facility. The average number of patients waiting for beds each day over the month of September was 7.

Graph A 1

**Legislative Report to Mental Health Oversight Committee
and Health Care Oversight Committee
Wait Times to Admission for Level 1 Patients
September 2013**



Wait Time	Level 1 Admissions	
	#	%
< 1 day	4	36%
1 day	3	27%
2 days	1	9%
5 days	1	9%
8 days	1	9%
21 days	1	9%
Total	11	100%

Date of Report: October 7, 2013

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) and wait time reported to DMH GMPCC Admissions Unit. 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. 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 GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.

Table C (below) depicts the total census capacity and average daily census of new intensive recovery residence beds opened in accordance with 2012 Acts and Resolves No. 79

**Legislative Report to Mental Health Oversight Committee
and Health Care Oversight Committee
Intensive Residential Census Report
June - September 2013**

Adult Intensive Residential Facilities

	Hilltop	Meadowview	Second Spring Williamstown	Second Spring Westford	Middlesex	State Avg	State Avg Excluding Middlesex
June							
Total Beds	8	6	22		7	43	36
Monthly Avg.	7.00	6.00	21.40		2.00	34.13	33.53
Monthly % Occupancy	87.5%	100.0%	97.3%		28.6%	79.4%	93.1%
July							
Total Beds	8	6	22		7	43	36
Monthly Avg.	7.83	5.42	21.71		2.71	37.42	34.71
Monthly % Occupancy	97.9%	90.3%	98.7%		38.7%	87.0%	96.4%
August							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	7.97	4.58	21.19	1.00	4.97	39.13	34.16
Monthly % Occupancy	99.6%	76.3%	99.8%	12.5%	71.0%	86.2%	89.1%
September							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	6.79	4.77	18.90	3.36	6.00	38.80	32.80
Monthly % Occupancy	84.8%	79.4%	94.5%	42.0%	85.7%	82.5%	82.0%

Based on data reported to the Vermont Department of Mental Health (DMH) by intensive recovery residence beds 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 residential census.

Middlesex Therapeutic Community Residence began accepting placements on June 20th, 2013 and began reporting to electronic bed boards system on June 21, 2013. Second Spring Williamstown had 22 beds for intensive residential recovery until August 20, 2013, when two beds were reallocated for crisis services. Second Spring Westford opened on August 19, 2013.

The number of beds available for intensive residential care has increased to 42, with an average census for this month of 33, as the new program in Westford admits new residents. Utilization is related to those who need this level of care and either require it as part of discharge planning from an inpatient unit, or as an alternative more appropriate level of care than hospital treatment.

Table D (below) depicts **Designated Agency Crisis Beds Census Report**: This table illustrates the length of stay (LOS) information for the Crisis Beds in each of the DA’s catchment areas. The average LOS increased this month from close to 9 days, to 12.5 days.

Designated Agency Crisis Beds Census Report

Crisis Bed/DA	Average LOS days	Period of LOS
CSAC Cottage Crisis	7.5	September
Alyssum	11	September
CMC Chris’ Place	7	September
HCRS Alternatives	6.1	September
LCMH Oasis	22	September
NCSS Bayview	2.71	September
NKHS Care Bed	9.75	September
RMH CSID	27.5	September
Second Spring (2)	20.25	September
UCS Battelle House	3.74	September
WCMH Home Intervention	27.2	September

Table E depicts Monthly Intensive Residential Bed Utilization. Note, that Meadowview utilization was 100%, up from 78%-88% in 2011.

Program	Time period	Average LOS
Meadow View	1/2012 – 12/2012	579 days
	1/2013 – 10/3/2013	302 days
Second Spring	7/1/2012 – 6/30/2013	154.78 days
Hill Top	1/2012 – 10/3/2013	221 days

II. Additional Reports as requested, separate from MHOC mandatory reporting.

Appendix 1:

Adult Inpatient Utilization and Bed Closures: Page 1 of 2 System Total and Level 1 Units

