Report on the Joint Meeting of the
Mental Health and Health Care Oversight Committees
November 2013

Mental Health Oversight Committee

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I. EXECUTIVE SUMMARY

In November 2013, the Mental Health Oversight Committee and Health Care Oversight Committee (Committees) met to discuss the capacity of the State's level 1 mental health system and to make recommendations on both the number of personnel needed at the new Vermont Psychiatric Care Hospital and whether the General Assembly overestimated the number of beds needed at the new hospital. The Committees make the following recommendations to the Joint Fiscal Committee:

- The General Assembly should fully fund the 25-bed Vermont Psychiatric Care Hospital
- The Department of Mental Health should prepare and present a plan to the committees of jurisdiction regarding the opening of the Vermont Psychiatric Care Hospital prior to the budget adjustment process
- The Vermont Psychiatric Care Hospital should be completely operational with all 25 beds by July 1, 2014 or as soon as possible
- The General Assembly should develop contingency plans in case the need for overflow beds in the level 1 system arises
- The Department of Mental Health should develop specific plans and timelines for the hiring and training of Vermont Psychiatric Care Hospital employees, which should commence immediately to ensure staff are ready for patients when construction of the new facility is complete
- Any revisions to its original staffing proposal should be presented by the Department of Mental Health to the committees of jurisdiction once it has conducted a review of national standards and protocols

II. BACKGROUND AND STATUTORY AUTHORITY

Vermont's mental health system provides services to over 28,000 adults and children, ranging from acute inpatient hospitalization to noncategorical case management and peer services. The General Assembly redefined its vision for the system during the 2012 legislative session through its passage of Act 79 (An act relating to reforming the mental health system). Prior to the start of that session, the Vermont State Hospital was devastated by Tropical Storm Irene, leaving the State's mental health system in crisis. The General Assembly used the devastation of the Vermont State Hospital as an opportunity to transition from a highly centralized system of care to a decentralized system. After years of underfunding community programs designed to divert patients from institutionalization, the General Assembly invested money in more crisis and intensive residential recovery beds, outpatient services, and peer supports.

While Act 79 authorized the creation of a 25-bed psychiatric hospital, it was widely recognized that the necessary number of level 1 beds would not be known until various community service investments had taken effect. In recognition of this, the General Assembly approved language in 2013 requiring the Committees to review the mental health system and determine if 25 level 1 beds at the Vermont Psychiatric Care Hospital were necessary or whether some lesser amount would suffice. (*See* Appendix 1: 2013 Acts and Resolves No. 50, Sec. E.314.2.) Act 50 requires that this report containing the Committees' recommendations be submitted to the Joint Fiscal Committee on or before December 15, 2013. The context in which the Committees present their

recommendations assumes that there will be no reductions in the community system, as its existence is absolutely essential to keeping the need for hospital beds in check.

In 2012, the General Assembly believed that strengthening the community system would allow the State to reduce the number of level 1 beds in the mental health system. Members hoped that because additional, better coordinated community services were available that wait times for level 1 beds would no longer exist. However, the Committees do not have enough data to show which community programs warrant a greater investment and which do not. Additional information is needed on the number of individuals who have been turned away from voluntary hospital beds to complete this assessment.

The mental health system is fragile. There are still too many people waiting too long in emergency departments or correctional facilities for level 1 admissions. Many new programs established by Act 79 do not have sufficient staff due to low pay or the need for specific qualifications. The treatment of mental health patients is challenging and there is a limited pool of experienced or qualified psychiatric technicians, psychiatric nurses, social workers, and psychiatrists able to do this work. Finding bed vacancies in "real time" is still not possible. The Committees believe that the General Assembly must maintain its commitments to fund current programs, otherwise the need will present itself in more restrictive and expensive settings.

III. SUMMARY OF COMMITTEES' ACTIVITIES

The Mental Health Oversight Committee is composed of senators who serve on the Committees on Health and Welfare, on Appropriations, and on Institutions, and representatives who serve on the Committees on Human Services, on Appropriations, and on Corrections and Institutions, as well as one member from each body chosen "at large." (2006 Acts and Resolves No. 215, Sec. 293a.) The Mental Health Oversight Committee has been hearing testimony on the level 1 system at its monthly meetings.

The Health Care Oversight Committee is composed of representatives who serve on the Committees on Human Services, on Health Care, and on Appropriations, and senators who serve on the Committees on Health and Welfare, on Finance, and on Appropriations, as well as two members from each body chosen "at large." (2 V.S.A. § 851.)

The Committees convened on November 8, 2013 to hear testimony from a number of stakeholders, including the Department of Mental Health and various mental health care providers. (*See* Appendix 2: Witness List.) The Committees devoted much of their time to understanding how existing capacity in the State's mental health system is being utilized and whether any system trends are beginning to emerge.

IV. FINDINGS AND RECOMMENDATIONS

A. Evaluating Need for Level 1 Capacity

Act 50 tasked the Committees with evaluating "the capacity needed to treat patients in the care and custody of the Commissioner of Mental Health." (2013 Acts and Resolves No. 50,

Sec. E.314.2(a)(1).) In order to conduct such an evaluation, the Committees were directed to consider census trends within the level 1 system of care. The Committees reviewed various data points provided by the Department of Mental Health and used these data points to draw conclusions about the need for level 1 hospital beds. The Committees determined that the term "census trends" was a misnomer for the data provided as the data did not cover a significant enough length of time so as to be considered a trend. Instead, the Committees' conclusions are based on specific points in time over fiscal years 2013 and 2014.

The Committees further determined that evaluating the capacity needed to treat patients in the care and custody of the Commissioner required a look at the entire mental health system, not only the existing level 1 system. For that reason, the Committees discussed and present in this report data pertaining to the capacity of various community resources.

