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**Sent:** Friday, February 24, 2017 1:13 PM

**To:** Anne Donahue; William Lippert

**Cc:** Bailey, Melissa; Reed, Frank

**Subject:** House Health Care Requests

Hello Anne and Bill,

Here are the updated responses to your questions from budget testimony. Frank is finalizing the larger, comprehensive document which includes your questions as well as questions from other committees and individual legislators. I believe you should have a copy of it by the end of day. Please let me know if there are any additional questions we have missed and I will work to find you answers.

From e-mail to Commissioner Bailey from Rep. Donahue:

*Just a reminder that there are several questions outstanding from the DMH budget testimony that I asked related to inpatient budget lines between DMH/DHVA. These addressed the distinction between inpatient care that is DMH funded and that is DVHA funded, but also how those align with patients hospitalized under the care and custody of the Commissioner (or not.) I believe the Departments had a plan underway that would bring funding and oversight into alignment?*

- Commissioner Bailey stated that there is a chart within the system beds attachment (provided previously) that explains who pays for and manages which population. Additionally, DMH and DVHA has worked through the plan stated above, which was presented last session and completed in Summer 2016. A copy of the plan and findings were provided earlier this week. Please let me know if it was not received.

*It appeared from your budget slides that DMH funds all Level 1 beds. That was the only inpatient category identified in the budget chart. You believed that DMH also funded other involuntary inpatient care, and were going to check on that. In addition, I believe that hospitalization of CRT clients may be under the DMH budget (whether or not involuntary), but there was no apparent budget line; are they included under the CRT program budget/ case rate?*

- Commissioner Bailey stated that she was incorrect, and that Rep. Donahue was correct that DMH funds Level 1 hospitalizations and hospitalizations for Medicaid-funded CRT clients. The CRT inpatient figure is included in the CRT section of the pie chart. The inpatient costs are approximately \$3.2 million, or 5.4% of the total CRT budget.

*It would also be helpful to have the comparative per day cost for the VPCH, the other Level 1 beds, non-Level 1 inpatient, and the secure residential program.*

- VPCH - \$2,277 per bed per day
- BR - \$1,425 per bed per day
- RPMC - \$1,375 per bed per day
- MTCR - \$1,272 per bed per day

*Finally, I would appreciate having the most recently available data on involuntary transport, with the breakdown on use of restraints by sheriff department. Rep. Hooper would also like a copy of this.*

- Commissioner Bailey stated that we would provide you this information. Please see below. I will make sure Rep. Hooper also receives a copy.

Transports to Psychiatric Unit (July 1 2016 - February 24 2017)															
Sheriff Dept.	ADULT Transports				MINOR Transports				Total				Soft/none %		
	metal	None	soft	(blank)	metal	None	soft	metal	None	soft	(blank)	Total			
Addison Sheriff	1	4			5		1	1	1	5	0	0	6	83%	
Bennington Sheriff		3			3				0	3	0	0	3	100%	
Caledonia Sheriff	3	6			9				3	6	0	0	9	67%	
Chittenden Sheriff	9	11	6		26				9	11	6	0	26	65%	
Franklin Sheriff	5				5				5	0	0	0	5	0%	
Lamoille Sheriff		44	3		47		6	6	0	50	3	0	53	100%	
Orange Sheriff	1				1				1	0	0	0	1	0%	
Orleans Sheriff			1		1				0	0	1	0	1	100%	
Rutland Sheriff		5	1		6		5	5	0	10	1	0	11	100%	
Washington Sheriff	3	2	4		9	1	1	1	3	4	3	5	0	12	67%
Windham Sheriff		2	17	2	21			4	4	0	2	21	2	25	92%
Windsor Sheriff	2	8			10				2	8	0	0	10	80%	
<b>Grand Total</b>	<b>24</b>	<b>85</b>	<b>32</b>	<b>2</b>	<b>143</b>	<b>1</b>	<b>13</b>	<b>5</b>	<b>19</b>	<b>25</b>	<b>98</b>	<b>37</b>	<b>2</b>	<b>162</b>	<b>83%</b>

There was an additional request for data related to the flow of events from emergency exam to discharge, including orders of non-hospitalization. I am working with our general council and our attorney general to generate a graphic that explains the process, but here are the numbers:

Total MH discharges (2012 last number)	Total holds (EE and forensic) (2016)	Total holds placed inpatient (2016)	Total OH (2016)	Total IVM filings (2016)	Total ONHs (2016)
~4,900	679	597	90	96	261

A few notes:

- Total MH discharges is from general hospital discharge data maintained by VDH and data submitted by Brattleboro Retreat and Vermont Psychiatric Care Hospital. It includes all MH-related discharges regardless of legal status.
- Total ONHs includes ONHS that are have been continuously renewed and those as a result of a discharge in 2016. I am working to separate the two but there are no data elements that automatically distinguish the two at the moment.

Thank you,

Emma

*Emma Harrigan*

Quality Management Director

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