2013

■ All Units
 ■ Level 1 Units
 ■ Non-Level 1 Adult Units

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
ADULT INPATIENT UNITS									
Total Beds	147	147	147	162	157	157	157	157	157
Average Daily Census	137	137	137	134	135	146	138	139	139
Percent Occupancy	93%	93%	93%	83%	86%	93%	88%	90%	90%
# Days at Occupancy	0	0	0	0	0	0	0	0	0
# Days with Closed Beds	26	26	26	30	30	29	31	31	30
Average # of Closed Beds	2	2	2	3	2	4	6	6	7
GMPCC									
Total Beds	8	8	8	8	8	8	8	8	8
Average Daily Census	6	6	6	8	8	8	8	7	8
Percent Occupancy	74%	74%	74%	100%	100%	96%	100%	89%	99%
# Days at Occupancy	7	7	7	30	31	21	31	10	28
# Days with Closed Beds	14	14	14	0	0	0	0	23	0
Average # of Closed Beds	2	2	2	-	-	-	-	1	-
BR TYLER 4									
Total Beds	13	13	13	14	14	14	14	14	14
Average Daily Census	13	13	13	13	14	14	14	14	14
Percent Occupancy	97%	97%	97%	94%	100%	100%	100%	100%	100%
# Days at Occupancy	22	22	22	17	26	30	29	30	30
# Days with Closed Beds	0	0	0	10	0	0	0	0	0
Average # of Closed Beds	-	-	-	1	-	-	-	-	-
RRMC SOUTH WING									
Total Beds				6	6	6	6	6	6
Average Daily Census				6	6	6	6	6	6
Percent Occupancy				100%	99%	98%	100%	97%	97%
# Days at Occupancy				9	30	27	31	25	26
# Days with Closed Beds				0	1	0	0	2	0
Average # of Closed Beds				-	1	-	-	1	-
Wait Times for Beds									
Average # People Waiting per Day				4	5	3	8	4	7
Average Wait Times in Days	0.8	1.5	1.4	2	1.7	1.4	2.4	1.1	2.7

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 GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.

Adult Inpatient Utilization and Bed Closures: Page 2 of 2 System Total and Non-Level 1 Units

