



State of Vermont

Agency of Human Services

Department of Mental Health

Office of the Commissioner

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MEMORANDUM

TO: Senator Claire Ayer, Chair Senate Committee on Health and Welfare
Representative Ann Pugh, Chair House Committee on Human Services
Senator Jane Kitchel, Chair Senate Committee on Appropriations
Representative Mitzi Johnson, Chair House Committee on Appropriations

FROM: Hal Cohen, AHS Secretary
Frank Reed, DMH Commissioner

DATE: August 28, 2015

RE: Request regarding nursing personnel at Vermont Psychiatric Care Hospital (VPCH)
Dated August 11, 2015

Attached please find an overview, including fiscal impacts, of the Department of Mental Health's actions to address the ongoing recruitment challenges and nursing position vacancies at VPCH. Additionally, the most recent July 2015 DMH Report to the Health Reform Oversight Committee, outlining current data collection and mental health system of care performance outcomes with regard to program impacts, is attached. We welcome the opportunity to share our analysis of the problem, including an outline of both short and long term steps being taken by the Department of Mental Health to address the operations of the VPCH.

Please direct any inquiries regarding report content to Frank Reed, Commissioner of the Department of Mental Health; frank.reed@vermont.org

VPCH Nurse Staffing Overview

Prior to the opening of VPCH, and during early legislative testimony, the milestones for opening and staffing the new hospital identified significant recruitment needs for both mental health recovery specialists and direct care nurses as inpatient beds expanded from eight beds at the temporary hospital in Morrisville to twenty five beds at the new hospital in Berlin. A shortage of permanently hired registered nurses (RN's) immediately available to staff the facility upon opening was anticipated. Also, the DMH budget developed for the new hospital in both FY 15 and FY 16 anticipated personal services expenditures that were reliant on traveling nurses for coverage of vacant positions while ongoing recruitment efforts continued. Since its opening in July 2014, VPCH has continuously operated with a shortage of state-employed RN's. As a result, the shortage of RNs means that the hospital is able to operate at full census only when it is able to hire and maintain a significant number of traveling nurses to supplement the state-employed nursing staff.

When VPCH opened, patients and all current hospital staff moved from the temporary hospital in Morrisville to the permanent facility in Berlin. VPCH gradually increased the patient census until it reached full capacity of twenty-five in mid-February. The patient census remained at or near twenty-five for the next few months. During this time VPCH had fifteen open nursing positions. However, the hospital was able to hire and maintain seventeen traveling nurses and was thus able to operate at full capacity.

Unfortunately, the traveling nurse companies gradually became unable to sustain the number of traveling nurse candidates necessary to fully staff VPCH. Throughout the spring and summer of 2015, the number of traveling nurses the hospital was able to interview and hire gradually declined. Traveling nurses are hired on short thirteen week, potentially renewable, contracts. As a traveling nurse's contract nears completion, VPCH may or may not offer the nurse an opportunity to re-contract depending on their job performance. Of those offered another contract, some choose to stay and others to leave. For VPCH to function at full capacity given our current permanent nursing numbers, approximately 50% of the total RN staff would need to be traveling nurses. This resulted in VPCH nurses being required to work significant amounts of overtime, much of which was mandatory, in an effort to keep open all four patient care units.

After multiple meetings between direct care staff and leadership, as well as meetings with VSEA's Labor Management Committee, a decision was made to reduce the maximum patient census by temporarily closing one hospital unit and to only admit new patients to the remaining patient units, thus allowing a more functional deployment of available permanent nurses and traveling nurses. The five bed C unit was closed on July 31st. This action significantly reduced the need for RNs and other direct care staff to work voluntary overtime, as well as reducing the need to mandate staff to work overtime. As a point of clarification, VPCH did not stop admitting

patients. VPCH did cap census, within the three unit bed capacity, but has admitted patients as discharges from those units have occurred. The acuity of current patients, ability of nursing staff to provide quality patient care, and the facility's ability to maintain safety consistent with accreditation and certification requirements are assessed daily in determining the appropriate patient census.

VPCH Current Nurse Staffing

As of this communication, VPCH has twenty three permanent RNs on staff, five of whom are working reduced schedules and five RNs who are on various leave statuses and are not part of the active count for staffing patient units. Seventeen RN positions are available. VPCH is also using five temporary or per diem nurses who are working an average of a 1.8 full time employee (FTE) weekly. VPCH has nine traveling nurses on staff, two of whom are completing their mandatory week of training, for a total of twenty-two traveling nurse positions available.

The Challenge of Hiring Registered Nurses

When VPCH opened on July 2, 2014, seventeen RN positions were vacant. While the eight bed Morrisville interim hospital was adequately staffed with RNs, DMH recognized that the twenty-five bed hospital would require a large influx of more nurses to staff the additional bed capacity of the new facility. Thus, well in advance of the move to Berlin, DMH and hospital staff advertised widely and held job fairs to aid in recruiting new RNs. Unfortunately, VPCH has only been able to hire seven nurses since May 2014. As outlined previously, seventeen permanent RN positions are open today and under active recruitment. The small inroads made in hiring nursing personnel have been equally matched by nurses leaving employment from VPCH.

The consistent feedback received from nurses submitting applications, as well as current employee comments about their colleagues' lack of interest in open positions, is that the hourly salary for VPCH RNs is not competitive with other area hospitals. An additional often-mentioned financial compensation downside for VPCH is that, unlike other hospitals, VPCH does not offer competitive supplemental hourly pay, called shift differential, for those nurses working second and third shifts. As an example, VPCH is authorized to offer a \$1.40 hourly differential for a comparable shift that other hospitals are currently offering at a \$6.00 hourly differential.

Over a year ago, DMH and the Department of Human Resources (DHR) attempted to address potential starting salary disparities through an agreement that allowed VPCH to offer RN applicants "hire-into-range" adjustments. This adjustment allowed for experienced RNs to be hired at VPCH at a Step 5 and up to Step 9 on the pay scale, rather than being offered a base starting salary at Step 1 of the pay scale. This strategy has been somewhat helpful, but VPCH

has continued to hear from applicants and nurse colleagues that the starting salary offered remain too low to be competitive.

Adding to these challenges is a nationally identified shortage of nursing personnel to meet the demands of the health care industry. Compounding this shortage is the even smaller number of nurses that enter the psychiatric field. Roughly, only one percent of new nurses continue on professionally to provide psychiatric nursing care services. Additionally, in state, VPCH faces tremendous competition from other area hospitals to hire and retain qualified nurses. Dartmouth, CVMC, UVMC, RRMC, and the Brattleboro Retreat, as well as a number of other small hospitals, all compete for the small pool of qualified psychiatric nurses in Vermont.

Long Term Strategy

Over the past several months, DMH and VPCH have participated in an Agency of Human Services (AHS) led workgroup in analyzing and addressing state-employed RN salaries. The workgroup, comprised of RNs from all areas of AHS, DHR staff, and led by AHS leadership, compiled and analyzed a large amount of information and developed a framework within which to conceptualize and rate the skills required of each AHS state nursing position. This work has been translated into “Requests for Review” (RFR’s) of all nursing positions and job specifications for the DHR. AHS expects that workgroup activities and DHR review and recommendations will be completed in the next few months. We anticipate that as a result of this process the rates of pay for VPCH RNs will be adjusted upward and be more competitive in the current nurse marketplace.

DHR has re-activated the Psychiatric Nurse 1 position which, when position reclassification is complete and salary adjustments made, will allow recruitment of new nurses from nursing schools who have limited experience in psychiatric care. The opportunity to mentor and grow competence in this new workforce will help develop potential interest in psychiatric nursing as a long term career path.

DMH also worked with the Vermont Department of Health (VDH), AHS and DHR to make VPCH a priority site for the Vermont Area Health Education Centers (AHEC) educational loan repayment program for 2016. The VDH Commissioner has supported AHEC in offering \$100,000 in loan repayment funds, prioritizing nurses working at VPCH for these loan repayment funds. This support will serve as an additional incentive, potentially attracting nurses interested in lowering their educational debt. VDH also funds some Vermont Student Assistance Corporation (VSAC) scholarships in return for work commitments. \$50,000 will be available in 2016 through VSAC for such work commitments.

Short Term Strategies

DMH is taking several steps to help increase nursing staff in the short term while the AHS work group continues its work to develop long term solutions.

- DMH issued an RFP for additional nurse traveler services. Seven potential vendors responded, but only one vendor emerged with strong scoring in its service capabilities. A contract has been executed with this additional (third) traveling nurse company. An additional contract is in development for the “runner up” (fourth) traveling nurse company. The hospital expects to hire traveling nurses from the third company to start training at VPCH in September 2015.
- DMH has been using existing flexibility through the “merit recognition” process to both recognize staff and provide additional financial compensation to personnel who are providing overtime hours that allow current capacity to be maintained for patient care services at VPCH.

In addition, by endorsement of the AHS Secretary and Commissioner of DHR, DMH is:

- Implementing new “hire-into-range” adjustments, up to Step 15, while the AHS work group efforts continue.
- Implementing the use of retention bonuses to incentivize nursing personnel currently employed to assure reliable coverage (minimizing “call outs”) of the 24/7 facility staffing needs and recognizing ongoing overtime hours
- Offering an initial sign on bonus for new nurses hired into positions and upon completion of original probation.
- Offering referral bonuses to existing VPCH staff who recruit nurses to apply and are identified as the referral source. An initial referral award is provided and another one upon completion of the nurse’s original probation.
- Deploying a new advertising campaign for nurse recruitment, developed in a cross-departmental collaboration with DHR and the Chief Marketing Officer of the Agency of Commerce and Community Development, which highlights the new recruitment strategies referenced above.
- Planning for two job fairs in September specifically for nurses, one in Burlington and one at VPCH to showcase the facility and working environment. As part of this recruitment campaign, DMH is also working with DHR on processes to conduct interviews and make conditional offers of employment on the spot rather than potentially losing qualified applicants.