1. Hospital Census

a. Level 1 Census at Participating Hospitals

There are currently four hospitals participating in Act 79's "no refusal system": Brattleboro Retreat, Rutland Regional Medical Center, Fletcher Allen Health Care, and Green Mountain Psychiatric Care Center. Table 1 below was included in the Department of Mental Health's November 2013 monthly report to the Committees. It shows the number of level 1 beds for which the State contracted at each facility and the number of beds used by patients in the care and custody of the Commissioner above that agreed-upon number.

The State currently contracts for 14 beds at the Brattleboro Retreat. Table 1 illustrates that the Retreat regularly admits between two to six additional involuntary patients. The Committees believe this figure could be skewed downward due to the fact that the Retreat was encouraged not to take additional "overflow" patients when its accreditation by CMS was in jeopardy.

The State currently contracts for six beds at the Rutland Regional Medical Center. Table 1 illustrates that the hospital regularly admits one to four additional involuntary patients.

The State currently contracts for seven beds at Fletcher Allen Health Care. Table 1 illustrates that the hospital admitted involuntary "overflow" patients in four months during the past calendar year.

The Green Mountain Psychiatric Care Center contains a total of eight beds. Table 1 illustrates that the hospital is regularly under capacity by one bed. However, the Committees heard testimony that the last bed is often not filled because the level of acuity at the hospital makes it impossible to accept additional patients. The Committees note that it is a generally acceptable practice in the mental health community that not all facilities operate at 100 percent occupancy due to the need to accommodate various combinations of patients and acuity levels. The system is designed to meet the needs of patients at all levels of clinical status.

TABLE 1

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
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	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	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	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	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
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	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	OVER	OVER	OVER	OVER	OVER	OVER	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	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
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	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	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

b. Non-Level 1 Hospital Census

The Committees recognize that in addition to involuntary level 1 hospital admissions, there are also numerous voluntary hospital admissions that require resources from and add pressure to the State's mental health system. Table 2 below was included in the Department of Mental Health's November 2013 report to the Committees. It provides census data for voluntary inpatient admissions at designated hospitals for fiscal year 2013.

TABLE 2

Estimation of Voluntary Census at Inpatient Designated Hospitals

FY 2013

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Statewide	Total Beds	134	134	134	134	139	139	147	147	147	162	157	157
	Total ADC	-	127	130	129	123	122	137	137	137	134	135	146
	Involuntary ADC	44	41	45	42	43	41	43	41	47	45	48	44
	% Voluntary	-	69%	67%	68%	69%	71%	71%	72%	68%	72%	70%	72%
	% Involuntary	-	31%	33%	32%	31%	29%	29%	28%	32%	28%	30%	28%
BR	Total Beds	-	72	72	72	72	72	72	72	72	75	75	75
	Total ADC	-	67	70	70	68	67	68	68	68	70	71	72
	Involuntary ADC	25	22	21	23	27	23	18	19	23	16	14	13
	% Voluntary	-	68%	69%	67%	61%	65%	73%	73%	67%	77%	80%	82%
	% Involuntary	-	32%	31%	33%	39%	35%	27%	27%	33%	23%	20%	18%
CVMC	Total Beds	-	14	14	14	14	14	14	14	14	14	14	14
	Total ADC	-	13	13	13	13	13	13	13	13	13	13	13
	Involuntary ADC	4	6	7	2	3	2	2	1	1	2	4	3
	% Voluntary	-	53%	50%	83%	80%	88%	87%	95%	94%	84%	69%	75%
	% Involuntary	-	47%	50%	17%	20%	12%	13%	5%	6%	16%	31%	25%
FAHC	Total Beds	-	27	27	27	27	27	27	27	27	27	27	27
	Total ADC	-	26	26	24	24	25	26	26	26	23	15	26
	Involuntary ADC	7	7	8	8	6	8	10	9	9	10	12	11
	% Voluntary	-	72%	69%	67%	76%	68%	62%	66%	67%	58%	21%	59%
	% Involuntary	-	28%	31%	33%	24%	34%	38%	34%	33%	42%	79%	41%
GMPCC	Total Beds	-	-	-	-	-	-	8	8	8	8	8	8
	Total ADC	-	-	-	-	-	-	6	6	6	8	8	8
	Involuntary ADC	-	-	-	-	-	-	5	7	7	7	7	7
	% Voluntary	-	-	-	-	-	-	11%	-13%	-16%	13%	10%	18%
	% Involuntary	-	-	-	-	-	-	89%	113%	116%	88%	90%	82%
RRMC	Total Beds	-	16	16	16	16	16	16	16	16	28	23	23
	Total ADC	-	14	15	15	15	15	16	16	16	23	21	20
	Involuntary ADC	7	6	8	8	7	6	7	5	6	10	10	10
	% Voluntary	-	56%	49%	45%	52%	58%	57%	67%	64%	58%	54%	48%
	% Involuntary	-	44%	51%	55%	48%	42%	43%	33%	36%	42%	46%	52%
WC	Total Beds	-	10	10	10	10	10	10	10	10	10	10	10
	Total ADC	-	8	8	8	9	8	9	9	9	9	7	8
	Involuntary ADC	0	0	1	1	1	1	1	1	2	0	1	0
	% Voluntary	-	97%	88%	88%	89%	88%	89%	88%	80%	98%	82%	94%
	% Involuntary	-	3%	13%	13%	11%	13%	11%	12%	20%	2%	18%	6%

