Vermont
Department of Mental Health

2015 Budget Proposal

Paul Dupre, Commissioner

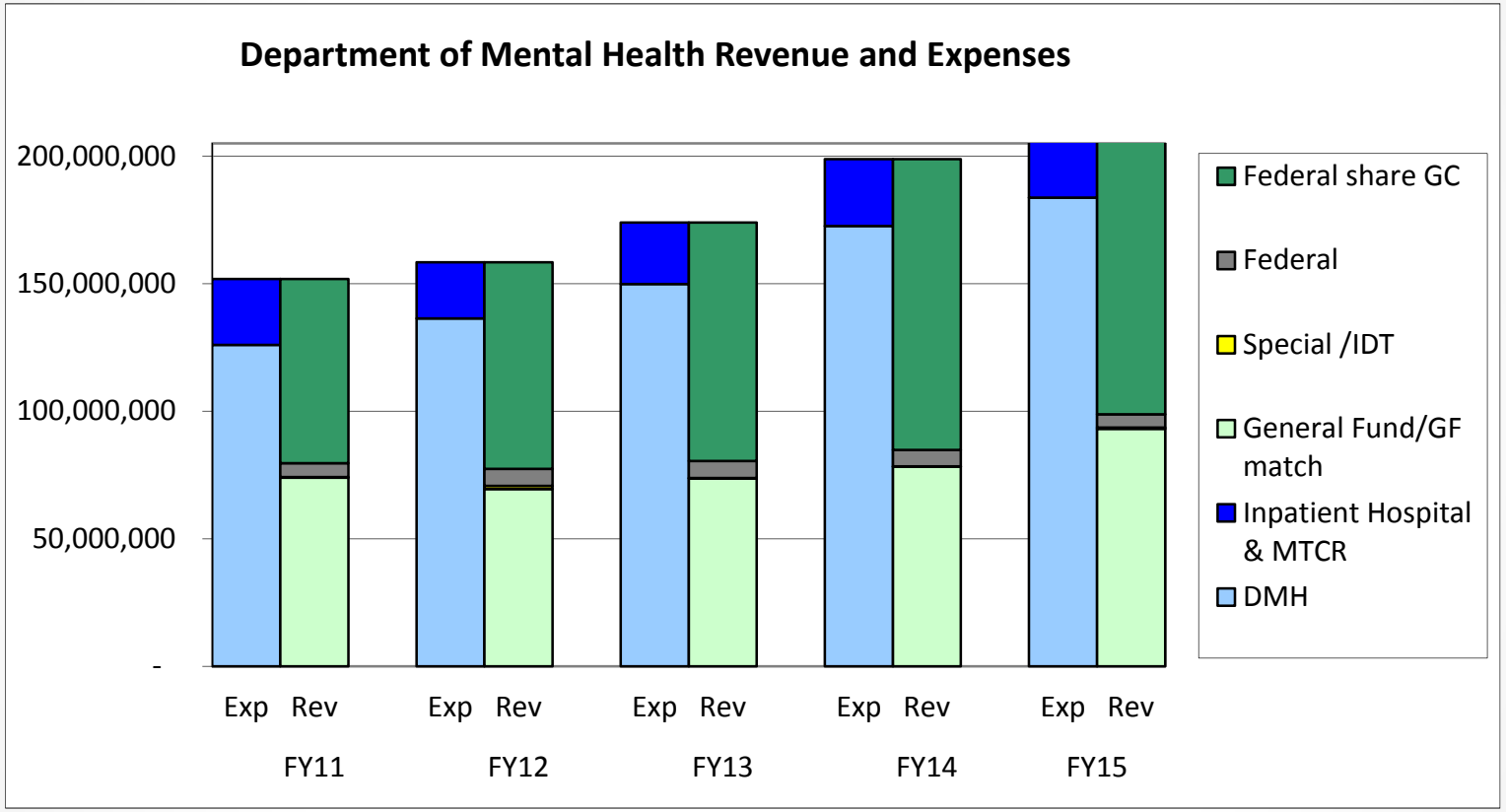
Designated Agencies

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille Mental Health Services
- Northwest Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Services
- Washington County Mental Heath Services

Key Fiscal Year Issues and Highlights

- Operations of the new 25 bed Vermont Psychiatric Care Center (VPCH)
- Medicaid Rate Increase
- Private Non-Medical Institutions (PNMI) caseload

Revenue and Expenses



Central Office

- Operations
- Administrative Support Staff
- Financial Services Unit
- Legal Services Unit
- Research & Statistics Unit
- Clinical Care Management
- System Development & Technical Assistance
- Community Housing
- Quality Division
- Children and Family Services Division
- Adult Mental Health Services