Collectively, the short and long term strategies in development should alleviate and lead to the facility's capacity to increase census as personnel are brought on board. Conservatively, and with hiring success from recruitment strategies identified above, it will likely take a period of 3-6 months to fully staff and assure maximum bed capacity at the hospital should the system need 100% occupancy.

Fiscal Impact:

A fiscal impact projection that considers the projected cost of recruitment strategies outlined above and overall hospital nursing re-classification costs, resulting from the completion of the AHS and DHR work group activities immediately follows this overview (page 6).

Programmatic Impact:

Programmatically the hospital continues to provide the same hospital care services, albeit to a smaller number of patients. The hospital continues to move forward with expanding and improving its clinical services. This effort has continued over the past several months. The hospital was surveyed multiple times in the first six months of 2015, and at present has both its Centers for Medicare and Medicaid Services (CMS) certification and The Joint Commission (TJC) accreditation. In addition, VPCH has been praised at exit interviews for its follow up and treatment of patients. The hospital continues to focus on many quality improvement initiatives, in particular working with the community on improving discharge planning and working on the DMH sponsored Six Core Strategies for reducing Seclusion and Restraint, which is a Substance Abuse and Mental Health Services Administration (SAMHSA) initiative.

The programmatic impact, of a reduced census at VPCH to other areas of our mental health system of care is best outlined in the most recent report submitted to the Health Reform Oversight Committee. This report immediately follows the fiscal impact projection. While numbers through July did not see a significant negative impact, this was assisted by a decrease in the number of individuals presenting for inpatient care services through emergency examination and a reduction in individuals ordered by the court to be evaluated for inpatient treatment.

FINANCIAL IMPACT PROJECTIONS:

Hire into Range Step Increase – \$159,241:

In an effort to offer more competitive salaries, DMH is increasing the maximum hire into range step to step 15. Currently, vacant nurse positions are budgeted at step 7. DMH is assuming an average of step 11 for new nurses.

Increase in Current Nurse Salary & Benefits – \$105,759:

As part of this new hire into range process, the step requirements for nurses are being revised. HR will review the skills of current nursing staff in order to comply with the new requirements and equity for existing nurse personnel. This review will likely result in an immediate personnel services cost impact for current nurse employees via step increases for VPCH nurses.

Shift Bonus - \$ 91,000:

Current direct care and unit management/supervisor nurses will continue to receive an extra \$100 per shift worked until September 30th.

Sign On Bonus - \$17,000:

Any nurse who is hired into a permanent position will receive \$1,000 when they complete their first day of work at VPCH.

Retention Bonus - \$103,000:

Any nurse who starts at VPCH and receives a sign on bonus will receive an additional \$2,000 when they complete their initial probationary period. Beginning October 1st, current direct care and unit management/supervisor nurses who work more than 90% of their scheduled shifts during the 2nd, 3rd or 4th quarter of fiscal year 2015 will receive an extra \$1,000 per quarter.

Referral Bonus - \$12,750:

Any employee at VPCH, who is listed as the referral for a newly hired permanent PN 1 or PN 2 position will be awarded \$250 when the new employee completes their first day of work. The referring employee will receive an additional \$500 when the new employee successfully completes their initial probationary period.

One-Time Expenditures: \$223,750

Annualized Expenditures: \$265,001

Total Potential Financial Impact: \$488,751



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MEMORANDUM

TO: Health Reform Oversight Committee

FROM: Frank Reed, Commissioner of the Department of Mental Health

DATE: August 19, 2015

RE: July 2015 Monthly DMH Report to the Health Reform Oversight Committee

Attached please find the Department of Mental Health's July 2015 report to the Health Reform Oversight Committee.

The report consists of the following graphs:

- Utilization of Inpatient and Crisis Beds
- Level 1 Inpatient Capacity Utilization Statewide and by Hospital
- People with Involuntary Admissions, Comparison of Level 1 and Non-Level 1
- Involuntary Non-Level 1 and Level 1 bed days
- Average Numbers of People Waiting Inpatient Placement
- Vermont State Hospital and Designated Hospitals, Emergency and Forensic Admissions
- Adult Inpatient Utilization and Bed Closures
- Wait Times in Hours for Involuntary Inpatient Admission
- Daily Number of Involuntary Adults Awaiting Inpatient Placement
- Daily Number of Voluntary Adults Awaiting Inpatient Placement and Closed System Beds
- Sheriff Supervisions in Emergency Departments
- Average Distance to Psychiatric Inpatient Care
- Hospital Admissions, Length of Stay, and Readmissions
- Vermont Department of Mental Health System Snapshot (2012-2015)

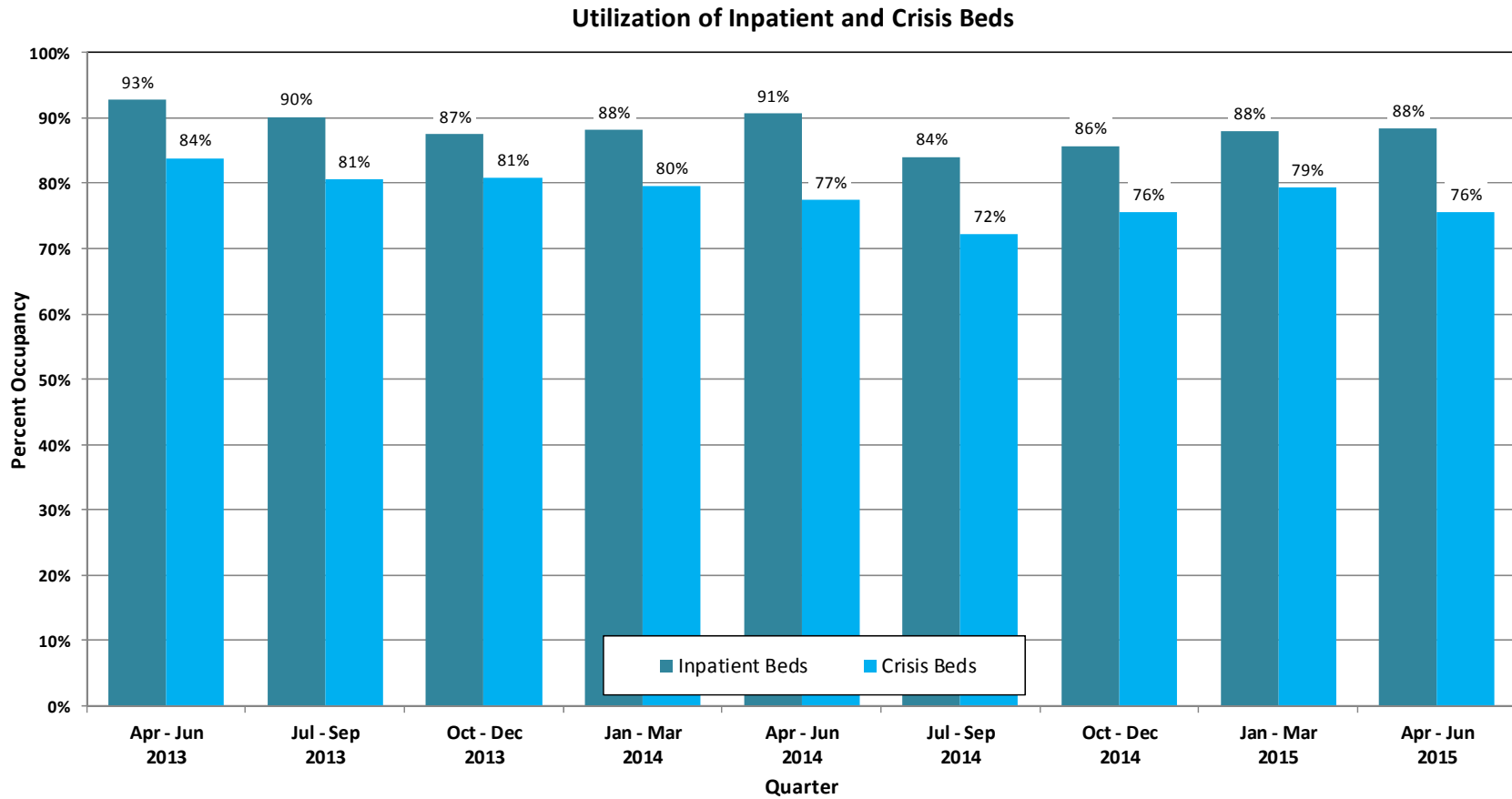
Please direct any inquiries for additional data collection or report content development to Frank Reed, Commissioner of the Department of Mental Health; frank.reed@state.vt.us.

Respectfully submitted,

Frank Reed
Commissioner
Department of Mental Health

Health Reform Oversight Committee
 Department of Mental Health – July 2015 Report

Utilization of Inpatient and Crisis Beds (April 2013 – June 2015)



Based on data reported to the Vermont Department of Mental Health (DMH) by crisis bed programs and inpatient facilities for adult care using the electronic bed boards system. Programs are expected to report to electronic bed boards a minimum of once per day to update their census. State averages are adjusted to exclude programs on days where there were no updates submitted to the bed board.