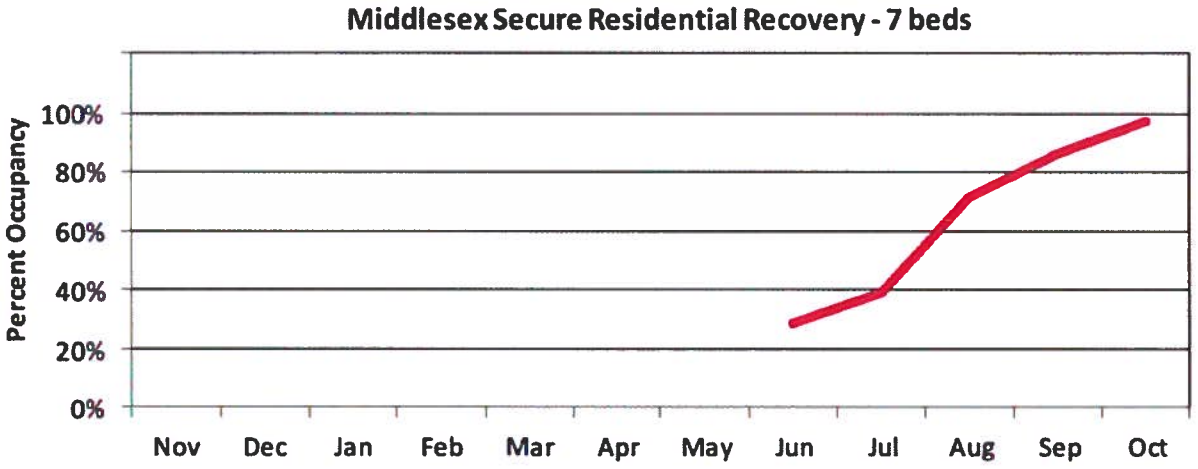
Based on data from the electronic bed boards for total average daily census and total beds available in conjunction with data maintained by DMH care managers regarding involuntary stays. Voluntary percentages are calculated by subtracting the percentage of Total average daily census divided by Involuntary average daily census from 100%. Data regarding Level 1 stays are maintained by the utilization review team. Cells in yellow indicate census discrepancies between reporting for electronic bed boards and involuntary stays maintained at the department.

2. Census of Community Supports and Services

a. Secure Residential Recovery Facility Census

Table 3 below was included in the Department of Mental Health's November 2013 monthly report to the Committees. It illustrates the occupancy rate of the one secure residential recovery facility since it opened in June 2013. The facility is designed to treat patients stepping down from a level 1 hospital bed and who need continued treatment in a secure setting. It contains eight beds. The Department of Mental Health reports that current utilization of the facility is 97.2 percent with an average daily census of nearly seven residents.

