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MEMORANDUM

то:	Joint Legislative Mental Health Oversight Committee Joint Health Care Committee
FROM:	Paul Dupre, Commissioner of the Department of Mental Health
DATE:	December 4, 2013

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

Attached please find the November, 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

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

12/4/13

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 1 Titled:Legislative Report to Mental Health Oversight Committee and Health CareOversight Committee:Level 1 Inpatient Utilization:Statewide and By Hospitaldepicts thisdata.

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.

October data show that there were 2 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 35 Level I patients. This is the difference between the average daily census and the number of beds designated for Level I patients. In the month of October, the ADC equaled the number of beds available. While the total census is not affected, there are some instances in which Individuals may be admitted to a non-Level I bed and may or may not later be transferred to a Level I unit. These individuals are counted among the total number of Level I patients.

BR and RRMC were both over utilization capacity again for the month of October, while GMPCC and FAHC were under capacity. The actual numbers of these beds at smaller units/hospitals is quite small as can be seen on the Table below. The level I units all provide care for an acute group of patients. Tracking occupancy on the Level I units is subject to influences related to clinical acuity of the milieus, and commensurate staffing needs, as well as discharge placement issues, and managing the environment of care 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 6 months shows an upward trend in being over the number of planned beds for the Level I population, though for the month of October, the number of persons equaled the number of beds. That said, the numbers of individuals waiting for beds in either Emergency Departments or Corrections showed an increase.

Voluntary patient census at inpatient designated hospitals is illustrated in the Appendix section of this report.

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, correctional facilities, is made and the number of days individuals are waiting.

Graphs 1 and 2 below, depict the wait times for patients who are waiting for admission to a psychiatric inpatient unit for those with the designation of Level I. The data show that there were 9 Level I admissions, (down from 11 last month) who waited in either an Emergency Department or in Corrections. The breakdown of the time that was spent in waiting for a bed to become available in October and between June of 2013 and October, 2013 is delineated in Graphs 1 and 2 respectively. In general, we see a higher percentage of people waiting in Emergency Departments or in a Correctional facility for more than a week and more for extended lengths of time between 2 weeks and up to 29 days. Those waiting in Correctional facilities, comprised the longest wait times during the month of October and over the previous 5 months of reporting. Over the 6 month period of evaluation, it can be noted that there has been some shift to longer wait times. The shift to longer periods of time that individuals are waiting for admission to an inpatient psychiatric hospital, are due to the increased lengths of stay for patients in the hospital settings. The lengths of stay are influenced by the acute and also chronic nature of the illnesses for which patients are being treated, access to medications, and availability of appropriate step-down placements or other residential services.

Level I capacity is addressed more specifically in Appendix 1 of this report.

Table I

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee

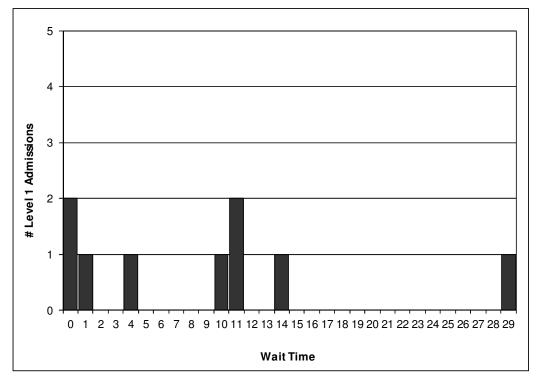
Level 1 Inpatient Utilization: Statewide and By Hospital

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

Graph I

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



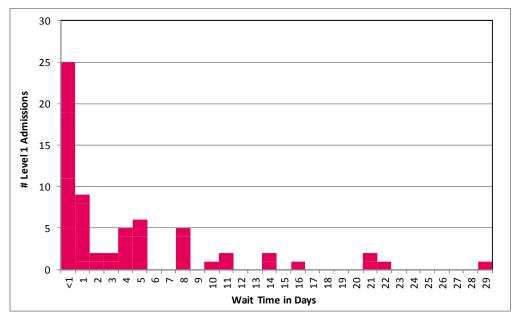
	Level 1 A	dmissions
Wait Time	#	%
< 1 day	2	22%
1 day	1	11%
4 days	1	11%
10 days	1	11%
11 days	2	22%
14 days	1	11%
29 days	1	11%
Total	9	100%

Date of Report: November 15, 2013

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) and w ait 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 w aiting per day is determined using the morning inpatient update and w ait times in days are based upon data maintained by the GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.

Graph 2

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee Wait Times to Admission for Level 1 Patients June - October 2013



	J	une	J	uly	August		Sept	ember	Oc	tober	Total		
Wait Time	#	%	#	%	#	%	#	%	#	%	#	%	
< 1 day	5	50%	6	33%	8	50%	4	36%	2	22%	25	39%	
1 day	1	10%	1	6%	3	19%	3	27%	1	11%	9	14%	
2 days					1	6%	1	9%			2	3%	
3 days			1	6%	1	6%					2	3%	
4 days			3	17%	1	6%			1	11%	5	8%	
5 days	4	40%	1	6%			1	9%			6	9%	
8 days			4	22%			1	9%			5	8%	
10 days									1	11%	1	2%	
11 days									2	22%	2	3%	
14 days					1	6%			1	11%	2	3%	
16 days			1	6%							1	2%	
21 days			1	6%			1	9%			2	3%	
22 days					1	6%					1	2%	
29 days									1	11%	1	2%	
Total	10	100%	18	100%	16	100%	11	100%	9	100%	64	100%	

Date of Report: November 15, 2013

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) and w ait 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 w aiting per day is determined using the morning inpatient update and w ait times in days are based upon data maintained by the GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.