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

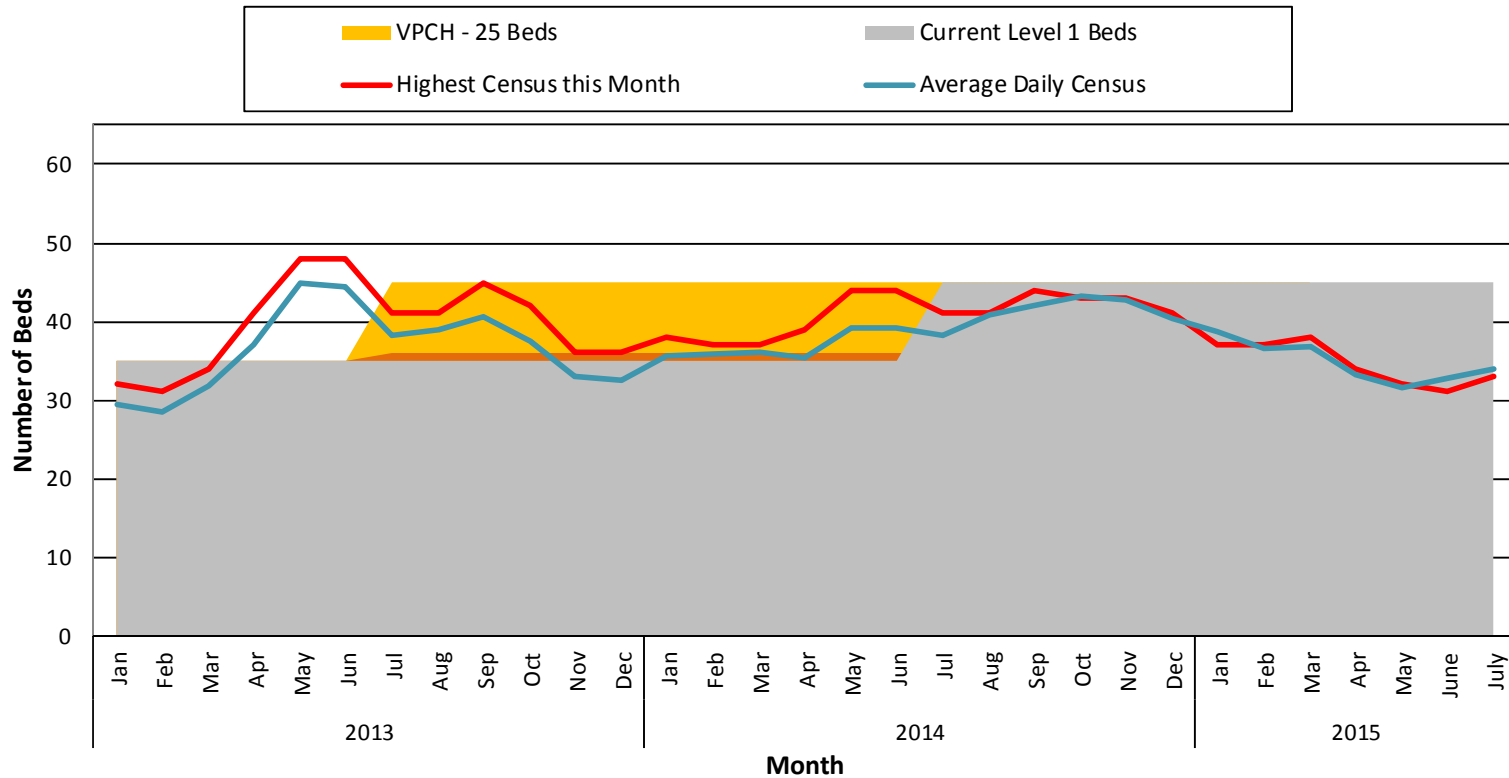
Level 1 Inpatient Utilization: Statewide and By Hospital 2014-2015

SYSTEM TOTAL	2014						2015						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Level I Beds	45	45	45	45	45	45	45	45	45	45	45	45	45
Average Daily Census	38	41	42	43	43	40	39	37	37	33	31	33	34
Total Level I Admissions this Month	9	15	12	9	11	7	9	7	7	14	9	18	13
Level 1 Admissions to Non-L1 Units	6	5	3	4	6	5	5	2	6	3	3	7	13
Total Level 1 Discharges this Month	8	13	9	13	10	10	6	13	7	18	10	16	14
Highest Census this Month	41	41	44	43	43	41	37	37	38	34	32	31	33
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER
BY HOSPITAL													
Brattleboro Retreat													
Total Level I Beds	14	14	14	14	14	14	14	14	14	14	14	14	14
Average Daily Census	22	20	17	17	17	18	18	17	16	16	16	14	16
Total Admissions during Month	4	3	6	2	6	3	3	4	4	9	7	7	9
Level 1 Admissions to Non-L1 Units	3	1	3	1	3	1	1	1	4	3	2	2	9
Total Level 1 Discharges this Month	2	4	1	5	3	2	5	3	3	5	1	7	3
Highest Census this Month	23	23	21	18	18	19	20	21	18	16	17	15	15
Over/Under for Total Planned Beds	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
Average Daily Census	8	10	10	11	11	11	10	8	8	7	6	8	9
Total Admissions during Month	3	6	2	4	2	4	2	2	3	3	2	8	4
Level 1 Admissions to Non-L1 Units	3	4	0	3	3	4	4	1	2	0	1	5	4
Total Level 1 Discharges this Month	2	4	1	5	3	2	5	3	3	5	1	7	3
Highest Census this Month	10	11	12	13	11	10	10	8	8	7	6	7	9
Over/Under for Total Planned Beds	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER	OVER
VPCH													
Total Level I Beds	25	25	25	25	25	25	25	25	25	25	25	25	25
Average Daily Census	5	10	13	13	14	11	10	12	12	11	9	11	10
Total Admissions during Month	2	6	4	3	3	0	4	1	0	2	0	3	0
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Level 1 Discharges this Month	0	1	2	3	4	4	1	1	0	4	1	1	3
Highest Census this Month	7	12	10	14	16	13	10	10	12	12	10	12	11
Over/Under for Total Planned Beds	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER	UNDER
UVM Medical Center													
Total Level I Beds	0	0	0	0	0	0	0	0	0	0	0	0	0
Average Daily Census	2	1	1	1	1	1	1	0	0	0	0	0	0
Total Admissions during Month	0	0	0	0	0	0	0	0	0	0	0	0	0
Level 1 Admissions to Non-L1 Units	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Level 1 Discharges this Month	4	0	0	0	0	0	0	1	0	0	0	0	0
Highest Census this Month	3	1	1	0	0	0	0	0	0	0	0	0	0
Over/Under for Total Planned Beds	OVER	OVER	OVER	OVER	OVER	OVER	OVER	N/A	N/A	N/A	N/A	N/A	N/A

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources. 'Over/Under for Total Planned Beds' is computed using the difference between total level 1 beds and average daily census for each hospital and statewide. Unit of admission is available from June 2013 onward.

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

Level 1 Inpatient Capacity and Utilization Vermont Statewide



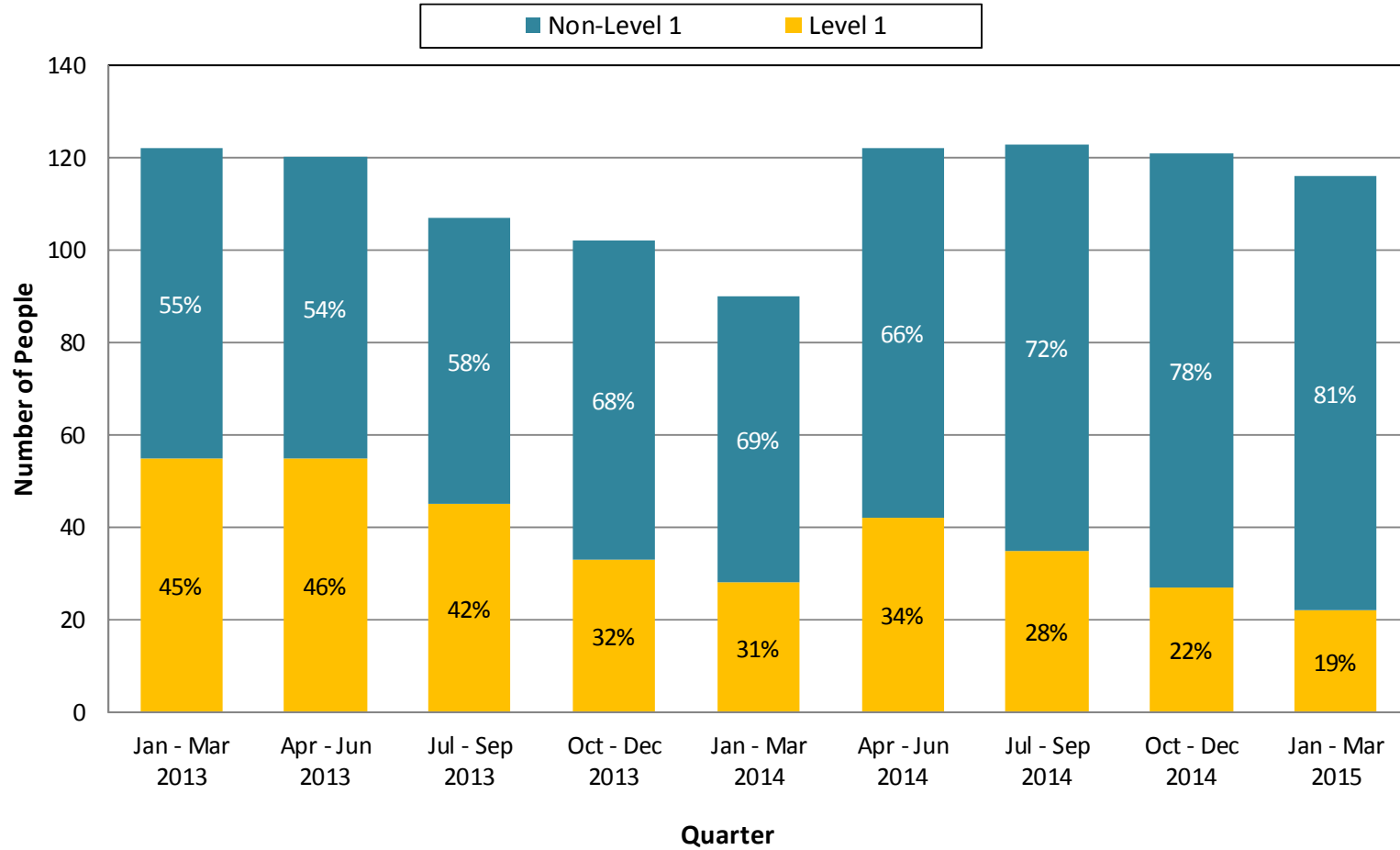
GMPPCC opened 8 Level 1 beds in January 2013

RRMC opened 6 Level 1 beds in April 2013

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources.