Community Programs

Baseline System of Care

Children & Families

Case Managers

Intensive Family-Based Services

Therapists

Micro-Homes

Alternative Schools

Behavior Interventionists

Crisis Response

CRT Services

Outreach

Case Managers

Housing Supports

Group Homes

Intensive Residential Recovery

Special Wraps

Groups: SA; Smoking Cessation; Wellness Programs

Vocational

Peer Supports

Crisis Response

Adult Outpatient

Office Based

Individual Counseling

Groups

Outreach

Non-Categorical Case Managers

Elder Care Clinicians

SFI

Crisis Response

Emergency Services

Mobile Crisis Teams

Street Outreach Interventionists

Crisis Care Centers

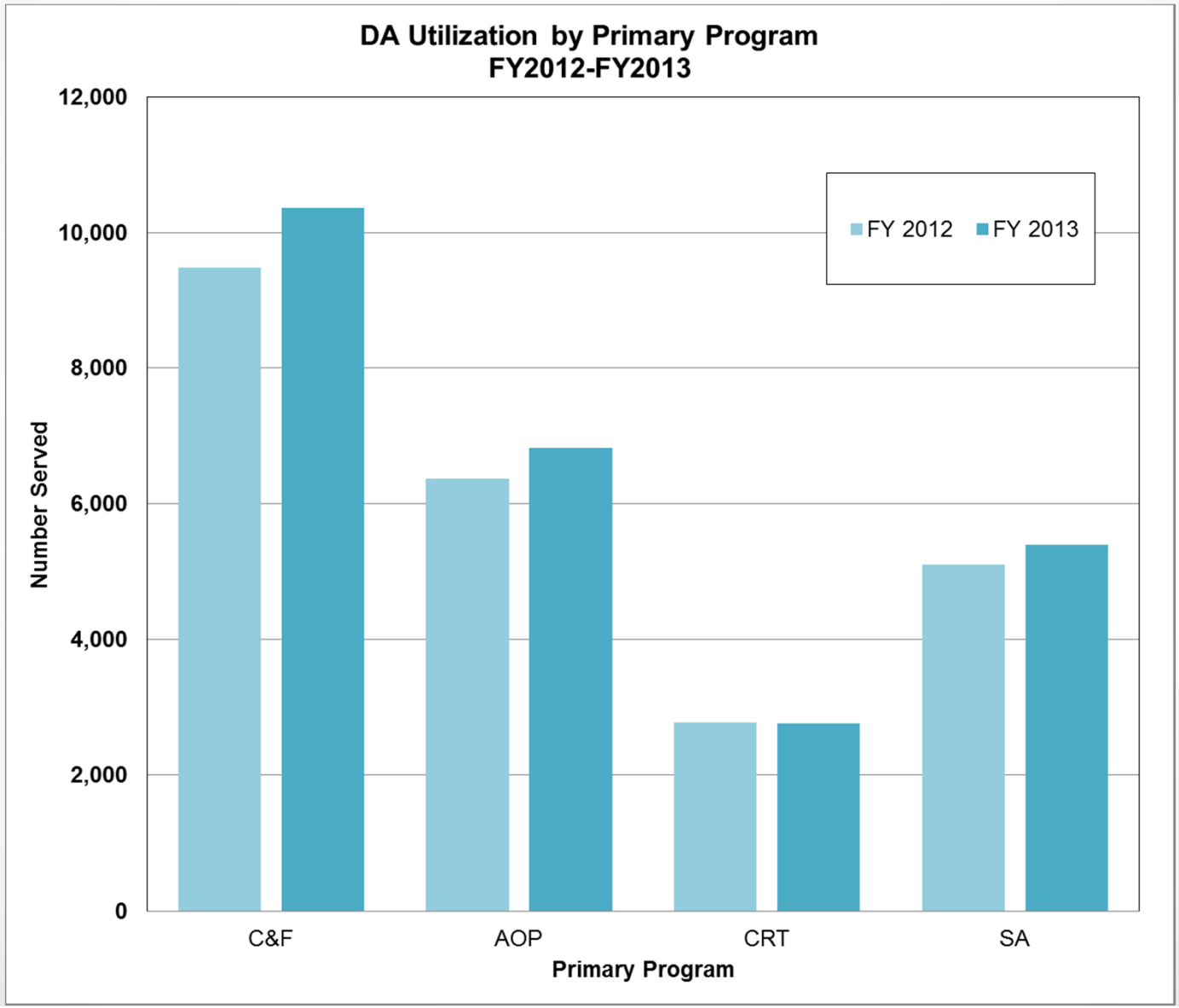
Hospital Diversion Beds

Assessment & Referral to Services

Peer Programming

Crisis Beds/Supports; Wellness Co-Ops & Centers; Peer Recovery Programming

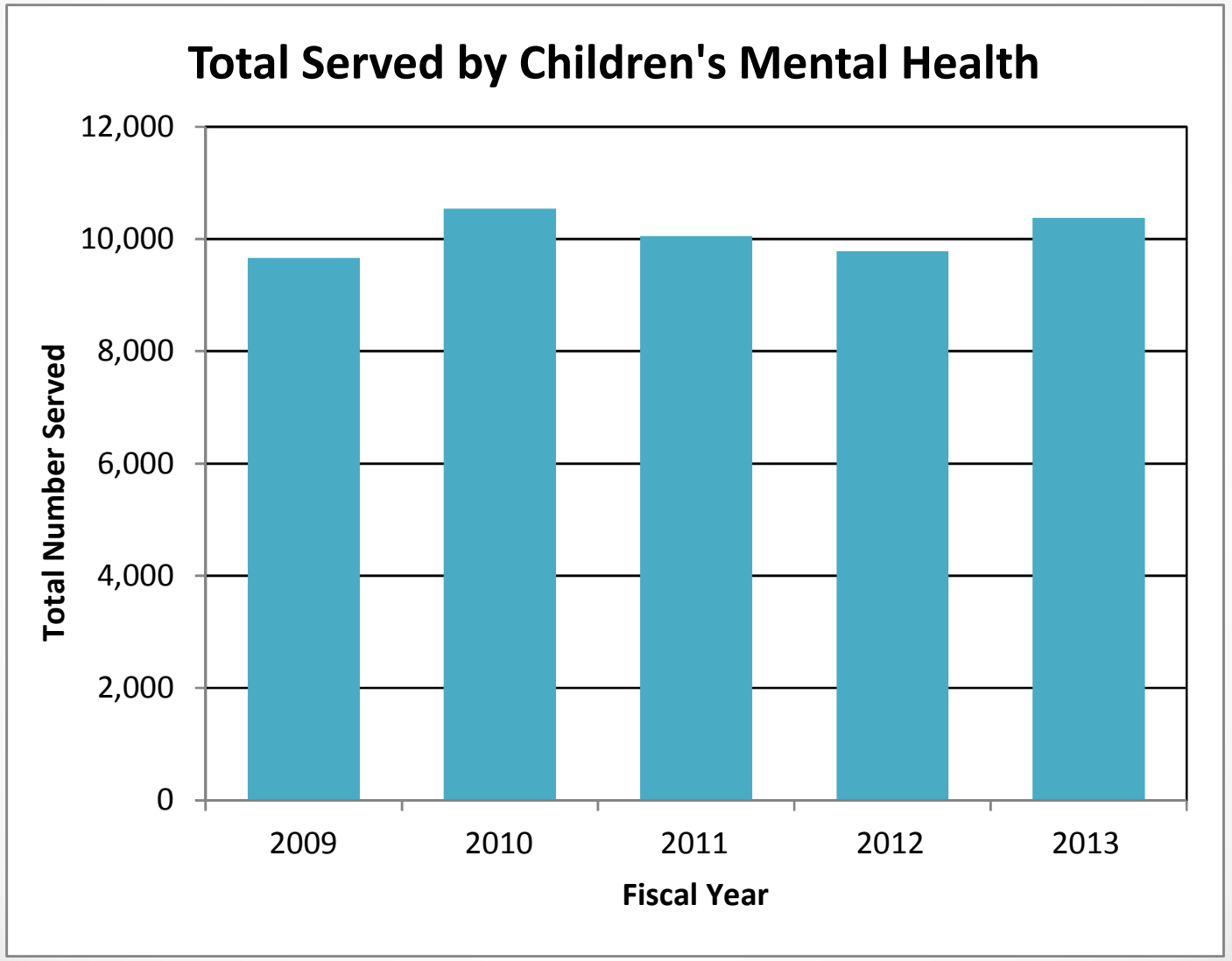
Utilization by Primary Programs



Child, Adolescent, & Family Services

How much did we do?
How well did we do it?
Is anyone better off?

Total Served by Program



Child, Adolescent, & Family Services

CAFU works closely with its network of DAs and one SSA to provide services that include:

- prevention and early intervention
- family supports
- clinical treatment
- immediate response
- acute care
- intensive residential placement

Child, Adolescent, & Family Services

What is the Program?

- The Child, Adolescent, and Family Unit (CAFU) oversees a system that provides evidenced-based mental health services and supports to families so that children can live, learn, and grow up healthy in their family, school, and community.

Who is the Population?

- It is the mission of the Vermont Department of Mental Health to promote and improve the mental health of Vermonters. Pursuant to 18 V.S.A. § 7401 and § 8907, the Department of Mental Health, under the authority of the Commissioner of Mental Health and contracts with designated public or private non-profit agencies, assures planning and coordination of services "needed to assist children and adolescents with or at risk for a severe emotional disturbance."

Child, Adolescent, & Family Services

How is the person better off?

- Growing and thriving in their own home, school, and community
- Develop capacity for resiliency
- Resiliency can be nurtured and supported by caring adults who take a strength-based approach to foster and empower a child's efforts to cope effectively with hardships

How is the community better off?

- Community members, organizations, and schools know available resources for children and families that can be readily accessed for assessment and support
- Working together to build an interagency system of care that provides high quality services and supports

Child, Adolescent, & Family Services

How well did we do it? What performance measures are used to determine progress?

- CAFU Initiatives.
  - Trauma
  - Youth Transitioning to Adult Life
  - PNMI
  - Suicide Prevention
  - Family Mental Health Model
  - Integrated Family Services
  - Success Beyond Six

Child, Adolescent, & Family Services

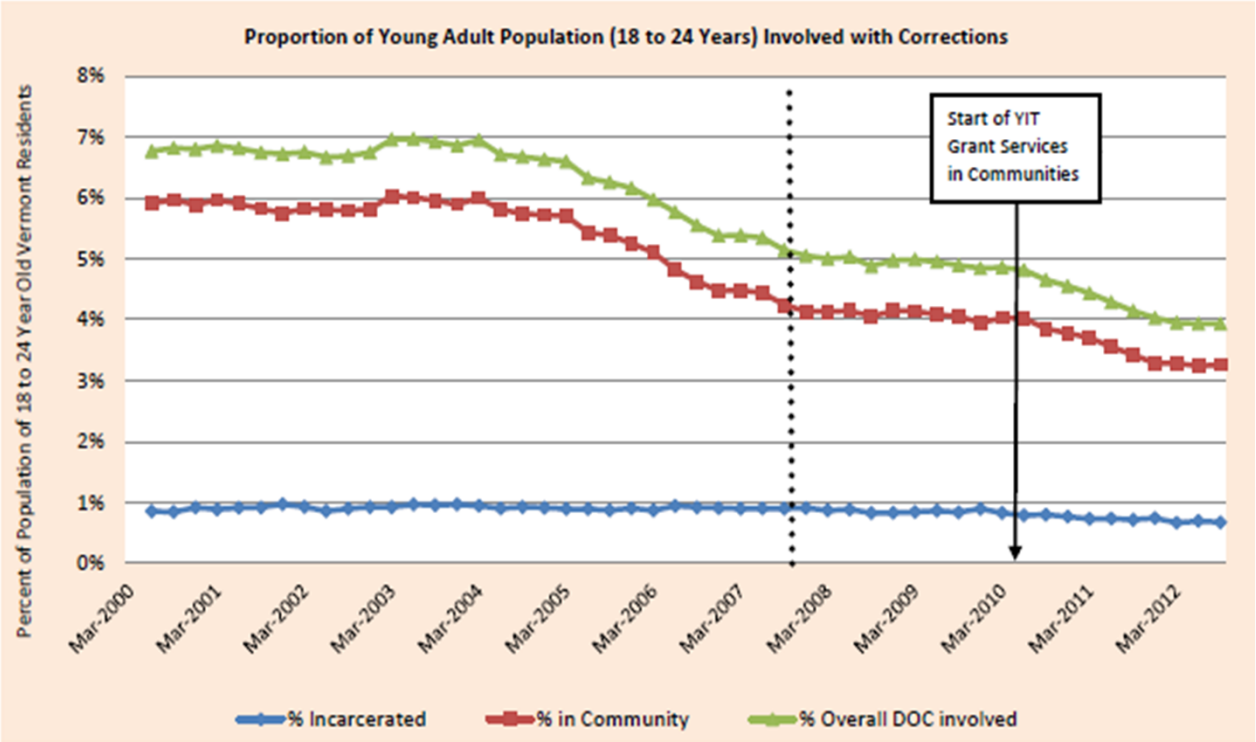
Youth Transitioning to Adult Life

- Last year of a 6-year, federal grant (YIT) to establish an interagency system of care for young adults who are transitioning to adult life
- All 12 AHS Districts have developed plans with outcomes

  - Access to health care
  - Post-secondary education
  - Employment
  - Housing
  - Caring relationships
  - Reduced involvement with legal systems

Child, Adolescent, & Family Services

Youth Transitioning to Adult Life



Young adults involved with the DOC has decreased approximately 50% in 12 years. This trend represents a significant decrease in corrections involvement over time.

Child, Adolescent, & Family Services

Trauma

- Received grant to improve skills of workforce treating clients
- Established the Vermont Child Trauma Collaborative to implement and sustain the Attachment, Self-Regulation and Competency *(ARC)* Framework in Vermont's community mental health system
  - trained over 600 individuals in the ARC framework
  - provided over 70 clinicians 2 years of additional training and consultation
  - trained 20 individuals to become official trainers of ARC

Child, Adolescent, & Family Services

PNMI

- Interagency committee meets to determine eligibility
- Increased usage of beds by DMH

Suicide Prevention

- Federal grant completed
- Creation of the Youth Suicide Prevention Platform
- UMatter: A public education program
- Evidenced-based gatekeeper program, protocols for first responders, faith-based organizations, and primary care providers

Child, Adolescent, & Family Services

Family Mental Health Model

- DMH, the Vermont Children's Health Improvement Project (VCHIP), and the Department of Child Psychiatry at the University of Vermont (UVM) have been collaborating to develop a common vision of family mental health
  - Child Psychiatry Fellowship Program at UVM to train and retain child psychiatrists
  - Psychiatric consultation for complex cases
  - Co-location of mental health professionals in primary care offices
  - Psychiatry telemedicine

Child, Adolescent, & Family Services

Integrated Family Services (IFS)

- IFS seeks to bring all AHS child, youth, and family services together in an integrated and consistent continuum of services
- Early intervention and support reduces negative outcomes
  - Access to care will be timely and appropriate
  - Uniform standardized assessments and one family plan
  - Master grant and Global commitment waiver provide flexibility and keep focus on achieving outcomes
  - Current pilot site at Addison County (July 2013)
  - Second pilot site at Franklin/Grand Isle Counties (expected March, 2014)

Child, Adolescent, & Family Services

Success Beyond Six

- Schools contract with their region's designated agency to provide mental health services which enable students to remain in local schools
- provides state-wide training and skills guidelines
- works to support the Agency of Education's efforts to implement Positive Behavioral Interventions and Supports (PBIS), an evidence-based education practice

Child, Adolescent, & Family Services

Next Steps

- Implement IFS in pilot regions
- Coordinate trauma services across AHS/IFS
- Build on the strong foundation of the YIT grant
- Pool funding across AHS for a unified management and oversight process for funding children in PNMI
- Expand application of strategies from Suicide Prevention Platform
- Continue support for UVM's Child Psychiatry Fellowship program to Grow collaborations across mental health and education

Adult Programs

Adult Outpatient

Community Rehabilitation and Treatment (CRT)

Emergency Services

How much did we do?

How well did we do it?

Is anyone better off?

Adult Outpatient Program

What are the needs for the population?

- Suicide contemplation and attempts
- Alcohol and drug abuse
- Histories of psychological trauma, lingering impairments, disabling depression
- Accessing community and medication supports
- Day-to-day common difficulties
- Capacity to serve individuals with severe functional impairments (SFI) eligible for release from the Department of Corrections

How do we meet this need?

- Expansion of “non-categorical” case management services

Adult Outpatient Program

How much do we do?

- Flexible services responsive to individual's preferences, needs, and values that are necessary to stabilize, restore, or improve the level of social functioning and well-being of individuals with mental health conditions
- Provides counseling and psychotherapy services to individuals experiencing a variety of stressors and coping difficulties and are requesting mental health services
- Services may include screening, evaluation, individual, family and/or group counseling, medication prescription and monitoring
- This service is also provided by individual private practitioners who operate independently throughout the state as well

Adult Outpatient Program

How are people and community better off?