3. the total census capacity and average daily census of new intensive recovery residence beds opened in accordance with 2012 Acts and Resolves No. 79

Table 2

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee Intensive Residential Census Report

June - October 2013 Adult Intensive Residential Facilities

		4		c neolaenti	ui i uomues		
	Hilltop	Meadowview	Second Spring Williamstown	Second Spring Westford	Middlesex	State Avg	State Avg Excluding Middlesex
June							
Total Beds	8	6	20		7	43	36
Monthly Avg.	7.00	6.00	21.40		2.00	34.13	33.53
Monthly % Occupancy	87.5%	100.0%	107.0%		28.6%	79.4%	93.1%
July							
Total Beds	8	6	20		7	43	36
Monthly Avg.	7.83	5.42	21.71		2.71	37.42	34.71
Monthly % Occupancy	97.9%	90.3%	108.5%		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%
October							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	6.68	4.13	17.84	6.54	6.81	41.35	34.55
Monthly % Occupancy	83.5%	68.8%	89.2%	81.7%	97.2%	84.4%	83.8%

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. Low er percentages in earlier months are attributed to gaps in daily reporting fromprograms.
 Middlesex Therapeutic Community Residence began accepting placements on June 20th, 2013 and began reporting to electronic bed boards systemon June 21, 2013. Before the opening of Second Spring -Westford on August 19, 2013, Second Spring Williamstow n had 2 crisis beds that could be reallocated to intensive residential as needed, bringing their total capacity to 22 during some days in each

month. This is reflected in months where percent occupancy exceeds 100%.

In looking at the statewide capacity for intensive residential services, it is noteworthy, that the additions of both Middlesex and Second Spring-Westford, have expanded capacity; the monthly average slightly increased this month. The average occupancy rate is approximately 85%, which is only slightly below the target capacity of 90%. This is within what we would expect to see, given the variance in movement between higher and lower levels of care for this population.

Table 3 (below) depicts Designated Agency Crisis Beds Census Report: This table illustrates the lengthof stay (LOS) information for the Crisis Beds in each of the DA's catchment areas. The average LOSdecreased this month from close to 12, to 9 days.

Table 3: Designated Agency Crisis Beds Census Report

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee Crisis Bed Census Report July - October 2013 Adult Crisis Bed Units