People with Involuntary Admissions, Comparison of Level 1 and Non-Level 1 (Jan 2013- Mar 2015)

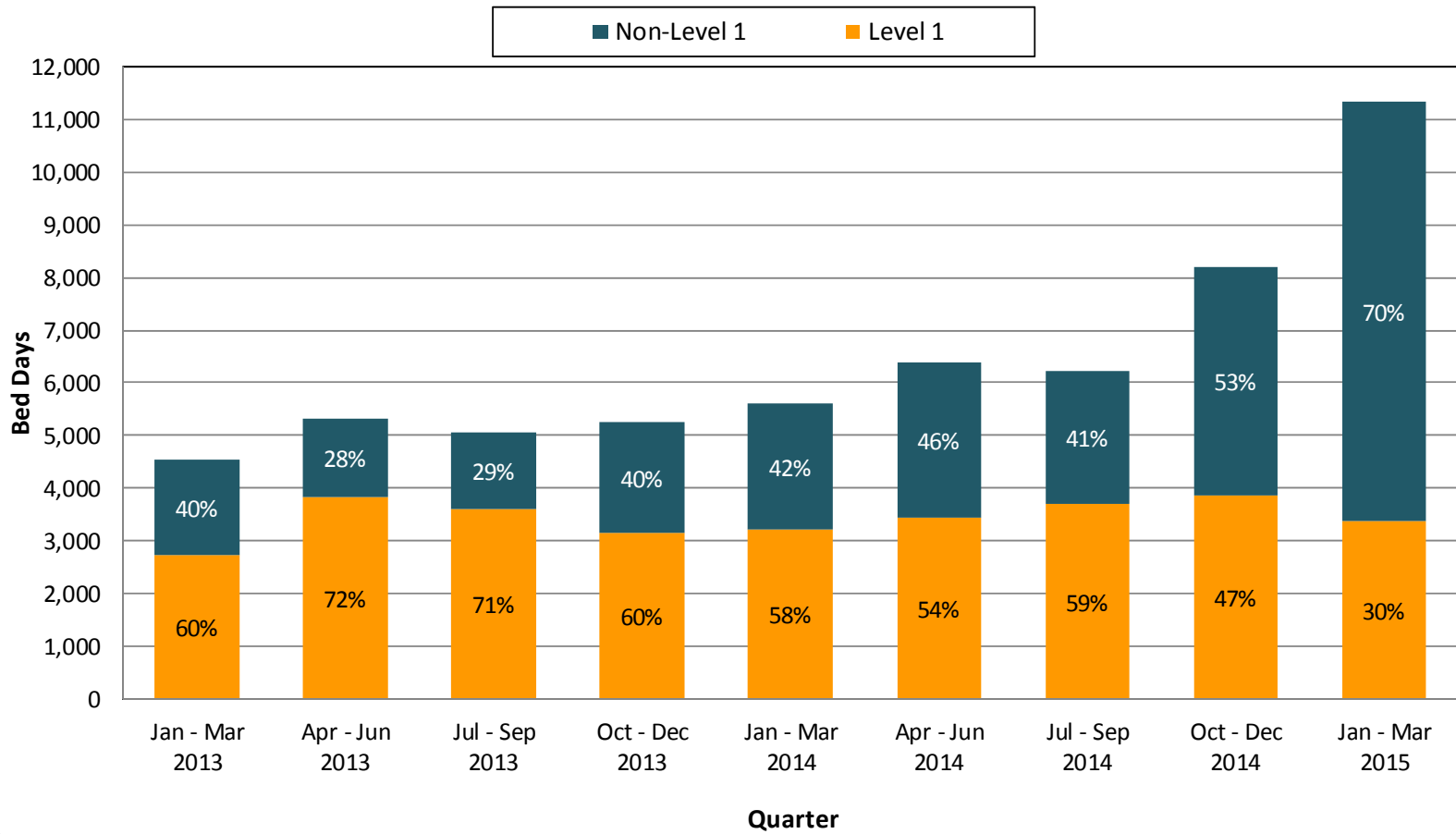
**People with Involuntary Admissions
Comparison Level 1 and Non-Level 1**



Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources.

Involuntary Non-Level 1 and Level 1 bed days (Jan 2013 – Mar 2015)

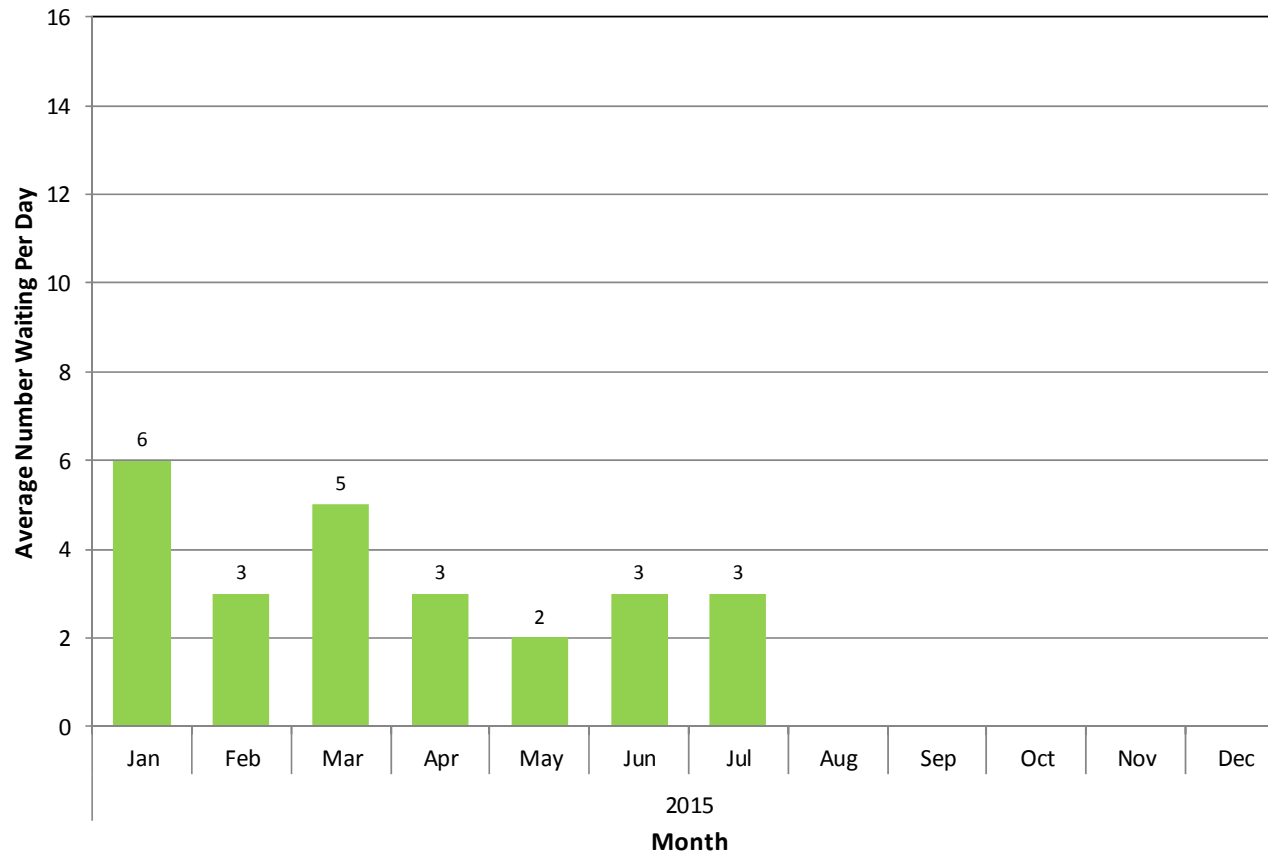
**People with Involuntary Admissions: Bed Days
Comparison Level 1 and Non-Level 1**



Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources. Bed days for Level 1 stays can include inpatient days before the Level 1 determination was made due to the payment structure of Level 1 inpatient stays.