- Provides opportunity for local mental health supports and services
- Assists individuals with significant social stressors and mental health needs in their communities
- Services are seamlessly interwoven and readily available from any referral point within the community

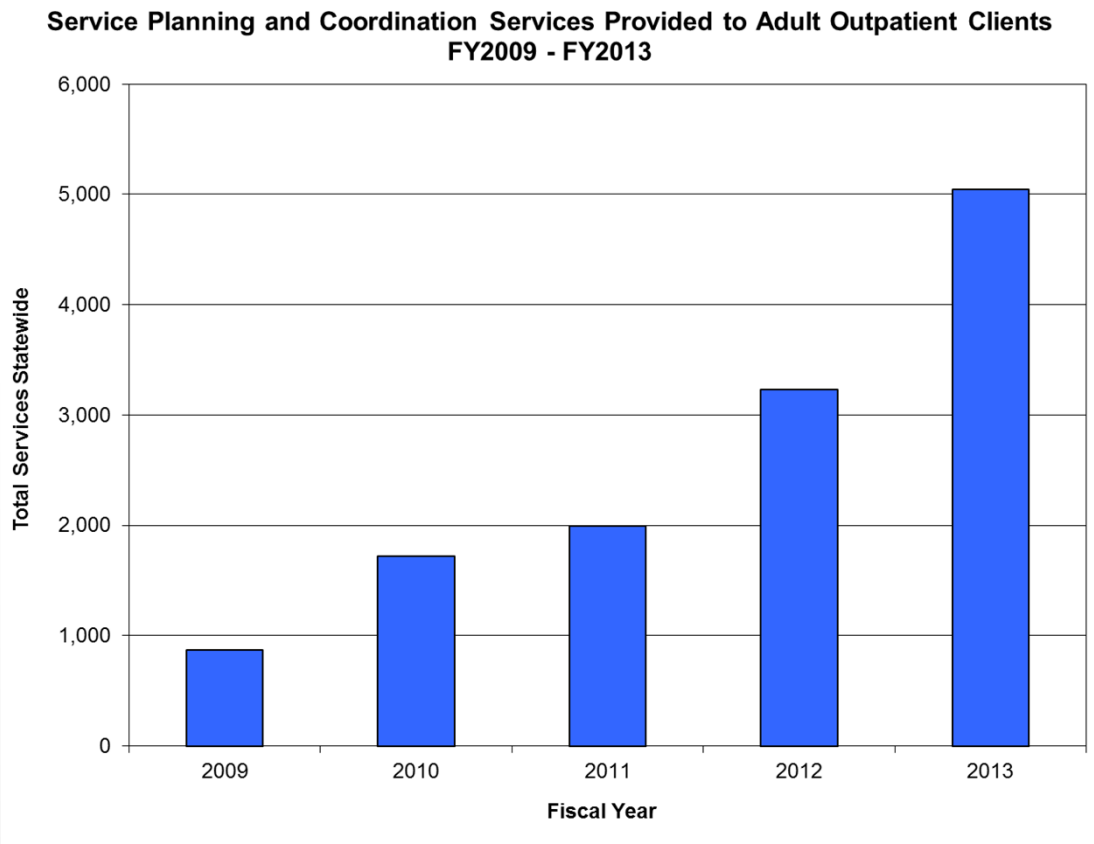
How well do we do it?

- Funding for non-categorical case management serving an increasing number of individuals who would otherwise not be served

Adult Outpatient Program

What is the performance measure?

- "Non-categorical" case management services



Adult Outpatient Program

What still needs to be done?

- Funding needs to be maintained and expanded over time for outpatient case management programming
- Increasing access to mental health and substance use screening, early intervention, referral, support and treatment within the Vermont Blueprint for Health primary care practices
- Increasing care coordination between DAs and primary care practices
- Work with key health care reform activities and providers to support the inclusion of mental health and substance abuse health information into Vermont's development of a comprehensive Health Information Exchange

Community Rehabilitation & Treatment

What is the Program?

- Comprehensive mental health services through Designated Agencies to clients with severe and persistent mental illness
- Psycho-social services include: case management, evidence-based interventions to support recovery, psychiatric care, employment support and life skills, medication management and other supportive care.

Who is the Population?

- It is the mission of the Vermont Department of Mental Health to promote and improve the mental health of Vermonters. The Department of Mental Health, under the authority of the Commissioner of Mental Health, contracts with designated public or private non-profit agencies, assures planning and coordination of services "to individuals with mental illness to become as financially and socially independent as possible."

Community Rehabilitation & Treatment

How much did we do?

- Serving approximately 2,800 CRT eligible clients in FY 2013
- Program resources are serving individuals with more challenging and complex mental health support needs

How well did we do it?

- More flexible service delivery to expand access
- DMH technical support to Agencies and Hospitals
- Direct outreach to service providers on a regular basis
- Training in the community and hospital systems
- Inclusion of stakeholders in change process
- Forging partnerships between DMH, other state departments, and public and private providers

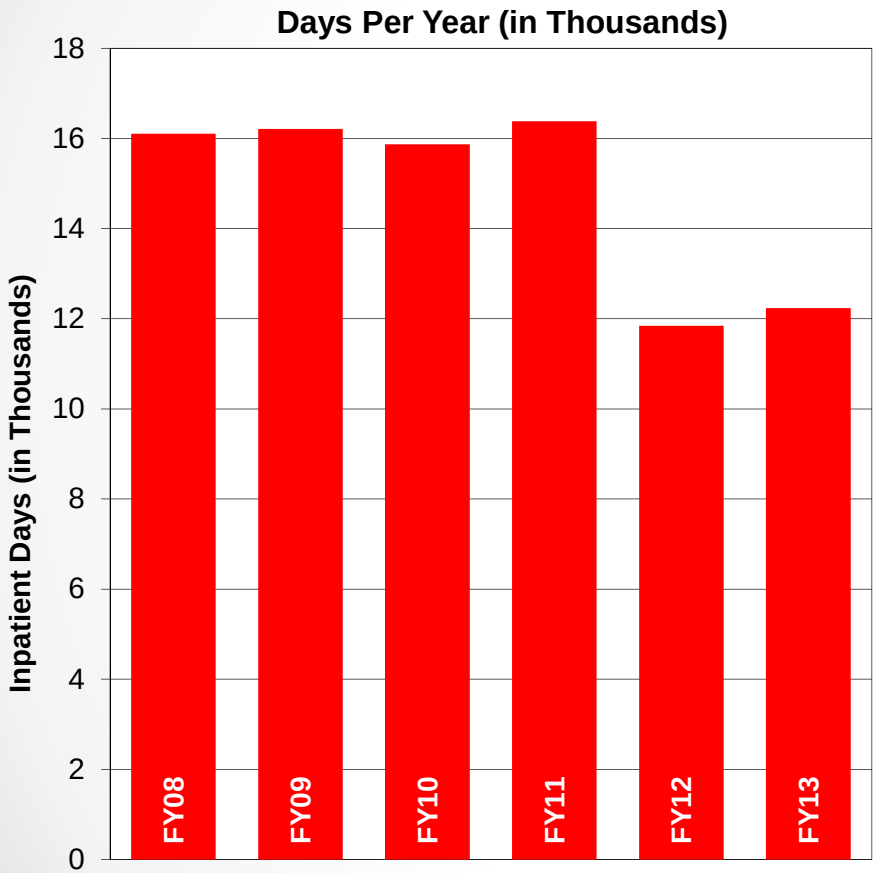
Community Rehabilitation & Treatment

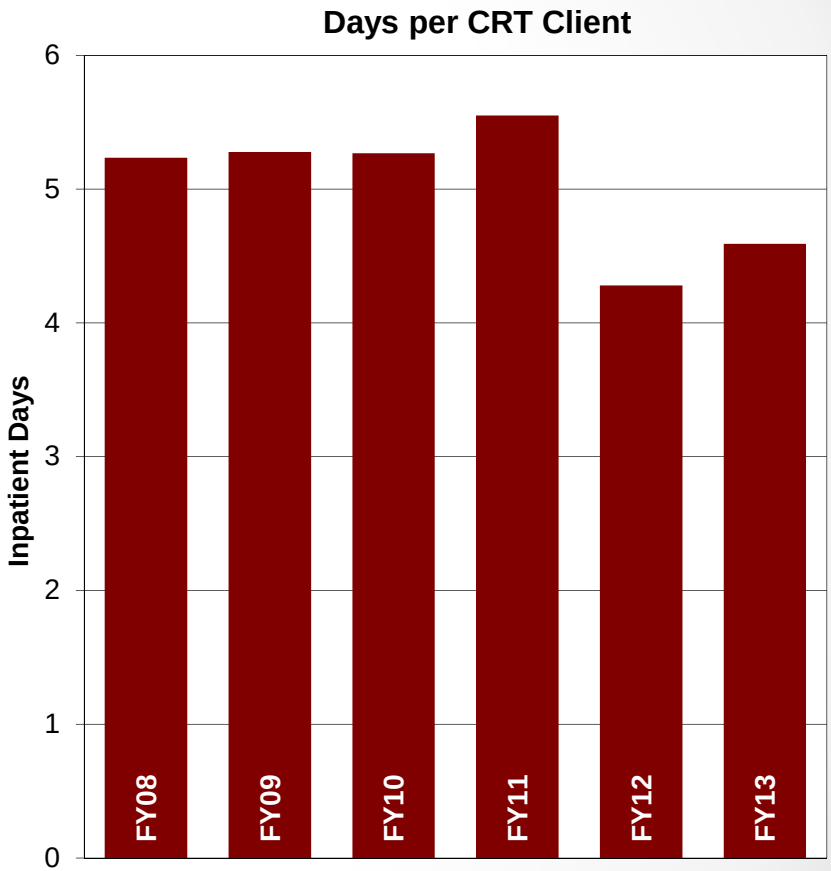
Are people better off?