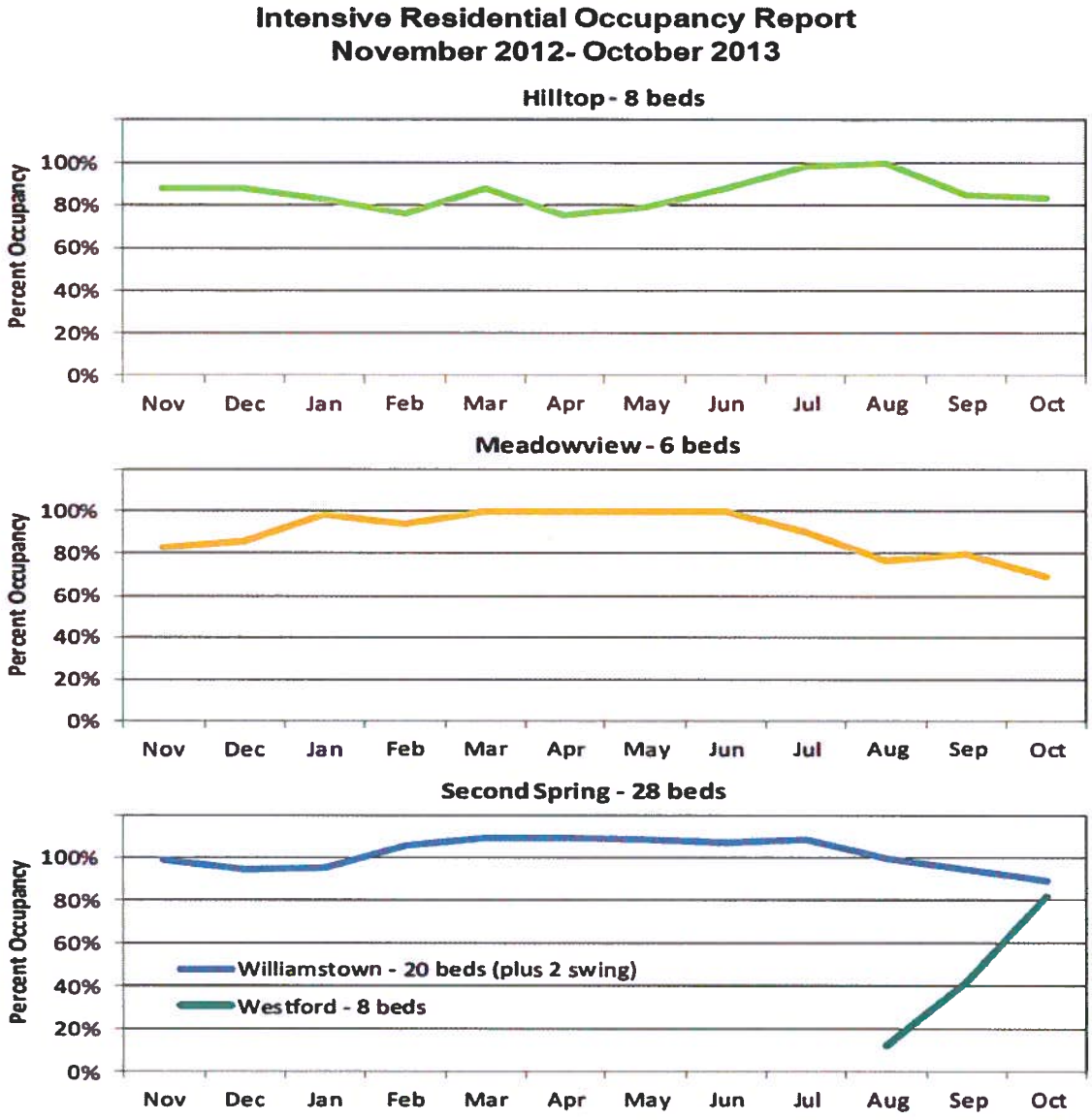
TABLE 3



b. Census at Intensive Residential Recovery Facilities

Tables 4A through C below were included in the Department of Mental Health's November 2013 monthly report to the Committees. They depict the percent occupancy and census at intensive residential recovery programs. These facilities are often referred to as "step down beds" and are generally occupied by patients who are discharged from psychiatric hospital units. As a result of Act 79, the number of these beds increased by 16 to date. Occupancy at Hilltop House fluctuated between 80 and 100 percent over the course of the past six months. Meadowview began the calendar year at 100 percent occupancy, and beginning in June dipped to a steady 80 percent occupancy. Prior to the opening of Second Spring-Westford, the Second Spring facility in Williamstown had two crisis beds that could be used as intensive residential recovery beds on an "as needed" basis. This brought the total capacity of the Second Spring-Williamstown facility to a total capacity of 22 beds some days each month. This is reflected in Table 4C where the percent occupancy exceeds 100 percent. Since opening in August 2013, Second Spring-Westford has maintained nearly 80 percent occupancy.

TABLES 4A-C

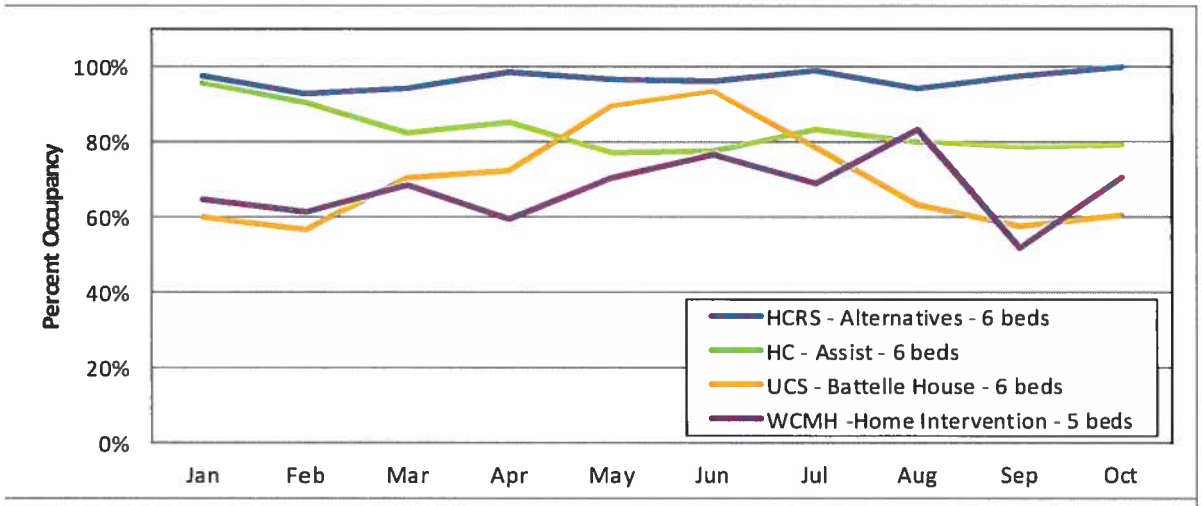


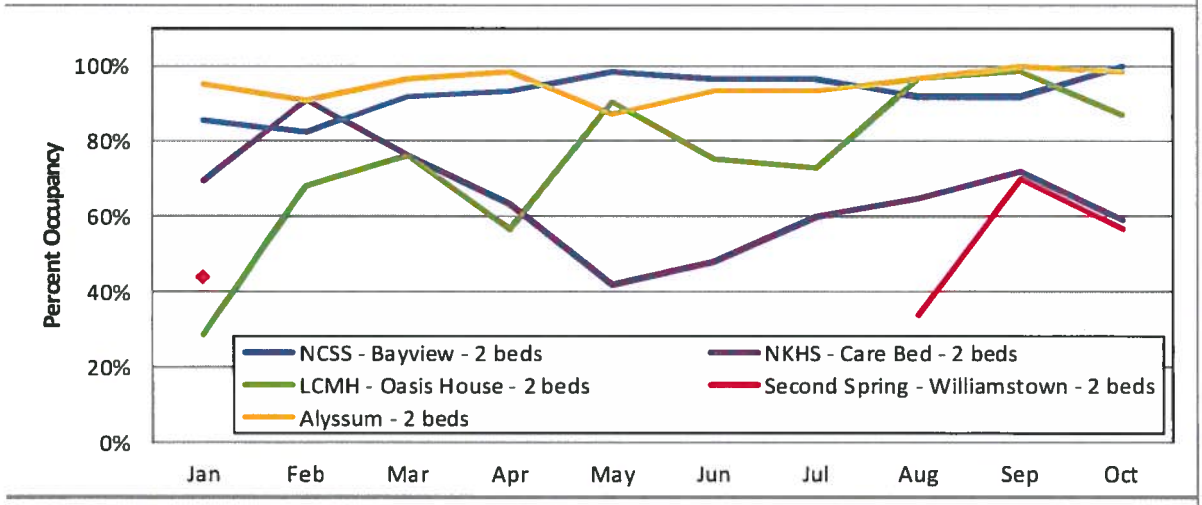
c. Census at Operating Crisis Bed Programs

Crisis beds are usually utilized as a means of diverting individuals from hospitalization by providing a safe setting where they can be stabilized. Some crisis beds are also used post-hospitalization. Act 79 enabled each county to have at least two crisis beds. Tables 5A through C and 6 below were provided by the Department of Mental Health at the request of the Committees at their joint November meeting. Tables 5A through C illustrate the percent occupancy rate for those crisis beds that were operational during the 2013 calendar year to date. The percent occupancy rate for each unit varies significantly due to the limited capacity of each program. For example, the majority of crisis bed units have two beds or less. Table 6 provides numerical data as to the number of beds at each crisis bed program and the percent occupancy rate each month to date during calendar year 2013.