Average Numbers of People Waiting Inpatient Placement (2015)

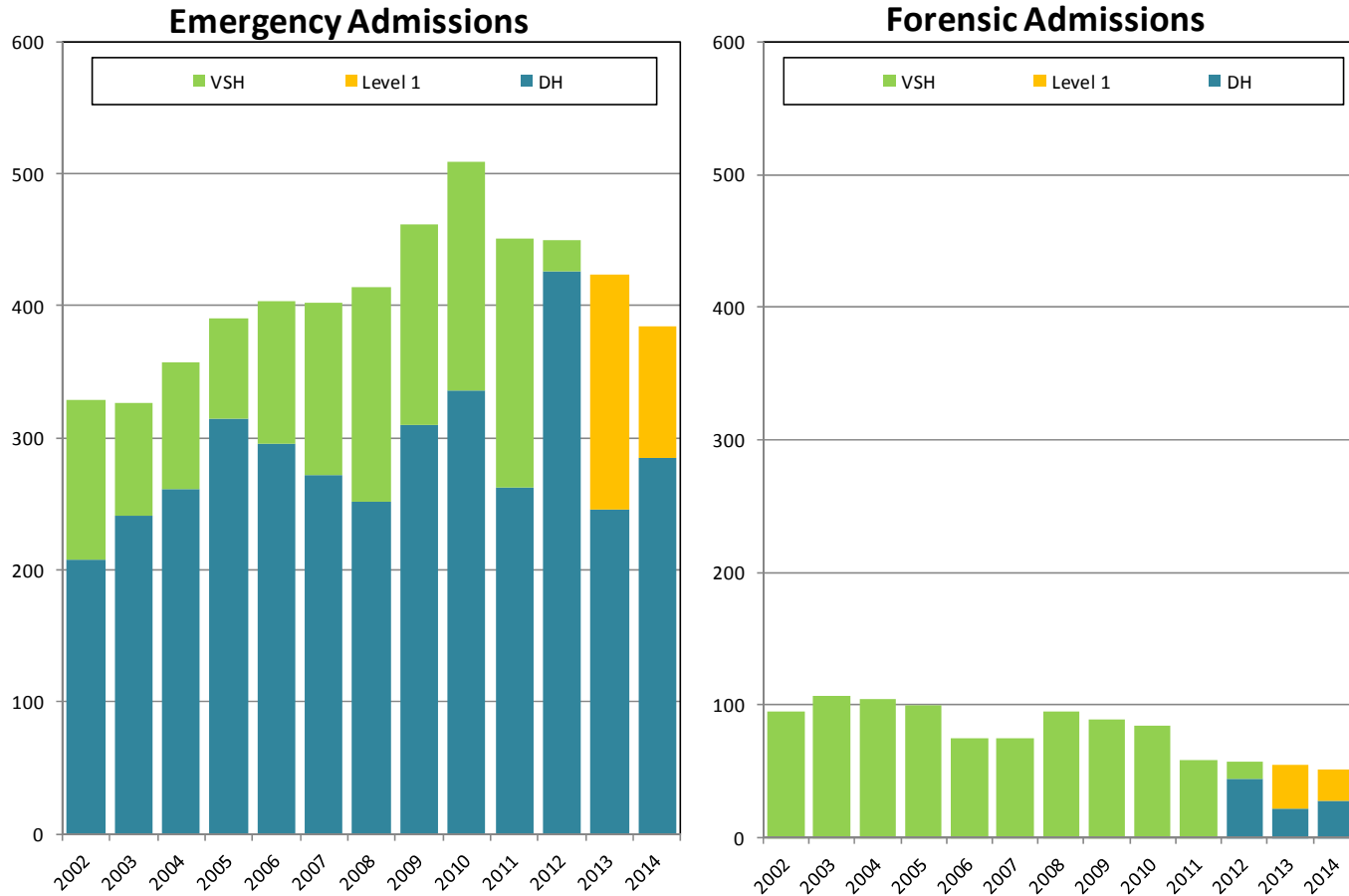
Average Numbers of People Waiting Inpatient Placement (Adult Emergency Exams, Warrants, and Forensic Observations Only) 2015



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

Vermont State Hospital and Designated Hospitals, Emergency and Forensic Admissions (FY2002-2014)

**Vermont State Hospital and Designated Hospitals
Emergency and Forensic Admissions
FY2002-FY2014**



Analysis based on the Vermont State Hospital (VSH) Treatment Episode Database, and adult inpatient tracking maintained by the Department of Mental Health, Care Management Unit. Includes all admissions during FY2002 - FY2014 with a forensic legal status or emergency legal status at admission.

Adult Inpatient Utilization and Bed Closures: Page 1 of 2

System Total and Level 1 Units 2015

■	All Units	■	Level 1 Units	■	Non-Level 1 Adult Units
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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ADULT INPATIENT UNITS												
Total Beds	188	188	188	188	188	188	188					
Average Daily Census	164	164	174	170	165	163	163					
Percent Occupancy	87%	87%	92%	90%	88%	87%	87%					
# Days at Occupancy	0	0	0	0	0	0	0					
# Days with Closed Beds	31	28	31	23	30	29	31					
Average # of Closed Beds	8	7	4	3	3	3	4					
VPCH												
Total Beds	25	25	25	25	25	25	25					
Average Daily Census	21	24	25	23	22	22	20					
Percent Occupancy	84%	97%	100%	93%	87%	89%	81%					
# Days at Occupancy	0	15	31	4	0	0	0					
# Days with Closed Beds	31	17	0	11	19	6	31					
Average # of Closed Beds	4	2	-	3	3	2	3					
BR TYLER 4												
Total Beds	14	14	14	14	14	14	14					
Average Daily Census	14	14	14	14	14	14	13					
Percent Occupancy	100%	100%	100%	98%	100%	100%	96%					
# Days at Occupancy	31	28	31	24	31	29	16					
# Days with Closed Beds	0	0	0	0	0	0	13					
Average # of Closed Beds	-	-	-	-	-	-	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%	100%	100%	99%	100%	97%	98%					
# Days at Occupancy	31	28	31	29	31	24	27					
# Days with Closed Beds	0	0	0	3	0	4	0					
Average # of Closed Beds	-	-	-	-	-	-	-					
Wait Times for Beds												
Average # People Waiting per Day	6	3	5	3	2	3	3					

Based on data reported to the Vermont Department of Mental Health (DMH) by designated hospitals (DH) for adult inpatient care using the electronic bed boards system. Beds at inpatient settings can be closed based on the clinical decision of the director of each inpatient unit. Average number of people waiting per day is determined using the morning inpatient update and wait times in days are based upon data maintained by the VPCH admissions department that is submitted by crisis, designated agency, and hospital screeners.

Adult Inpatient Utilization and Bed Closures: Page 2 of 2

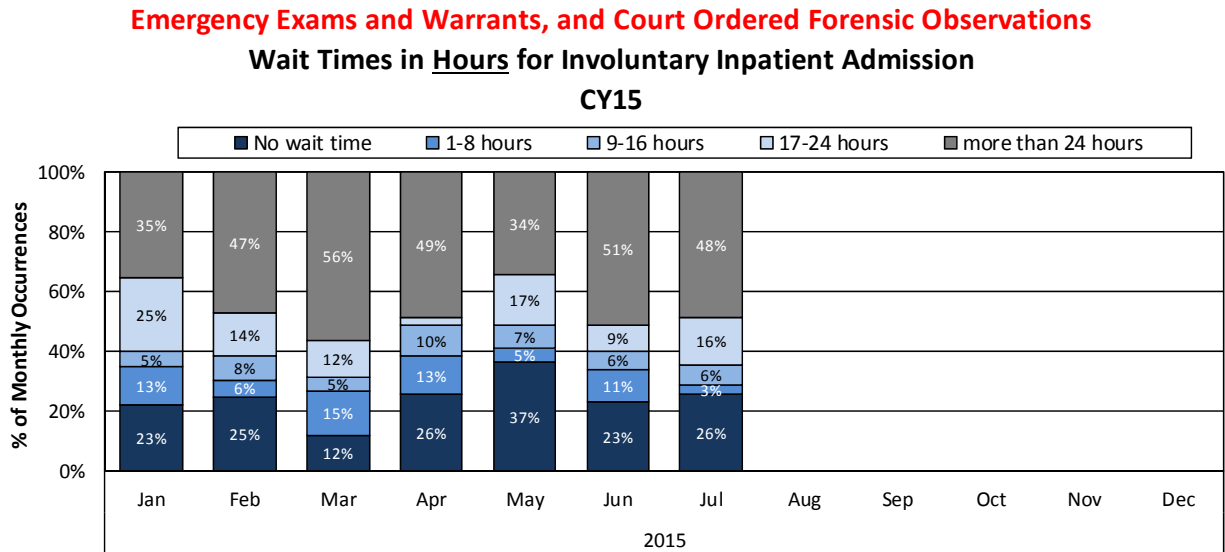
**System Total and Non-Level 1 Units
2015**

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

Based on data reported to the Vermont Department of Mental Health (DMH) by designated hospitals (DH) for adult inpatient care using the electronic bed boards system. Beds at inpatient settings can be closed based on the clinical decision of the director of each inpatient unit. Average number of people waiting per day is determined using the morning inpatient update and wait times in days are based upon data maintained by the VPCH admissions department that is submitted by crisis, designated agency, and hospital screeners.

Wait Times in Hours for Involuntary Inpatient Admission (2015)



Wait time	2015											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No wait time	9	9	5	10	15	11	8					
1-8 hours	5	2	6	5	2	5	1					
9-16 hours	2	3	2	4	3	3	2					
17-24 hours	10	5	5	1	7	4	5					
more than 24 hours	14	17	23	19	14	24	15					
Total	40	36	41	39	41	47	31					

Wait Time in Hours		2015											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
EEs/Wrts	Mean	47	40	46	31	27	33	48					
	Median	18	18	25	18	17	24	23					
OBS	Mean	442	102	155	35	20	75	123					
	Median	442	100	167	33	5	75	123					
Total	Mean	67	56	54	31	26	34	51					
	Median	19	23	27	22	17	25	24					

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.
 Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need to admission to disposition, less time for medical clearance, for persons on warrant for immediate examination, applications for emergency exam, and court ordered forensic observations, waiting for inpatient admission. Wait times are point in time and are categorized based on month of service, not month of disposition, for clients who had a disposition to a psychiatric inpatient unit.