HCRS Alternatives	HC Assist	UCS Battelle House	WCMH Home Intervention	NCSS Bayview	NKHS Care Bed	LCMH Oasis House	Second Spring Williamstown	Alyssum	RMHS CSID	CSAC Cottage Crisis	CMC Chris' Place	State Avg
6	6	6	5	2	2	2	2	2	4	1	1	39
5.94	5.00	4.71	3.45	1.94	1.19	1.45	-	1.87	2.97	1.00	0.81	29.61
98.9%	83.3%	78.5%	69.0%	96.8%	59.7%	72.6%	-	93.3%	74.2%	100.0%	80.6%	81.9%
11.0	4.0	2.1	8.2	2.3	6.6	2.8	-	8.0	22.2	16.0	9.0	8.4
6	6	6	5	2	2	2	2	2	4	1	1	39
5.65	4.80	3.81	4.16	1.83	1.29	1.94	0.68	1.94	3.74	1.00	0.65	31.23
94.1%	80.0%	63.4%	83.2%	91.7%	64.5%	96.8%	33.9%	96.8%	93.5%	100.0%	64.5%	80.7%
	3.7		11.0	3.6	4.1	7.0	n/a	13.0	17.8	9.5	10.0	8.9
6	6	6	5	2	2	2	2	2	4	1	1	39
5.87	4.72	3.45	2.60	1.83	1.43	1.97	1.40	2.00	3.73	1.00	0.80	30.50
97.8%	78.7%	57.5%	52.0%	91.7%	71.7%	98.3%	70.0%	100.0%	93.3%	100.0%	80.0%	79.1%
6.1	4.0	3.7	27.2	2.7	2.3	22.0	20.3	11.0	27.5	7.5	7.0	11.8
6	6	6	5	2	2	2	2	2	4	1	1	39
6.00	4.73	3.61	3.52	2.00	1.18	1.74	1.13	1.97	3.68	1.00	0.94	31.23
100.0%	78.9%	60.2%	70.3%	100.0%	58.9%	87.1%	56.5%	98.4%	91.9%	100.0%	93.5%	80.9%
17.4	3.7	3.8	7.3	2.4	22.0	4.2	11.3	7.0	15.6	9.5	6.3	9.2
	Alternatives 6 5.94 98.9% 11.0 6 5.65 94.1% 6 5.87 97.8% 6.1 6 6.00 100.0%	Alternatives Assist 6 6 5.94 5.00 98.9% 83.3% 11.0 4.0 6 6 5.65 4.80 94.1% 80.0% 3.7 6 6 5.87 4.72 97.8% 78.7% 6.1 4.0 6 6 6.00 4.73 100.0% 78.9%	HCRS Alternatives HC Assist Battelle House 6 6 6 5.94 5.00 4.71 98.9% 83.3% 78.5% 11.0 4.0 2.1 6 6 6 5.65 4.80 3.81 94.1% 80.0% 63.4% 3.7 3.7 6 6 6 5.87 4.72 3.45 97.8% 78.7% 57.5% 6.1 4.0 3.7 6 6 6 5.087 4.72 3.45 97.8% 78.7% 57.5% 6.1 4.0 3.7 6 6 6 6.00 4.73 3.61 100.0% 78.9% 60.2%	HCRS Alternatives HC Assist Battelle House Home Intervention 6 6 5 5.94 5.00 4.71 3.45 98.9% 83.3% 78.5% 69.0% 11.0 4.0 2.1 8.2 6 6 6 5 5.65 4.80 3.81 4.16 94.1% 80.0% 63.4% 83.2% 3.7 11.0 11.0 6 6 6 5 5.87 4.72 3.45 2.60 97.8% 78.7% 57.5% 52.0% 6.1 4.0 3.7 27.2 6 6 6 5 97.8% 78.7% 57.5% 52.0% 6.1 4.0 3.7 27.2 6 6 6 5 6.00 4.73 3.61 3.52 100.0% 78.9% 60.2% 70.3%	HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview 6 6 5 2 5.94 5.00 4.71 3.45 1.94 98.9% 83.3% 78.5% 69.0% 96.8% 11.0 4.0 2.1 8.2 2.3 6 6 6 5 2 5.65 4.80 3.81 4.16 1.83 94.1% 80.0% 63.4% 83.2% 91.7% 3.7 11.0 3.6 1 4.3 94.1% 80.0% 63.4% 83.2% 91.7% 3.7 11.0 3.6 1.83 97.8% 78.7% 57.5% 52.0% 91.7% 6.1 4.0 3.7 27.2 2.7 6 6 5 2 2.60 1.83 97.8% 78.7% 57.5% 52.0% 91.7% 6.1 4.0 3.7 2.7 2.7 <td>HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed 6 6 6 5 2 2 5.94 5.00 4.71 3.45 1.94 1.19 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 11.0 4.0 2.1 8.2 2.3 6.6 6 6 6 5 2 2 5.65 4.80 3.81 4.16 1.83 1.29 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 3.7 11.0 3.6 4.1 1.43 97.8% 78.7% 57.5% 52.0% 91.7% 71.7% 6.1 4.0 3.7 27.2 2.7 2.3 6 6 6 5 2 2 2 5.87 4.72 3.45 2.60 1.83 1.43 97.8% 78.7% 57.5%<td>HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed LCMH Oasis House 6 6 6 5 2 2 2 5.94 5.00 4.71 3.45 1.94 1.19 1.45 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 72.6% 11.0 4.0 2.1 8.2 2.3 6.6 2.8 6 6 6 5 2 2 2 5.65 4.80 3.81 4.16 1.83 1.29 1.94 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 96.8% 3.7 11.0 3.6 4.1 7.0 3.6 1.97 97.8% 78.7% 57.5% 52.0% 91.7% 71.7% 98.3% 6.1 4.0 3.7 27.2 2.7 2.3 22.0 6 6 6 5 2</td><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring Williamstown666522225.945.004.713.451.941.191.45-98.9%83.3%78.5%69.0%96.8%59.7%72.6%-11.04.02.18.22.36.62.8-666522225.654.803.814.161.831.291.940.6894.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%3.711.03.64.17.0n/a666522225.874.723.452.601.831.431.971.4097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%6.14.03.727.22.72.322.020.3666522226.004.733.613.522.001.181.741.13100.0%78.9%60.2%70.3%100.0%58.9%87.1%56.5%</td><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownAlyssum6665222225.945.004.713.451.941.191.45-1.8798.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%11.04.02.18.22.36.62.8-8.066652222225.654.803.814.161.831.291.940.681.9494.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%3.711.03.64.17.0n/a100.0%6665222225.874.723.452.601.831.431.971.402.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%66652222225.874.723.452.601.831.431.971.402.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%6.14.03.727.22.72.322.020.311.0<tr< td=""><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownRIMHS CSID6665222245.945.004.713.451.941.191.45-1.872.9798.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%74.2%11.04.02.18.22.36.62.8-8.022.2778.2%222243.7496.9%3.814.161.831.291.940.681.943.7494.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%93.5%3.711.03.64.17.0n/a13.017.897.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%6.14.03.727.22.72.322.020.311.027.566652222245.874.723.452.601.831.431.971.402.003.7397.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%6.14.03.727.22.72.322.020.3<t< td=""><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownRMHS AlyssumCottage Crisis66652222415.945.004.713.451.941.191.45-1.872.971.0098.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%74.2%100.0%11.04.02.18.22.36.62.8-93.3%74.2%100.0%11.04.05.22222415.654.803.814.161.831.291.940.681.943.741.0094.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%93.5%100.0%94.1%80.0%63.452.601.831.431.971.402.003.731.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%100.0%97.8%78.7%3.613.522.001.181.741.131.973.681.0097.8%78.7%3.613.522.001.181.741.131.973.681.0090.0%78.3%60.2%70.3%100.0%58.9%87.1%56.5%98.4%91.9%<</td><td>HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed LCMH Oasis House Spring Williamstown RMHS Alyssum Cottage CID Chris' Place 6 6 6 5 2 2 2 2 4 1 1 5.94 5.00 4.71 3.45 1.94 1.19 1.45 - 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1.87 2.97 1.00 0.81 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 72.6% - 93.3% 74.2% 100.0% 80.6% 11.0 4.0 2.1 8.2 2 2 2 4 1 1 5.65 4.80 3.81 4.16 1.83 1.29 1.94 0.68 1.94 3.74 1.00 0.65 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 96.8% 33.9% 96.8% 93.5% 100.0% 64.5% 95.87 4.72 3.45</td></t<></td></tr<></td>	HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed LCMH Oasis House 6 6 6 5 2 2 2 5.94 5.00 4.71 3.45 1.94 1.19 1.45 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 72.6% 11.0 4.0 2.1 8.2 2.3 6.6 2.8 6 6 6 5 2 2 2 5.65 4.80 3.81 4.16 1.83 1.29 1.94 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 96.8% 3.7 11.0 3.6 4.1 7.0 3.6 1.97 97.8% 78.7% 57.5% 52.0% 91.7% 71.7% 98.3% 6.1 4.0 3.7 27.2 2.7 2.3 22.0 6 6 6 5 2	HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring Williamstown666522225.945.004.713.451.941.191.45-98.9%83.3%78.5%69.0%96.8%59.7%72.6%-11.04.02.18.22.36.62.8-666522225.654.803.814.161.831.291.940.6894.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%3.711.03.64.17.0n/a666522225.874.723.452.601.831.431.971.4097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%6.14.03.727.22.72.322.020.3666522226.004.733.613.522.001.181.741.13100.0%78.9%60.2%70.3%100.0%58.9%87.1%56.5%	HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownAlyssum6665222225.945.004.713.451.941.191.45-1.8798.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%11.04.02.18.22.36.62.8-8.066652222225.654.803.814.161.831.291.940.681.9494.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%3.711.03.64.17.0n/a100.0%6665222225.874.723.452.601.831.431.971.402.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%66652222225.874.723.452.601.831.431.971.402.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%6.14.03.727.22.72.322.020.311.0 <tr< td=""><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownRIMHS CSID6665222245.945.004.713.451.941.191.45-1.872.9798.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%74.2%11.04.02.18.22.36.62.8-8.022.2778.2%222243.7496.9%3.814.161.831.291.940.681.943.7494.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%93.5%3.711.03.64.17.0n/a13.017.897.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%6.14.03.727.22.72.322.020.311.027.566652222245.874.723.452.601.831.431.971.402.003.7397.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%6.14.03.727.22.72.322.020.3<t< td=""><td>HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownRMHS AlyssumCottage Crisis66652222415.945.004.713.451.941.191.45-1.872.971.0098.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%74.2%100.0%11.04.02.18.22.36.62.8-93.3%74.2%100.0%11.04.05.22222415.654.803.814.161.831.291.940.681.943.741.0094.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%93.5%100.0%94.1%80.0%63.452.601.831.431.971.402.003.731.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%100.0%97.8%78.7%3.613.522.001.181.741.131.973.681.0097.8%78.7%3.613.522.001.181.741.131.973.681.0090.0%78.3%60.2%70.3%100.0%58.9%87.1%56.5%98.4%91.9%<</td><td>HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed LCMH Oasis House Spring Williamstown RMHS Alyssum Cottage CID Chris' Place 6 6 6 5 2 2 2 2 4 1 1 5.94 5.00 4.71 3.45 1.94 1.19 1.45 - 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1.87 2.97 1.00 0.81 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 72.6% - 93.3% 74.2% 100.0% 80.6% 11.0 4.0 2.1 8.2 2 2 2 4 1 1 5.65 4.80 3.81 4.16 1.83 1.29 1.94 0.68 1.94 3.74 1.00 0.65 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 96.8% 33.9% 96.8% 93.5% 100.0% 64.5% 95.87 4.72 3.45</td></t<>	HCRS AlternativesHC AssistBattelle HouseHome InterventionNCSS BayviewNKHS Care BedLCMH Oasis HouseSpring WilliamstownRMHS AlyssumCottage Crisis66652222415.945.004.713.451.941.191.45-1.872.971.0098.9%83.3%78.5%69.0%96.8%59.7%72.6%-93.3%74.2%100.0%11.04.02.18.22.36.62.8-93.3%74.2%100.0%11.04.05.22222415.654.803.814.161.831.291.940.681.943.741.0094.1%80.0%63.4%83.2%91.7%64.5%96.8%33.9%96.8%93.5%100.0%94.1%80.0%63.452.601.831.431.971.402.003.731.0097.8%78.7%57.5%52.0%91.7%71.7%98.3%70.0%100.0%93.3%100.0%97.8%78.7%3.613.522.001.181.741.131.973.681.0097.8%78.7%3.613.522.001.181.741.131.973.681.0090.0%78.3%60.2%70.3%100.0%58.9%87.1%56.5%98.4%91.9%<	HCRS Alternatives HC Assist Battelle House Home Intervention NCSS Bayview NKHS Care Bed LCMH Oasis House Spring Williamstown RMHS Alyssum Cottage CID Chris' Place 6 6 6 5 2 2 2 2 4 1 1 5.94 5.00 4.71 3.45 1.94 1.19 1.45 - 1.87 2.97 1.00 0.81 98.9% 83.3% 78.5% 69.0% 96.8% 59.7% 72.6% - 93.3% 74.2% 100.0% 80.6% 11.0 4.0 2.1 8.2 2 2 2 4 1 1 5.65 4.80 3.81 4.16 1.83 1.29 1.94 0.68 1.94 3.74 1.00 0.65 94.1% 80.0% 63.4% 83.2% 91.7% 64.5% 96.8% 33.9% 96.8% 93.5% 100.0% 64.5% 95.87 4.72 3.45