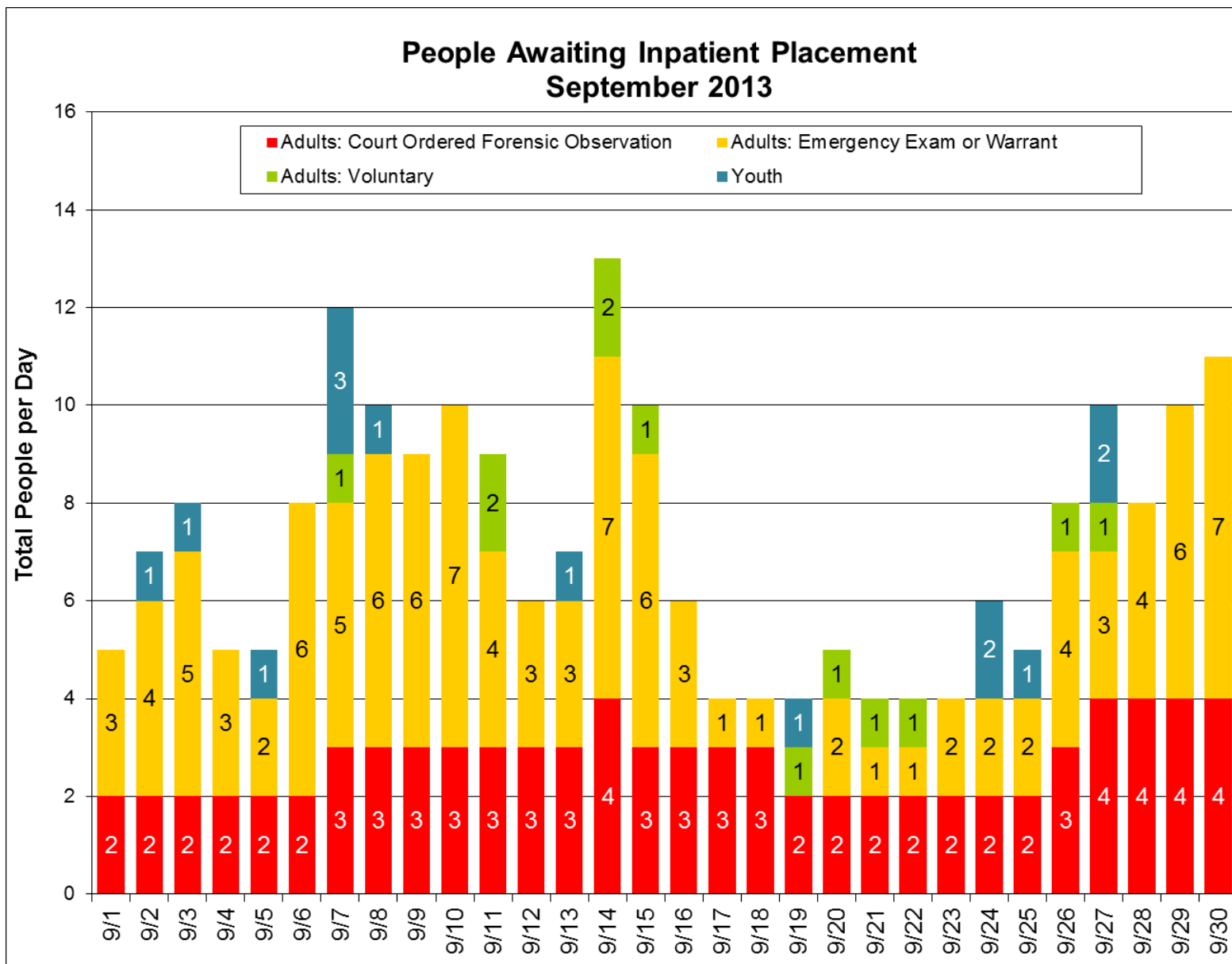
2013

■ All Units
 ■ Level 1 Units
 ■ Non-Level 1 Adult Units

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
ADULT INPATIENT UNITS									
Total Beds	147	147	147	162	157	157	157	157	157
Average Daily Census	137	137	137	134	135	146	138	139	139
Percent Occupancy	93%	93%	93%	83%	86%	93%	88%	90%	90%
# Days at Occupancy	0	0	0	0	0	0	0	0	0
# Days with Closed Beds	26	26	26	30	30	29	31	31	30
Average # of Closed Beds	2	2	2	3	2	4	6	6	7
CVMC									
Total Beds	14	14	14	14	14	14	14	14	14
Average Daily Census	13	13	13	13	13	13	11	12	12
Percent Occupancy	92%	92%	92%	93%	93%	91%	82%	88%	83%
# Days at Occupancy	16	16	16	12	11	13	5	10	8
# Days with Closed Beds	0	0	0	0	0	0	0	0	0
Average # of Closed Beds	-	-	-	-	-	-	-	-	-
FAHC									
Total Beds	27	27	27	27	27	27	27	27	27
Average Daily Census	26	26	26	23	25	26	25	24	21
Percent Occupancy	98%	98%	98%	86%	93%	96%	94%	90%	78%
# Days at Occupancy	19	19	19	0	9	15	5	0	0
# Days with Closed Beds	8	8	8	22	14	3	21	28	30
Average # of Closed Beds	2	2	2	2	2	1	1	2	5
BR (NON LEVEL 1 UNITS)									
Total Beds	59	59	59	61	61	61	61	61	61
Average Daily Census	55	55	55	57	57	58	54	54	58
Percent Occupancy	94%	94%	94%	94%	93%	95%	88%	89%	96%
# Days at Occupancy	1	1	1	2	0	2	0	2	6
# Days with Closed Beds	18	18	18	15	28	14	29	22	3
Average # of Closed Beds	1	1	1	2	1	3	3	3	2
RRMC GEN PSYCH									
Total Beds	16	16	16	22	17	17	17	17	17
Average Daily Census	16	16	16	17	15	14	14	15	13
Percent Occupancy	98%	98%	98%	77%	87%	82%	84%	87%	78%
# Days at Occupancy	24	24	24	5	16	2	0	4	0
# Days with Closed Beds	0	0	0	2	1	27	26	17	12
Average # of Closed Beds	-	-	-	4	1	2	2	2	4
WC									
Total Beds	10	10	10	10	10	10	10	10	10
Average Daily Census	9	9	9	9	7	8	8	8	9
Percent Occupancy	85%	85%	85%	91%	71%	82%	79%	81%	88%
# Days at Occupancy	12	12	12	10	2	7	7	7	12
# Days with Closed Beds	2	2	2	0	4	3	4	1	3
Average # of Closed Beds	2	2	2	-	2	1	3	1	1
Wait Times for Beds									
Average # People Waiting per Day				4	5	3	8	4	7
Average Wait Times in Days	0.8	1.5	1.4	2	1.7	1.4	2.4	1.1	2.7