TABLES 5A-C

Legislative Report to Mental Health Oversight Committee
and Health Care Oversight Committee
Crisis Bed Census Report
2013





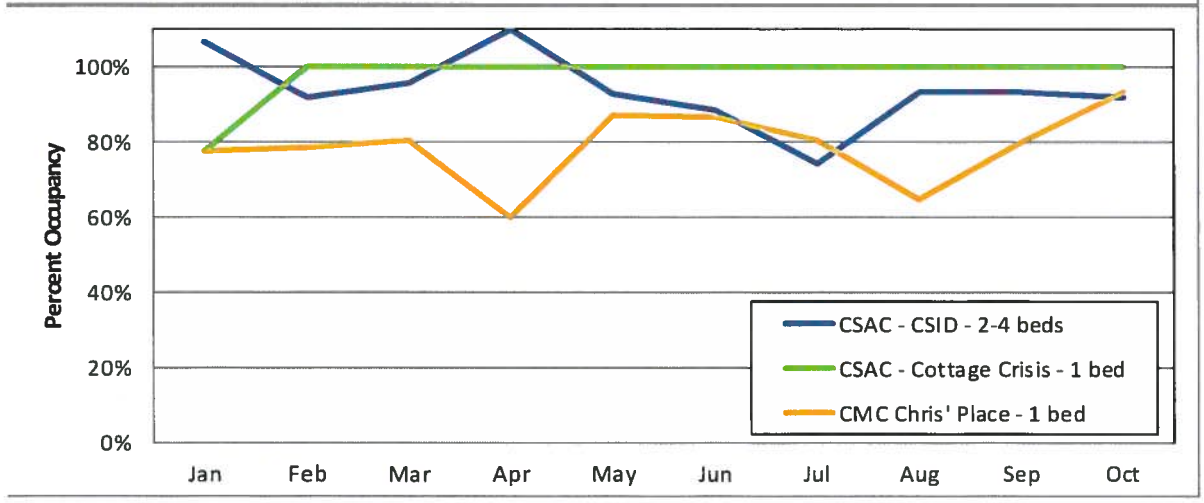


TABLE 6

Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee
Crisis Bed Census Report
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	CSAC CSID	CSAC Cottage Crisis	CMC Chris' Place	State Avg
January													
Total Beds	6	6	6	5	2	2	2	2	2	2	1	1	37
Monthly Avg.	5.87	5.74	3.6	3.23	1.71	1.39	0.57	0.88	1.9	2.13	0.77	0.77	27.48
Monthly % Occupancy	97.8%	95.7%	60.0%	64.5%	85.5%	69.4%	28.3%	43.8%	95.2%	106.5%	77.4%	77.4%	77.4%
February													
Total Beds	6	6	6	5	2	2	2	2	2	3	1	1	38
Monthly Avg.	5.57	5.43	3.39	3.07	1.64	1.82	1.36	-	1.82	2.75	1	0.79	27.68
Monthly % Occupancy	92.9%	90.6%	56.5%	61.4%	82.1%	91.1%	67.9%	-	91.1%	91.7%	100.0%	78.6%	79.2%
March													
Total Beds	6	6	6	5	2	2	2	2	2	3	1	1	37
Monthly Avg.	5.65	4.93	4.23	3.42	1.84	1.52	1.52	-	1.94	2.87	1.00	0.81	29.35
Monthly % Occupancy	94.1%	82.2%	70.4%	68.4%	91.9%	75.9%	76.0%	-	96.8%	95.7%	100.0%	80.6%	82.6%
April													
Total Beds	6	6	6	5	2	2	2	2	2	3	1	1	37
Monthly Avg.	5.9	5.11	4.34	2.97	1.87	1.27	1.13	-	1.97	3.3	1	0.6	28.8
Monthly % Occupancy	98.3%	85.2%	72.4%	59.3%	93.3%	63.3%	56.5%	-	98.3%	110.0%	100.0%	60.0%	81.8%
May													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	5.81	4.61	5.37	3.52	1.97	0.84	1.81	-	1.74	3.71	1	0.87	30.71
Monthly % Occupancy	96.8%	76.9%	89.4%	70.3%	98.4%	41.9%	90.3%	-	87.1%	92.9%	100.0%	87.1%	84.3%
June													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	5.77	4.64	5.6	3.83	1.93	0.96	1.5	-	1.87	3.53	1	0.87	31
Monthly % Occupancy	96.1%	77.4%	93.3%	76.6%	96.7%	48.2%	75.0%	-	93.3%	88.3%	100.0%	86.7%	85.4%
July													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	5.94	5	4.71	3.45	1.94	1.19	1.45	-	1.87	2.97	1	0.81	29.61
Monthly % Occupancy	98.9%	83.3%	78.5%	69.0%	96.8%	59.7%	72.6%	-	93.3%	74.2%	100.0%	80.6%	81.9%
August													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	5.65	4.8	3.81	4.16	1.83	1.29	1.94	0.68	1.94	3.74	1	0.65	31.23
Monthly % Occupancy	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%
September													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	5.87	4.72	3.45	2.6	1.83	1.43	1.97	1.4	2	3.73	1	0.8	30.5
Monthly % Occupancy	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%
October													
Total Beds	6	6	6	5	2	2	2	2	2	4	1	1	39
Monthly Avg.	6	4.73	3.61	3.52	2	1.18	1.74	1.13	1.97	3.68	1	0.94	31.23
Monthly % Occupancy	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%

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 w here there w ere no updates submitted to the bed board.
The Second Spring -Williamstow n program is based upon tw o beds that can be reallocated to intensive residential services as needed.

d. Waitlist for Nonresidential Services at Designated Agencies

The Committees believe that in order to truly understand the required level 1 capacity within the mental health system, the utilization of all services in the continuum should be assessed. To this end, the Committees were interested in learning whether the infusion of Act 79 funds into the community mental health system for nonresidential services alleviated pressure at any other points in the continuum.