Based on data reported to the Vermont Department of Mental Health (DMH) by crisis bed programs 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.

The Second Spring - Williamstow n program is based upon two beds that can be reallocated to intensive residential services as needed.

Table 4 depicts Monthly Intensive Residential Bed Utilization. Note, that Meadowview utilization was100%, up from 78%-88% in 2011.

Program	Time Period	Average LOS
Meadow View	1/2013 – 10/2013	302 Days
Second Spring	7/12 - 6/13	155 Days
Hill Top	1/12 - 1-/13	221 Days

Additional Reports requested, separate from MHOC mandatory reporting are found below. These appendices describe:

- Appendix I: Adult Inpatient Utilization for both the system of care as a whole, and the Level I inpatient beds (units) and have been reported on previously in earlier reports to MHOC.
- Appendix 2: People awaiting inpatient placement for October, 2013
- Appendix 3: The Vermont DMH Snapshot (October, 2013)
- Appendix 4: Estimation of Voluntary inpatient census for both Level I and NON-Level I hospitals
- Appendix 5: Wait times in hours for involuntary admission placement
- Appendix 6: Length of Stay for involuntary and forensic admissions over time between VSH and the transition to a decentralized inpatient psychiatric care system of Designated Hospitals.

The reports presented in this section of the document, provide a context for discussion about the capacity of the current crisis response, hospital and residential settings available to those with serious mental health conditions requiring services in an acute care setting. These data points were included in a report provided to the Joint Mental Health and Health Oversight Committees on November 19, 2013. The reader is referred to that document for further detailed explanation.