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 GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.

Appendix 2:



Backup Reports

Appendix 3: Snapshot (forthcoming)



**Vermont Department of Mental Health
System Snapshot (October 14, 2013)**

*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
Adult Inpatient Hospital												
% Occupancy	94%	91%	92%	84%	87%	93%	88%	89%	89%			
Avg. Daily Census	137	132	136	134	135	146	138	139	139			
% Occupancy at No Refusal Units							100%	96%	99%			
Avg. Daily Census							28	27	28			
Adult Crisis Beds												
% Occupancy	74%	73%	79%	82%	83%	84%	84%	80%	78%			
Avg. Daily Census	28	28	29	29	31	31	31	31	31			
Applications for Involuntary Hospitalizations (EE)												
Youth (0-17)	-	-	-	9	10	6	9	7	15			
Adults	50	32	55	41	55	39	65	32	43			
Total adults admitted with CRT	13	13	27	19	14	11	15	12	9			
Designation (% of Total applications)	26%	41%	49%	46%	25%	28%	23%	38%	21%			
Total Level 1 Admissions	22	13	20	22	26	10	19	16	11			
Instances when Placement Unavailable & Adult Client Held in ED												
	27	21	43	27	38	24	38	16	34			
Adult Involuntary Medications												
# Applications	2	3	3	2	9	4	5	7	5			
# Granted Orders	2	3	2	2	5	3	5	6	3			
Mean time to decision (days)	22	12	20	27	19	17	20	14	12			
Court Ordered Forensic Observation Screenings												
# Requested	11	13	9	10	11	11	22	20	19			
# Inpatient Ordered	3	7	5	5	6	6	11	8	7			
VT Resident Suicides												
Youth (0-17)												
Total	0	0	0	0	0	2	0	0	*			
# with DA contact within previous year	-	-	-	-	-	1	-	-	*			
Adults (18+)												
Total	4	6	10	8	10	4	6	6	*			
# with DA contact within previous year	0	3	2	2	1	0	2	1	*			
Housing												
# Clients permanently housed as a result of new Act79 housing funding	18	21	14	11	14	5	0	5	*			
Total # enrolled to date	98	119	133	144	158	169	169	176	*			
Involuntary Transportation												
Adults (total transports)												
# of Transports	19	17	18	11	18	13	18	11	*			
% Non-Secure	58%	94%	61%	82%	78%	85%	72%	73%	*			
% Secure	42%	6%	39%	18%	22%	15%	28%	27%	*			
% all transports using metal restraints	16%	6%	6%	9%	6%	8%	17%	27%	*			
% all transports using soft restraints	26%	0%	33%	9%	17%	8%	11%	0%	*			
Youth Under 10 (total transports)												
# of Transports	3	3	0	0	0	0	0	0	*			
% Non-Secure	100%	100%	-	-	-	-	-	-	*			
% Secure	0%	0%	-	-	-	-	-	-	*			
% all transports using metal restraints	0%	0%	-	-	-	-	-	-	*			
% all transports using soft restraints	0%	0%	-	-	-	-	-	-	*			
CRT Employment												
% Employed		15%										
Wages per employed client		\$2,318										