Examination of Wait Times

A majority of individuals who are awaiting placements to inpatient hospital beds are placed within 48 hours of entering the Emergency Departments (EDs) across the state. The total number of available beds was increased on July 1 with the opening of the Vermont Psychiatric Care Hospital. Nearly one fifth of individuals who are held on emergency exams or warrants, and 23% of people waiting in EDs, have zero wait time before inpatient bed placement.

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

These longer wait times do not reflect a system-wide experience; it is heavily skewed by a small number of individuals who wait much longer than others in their cohort. This is due to a variety of circumstances such as bed closures due to unit acuity, no bed being readily available, or due to the acuity of the person waiting. Specifically, the month of October saw 41 clients awaiting placements under an EE/Warrant for an average wait time of 44 hours. Included in this figure are two individuals with a combined average wait time of 10 days. When we remove these two individuals, the remaining 39 individuals had an average wait time of 24 hours – approximating a 50% reduction in time. Considering data through October, 2014, approximately 75% of individuals were placed within 46 hours or less with an average wait time of 12 hours.

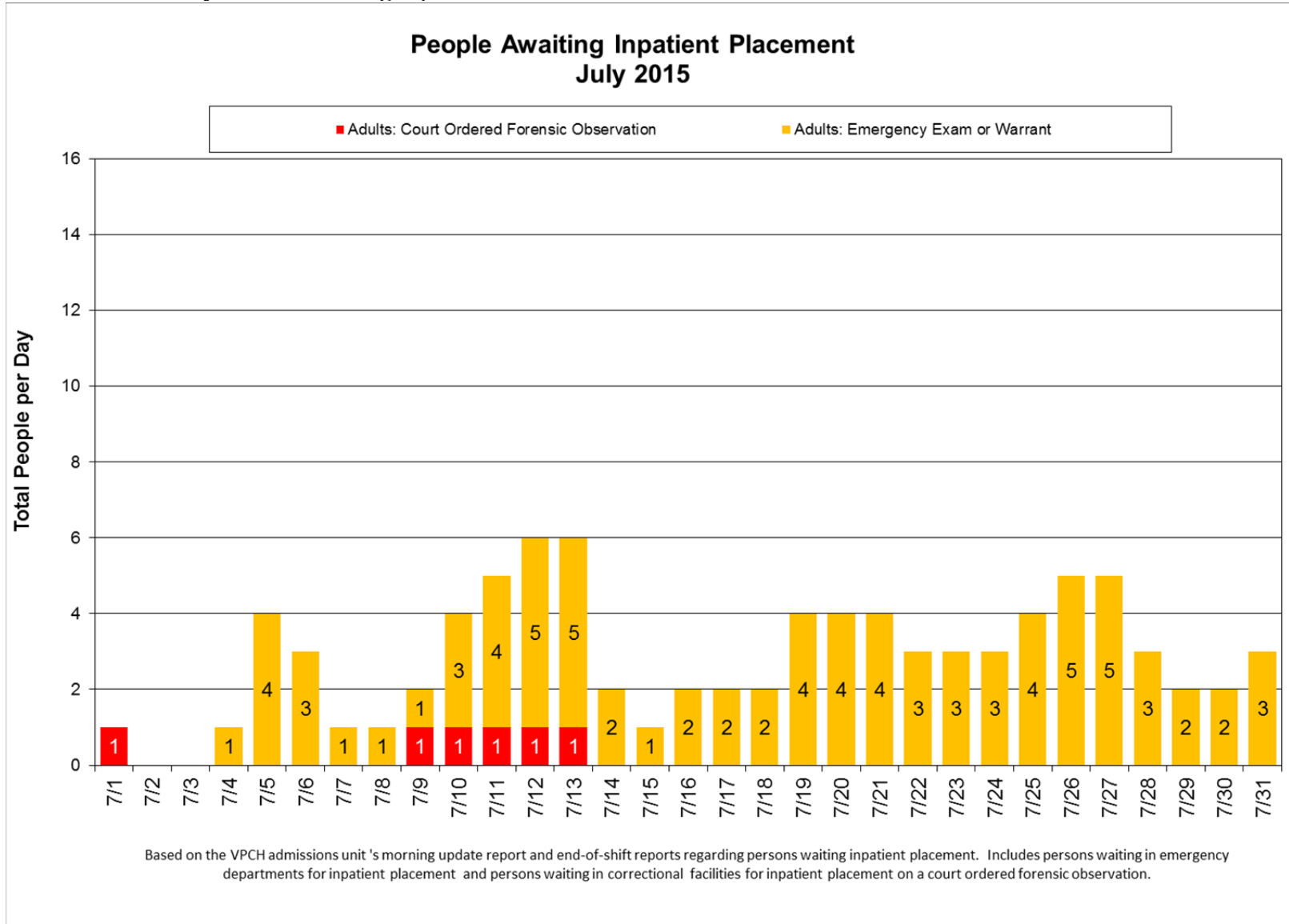
A similar pattern is observed when looking at the entire first quarter of FY15. Excluding the highest two wait outliers in August, wait times decreased from 39 hours to 24 hours. Similarly, excluding three outliers in September decreased wait times from 55 hours to 36 hours. While the number of individuals waiting longer than 24 hours increased for November, removing three outliers with exceptionally long wait times reduced the mean wait time from 62 hours down to 42 hours. The month of December showed an overall decrease in the amount of time clients are waiting in the ED, representing the lowest number of individuals who waited longer than 24 hours. For clients held on an EE or warrant, the median wait time was 9 hours which represents the shortest wait time for the entire calendar year. Data for January 2015 reflects a continued trend of decreasing the longest wait times with 64% of individuals being placed in less than 24 hours. This figure represents the highest percentage since the opening of VPCH.

Beginning January 2015, the reporting of ED wait times will focus primarily on adults in the care and custody of the Commissioner who are held on EE/warrants or being held for forensic observation due to the unique circumstances involved with placements of Level 1 and individuals involved with the courts. Between the months of February and March, there was a notable increase in the amount of adults waiting in EDs due to EE/Warrants. There were eleven additional individuals in March from the prior month and ten of these individuals waited longer than 24 hours. The wait times for the month of April were the lowest EE/Warrant mean wait time (32 hours) and total mean wait time (also 32 hours) since before January 2014. As with previous months, individuals will experience a longer wait time if medication orders are not followed and clients are continual dangers to themselves or others. When the three individuals are removed who had waited the longest amount of time prior to stabilization and admission to inpatient psychiatric facilities, the mean wait time decreases from 46 hours to 34 hours. Our goal continues to be placing individuals in appropriate beds as soon as they are available and patient acuity is appropriate for the inpatient placement.

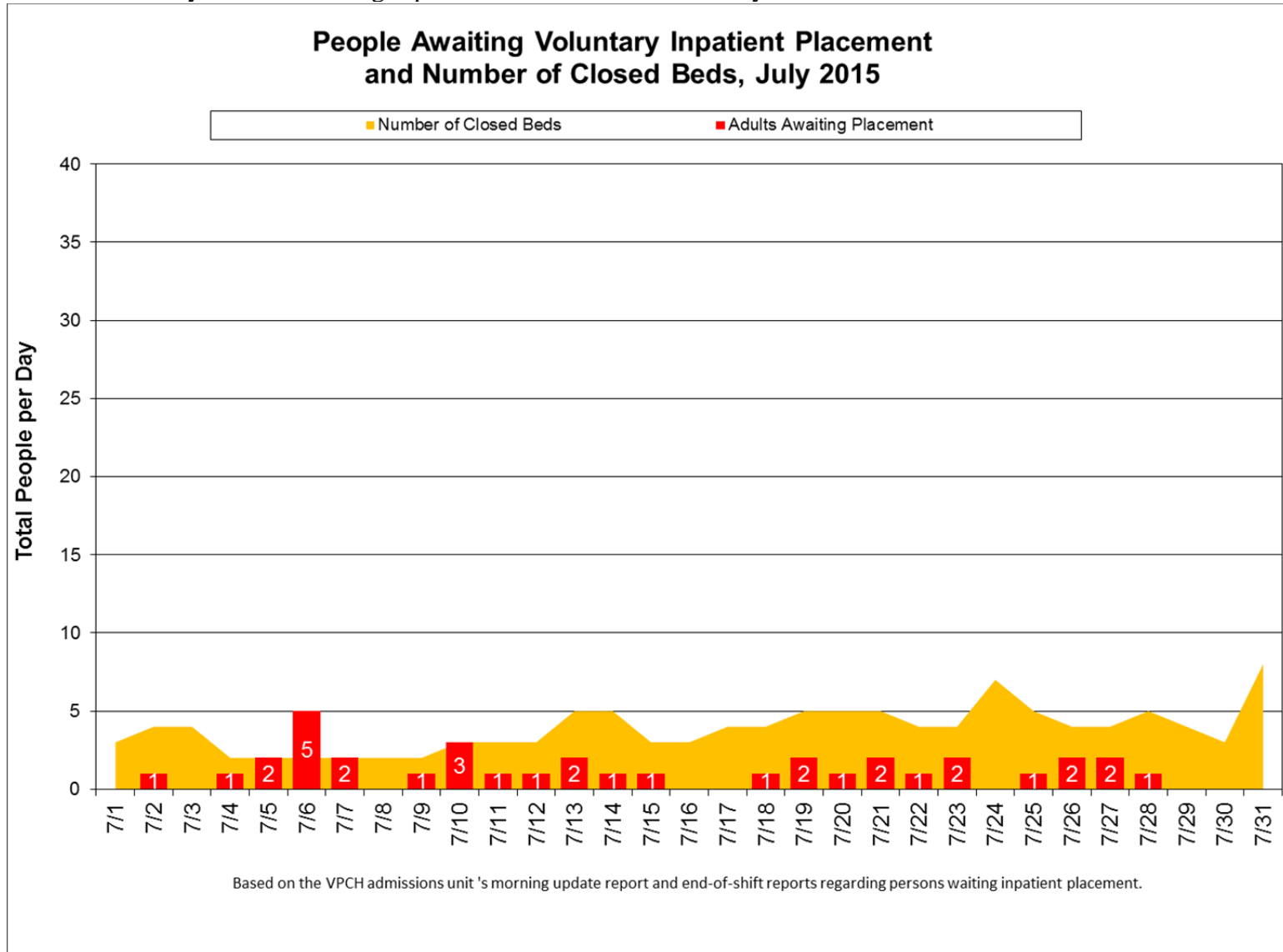
DMH has a cadre of experienced care managers (Care Management Team), who work with each of the Designated Hospitals, the Designated Agencies Emergency Services teams, and the hospital Emergency Departments statewide. Their function is to work with individual cases and the relevant action systems, to move people needing care through the system. The system is comprised of several points along a continuum which represent appropriate levels of care. Since our acute mental health treatment system became decentralized, placement considerations have become more complex. As referenced above, the majority of individuals waiting for a hospital admission are placed without a problem within an average of 12 hours of arriving at an ED. It is the 25%, who wait for longer periods of time, which may require treatment in the highest levels of care. The reasons for this lack of accessibility are primarily due to some number of these beds being utilized by longer term patients, who either need longer treatment stays or for whom an appropriate community based placement is not available. The Care management Team also works on longer term planning for these individuals, monitoring availability of placements in