The Committees heard anecdotally that waitlists exist for housing vouchers. However, they were not able to obtain data indicating how many people were brought into the designated agencies for nonresidential services as a result of Act 79 or how many people were diverted from residential placements as a result of additional community resources.

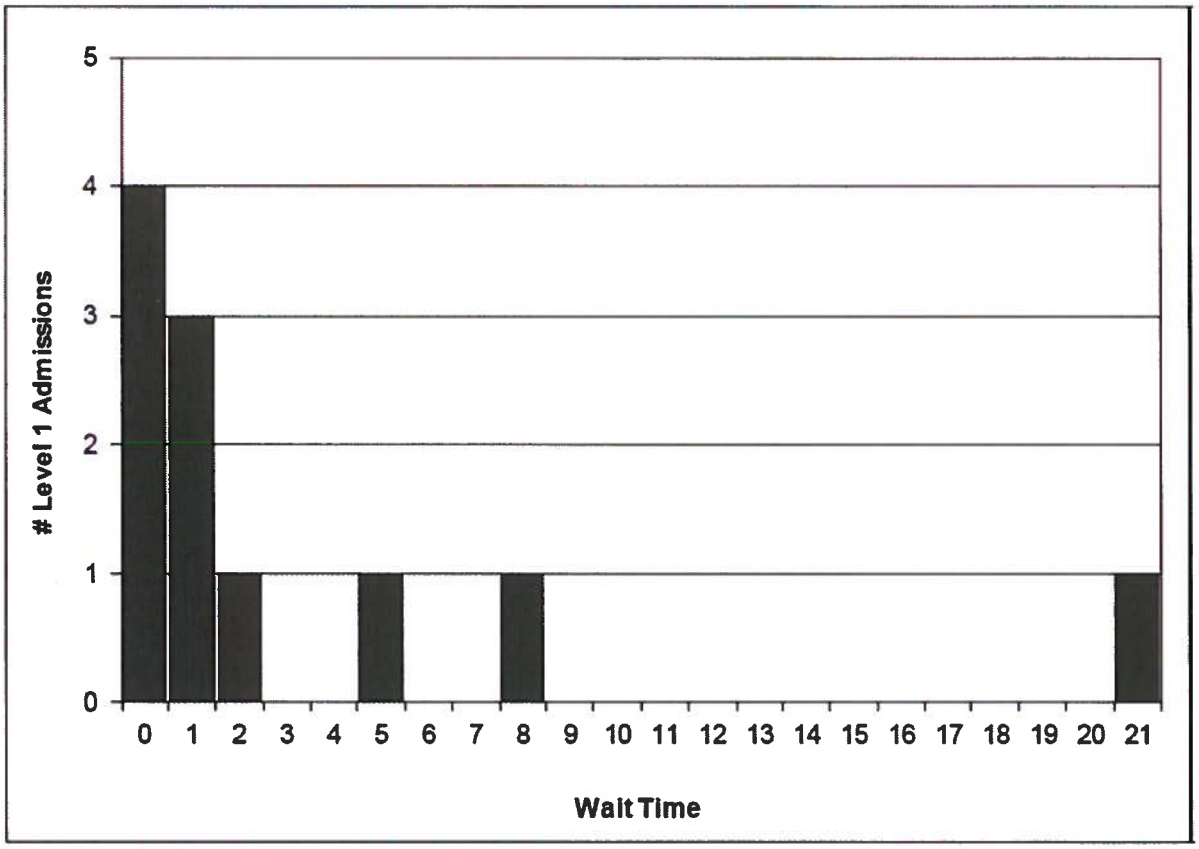
3. Wait Times for Level 1 Placements

The Committees heard testimony that people in need of level 1 hospital admissions are experiencing significant wait times in both emergency departments and at correctional facilities. In some cases, the wait times are so high that they are measured in days versus hours. Table 7 below was included in the Department of Mental Health's October 2013 monthly report to the Committees. It provides a snapshot of the wait times experienced by patients during the month of September in both emergency departments and correctional facilities.

Table 8 below was also included in the Department of Mental Health's October 2013 monthly report to the Committees. It provides wait times in hours for involuntary inpatient admissions for youth, adults undergoing emergency exams, and adults under a warrant or court-ordered forensic observation. Between April 2012 and September 2013, the percentage of youth and forensics patients waiting for a level 1 bed whose wait time exceeded 24 hours ranged from 11 percent to 53 percent.

TABLE 7

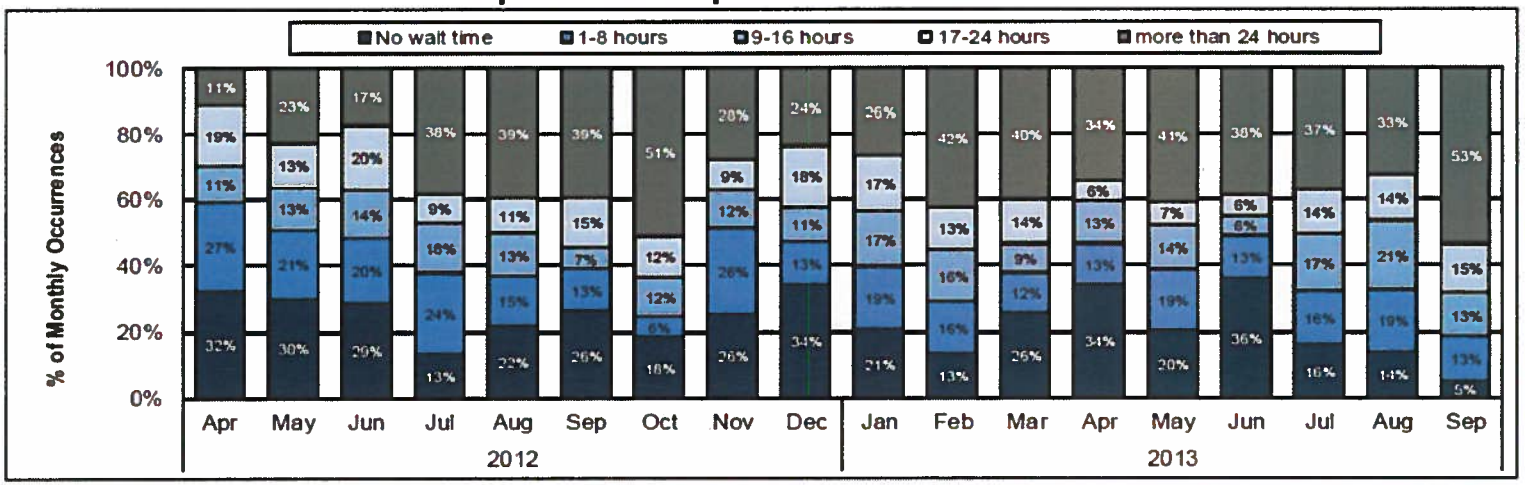
Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee
Wait Times to Admission for Level 1 Patients
September 2013