**Vermont Department of Mental Health
System Snapshot (October 14, 2013)**

Reporting Category	2012 (PRIOR YEAR)											
	FY12 Q3			FY12 Q4			FY13 Q1			FY13 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital												
% Occupancy	-	-	-	89%	92%	90%	89%	89%	91%	91%	88%	89%
Avg. Daily Census	-	-	-	-	-	-	-	-	-	-	-	-
Adult Crisis Beds												
% Occupancy	-	-	-	72%	80%	80%	77%	75%	72%	78%	82%	86%
Avg. Daily Census	-	-	-	-	-	-	-	-	-	-	-	-
Applications for Involuntary Hospitalizations (EE)												
Youth (0-17)	-	-	-	-	-	-	-	-	-	-	-	-
Adults	-	-	-	28	45	32	43	40	43	44	39	32
Total adults admitted with Level 1	-	-	-	-	-	-	13	11	10	17	11	13
Designation (% of Total applications)	-	-	-	-	-	-	30%	28%	23%	39%	28%	41%
Total adults admitted with CRT	-	-	-	7	15	18	18	11	24	22	14	11
Designation (% of Total applications)	-	-	-	25%	33%	56%	42%	28%	56%	50%	36%	34%
Instances when Placement Unavailable & Client Held in ED												
Involuntary Medications												
# Applications	4	3	7	3	6	4	4	3	4	6	0	2
# Granted Orders	3	2	5	2	1	3	4	2	1	6	-	2
Mean time to decision (days)	20	16	19	15	22	20	11	15	14	13	-	11
Court Ordered Forensic Observation Screenings												
# Requested	-	-	-	-	-	-	17	19	11	8	8	14
# Inpatient Ordered	-	-	-	-	-	-	4	6	4	5	6	9
VT Resident Suicides												
Youth (0-17)												
Total	0	0	0	0	0	0	0	1	1	0	0	0
# with DA contact within previous year	0	0	0	0	0	0	0	0	0	0	0	0
Adults (18+)												
Total	7	6	11	8	9	7	6	4	7	4	3	9
# with DA contact within previous year	2	1	2	3	1	2	2	1	1	1	0	3
Housing												
# Clients permanently housed as a result of new Act99 housing funding	-	-	-	5	10	6	18	20	13	8	0	
Involuntary Transportation												
Adults (total transports)												
# of Transports	24	14	19	11	23	15	14	13	17	8	15	15
% Non-Secure	33%	36%	11%	27%	22%	47%	57%	46%	35%	38%	67%	47%
% Secure	67%	57%	89%	73%	74%	40%	43%	54%	65%	63%	33%	53%
% Metal	46%	50%	63%	73%	48%	20%	21%	31%	35%	13%	20%	27%
% Soft	21%	7%	26%	0%	26%	20%	21%	23%	29%	50%	13%	27%
Children Under 10 (total transports)												
# of Transports	-	-	-	-	-	-	5	1	0	2	1	1
% Non-Secure	-	-	-	-	-	-	80%	100%	-	100%	0%	100%
% Secure	-	-	-	-	-	-	20%	0%	-	0%	100%	0%
% Metal	-	-	-	-	-	-	0	0	0	0	1	0
% Soft	-	-	-	-	-	-	1	0	0	0	0	0
CRT Employment												
% Employed	14%			15%			15%			16%		
Wages per employed client	\$2,308			\$2,363			\$2,379			\$2,486		