- Reduced levels of hospitalization in the CRT Program with enhanced support in the community.
- Employment and stable housing
- Peer supports for mental health recovery
- Tracking annual visits for preventive health
- Improved mental health and law enforcement collaboration and communication

Community Rehabilitation & Treatment

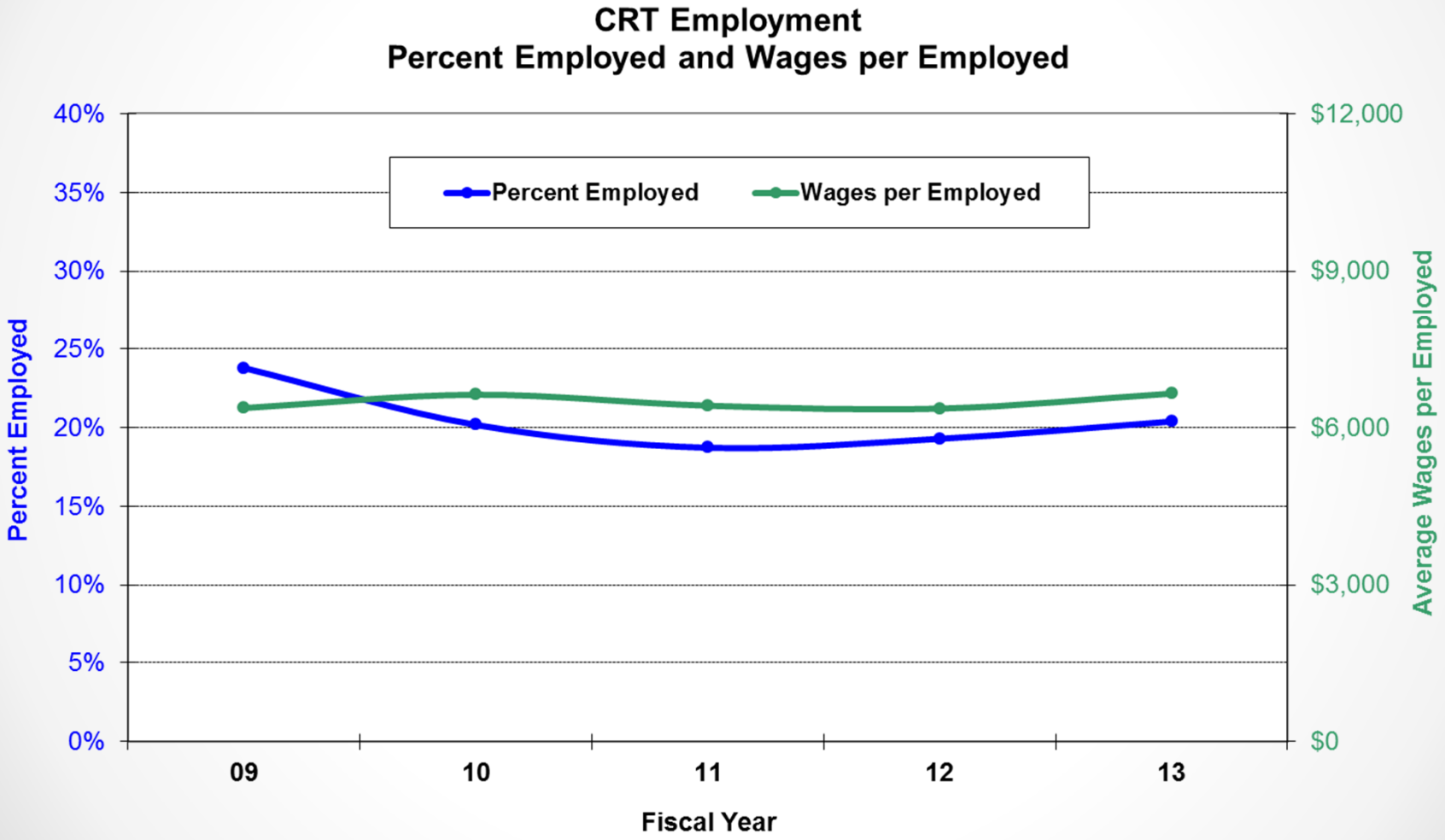
Inpatient Psychiatric Utilization by CRT Programs Statewide: FY2008-FY2013





Analysis based on the "CRT Inpatient Data" set maintained by the VT Department of Mental Health (DMH) Care Management Team and Monthly Service Record (MSR) data provided to DMH by the designated community agencies (DA). Includes CRT client patient days at the Vermont State Hospital (VSH) and other hospitals during each fiscal year during July 2007 through June 2013. Community Rehabilitation and Treatment (CRT) status based on program status at admission to inpatient. Days include the day of admission but exclude the day of discharge. Days per CRT client is based on the number of clients with a program assignment of CRT and the total number of psychiatric inpatient days during each fiscal year.

Community Rehabilitation & Treatment



Analysis includes Community Rehabilitation and Treatment clients aged 18 - 64 who were active during any part of the annual reporting periods and includes all employment reported for the annual reporting periods.This report is based on analysis of the Department of Mental Health (DMH) and the Department of Labor (DOL) databases. DMH client data are submitted by Community Rehabilitation and Treatment Programs in conformance with contractual requirements. DOL data are submitted by employers in conformance with state and federal unemployment laws. Workers who are excluded from DOL reporting are the self-employed, firm owners not incorporated and the following employee groups: elected officials, employees of nonprofit religious, charitable and educational organizations, unpaid family members, farm workers (with some exceptions), railroad employees, and individuals who work out of state.

Community Housing

How well do we do it?

- Access to safe, affordable housing is critical to the well being of Vermonters with disabilities and who live on extremely limited incomes
- DMH assumes a leadership role in the development, preservation, and access to affordable housing
- Staff coordinates the continuation of existing HUD funding and actively pursues opportunities for new funding for housing
- Develop close working relationships with Vermont's stakeholders
- DMH participates in a statewide inventory of housing through AHS leadership

	2013											
	FY13 Q3			FY13 Q4			FY14 Q1			FY14 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
# 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

Peer Services

How much did we do and how well did we do it?

- DMH is piloting the use of individual recovery outcomes tools at contracted peer-run programs through a federal Mental Health Transformation grant
- Two programs are currently collecting National Outcome Measures (NOMS) and the Peer-Operated Protocol (POP)

Peer Organization	Services Provided	Utilization
Another Way	Community center providing outreach, community and network building, support groups, service linkages, employment supports.	**Serves an average of 100 unduplicated individuals each month**
Alyssum	2-bed program providing crisis respite and hospital diversion.	**Serves approximately 6 unduplicated individuals per month**
Vermont Psychiatric Survivors	Statewide organization providing community outreach, support groups, local peer-run micro-initiatives, telephone support, referral and emotional support, education, advocacy, and transition support between hospital and community treatment settings.	**Provides a per month average of:** **-150 outreach visits in the community for support and advocacy** **-100 warm-line support calls** **-65 calls for information or referral**
NAMI-VT	**Statewide organization providing support groups, educational and advocacy groups.**	**Serves an average of 232 unduplicated individuals per month**

Peer Services

Is anyone better off?

- Support services are provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.
- Persons with “lived mental health experience” are support resources to individuals, as well as traditional service providers.
- Individuals with mental health conditions are receiving care in the most integrated and least restrictive settings available rather than higher levels of care
- Individuals can exercise choice in selecting the necessary components of their support and services network

Peer Services

What still needs to be done?

- Continuing to develop collaborations between the existing mental health services network and/or further development of peer-run service organizations
- Peer-provided transportation services is still an area for exploration and development
- Peer supported alternative treatment options for individuals seeking to avoid or reduce reliance on medications in a recovery- oriented housing program (Soteria House) is still to be developed
- Opportunities for training and supervision for peer providers needs further development

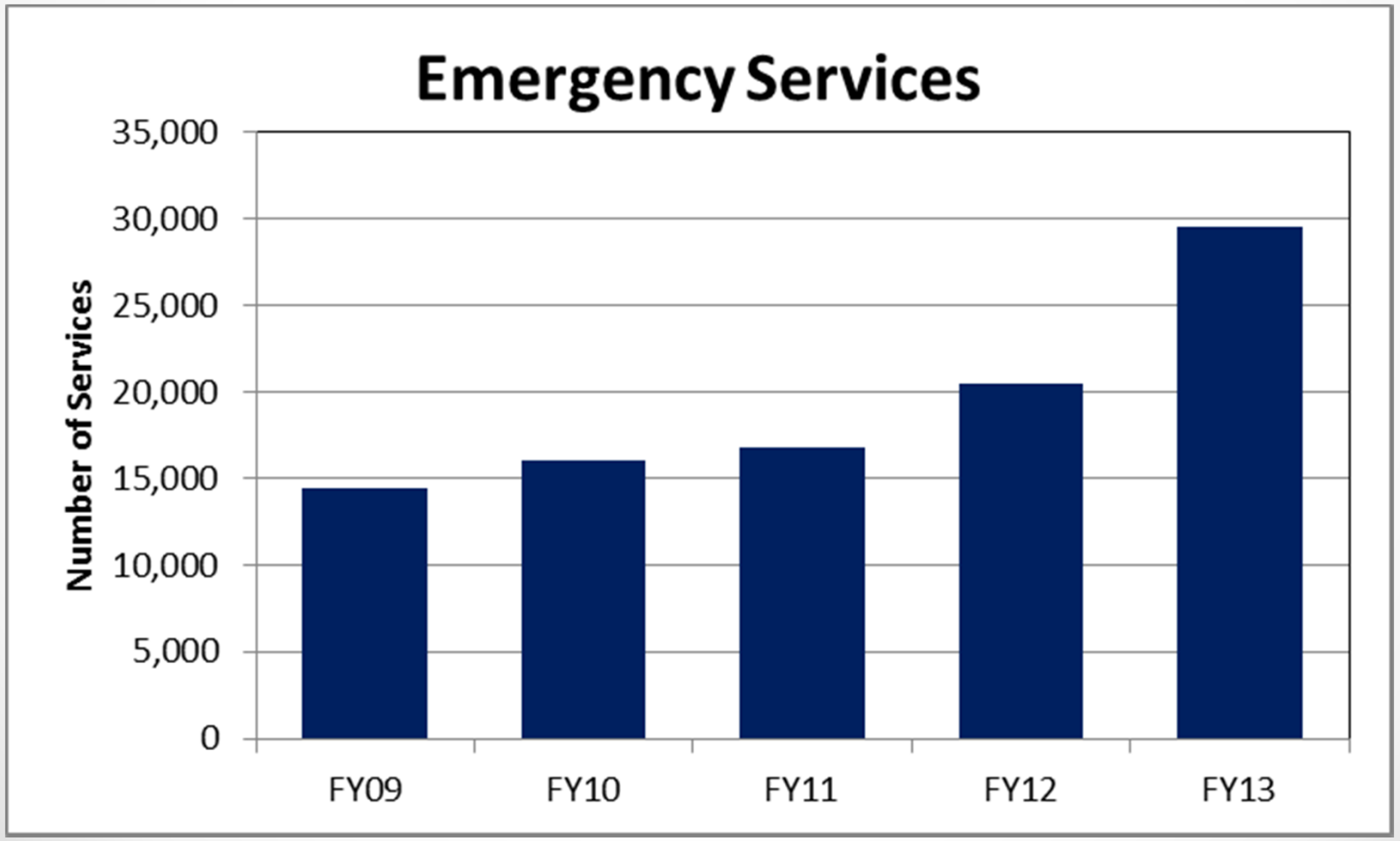
Emergency Services

What is the program?

- Provides mental health emergency services twenty-four hours a day, seven days a week to individuals, organizations, and communities
- Services include telephone support, face-to-face assessment, referral, and consultation
- Provide assistance to people who are in need of crisis services for emergent issues in a timely manner
- Also serve communities, schools, or other organizations trying to cope with events such as suicide, natural disaster and other traumatic events
- Assess the immediate mental health situation and arrange for care as necessary

Emergency Services

How much did we do?