Of note, is the data in Appendix 6, which depicts and compares Lengths of Stay (LOS) for involuntary and forensic admissions for both VSH and our current decentralized system of hospital care. The LOS was computed from discharged clients only, and therefore is a retrospective view. It would appear that emergency examination admissions have remained somewhat stable taking into account the combined numbers of DH and VSH Emergency admissions, which are now represented only by DH's numbers. In addition, the numbers of Forensic admissions appears lower than in previous years.

Appendix 1:

Adult Inpatient Utilization and Bed Closures: Page 1 of 2

System Total and Leve	el 1 Un	its⊢			-					
2012-2013			All Uni	its 📃	Level	1 Units		Non-Lev	el 1 Adult	Units
	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct
ADULT INPATIENT UNITS										
Total Beds	147	148	149	162	157	157	157	157	157	169
Average Daily Census	137	132	136	134	135	146	138	139	139	143
Percent Occupancy	93%	89%	92%	83%	86%	93%	88%	90%	90%	89%
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0
# Days with Closed Beds	26	24	31	30	30	29	31	31	30	31
Average # of Closed Beds	2	4	4	3	2	4	6	6	7	9
GMPCC										
Total Beds	8	8	8	8	8	8	8	8	8	8
Average Daily Census	6	8	8	8	8	8	8	7	8	8
Percent Occupancy	74%	98%	100%	100%	100%	96%	100%	89%	99%	100%
# Days at Occupancy	7	23	31	30	31	21	31	10	28	30
# Days with Closed Beds	14	4	0	0	0	0	0	23	0	0
Average # of Closed Beds	2	1	-	-	-	-	-	1	-	-
BR TYLER 4										
Total Beds	13	13	13	14	14	14	14	14	14	14
Average Daily Census	13	13	13	13	14	14	14	14	14	14
Percent Occupancy	97%	99%	99%	94%	100%	100%	100%	100%	100%	100%
# Days at Occupancy	22	21	27	17	26	30	29	30	30	30
# Days with Closed Beds	0	6	4	10	0	0	0	0	0	0
Average # of Closed Beds	-	1	1	1	-	-	-	-	-	-
RRMC SOUTH WING										
Total Beds				6	6	6	6	6	6	6
Average Daily Census				6	6	6	6	6	6	6
Percent Occupancy				100%	99%	98%	100%	97%	97%	100%
# Days at Occupancy				9	30	27	31	25	26	31
# Days with Closed Beds				0	1	0	0	2	0	1
Average # of Closed Beds				-	1	-	-	1	-	1
Wait Times for Beds						·				
Average # People Waiting per Day	T	Т		4	5	3	8	4	7	8
Average Wait Times in Days		1.5	1.4	2	1.7	1.4	2.4	1.9	3.2	2.9
Average ware nines in Days	I	1.5		2	1.7	1.4	2.4	1.5	5.2	2.5

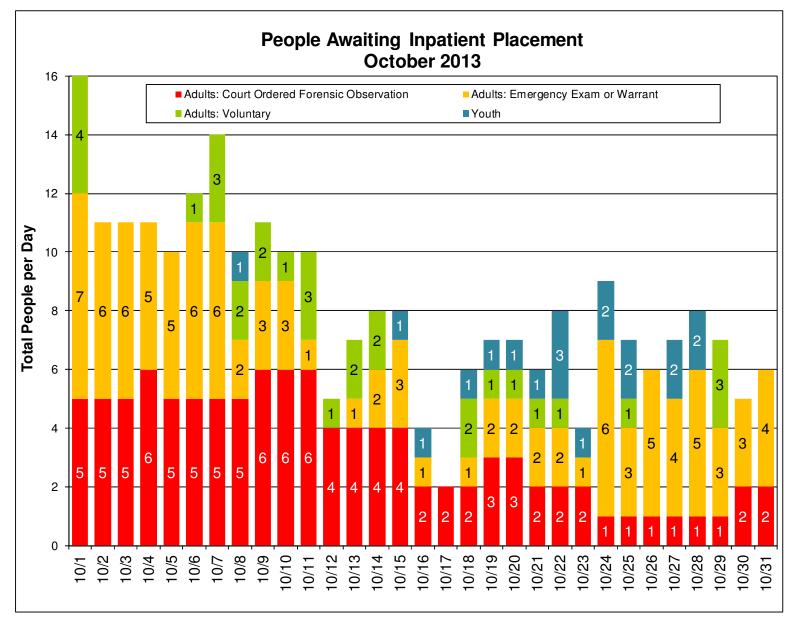
Based on data reported to the Vermont Department of Mental Health (DMH) by designated hospitals (DH) for adult inpatient care using the electronic bed boards system. Beds at inpatient settings can be closed based on the clinical decision of the director of each inpatient unit. Average number of people 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.