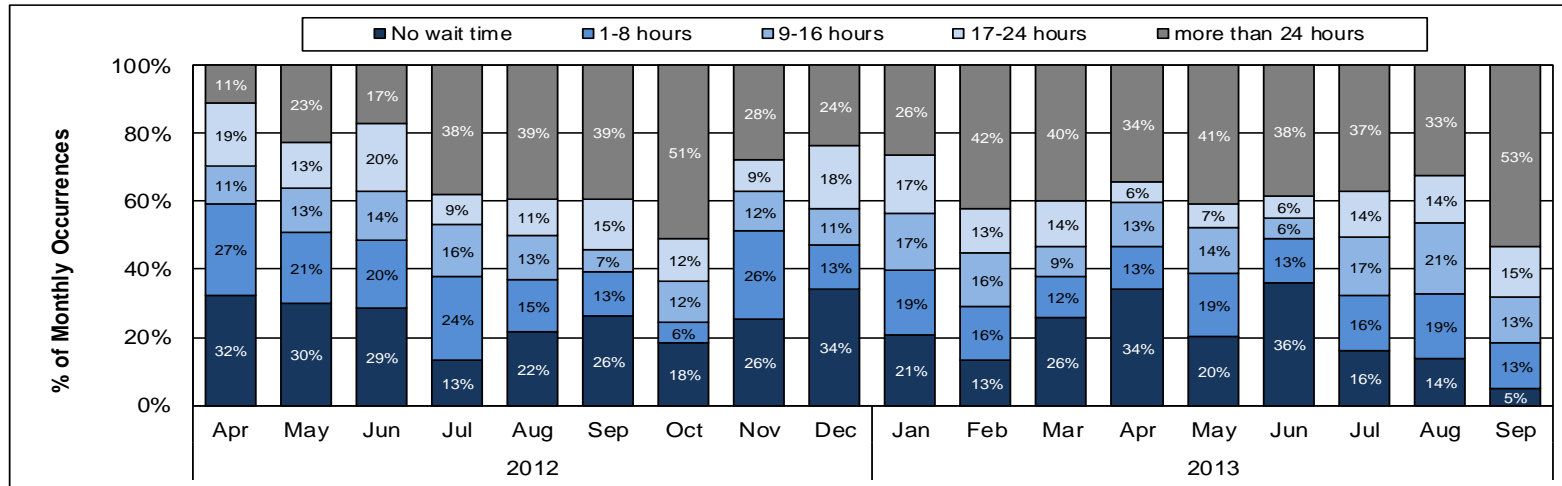


Vermont Department of Mental Health System Snapshot (October 14, 2013)

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 Center (FAHC), Rutland Regional Medical Center (RRMC), Windham Center at Springfield Hospital (WC), and Green Mountain Psychiatric Care Center (GMPCC). Adult Inpatient Units at GMPCC, RRMC - South Wing, and Brattleboro Retreat - Tyler 4. The units designated as no refusal units: BR - Tyler 4, RRMC - South Wing, GMPCC.
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). Prior to May 2013, census is measured from the average census reported per day for each crisis bed unit. Going forward, census will be measured from the highest census reported per day for each crisis bed unit.
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.
Secure Transport	Transport via law enforcement utilizing either metal or soft restraints.
Non-Secure Transport	Transport not utilizing restraints; this can include plain clothed law enforcement, DA transport teams, or other means of transport such as family members.
VT Resident Suicides	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
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.

Emergency Exams and Warrants, Court Ordered Forensic Observations, and Youth Wait Times in Hours for Involuntary Inpatient Admission April 2012 - September 2013



Wait time	2012									2013								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
No wait time	12	16	10	6	10	12	9	11	13	11	5	15	16	12	17	13	6	3
1-8 hours	10	11	7	11	7	6	3	11	5	10	6	7	6	11	6	13	8	8
9-16 hours	4	7	5	7	6	3	6	5	4	9	6	5	6	8	3	14	9	8
17-24 hours	7	7	7	4	5	7	6	4	7	9	5	8	3	4	3	11	6	9
more than 24 hours	4	12	6	17	18	18	25	12	9	14	16	23	16	24	18	30	14	32
Total	37	53	35	45	46	46	49	43	38	53	38	58	47	59	47	81	43	60

Wait Time in Hours																			
Youth	Mean															17	20	23	20
	Median															21	17	15	18
EEs/Wrts	Mean	11	18	14	24	27	22	36	18	18	19	33	29	26	37	29	35	22	67
	Median	6	11	9	15	18	16	24	8	10	13	16	18	8	14	6	15	12	37
OBS	Mean	19	21	8	0	29	176	91	108	28	16	56	77	223	87	75	277	269	346
	Median	0	0	0	0	0	168	48	60	12	0	48	0	229	69	34	278	277	346
Total	Mean	13	19	13	23	27	32	42	27	20	19	37	32	47	40	33	57	45	65
	Median	5	6	9	15	15	18	25	8	10	12	17	18	8	14	11	16	15	25

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

Analysis based on data maintained by the GMPCC admissions department that is collected from paperwork submitted by crisis and designated agency/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 have a disposition.