Emergency Services

How well did we do it?

- Emergency Response time
  - Average response time is within 5 minutes by phone and within 30 minutes when face-to-face assessment is needed
- Low levels of restrained transport for adults and youth
- Improving mobile capacity and Law Enforcement collaboration
- Diversion from Emergency Rooms or inpatient hospitalization when individuals can be safely served in alternative settings.

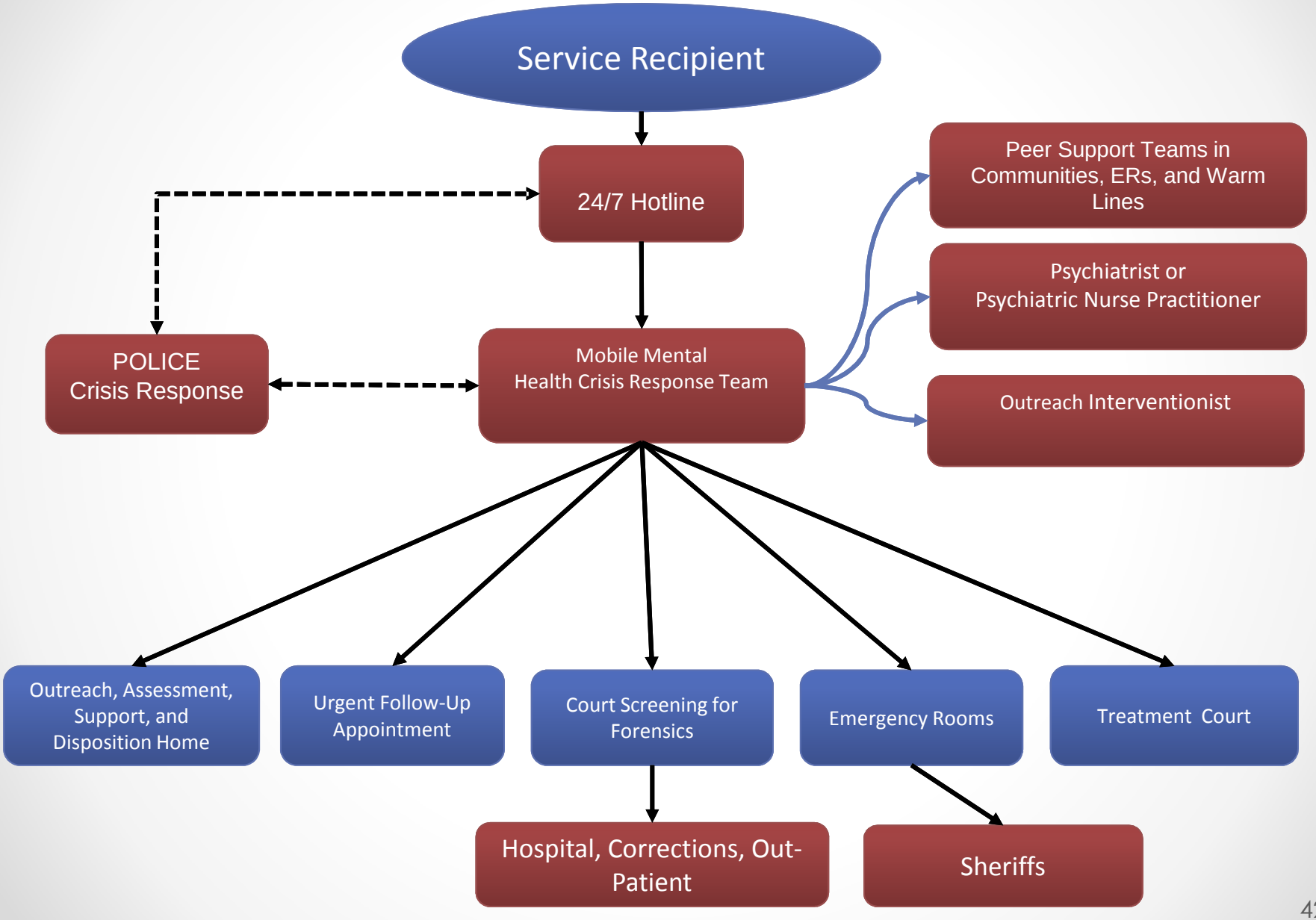
Emergency Services

How are people and community better off?

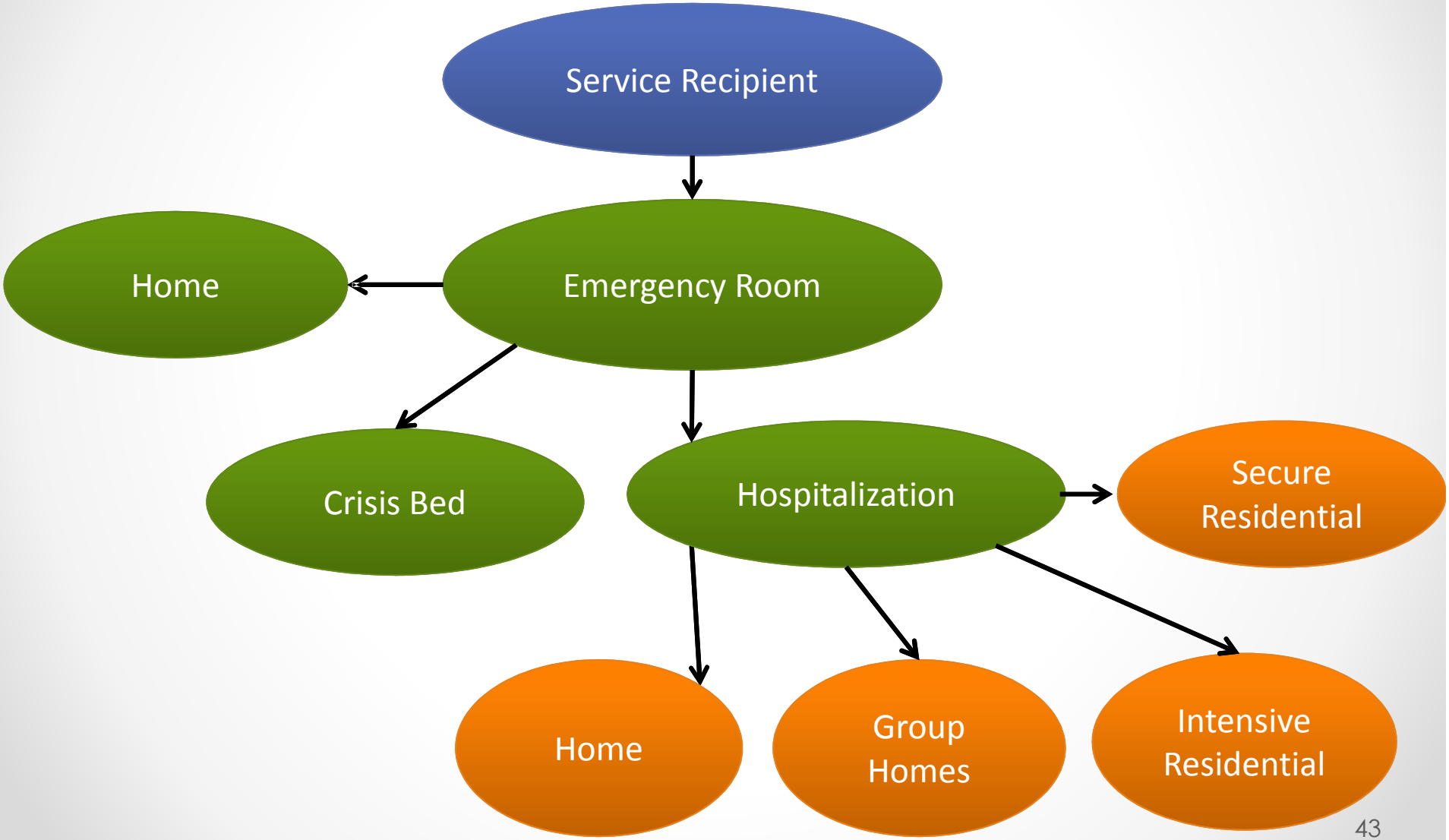
- Acts as a key portal in accessing the publicly funded mental health system of care
- Serves individuals seeking psychiatric inpatient admission who are in treatment with private practitioners in the community
- Individuals can quickly access a qualified individual to assess and support them with their emergency and stabilize their crisis
- Acts as a resource to communities and families for mental health education, support, and intervention options

Mental Health Crisis Response

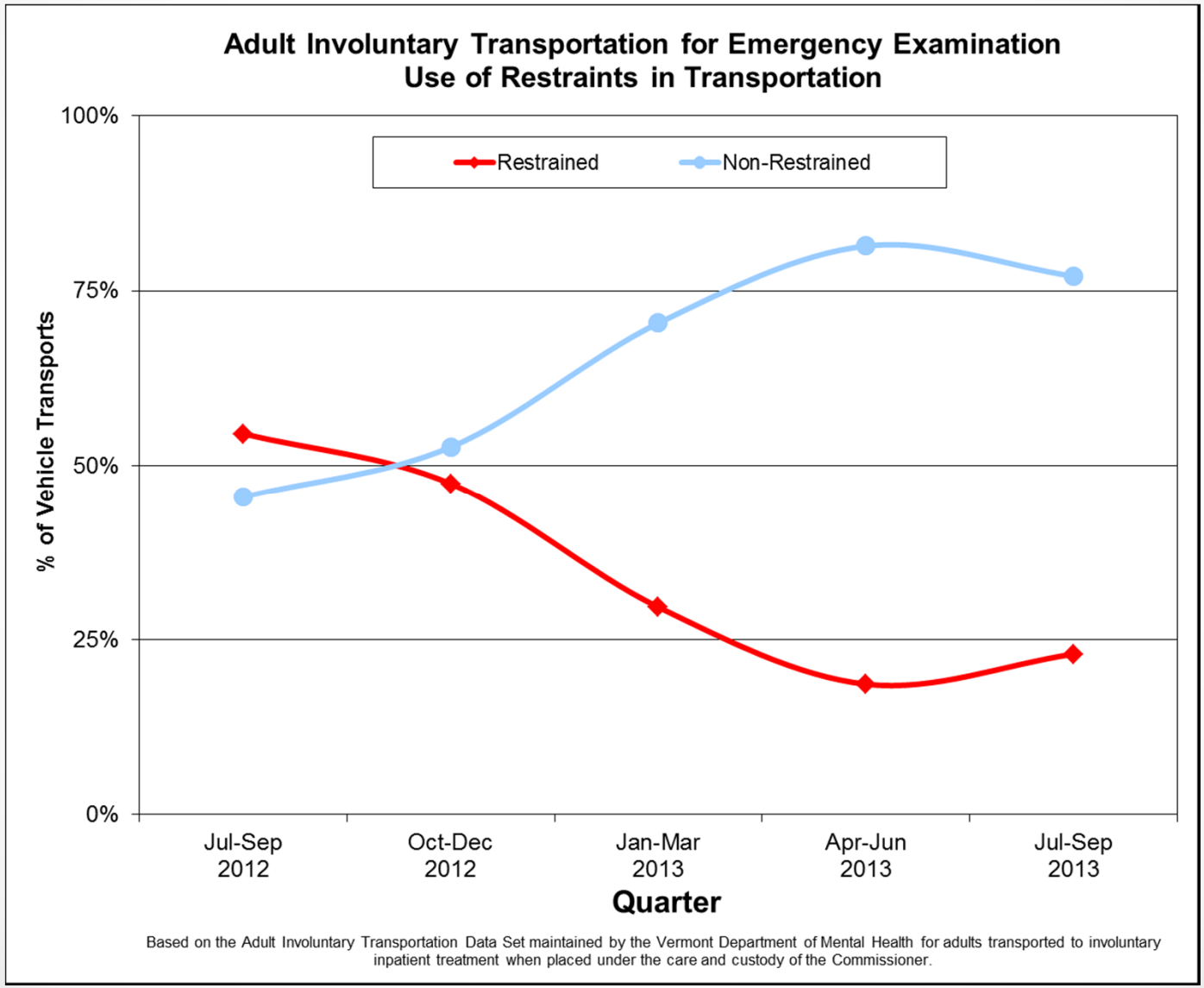
Crisis Care Management System Assistance