various levels of community care across the state. Under the auspices of the Quality Management Director, the Department will soon be conducting an RBA process to further understand the various factors contributing to turning this curve; planning interventions aimed at enhancing the ability of the system to accommodate the needs.

Daily Number of Involuntary Adults Awaiting Inpatient Placement



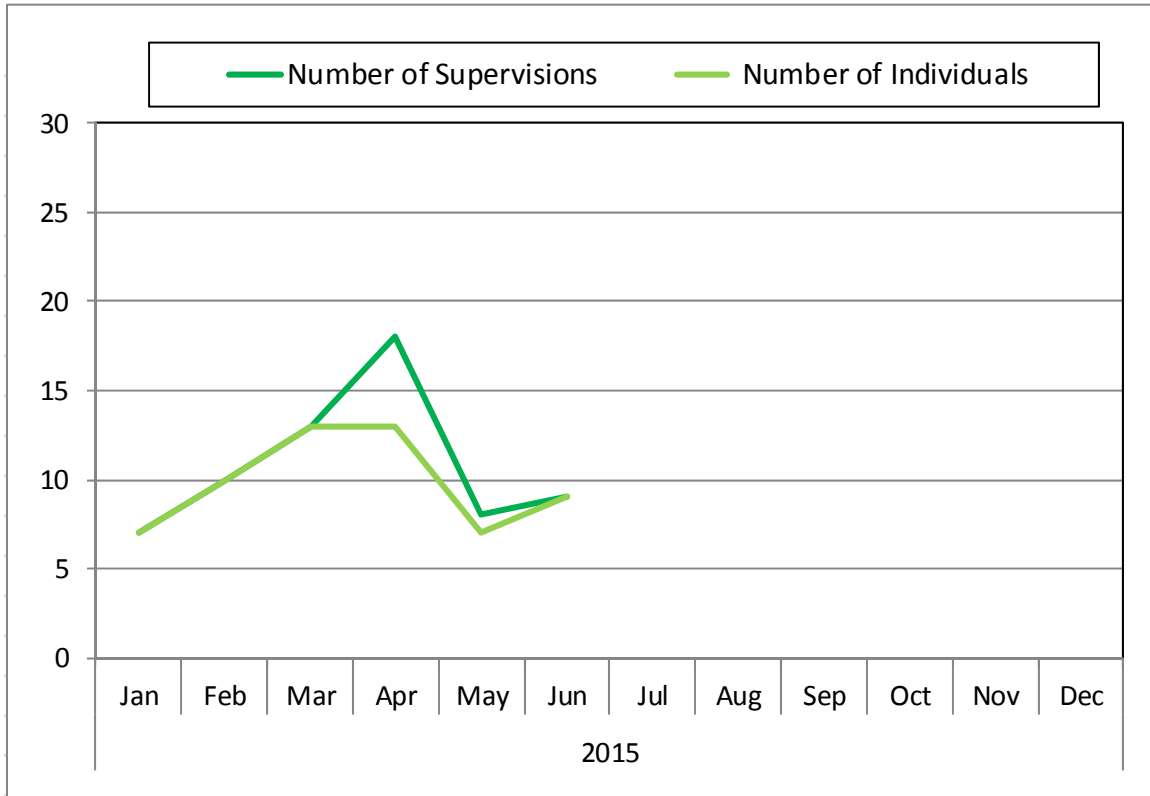
Daily Number of Voluntary Adults Awaiting Inpatient Placement and Closed System Beds



Additional Reporting Requests

Sheriff Supervisions in Emergency Departments (2015)

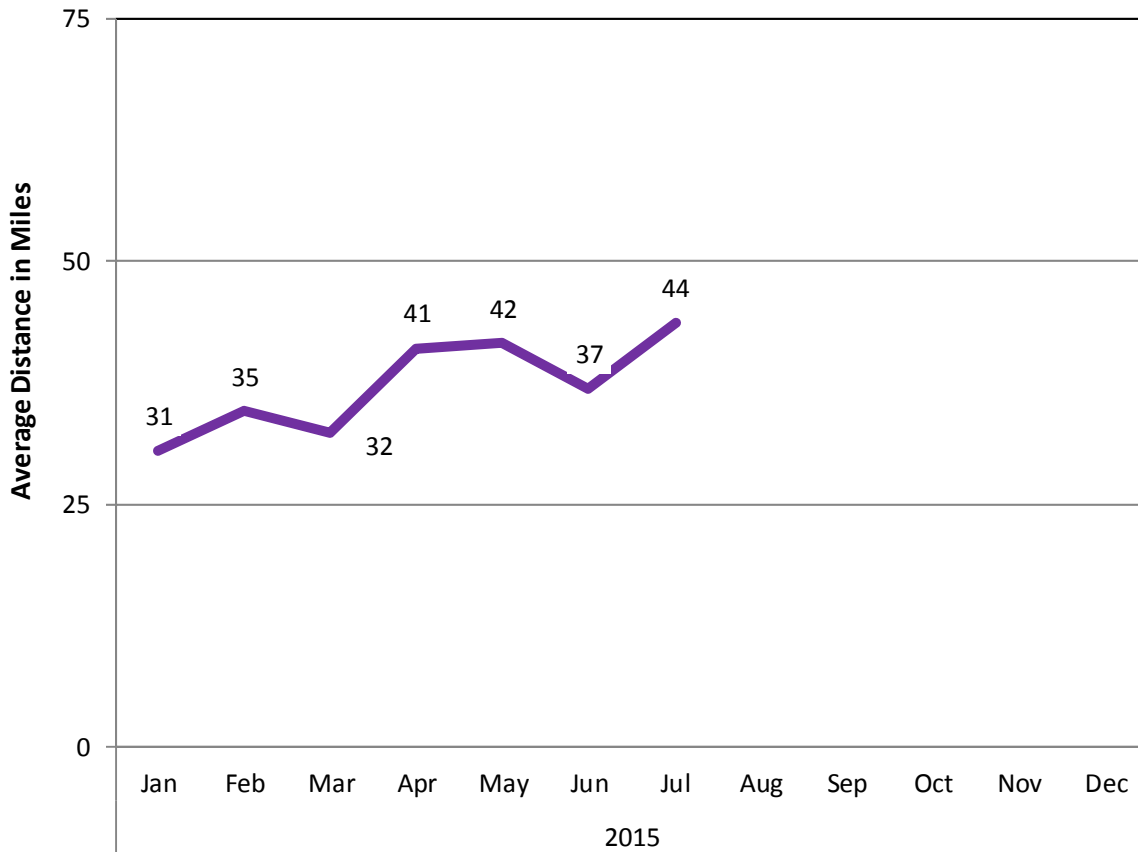
Sheriff Supervisions in Emergency Departments 2015



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

Average Distance to Psychiatric Inpatient Care (2015)

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



Month of Admission

2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Cases*	35	32	40	39	40	47	29					
Average Distance in Miles	31	35	32	41	42	37	44					

Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners for adults admitted to involuntary inpatient care at Designated Hospitals.

*Total cases includes persons admitted involuntarily to psychiatric inpatient units, but may also include patients who convert to voluntary upon arrival to the unit. Cases and averages exclude patients with no residency information and patients reported as residing out of state.

Hospital Admissions, Length of Stay, and Readmissions

**Adult Involuntary Inpatient Utilization: Statewide
2014**

SYSTEM TOTAL	2014							2015					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total Admissions this Month	49	45	43	42	50	40	35	42	37	42	42	44	53
Total Discharges this Month*	44	41	46	34	37	31	29	22	20	29	46	32	32
Length of Stay for Discharged Clients*	39.1	27.9	26.5	61.6	66.4	42.6	65.4	36.1	65.7	28.3	59.3	55.3	56.0
30 Day Readmission Rate*	11%	10%	4%	12%	11%	3%	10%	18%	15%	17%	13%	19%	9%

Analysis is based on the adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit.

* Administrative staff and care managers at the Department are working to complete data records. While a majority of FY2014 records are entered, staff are still working to close out records with discharge dates. Once all records for FY2014 are resolved, the Department will be able to report length of stay and 30 day readmission rates as requested.