	Level 1 Admissions	
Wait Time	#	%
< 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%

TABLE 8

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



		2012									2013								
Wait time		**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

4. Recommendations of the Committees

a. Projected Level 1 Census Need

In order to make a recommendation on the level 1 capacity needed to operate the State's mental health system, the Committees decided to operate under a certain set of assumptions. These assumptions include the following:

- that the Green Mountain Psychiatric Care Center close once the Vermont Psychiatric Care Hospital opens (based on assurances that the Department made with the host community and the General Assembly);
- that Fletcher Allen Health Care would no longer participate in the no refusal system once the Vermont Psychiatric Care Hospital opens in Berlin on or before July 1, 2014; and
- that both the 14-bed unit at the Brattleboro Retreat and the six-bed unit at the Rutland Regional Medical Center would continue to accept patients in the care and custody of the Commissioner of Mental Health.

Given these assumptions, the Committees did not hear any testimony that would justify the opening of anything fewer than 25 beds at the new Vermont Psychiatric Care Hospital in Berlin. Stakeholders from the administration, hospitals, and community all agreed that opening fewer than 25 level 1 beds in Berlin would be insufficient.

The Committees acknowledge that the State's mental health system is still in the midst of transition. New facilities and services have yet to come on line, and therefore it is challenging to predict the exact number of beds needed in the system. Yet despite this, the data pertaining to level 1 hospital admissions over the past year demonstrate a significant system overflow. The Committees anticipate that roughly four additional beds will be needed above and beyond the 25 beds at the hospital in Berlin and units at the Brattleboro Retreat and Rutland Regional Medical Center for admissions originating in the community. Another two to four beds are likely required for the unmet need for level 1 treatment in corrections. The Committees recommend that contingency plans be established to address future overflow needs.

b. Budgetary Considerations

The Committees do not believe that the budget for fiscal year 2014 provides adequate funding for level 1 treatment through the end of the year. As a result, the funding of the mental health system should be reconsidered during the fiscal year 2014 budget adjustment process.

With regard to fiscal year 2015, the Committees feel strongly that all current commitments, including funding for 25 beds at the Vermont Psychiatric Care Hospital, should be maintained. Creating a successful mental health system in Vermont requires the opening of 25 beds in Berlin, and it therefore should be fully funded regardless of the source of the funds.

Testimony from the Commissioner of Mental Health indicated that the Department plans to do a "soft-opening" of the Vermont Psychiatric Care Hospital in June by filling only 16 beds. The Hospital staff will be hired, trained, and on-site in May. The Commissioner indicated that the time to create positions, recruit, hire, and train staff could take up to four months. Due to the fact

that the staff for the additional nine beds is not yet authorized by the budget, he suggested that fully filling the 25 beds would not be possible by July 1.

In terms of when the Vermont Psychiatric Care Hospital should open, the Committees believe that it is important to balance the Administration's planned clinical optimum of slowly phasing in beds at the new hospital with the existing stress present throughout the mental health system. With that in mind, the Committees support a "soft-opening" of fewer than 25 beds at the Vermont Psychiatric Care Hospital in June, so long as all 25 beds are staffed ready as of July 1, 2014. The Committees request that the Department of Mental Health prepare and present a plan to the committees of jurisdiction regarding the opening of the new hospital prior to the budget adjustment process. The plan should include timelines for recruiting and hiring staff.

B. Vermont Psychiatric Care Hospital

1. Status of Hospital Construction

At the Committees' November meeting, the Department of Mental Health reported that the Vermont Psychiatric Care Hospital was nearly 45 percent complete. Work on both the exterior and interior of the building continues, including the construction of a central courtyard and completion of plumbing, wiring, and radiant heat installation. Changes contemplated by the project managers take into account operational considerations, costs, and the construction schedule. The Department's facility planning group continues to meet regularly to address construction and operational issues.

The Department of Mental Health reports that all project expenses are on target with budget estimates. It is anticipated that construction will be completed in May 2014, enabling the hospital to open its doors to patients beginning in June or July 2014.

2. Hospital Staffing

The Department of Mental Health presented the Committees with its proposed list of staffing needs for the Vermont Psychiatric Care Hospital. Its recommendations are provided in Table 9 below. At the meeting, the Vermont State Employees' Association expressed some concerns about the Department's proposal, namely with regard to the patient-to-staff ratios.