System Total and Nor 2012-2013	1 Uni	its 🔲	All Unit	ts 📕 Le	vel 1 Units		Non-Lev	el 1 Adul	Oct 169 143 89% 0 31					
	Jan	Feb	Mar	Apr	Мау	May Jun .		Aug	Sep	Oct				
ADULT INPATIENT UNITS														
Total Beds	147	148	149	162	157	157	157	157	157	169				
Average Daily Census	137	132	136	134	135	146	138	139	139	143				
Percent Occupancy	93%	89%	92%	83%	86%	93%	88%	90%	90%	89%				
# Days at Occupancy	0	0	0	0	0	0	0	0	0	0				
# Days with Closed Beds	26	24	31	30	30	29	31	31	30	31				
Average # of Closed Beds	2	4	4	3	2	4	6	6	7	9				
CVMC														
Total Beds	14	14	14	14	14	14	14	14	14	14				
Average Daily Census	13	12	13	13	13	13	11	12	12	13				
Percent Occupancy	92%	85%	91%	93%	93%	91%	82%	88%	83%	91%				
# Days at Occupancy	16	7	8	12	11	13	5	10	8	7				
# Days with Closed Beds	0	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	27				
Average Daily Census	26	24	24	23	25	26	25	24	21	22				
Percent Occupancy	98%	88%	90%	86%	93%	96%	94%	90%	78%	82%				
# Days at Occupancy	19	2	0	0	9	15	5	0	0	0				
# Days with Closed Beds	8	23	31	22	14	3	21	28	30	26				
Average # of Closed Beds	2	4	2	2	2	1	1	2	5	4				
BR (NON LEVEL 1 UNITS)														
Total Beds	59	60	61	61	61	61	61	61	61	73				
Average Daily Census	55	54	58	57	57	58	54	54	58	61				
Percent Occupancy	94%	90%	94%	94%	93%	95%	88%	89%	96%	84%				
# Days at Occupancy	1	4	3	2	0	2	0	2	6	1				
# Days with Closed Beds	18	3	21	15	28	14	29	22	3	29				
Average # of Closed Beds	1	1	2	2	1	3	3	3	2	4				
RRMC GEN PSYCH														
Total Beds	16	16	16	22	17	17	17	17	17	17				
Average Daily Census	16	15	15	17	15	14	14	15	13	14				
Percent Occupancy	98%	95%	95%	77%	87%	82%	84%	87%	78%	83%				
# Days at Occupancy	24	15	15	5	16	2	0	4	0	1				
# Days with Closed Beds	0	0	3	2	1	27	26	17	12	20				
Average # of Closed Beds	-	-	1	4	1	2	2	2	4	3				
WC	I	Į												
Total Beds	10	10	10	10	10	10	10	10	10	10				
Average Daily Census	9	7	8	9	7	8	8	8	9	8				
Percent Occupancy	85%	74%	79%	91%	71%	82%	79%	81%	88%	79%				
# Days at Occupancy	12	3	0	10	2	7	7	7	12	3				
# Days with Closed Beds	2	3	9	0	4	3	4	1	3	2				
Average # of Closed Beds	2	2	1	-	2	1	3	1	1	1				
Wait Times for Beds							-							
Average # People Waiting per Day	/			4	5	3	8	4	7	8				
Average Wait Times in Days	i l	1.5	1.4	2	1.7	1.4	2.4	1.9	3.2	2.9				
Average wait times in Days	I I	1.5	1.4	2	1./	1.4	2.4	1.9	5.2	2.9				

Adult Inpatient Utilization and Bed Closures: Page 2 of 2

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 w aiting per day is determined using the morning inpatient update and w ait times in days are based upon data maintained by the GMPCC admissions department that is submitted by crisis, designated agency, and hospital screeners.





Appendix 3:



Vermont Department of Mental Health System Snapshot (November 13, 2013)

*data forthcoming	<u>2013</u>											
	F	Y13 Q3	3	1	FY13 Q4	ŧ.	1	F	-Y14 Q2			
Reporting Category	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital				•								
% Occupancy	94%	91%	92%	84%	87%	93%	88%	89%	89%	89%		
Avg. Daily Census	137	132	136	134	135	146	138	139	139	143		
% Occupancy at No Refusal Units	107	102	100	101	100	140	100%	96%	99%	99%		
Avg. Daily Census							28	27	28	28		
Adult Crisis Beds							20	21		20		
% Occupancy	77%	79%	83%	82%	84%	85%	82%	81%	79%	81%		
Avg. Daily Census	- 27	28	29	29	31	31	30	31	-31	31		
Applications for	20. B	20	~.cy	20	19 H		6969		9 I	51		
Involuntary Hospitalizations (EE)												
		-		9	10	6	9	7	185	6		
Youth (0-17) Adults	50	32	55	9 41	55	39	65	32	43	43		
Total adults admitted with CRT	50 13	32 13	55 27	41 19	55 14	39 11	65 15	32 12	43 9	43 7		
									•			
Designation (% of Total applications)	26%	41%	49%	46%	25%	28%	23%	38%	21%	16%		
Total Level 1 Admissions	22	13	20	22	26	10	19	18	11	9		
Instances when Placement	27	21	43	27	38	24	38	16	34	29		
Unavailable & Adult Client Held in ED												
Adult Involuntary Medications	45	0	20		05		21	_	6.1	4.0		
# Applications	2	3	3	2	0	4	5	7	8.9 	10		
# Granted Orders	2	3	2	2	5	3	5	6	3	4		
Mean time to decision (days)	- 22	12	20	27	19	17	20	14	12	17		
Court Ordered Forensic Observation Sc			_									
# Requested	11	13	9	10	11	11	22	20	19	16		
# Inpatient Ordered	3	7	5	5	6	6	11	8	7	5		
VT Resident Suicides												
Youth (0-17)												
Total	0	0	0	0	0	2	0	0	0	*		
# with DA contact within previous year	-	-	-	-	-	1	-	-	-	*		
Adults (18+)												
Total	4	6	10	8	10	5	8	10	7	*		
# with DA contact within previous year	0	3	2	2	1	0	2	1	1	*		
Housing												
# Clients permanently housed as	18	21	14	11	14	5	0	5	0	2		
a result of new Act79 housing funding	169	21	1.44		0.70	0	~	5	¢7	~		
Total # enrolled to date	98	119	133	144	158	169	169	176	178	168		
Involuntary Transportation												
Adults (total transports)												
# of Transports	19	17	18	11	18	13	18	12	18	*		
% Non-Secure	58%	94%	61%	82%	78%	85%	72%	75%	83%	*		
% Secure	42%	6%	39%	18%	22%	15%	28%	25%	17%	*		
% all transports using metal restraints	16%	6%	6%	9%	6%	8%	17%	25%	17%	*		
% all transports using soft restraints	26%	0%	33%	9%	17%	8%	11%	0%	0%	*		
Youth Under 10 (total transports)												
# of Transports	3	3	0	0	0	0	0	0	2	*		
% Non-Secure	100%		-	-	-	-	-	-	100%	*		
% Secure	0%	0%	-	-	-	-	-	-	0%	*		
% all transports using metal restraints	0%	0%	_	-	_	-	-	-	0%	*		
% all transports using soft restraints	0%	0%	_	-	_	-	-	_	0%	*		
CRT Employment	v /0	070							.,.			
% Employed		15%										
Wages per employed client		\$2,318										
Luagoo por employed ulent		ψ Δ ,ΟΙΟ										