This request has been updated from last month’s report to include the Department’s progress in entering involuntary admissions events into our data collection spreadsheet. Currently, there are approximately 109 records without discharge dates, which accurately reflect the number of involuntary patients receiving inpatient care.

Data collection regarding involuntary admissions is a multi-unit manual effort at present. Data for involuntary admissions are collected by the Department’s Care Management Unit with assistance from administrative staff. At the beginning of each month, the Research and Statistics Unit provides Care Management with data collected on screenings for inpatient hospitalization. Care management reviews this list and adds records that may have been missed. Care management then coordinates with Utilization Review to capture Level 1 status for each patient. Data for inpatient stays typically takes two months to capture (i.e. August data completed in October). This delay represents Department efforts to audit the data collection and spreadsheet entries for completeness and accuracy. This delay also allows the Department to collect as many discharge dates as possible, since the median length of stay for inpatient psychiatric care is 14 days.

Vermont Department of Mental Health System Snapshot (2012-2015)



Vermont Department of Mental Health
System Snapshot (Aug 11, 2015)

*data forthcoming

2015

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



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

*data forthcoming

2014

Reporting Category	FY14 Q3			FY14 Q4			FY15 Q1			FY15 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital												
% Occupancy	87%	88%	89%	91%	93%	89%	82%	85%	86%	89%	87%	81%
Avg. Daily Census	146	147	151	153	157	150	153	159	162	167	164	153
% Occupancy at No Refusal Units	98%	98%	100%	100%	99%	100%	63%	75%	84%	90%	91%	91%
Avg. Daily Census	28	27	28	28	28	28	29	34	38	41	41	41
Adult Crisis Beds * VPCH gradual opening of 25 beds												
% Occupancy	83%	79%	77%	77%	77%	76%	76%	66%	75%	80%	73%	74%
Avg. Daily Census	32	30	29	29	29	29	29	25	28	32	29	30
Applications for												
Involuntary Hospitalizations (EE)												
Youth (0-17)	5	4	7	5	9	10	4	3	8	5	10	8
Adults	38	32	35	46	42	46	45	52	49	55	40	34
Total adults admitted with CRT	9	11	8	9	9	14	15	10	16	13	14	11
Designation (% of Total applications)	24%	34%	23%	20%	21%	30%	33%	19%	33%	24%	35%	32%
Total Level 1 Admissions	14	8	10	11	18	16	9	14	9	7	10	6
Instances when Placement Unavailable & Adult Client Held in ED	19	19	27	27	30	33	28	29	32	27	28	19
Adult Involuntary Medications												
# Applications	6	8	7	4	4	5	8	6	5	12	7	6
# Granted Orders	5	4	6	4	4	4	7	4	4	10	5	6
Mean time from filing date to decision date (days)	14	17	16	10	14	9	13	12	10	18	11	8
Court Ordered Forensic Observation Screenings												
# Requested	6	11	12	14	8	10	11	10	5	8	9	10
# Inpatient Ordered	2	7	3	5	5	4	3	4	2	3	5	6
VT Resident Suicides												
Youth (0-17)												
Total	2	0	0	0	0	1	0	3	1	0	0	1
# with DA contact within previous year	2	0	0	0	0	1	0	1	0	0	0	0
Adults (18+)												
Total	11	5	6	6	6	7	8	10	16	12	13	2
# with DA contact within previous year	1	1	0	2	2	3	1	2	3	2	1	0
Housing												
# Clients permanently housed as a result of new Act79 housing funding	1	2	3	3	4	1	1	1	2	1	1	0
Total # enrolled to date	124	122	124	131	131	131	132	133	129	121	121	121
Involuntary Transportation												
Adults (total transports)												
# of Transports	13	15	13	16	15	22	14	19	16	29	18	13
% Non-Restrained	85%	87%	69%	81%	67%	59%	71%	79%	38%	79%	56%	85%
% Restrained	15%	13%	31%	19%	33%	41%	29%	21%	63%	21%	44%	15%
% all transports using metal restraints	8%	7%	15%	6%	7%	32%	0%	5%	44%	21%	28%	8%
% all transports using soft restraints	8%	7%	15%	13%	27%	9%	29%	16%	19%	0%	17%	8%
Youth Under 18 (total transports)												
# of Transports	4	5	7	4	3	5	6	7	7	3	10	8
% Non-Restrained	100%	100%	100%	100%	100%	100%	83%	86%	71%	100%	100%	75%
% Restrained	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	0%	25%
% all transports using metal restraints	0%	0%	0%	0%	0%	0%	17%	14%	29%	0%	0%	25%
% all transports using soft restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CRT Employment												
% Employed		16%			18%			17%			17%	
Wages per employed client		\$2,301			\$2,375			\$2,339			\$2,437	



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

*data forthcoming

Reporting Category	2013											
	FY13 Q3			FY13 Q4			FY14 Q1			FY14 Q2		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adult Inpatient Hospital												
% Occupancy	94%	91%	92%	84%	87%	93%	88%	89%	89%	89%	90%	83%
Avg. Daily Census	137	132	136	134	135	146	138	139	139	143	149	137
% Occupancy at No Refusal Units							100%	96%	99%	99%	99%	98%
Avg. Daily Census							28	27	28	28	28	27
Adult Crisis Beds												
% Occupancy	77%	79%	83%	82%	84%	85%	82%	81%	79%	81%	83%	79%
Avg. Daily Census	27	28	29	29	31	31	30	31	31	31	32	31
Applications for Involuntary Hospitalizations (EE)												
Youth (0-17)	-	-	-	9	10	6	9	7	15	6	4	2
Adults	50	32	55	41	55	39	65	32	43	43	37	39
Total adults admitted with CRT	13	13	27	19	14	11	15	12	9	7	11	19
Designation (% of Total applications)	26%	41%	49%	46%	25%	28%	23%	38%	21%	16%	30%	49%
Total Level 1 Admissions	22	13	20	22	26	10	19	18	13	11	7	14
Instances when Placement Unavailable & Adult Client Held in ED												
	27	21	43	27	38	24	38	16	34	29	30	23
Adult Involuntary Medications												
# Applications	2	3	3	2	9	4	5	7	5	10	9	4
# Granted Orders	2	3	2	2	5	3	5	6	3	4	6	3
Mean time from filing date to decision date (days)	22	12	20	27	19	17	20	14	12	17	9	10
Court Ordered Forensic Observation Screenings												
# Requested	11	13	9	10	11	11	22	20	19	16	13	9
# Inpatient Ordered	3	7	5	5	6	6	11	8	7	5	6	5
VT Resident Suicides												
Youth (0-17)												
Total	0	0	0	0	0	2	0	0	0	1	0	1
# with DA contact within previous year	-	-	-	-	-	1	-	-	-	0	-	1
Adults (18+)												
Total	4	6	10	8	10	5	8	10	14	13	8	6
# with DA contact within previous year	0	3	2	2	1	0	2	1	4	4	1	1
Housing												
# 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
Involuntary Transportation												
Adults (total transports)												
# of Transports	19	17	18	11	18	13	18	12	18	15	17	17
% Non-Restrained	58%	94%	61%	82%	78%	85%	72%	75%	83%	100%	94%	65%
% Restrained	42%	6%	39%	18%	22%	15%	28%	25%	17%	0%	6%	35%
% all transports using metal restraints	16%	6%	6%	9%	6%	8%	17%	25%	17%	0%	6%	18%
% all transports using soft restraints	26%	0%	33%	9%	17%	8%	11%	0%	0%	0%	0%	18%
Youth Under 10 (total transports)												
# of Transports	3	3	0	0	0	0	0	0	2	0	0	0
% Non-Restrained	100%	100%	-	-	-	-	-	-	100%	-	-	-
% Restrained	0%	0%	-	-	-	-	-	-	0%	-	-	-
% all transports using metal restraints	0%	0%	-	-	-	-	-	-	0%	-	-	-
% all transports using soft restraints	0%	0%	-	-	-	-	-	-	0%	-	-	-
CRT Employment												
% Employed		15%			16%			17%			15%	
Wages per employed client		\$2,318			\$2,457			\$2,298			\$2,456	



Vermont Department of Mental Health System Snapshot

Definitions

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 Care (FAHC), Rutland Regional Medical Center (RRMC), Windham Center at Springfield Hospital (WC), and Vermont Psychiatric Care Hospital (VPCH). Adult Inpatient Units at VPCH, RRMC - South Wing, and Brattleboro Retreat - Tyler 4. The units designated as no refusal units: BR - Tyler 4, RRMC - South Wing, VPCH.
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 individual being arraigned. A screening is requested by a community mental health agency pursuant to §4815 13 VSA. Numbers represent a point in time count mid-month.
Emergency Examination (EE)	An application for emergency examination has been completed for involuntarily admission (§7508 of 18 VSA) to a designated hospital for psychiatric treatment (danger to self or others) subsequent to an evaluation by community mental health agency screener & medical doctor.
Restrained Transport (formerly called Secure)	Transport via law enforcement utilizing either metal or soft restraints.
Non-Restrained Transport (formerly called Non-Secure)	Transport not utilizing restraints; this can include plain clothed law enforcement, Designated Agency transport teams, or other means of transport such as family members.
VT Resident Suicides	Based on <u>PRELIMINARY</u> data from the Vital Statistics System maintained by Vermont Department of Health and Monthly Service Report (MSR) data provided by the Department of Mental Health (DMH). Cross-sector data analysis was conducted using LinkPlus, a probabilistic statistical linkage software developed by the CDC for linking records across databases. MSR data includes services provided by community designated agencies for clients served by DAs within the year prior to death. Primary Program is defined as the primary program assignment on the client's last service with DMH. Monthly counts are subject to change as more information is made 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.