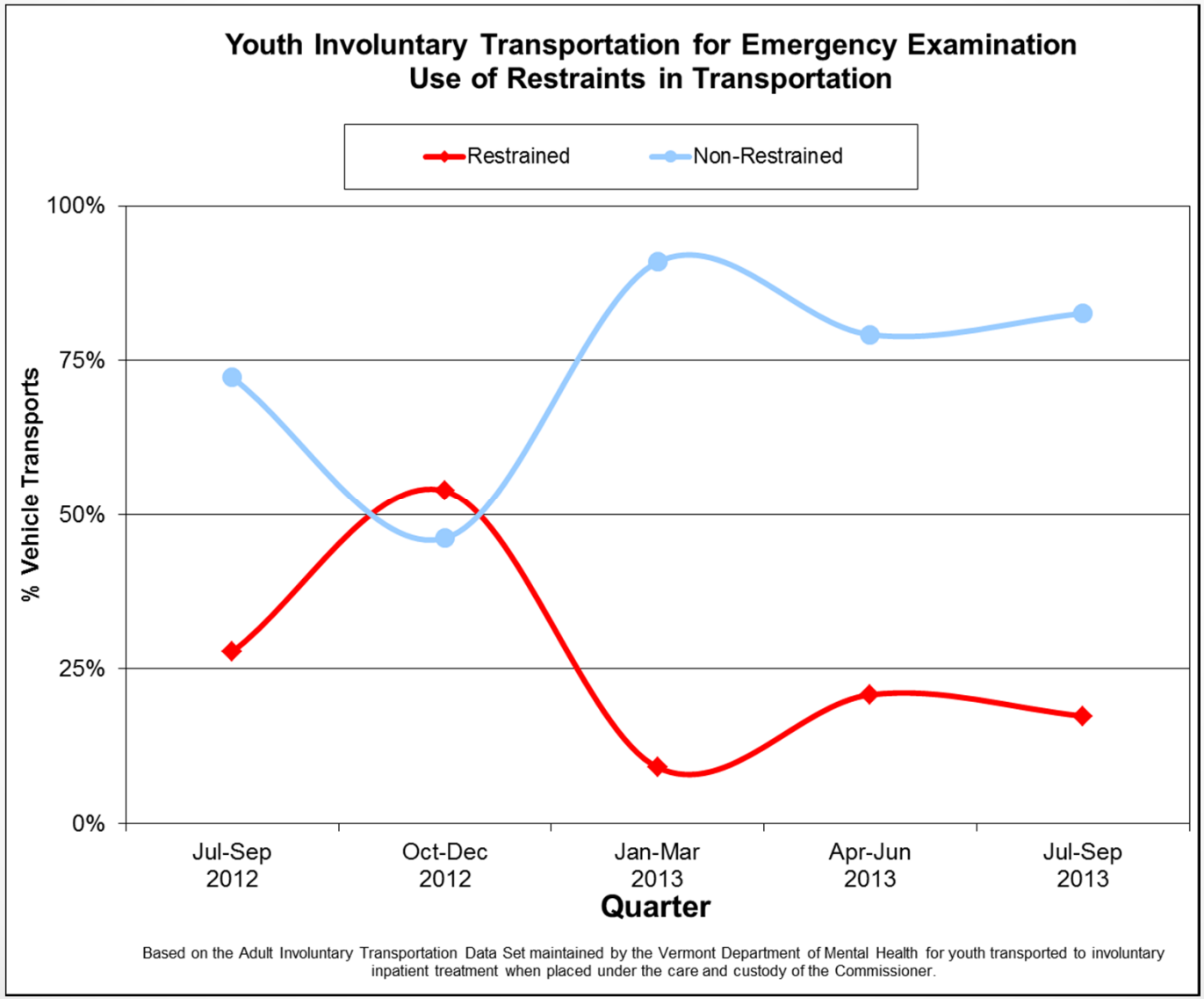
Sample Case – System Flow



Adult Involuntary Transportation



Youth Involuntary Transportation



Enhanced services

Quantitative Data

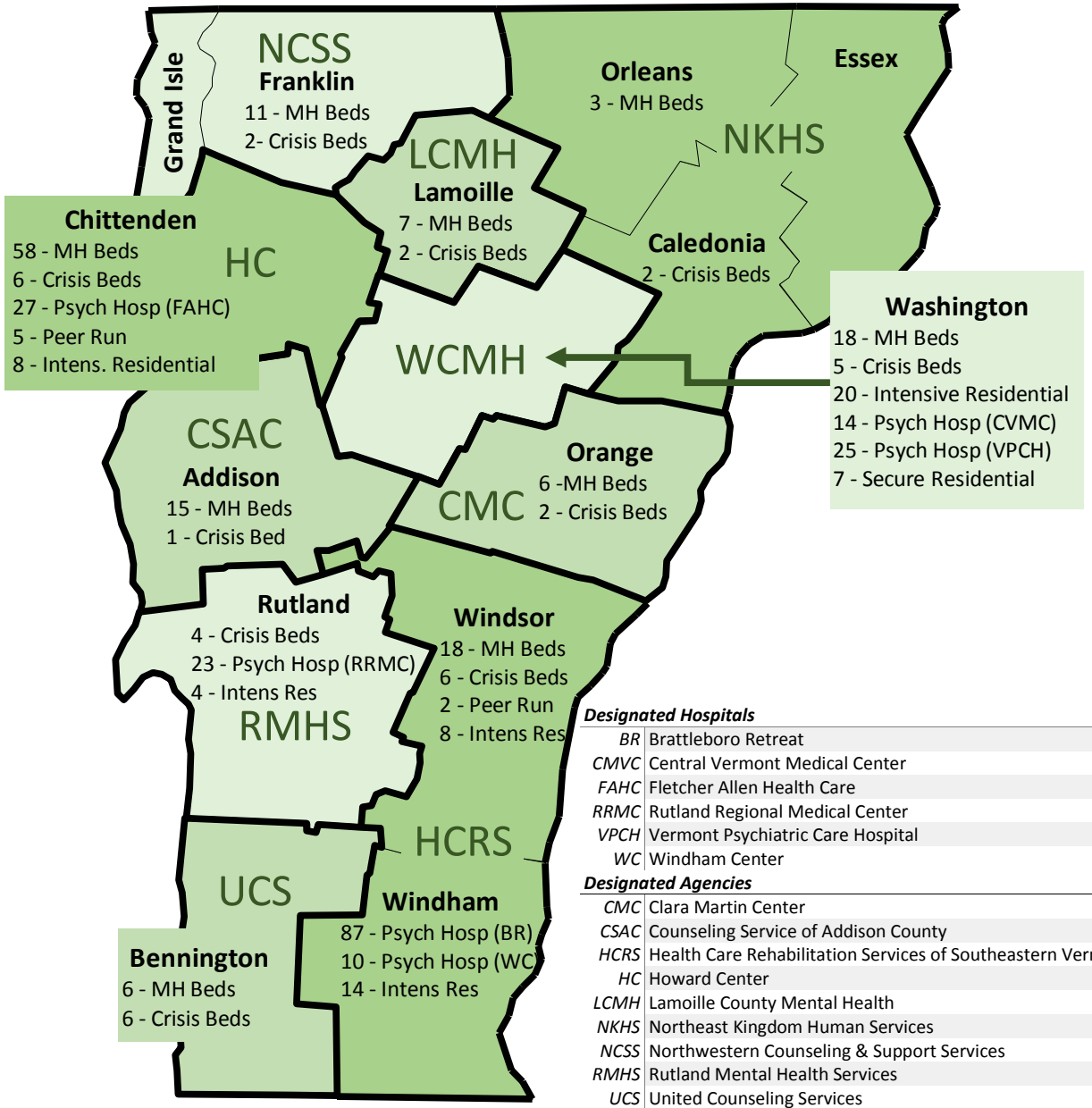
The DA's receiving enhancement funding, sent quarterly reports of persons and/or services provided, when data was available. Due to differences in definitions and in services provided, it is difficult to capture quantitative outcomes. The primary outcome measures to be reported were mainly descriptive:

- # Assessed in Emergency Department
- # Assessed in the Community
- # Total Assessments
- # Diverted from ED
- # Diverted from Hospitalization
- # Voluntarily hospitalized
- # Involuntarily hospitalized

# Assessed in ED	# Assessed in Comm	# Total Assessments	Diverted from ED	Diverted from Hospital	Vol hospital	Invol hospital
3185	2972	6651	4267	1129	972	462

Residential, Crisis, and Inpatient System of Care

How much did we do?
How well did we do it?
Is anyone better off?