Vermont Department of Mental Health System Snapshot (November 13, 2013)

	2012 (PRIOR YEAR)													
		FY12 Q3 FY12 Q4 FY13 Q1									FY13 Q2			
Banarting Catagory	Jan	Feb	Mar		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Reporting Category	Jan	rep	Mar	Apr	мау	Jun	งนา	Aug	Sep	UCI	NOV	Dec		
Adult Inpatient Hospital	_			0000	03.03.04	0000	48.64.64.8	000/	03 A 724	049/	68.6868	0000		
% Occupancy		-	-	89%	92%	90%	89%	89%	91% -	91%	88%	89%		
Avg. Daily Census	-	-	-	-		-		-	-	-		-		
Adult Crisis Beds				700/	0.004	000/	770/	750/	700/	700/	0.00/	0.00/		
% 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	섹	3	- M	3	ß	4	쵠	3		6	0	2		
# Granted Orders	3	2	80	2	1	3	4	2		6		2		
Mean time to decision (days)	20	16	19	15	- 22	20	11	15	계석	13	-	11		
Court Ordered Forensic Observation Sc	reening	S												
# Requested		-		-		-	17	19		8	8	14		
# Inpatient Ordered	-	-		-	-	-	4	6	4	5	8	9		
VT Resident Suicides	-													
Youth (0-17)														
Total	0	0	0	0	0	0	0	1		0	0	0		
# with DA contact within previous year	-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				5	40	6	40	20	10	8	0			
a result of new Act79 housing funding	-	-	-	э	10	0	18	20	13	o	U			
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%	2	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				
andee her employed orient		\$2,305			ψ <u>ε</u> ,505			₩ <u>~</u> ,Φ1 Ο		L	Ψ <u></u> , 1 00			



Vermont Department of Mental Health System Snapshot (November 13, 2013)

initions								
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 Inpatier Units at CMPCC, 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). Statewide averages are adjusted to exclude programs on days where there were no updates submitted to the bed board.							
Court-ordered Forensic Observations	Forensic patients are designated when there is criminal justice involvement and when there are questions concerning competency/sanity of an individua 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 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 famil 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 available.							
Housing	Based on the number of applications approved, in the months the program has been operating and the total approved to date. Enrollment to date numbers do not necessarily sum to total numbers housed. Data cleaning is on-going.							

Appendix 4

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Satavide	Total Beds	-	139	139	139	139	139	147	148	149	162	157	157
	Total ADC	-	127	130	129	123	122	137	132	136	134	135	146
	Involuntary ADC	-	44	47	45	47	44	47	47	57	55	61	61
	Level 1 ADC	-	19	23	25	24	24	29	29	32	37	45	44
	% Voluntary	-	65%	64%	65%	62%	64%	66%	64%	59%	59%	55%	58%
	% Non-Level 1	-	19%	19%	16%	18%	16%	13%	14%	18%	13%	12%	11%
	% Level 1	-	15%	17%	20%	20%	19%	22%	22%	23%	28%	33%	30%
CMC	Total Beds	-	72	72	72	72	72	72	73	74	75	75	75
	Total ADC	-	67	70	70	68	66	68	67	71	71	71	72
	Involuntary ADC	-	23	23	25	29	25	20	21	26	22	24	26
	Level 1 ADC	-	14	18	18	17	15	14	16	19	18	21	20
	% Voluntary	-	66%	67%	65%	57%	62%	70%	69%	63%	68%	66%	63%
	% Non-Level 1	-	13%	7%	9%	17%	15%	9%	7%	11%	6%	4%	9%
	% Level 1	-	21%	26%	26%	25%	23%	21%	24%	26%	26%	30%	28%
	Total Beds	-	14	14	14	14	14	14	14	14	14	14	14
	Total ADC	-	13	13	13	13	13	13	12	13	13	13	13
	Involuntary ADC	-	6	7	2	3	2	2	2	1	2	4	3
	% Voluntary	-	54%	50%	83%	80%	88%	87%	87%	90%	81%	69%	74%
	% Non-Level 1	-	46%	50%	17%	20%	12%	13%	13%	10%	19%	31%	26%
BAC.	Total Beds	-	27	27	27	27 24	27	27	27	27	27	27	27
	Total ADC	-	26	26 9	24 9	24	25 9	26	24	24	23 12	25	26
	Involuntary ADC Level 1 ADC	-	9 1	1	4	3	4	11 6	11 6	14 6	6	12 9	11 9
	% Voluntary	-	66%	64%	63%	72%	61%	57%	53%	44%	51%	53%	59%
	% Non-Level 1	_	30%	32%	22%	14%	21%	20%	20%	30%	23%	10%	7%
	% Level 1	_	4%	4%	14%	14%	17%	24%	27%	26%	27%	37%	34%
	Total Beds	_						8	8	8	8	8	8
	Total ADC	-	-	-	-	-	-	6	8	8	8	8	8
GUEC	Involuntary ADC	-	-	-	-	-	-	6	8	8	8	8	8
	Level 1 ADC	_	-	-	-	-	-	5	5	4	4	6	6
	% Voluntary	-	-	-	-	-	-	2%	0%	0%	0%	0%	0%
	% Non-Level 1	-	-	-	-	-	-	17%	41%	54%	50%	31%	26%
	% Level 1	-	-	-	-	-	-	81%	59%	46%	50%	69%	74%
HANG	Total Beds	-	14	15	15	15	15	16	15	15	23	21	20
	Total ADC	-	14	15	15	15	15	16	15	15	23	21	20
	Involuntary ADC	-	6	8	8	7	6	7	5	6	10	11	12
	Level 1 ADC	-	4	з	4	4	4	4	1	з	9	9	10
	% Voluntary	-	56%	48%	46%	52%	57%	57%	66%	62%	55%	47%	37%
	% Non-Level 1	-	13%	29%	31%	23%	15%	17%	25%	18%	6%	11%	12%
	% Level 1	-	31%	23%	23%	25%	28%	26%	10%	20%	39%	42%	51%
Ø	Total Beds	-	10	10	10	10	10	10	10	10	10	10	10
	Total ADC	-	8	8	8	9	8	9	7	8	9	7	8
	Involuntary ADC	-	0	1	1	1	1	1	1	2	0	1	0
	% Voluntary	-	97%	87%	88%	89%	88%	88%	85%	77%	98%	82%	94%
	% Non-Level 1	-	3%	13%	13%	11%	12%	12%	15%	23%	2%	18%	6%