TABLE 9

Vermont Department of Mental Health
Berlin Staffing FY 15

Proposed Staffing, Berlin 25 Beds			
Non-Clinical FTEs		**Clinical FTEs**	
Med Records (Health Info Spec)	1	Director of Nursing	1
Unit Clerks (Staffing Admin only for Original submission)	4	Asst DON	1
Administrative Asst. (Exec Off Mgr., reception)	3	Nurse Supervisor	6
Staffing	5	Registered/Charge Nurse	35
Admissions	5	Psych Tech/MHRS/Transporter	95
Information Systems/Change Mgmt	1	Activity Therapist (incl Dir.)	5
Operations/Facilities/Storekeeper	3	CEO	1
Education	2	Psychologist	2
HR Credentialing	1	Social Worker	3
Dietary/Food Service	7	Environmental Safety	6
Pharmacy	2	**Total Clinical FTEs**	**155**
Risk Management/Pat Safety	1		
Utilization Review	1		
QA	1		
Total Non-Clinical FTEs	**37**	**Total FTEs**	**192**

While the Committees believe a great deal of practice experience contributed to the Department's staffing proposal, they ask that the Department review any known staffing models that are highly regarded in the psychiatric care community to assess whether its existing proposal should be modified. The Committees recognize that numbers alone do not capture appropriate staffing protocols for psychiatric units, and that other factors such as training and facility layout must be taken into account. The Department's review should include the following:

- To the extent available through national mental health organizations, identify professional standards appropriate to the clinical needs of patients.
- Staffing at the Vermont Psychiatric Care Hospital must fulfill the requirements of any applicable licensing or accrediting entity. These requirements are a baseline only; the Department should consider evidence-based practices that enhance both patient treatment and employee safety.

Upon completion of its review, the Committees request that the Department of Mental Health present any revisions to its staffing proposal to the committees of jurisdiction. The Committees would also like the staffing proposal to reflect both State employees and contracted staff.

The Committees remain extremely concerned that the Department has not yet created a timeline for hiring and training new Vermont Psychiatric Care Hospital employees. They recommend that the Department begin this process immediately to ensure that the Hospital staff is ready for patients when construction of the new facility is complete in June.

Report on the Joint Meeting of the
Mental Health and Health Care Oversight Committees

Mental Health Oversight Committee

Senator Sally Fox, Chair

Health Care Oversight Committee

Senator Virginia Lyons, Chair

V. APPENDICES

Appendix 1: 2013 Acts and Resolves No. 50, Sec. E.314.2

Sec. E.314.2 LEVEL 1 PSYCHIATRIC CARE EVALUATION

(a)(1) The Mental Health Oversight Committee and the Health Care Oversight Committee shall hold a joint meeting in November 2013 for the purpose of evaluating the capacity needed to treat patients in the care and custody of the Commissioner of Mental Health, specifically regarding the capacity needed within the Level 1 system of care as established in 2012 Acts and Resolves No. 79. The evaluation shall include:

(A) an assessment of the census trends for the Level 1 system of care during the last fiscal year;

(B) the status of the census capacity at Rutland Regional Medical Center and Brattleboro Retreat's Level 1 unit;

(C) the status of the construction at the state-owned and –operated psychiatric hospital in Berlin;

(D) the status of the census capacity at the intensive and secure residential recovery programs; and

(E) an assessment of whether the budget provides adequate capacity for Level 1 treatment through the end of the 2014 fiscal year and the estimated budget need for the duration of the 2015 fiscal year.

(2) The evaluation shall include a projection of the daily census need for Level 1 inpatient care in excess of the six beds projected to operate at the Rutland Regional Medical Center and the 14 beds projected to operate at the Brattleboro Retreat as of April 1, 2014. The Committees shall solicit input from those hospitals providing Level 1 care that will be discontinued once the state-owned and -operated hospital is opened. The Committees' evaluation shall be submitted to the House and Senate Committees on Appropriations on or before December 15, 2013.

(3) The evaluation shall assess the number and type of personnel necessary to staff the state-owned and -operated hospital in Berlin as of April 1, 2014. On or before December 15, 2013, the Mental Health Oversight Committee and the Health Care Oversight Committee shall make a recommendation to the Joint Fiscal Committee as to the number and type of personnel needed to operate the state-owned and -operated hospital on April 1, 2014.

(4) It is the intent of the General Assembly that the 2015 fiscal year budget provide adequate resources to fund fully the community programs as funded in fiscal year 2014 and inpatient capacity established in 2012 Acts and Resolves No. 79, including the 25 beds at the state-owned and –operated hospital in Berlin. If the Mental Health Oversight Committee and the Health Care Oversight Committee in their evaluation and recommendation to the Joint Fiscal Committee find that less need exists than anticipated, the Joint Fiscal Committee may recommend reconsideration by the General Assembly.

(b) Each month between June and December 2013, the Department of Mental Health shall provide the following information to the Mental Health Oversight Committee and the Health Care Oversight Committee:

(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, the renovated unit at the Brattleboro Retreat, and the Green Mountain Psychiatric Center in Morrisville, including the number of individuals treated in each setting and the single combined one-day highest number each month;

(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, or any other identified settings is made and the number of days individuals are waiting;

(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, and the annual daily census of the secure residential recovery facility in Middlesex. The census capacity shall not include a duplicate count for beds that replace those currently in operation elsewhere.

Appendix 2: Witness List

1. Paul Capcara, Clinical Nurse Manager, Adult Acute Care Unit, Brattleboro Retreat
2. Lesa Cathcart, Rutland Regional Medical Center
3. Paul Dupre, Commissioner, Department of Mental Health
4. Nick Emlen, Mental Health Systems Coordinator, Vermont Council of Developmental and Mental Health Services
5. Dr. W. Gordon Frankle, Director of Psychiatric Services, Rutland Regional Medical Center
6. Heidi Hall, Financial Director, Department of Mental Health
7. Steve Howard, Legislative Director, Vermont State Employees Association
8. Katie McLinn, Legislative Counsel, Office of Legislative Council
9. Mary Moulton, Executive Director, Washington County Mental Health Services
10. John O'Brien, Senior Advisor on Health Care Financing, Green Mountain Psychiatric Care Center
11. James Reardon, Commissioner, Department of Finance and Management
12. Frank Reed, Deputy Commissioner, Department of Mental Health
13. Jeff Rothenberg, Director of Mental Health Services, Department of Health
14. Lauren Tronsgard-Scott, Nurse Manager of Inpatient Mental Health Unit, Fletcher Allen Health Care
15. Laura Ziegler, Concerned Citizen