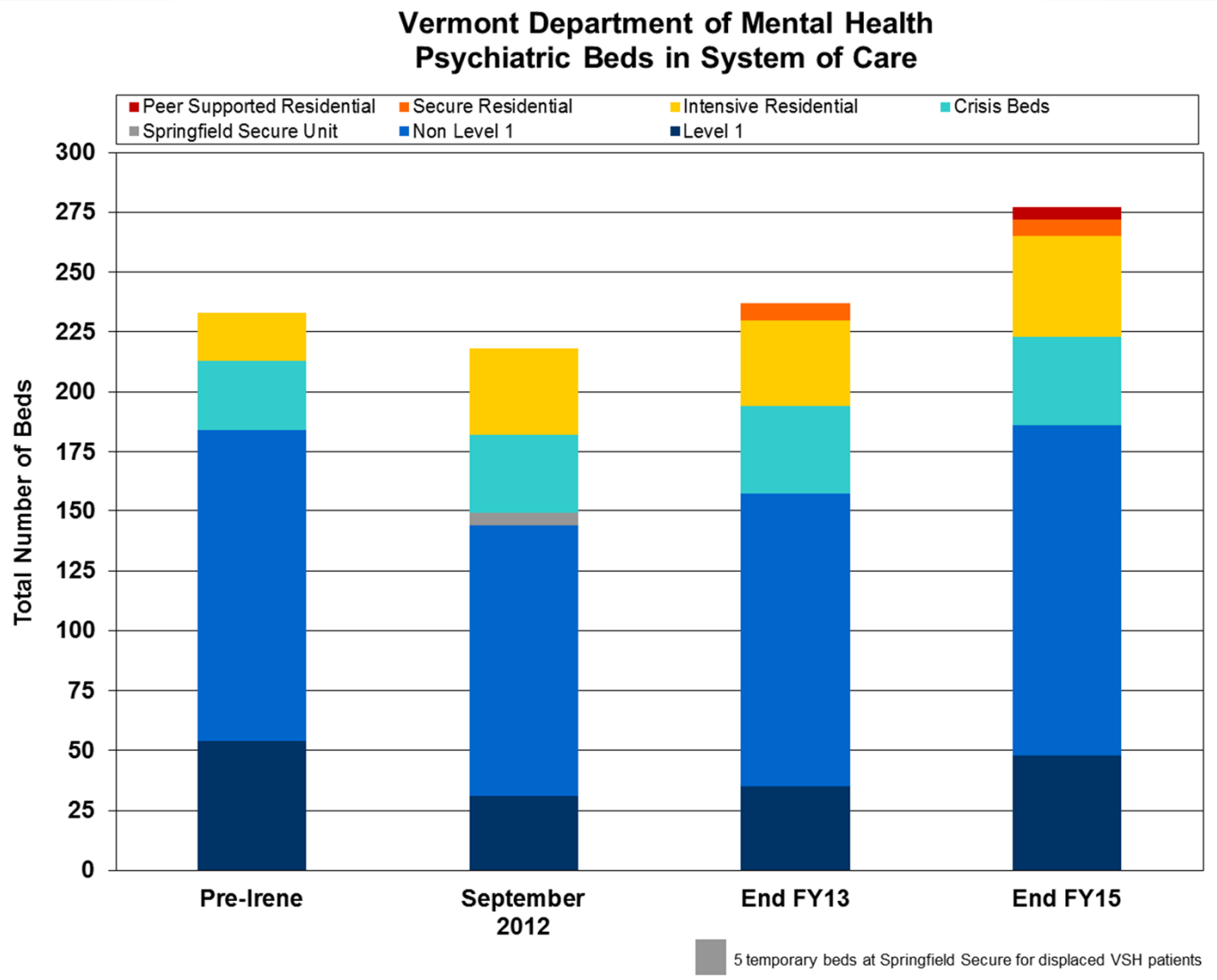


Designated Hospitals	
BR	Brattleboro Retreat
CMVC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Care
RRMC	Rutland Regional Medical Center
VPCH	Vermont Psychiatric Care Hospital
WC	Windham Center
Designated Agencies	
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
HCRS	Health Care Rehabilitation Services of Southeastern Vermont
HC	Howard Center
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services
NCSS	Northwestern Counseling & Support Services
RMHS	Rutland Mental Health Services
UCS	United Counseling Services
WCMH	Washington County Mental Health Services

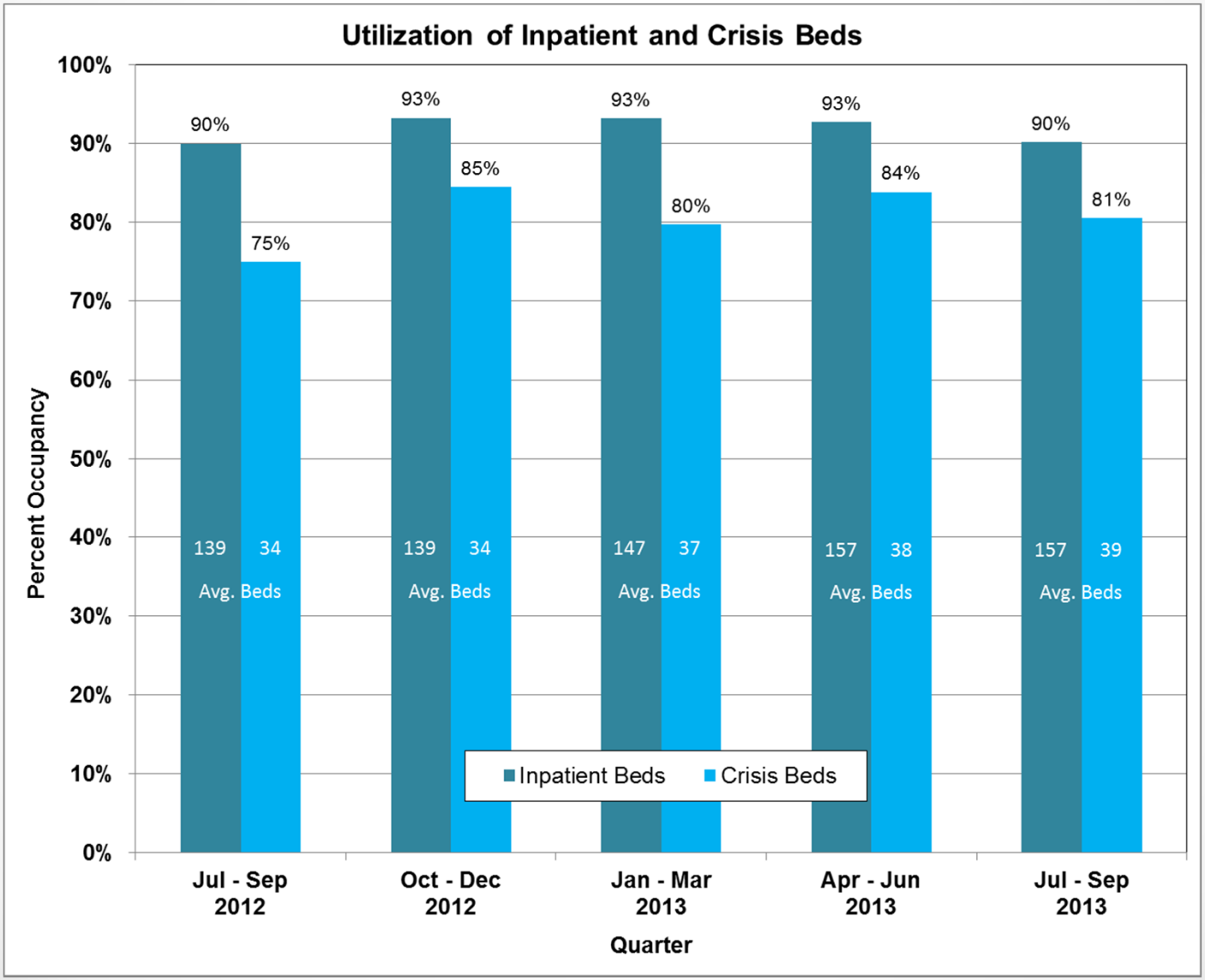
<u>Types of Beds:</u>

- Crisis Beds
- Psychiatric Hopsital Beds
- Peer Run Beds
- Intensive Residential Beds
- Mental Health Beds

Psychiatric Beds in System of Care



Occupancy of Inpatient and Crisis Beds



Intensive Residentials

How well do we do it?

- Continuation of stabilization following hospitalization
- Strengthening daily livings skills, social, vocational skills, with transitional planning back to home community through connections made between the IRR and the community team bridging during the transitional period
- Successful return of resident to home communities and surrounding area, through improved coping skills and personal recovery.
- On average, 86% of IRR do not return to hospital within 2 years of discharge

Middlesex Therapeutic Community Residence

- The DMH operated secure residential opened in June 2013 with 7 beds
- MTCR is a therapeutic recovery residence for individuals requiring security and observation in a locked setting
- It is a transitional program, with every effort put forth to return individuals to their communities
- DMH will be closely monitoring on-going need for this program as it goes forward and will make recommendations accordingly

Designated Hospitals

- The Commissioner of the Department of Mental Health is statutorily responsible for the supervision of patients receiving involuntary mental health treatment. There are five designated hospitals in the state that provide both voluntary and involuntary care.
  - DMH contracts with Rutland Regional Medical Center for 6 Level I beds. Its total adult psychiatric inpatient bed capacity is 23
  - DMH contracts with Brattleboro Retreat for 14 Level 1 beds. Its total adult psychiatric inpatient bed capacity is 87
  - DMH contracts with FAHC for an average of up to 7 Level 1 beds in its total adult psychiatric inpatient bed capacity of 27 *
  - Windham Center provides no Level 1 beds in its total adult psychiatric inpatient bed capacity of 10
  - Central Vermont Medical Center provides no Level 1 beds in its total adult psychiatric inpatient bed capacity of 14
  - GMPCC provides 8 adult Level 1 beds and will transition to VPCH with a total of 25 adult beds in 2014

* Once VPCH is open, it is expected that FAHC will reduce capacity for Level I

A reduction in the estimated cost to provide care and an increase in other payors (Medicare, for example) has reduced the overall cost for this population

How well are we doing?

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

	2012						2013											
SYSTEM TOTAL	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Level I Beds	27	27	27	27	27	27	35	35	35	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	40	36	32	31
Total Level I Admissions this Month	23	17	9	25	13	21	22	13	20	22	26	10	19	18	12	11	7	11
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	4	8	10	6	4	3	4
Total Level 1 Discharges this Month	6	15	7	19	21	15	17	17	13	15	19	17	19	18	15	14	11	10
Highest Census this Month	19	22	24	31	29	28	32	31	34	41	48	48	41	41	44	41	36	33
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	UNDER	UNDER
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
Average Daily Census	11	14	18	18	17	15	14	16	19	18	21	20	16	17	19	18	17	15
Total Admissions during Month	16	13	8	13	9	14	7	9	10	3	11	3	3	4	3	5	1	2
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	1	2	2	2	1	1
Total Level 1 Discharges this Month	4	9	6	12	14	13	7	7	7	5	7	8	3	3	3	5	3	3
Highest Census this Month	13	16	19	21	20	17	16	18	20	20	22	22	17	18	19	20	18	16
Over/Under for Total Planned Beds	UNDER	UNDER	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
Average Daily Census	3	4	3	4	4	4	4	1	3	9	9	10	8	8	8	7	6	6
Total Admissions during Month	7	4	1	5	1	4	2	0	5	8	8	2	4	5	5	3	4	5
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	0	1	2	2	0	0	0
Total Level 1 Discharges this Month	2	6	1	3	3	1	5	2	0	4	8	2	6	6	5	4	4	5
Highest Census this Month	5	6	4	5	5	6	6	3	6	11	11	11	10	9	8	8	7	8
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	UNDER	OVER
GMPCC																		
Total Level I Beds	-	-	-	-	-	-	8	8	8	8	8	8	8	8	8	8	8	8
Average Daily Census	-	-	-	-	-	-	5	5	4	4	6	6	7	6	6	7	6	6
Total Admissions during Month	-	-	-	-	-	-	8	0	0	2	2	3	6	2	2	1	0	1
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
Highest Census this Month	-	-	-	-	-	-	7	6	4	5	6	6	8	7	7	7	6	6
Over/Under for Total Planned Beds	-	-	-	-	-	-	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
Average Daily Census	1	1	1	4	3	4	6	6	6	6	9	9	7	9	8	5	4	4
Total Admissions during Month	0	0	0	7	3	3	5	4	5	9	5	2	6	7	2	2	2	3
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	6	7	2	2	2	3
Total Level 1 Discharges this Month	0	0	0	4	4	1	3	6	5	6	3	4	6	5	6	3	4	1
Highest Census this Month	1	1	1	5	4	5	8	8	8	8	11	10	8	9	11	6	5	5
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	UNDER	OVER	OVER	UNDER	UNDER	UNDER