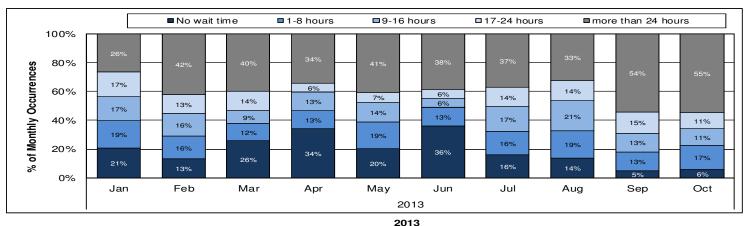
Estimation of Voluntary Census at Inpatient Designated Hospitals Level 1 and Non-Level 1: FY 2013

Based on data from the electronic bed boards for total average daily census and total beds available in conjunction with data maintained by DMH care managers regarding involuntary stays. Voluntary percentages are calculated by subtracting the percentage of Total average daily census divided by Involuntary average daily census from 100%. Data regarding Level 1 stays are maintained by the utilization review team. Average daily census for Level 1 stays represents the entirety of an individuals stay, which can include parts of a stay that were voluntary, before a patient was assessed as Level 1. Thus, percentages at hospitals for Level 1 contain both the voluntary and involuntary parts of an individual's inpatient stay.

Appendix 5

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

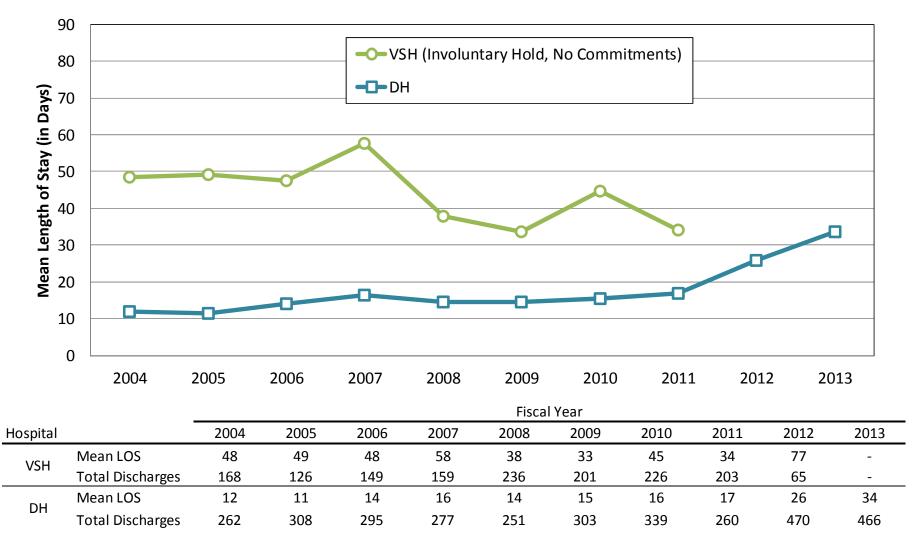
2013



		2013									
,	Wait time	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
	No wait time	11	5	15	16	12	17	13	6	3	3
	1-8 hours	10	6	7	6	11	6	13	8	8	9
	9-16 hours	9	6	5	6	8	3	14	9	8	6
	17-24 hours	9	5	8	З	4	3	11	6	9	6
	more than 24 hours	14	16	23	16	24	18	30	14	33	29
	Total	53	38	58	47	59	47	81	43	61	53
Wait Time in Hours											
Youth	Mean						17	20	23	20	40
	Median						21	17	15	18	35
EEs/Wrts	Mean	19	33	29	26	37	29	35	22	67	44
	Median	13	16	18	8	14	6	15	12	37	24
OBS	Mean	16	56	77	223	87	75	277	269	468	374
	Median	0	48	0	229	69	34	278	277	489	353
Total	Mean	19	37	32	47	40	33	57	45	76	69
	Median	12	17	18	8	14	11	16	15	25	27

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 frompaperw ork 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 w arrant for immediate examination, applications for emergency exam, Court Ordered Forensic Observations, and Youth w aiting for inpatient admission. Wait times are point in time and

Length of Stay for Emergency Exam and Forensic Observation Admissions FY 2004 - FY 2013



This analysis includes adult patients who received involuntary mental health services at designated community hospitals (DH) and Vermont State Hospital (VSH). The DH analysis is based on adult patients in the involuntary inpatient data set maintained by the Vermont Department of Mental Health. The DHs include The Brattleboro Retreat, Central Vermont Medical Center, Fletcher Allen, Rutland, and The Windham Center. The VSH analysis is based on extracts from the Vermont State Hospital Treatment Episode database for clients on involuntary hold status (warrant, emergency exam, forensic observation) for the entirety of their stay. Length of stay is calculated for clients discharged in each fiscal year.