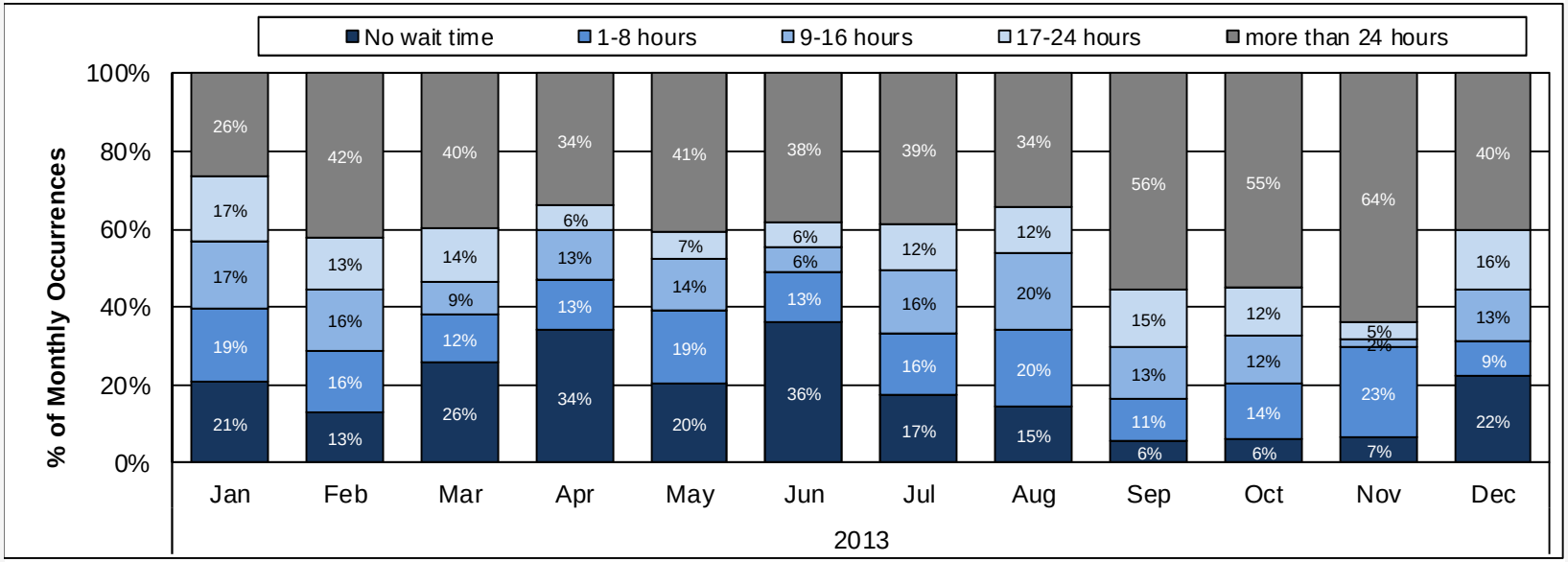
Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with 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.

Wait Times for Inpatient Care

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

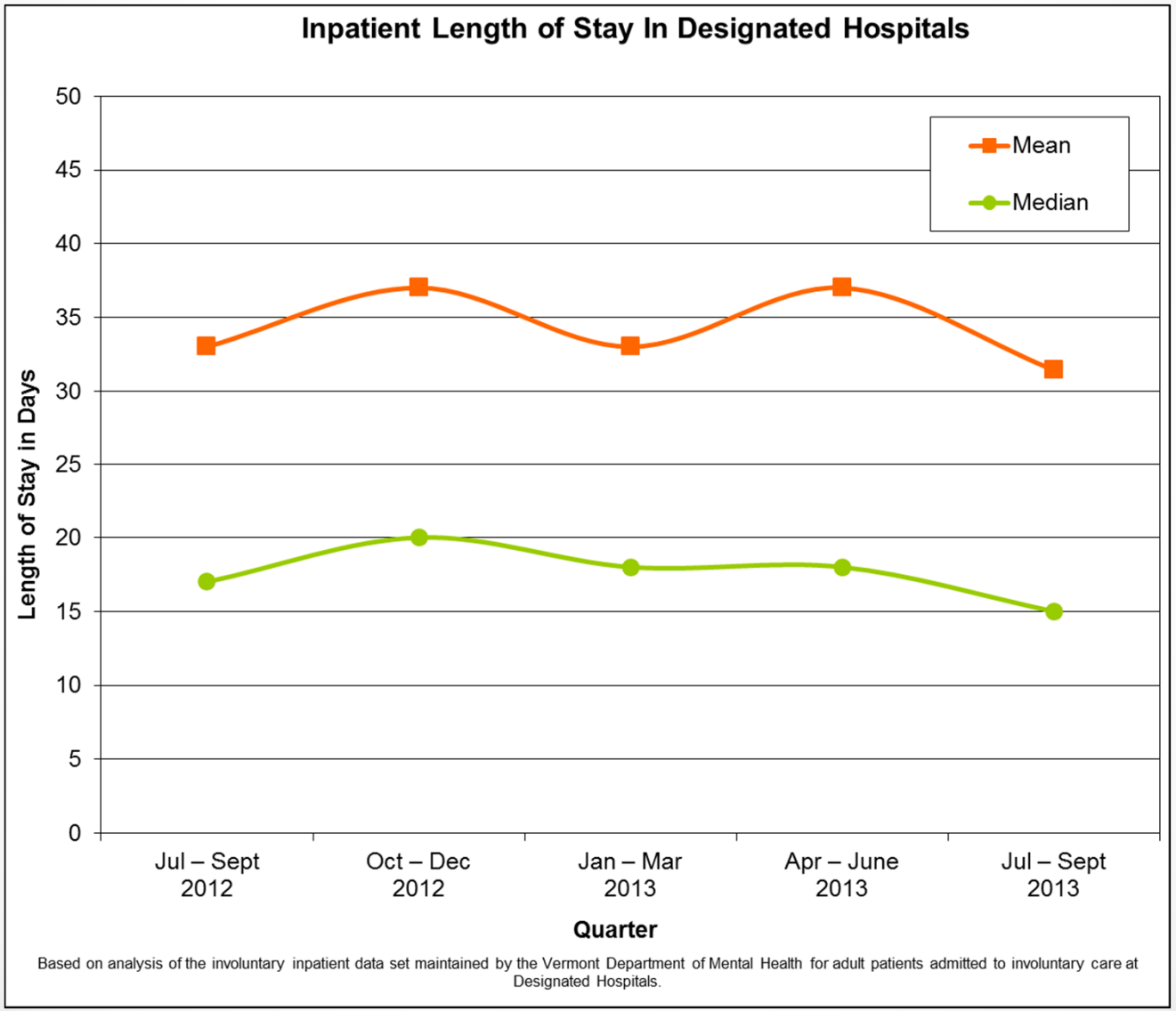
Wait Times in Hours for Involuntary Inpatient Admission

2013



Wait time	2013 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No wait time	11	5	15	16	12	17	13	6	3	3	3	10
1-8 hours	10	6	7	6	11	6	12	8	6	7	10	4
9-16 hours	9	6	5	6	8	3	12	8	7	6	1	6
17-24 hours	9	5	8	3	4	3	9	5	8	6	2	7
more than 24 hours	14	16	23	16	24	18	29	14	30	27	28	18
Total	53	38	58	47	59	47	75	41	54	49	44	45

Inpatient Hospitalization



Green Mountain Psychiatric Care Center

- How much are we doing?
- Opened January, 2013 with 8 Level I beds
- Has served 43 patients - 23 Emergency Exams and 20 Forensic Admissions
- JACHO Accredited
- Pending CMS Accreditation

Green Mountain Psychiatric Care Center

How well are we doing and are people better off?

- Average Length of Stay – 47 Days
- Over 50% returned to independent or intermittent support living situations. Additional 45% transferred to supervised living situations.
- Decreased EIP's 30% compared to VSH
- Initiated multiple performance improvement projects and initiatives across all area's of hospital, including administrative, operational and clinical.

Inpatient Hospitalization

What still needs to be done?

- VPCH needs to be completed for the system to have the number of Level 1 beds planned to meet the current inpatient demands
- Options to decrease wait times in ED's need to be explored
- Ensuring a robust care management system to move individuals to the right level of care at the right time remains a priority
- Expediting the right treatment for patients that will allow them to discharge to the next level of care into the community needs to be pursued
- Utilization and continued support of alternatives to hospitalization, including robustly staffed crisis bed programs
- Consideration of peer/provider home-support models

Comparison of Staffing Patterns between VPCH and VSH

VPCH (FY 15)

Staffing Request - FY15

				Total FTEs
Indirect/Admin Staff				56.0
	Unit 1 - 9 Beds	Unit 2a - 8 Beds	Unit 2b - 8 Beds	Total FTEs
Total FTE's Needed for 24/7 facility to Include Leave Factor '*				
Total Nurses	14.0	10.0	10.0	34.0
Total Psychiatric Technicians	39.0	27.0	27.0	93.0
Total Direct Care FTE's	53.0	37.0	37.0	127.0
				183.0

* A leave factor of 1.7 is used which includes sick, vacation, and workman's comp leave

VSH (FY 12)

Staffing Pattern - FY12

				Total FTEs
Indirect/Admin Staff				76.0
	BR - 14 beds	B1 - 19 beds	B2 - 21 beds	Total FTEs
Total FTE's Needed for 24/7 facility to Include Leave Factor '*				
Total Nurses	14.0	15.0	14.0	43.0
Total Psychiatric Technicians	23.0	44.0	34.0	101.0
Total Direct Care FTE's	37.0	59.0	48.0	144.0
				220.0

FACTORS INFLUENCING STAFFING AT VPCH:

- High Acuity
- New Building Design issues that drive staffing
- Aim to reduce the use of EIP
- Continuing accreditation by TJC and completing successfully the process of being accredited by CMS
- Continuing the process of the reduction of the use of mandated overtime

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