



Department of Mental Health

March 28, 2018

Updates on Current Work

- Funding is in current budget bill for street outreach/mobile crisis expansion therefore DMH will continue working with regions to secure matching funds
- Exploring sites for permanent and expanded secure residential continues with several sites being evaluated and still exploring temporary forensics
- Discussions with designated hospitals on their willingness to expand inpatient capacity
- Funding is in current budget bill for homeless population. We continue to work with DAs/SSAs on options.

Other Committee Questions*

- *Progress in identifying solutions to needs demonstrated by ED back-ups?*
 - *We will continue to work with DAs, SSAs and Hospitals to identify themes in ED back ups. In data provided later you will see the numbers continue to fluctuate and does not include voluntary.*
 - *Exploring expanding secure residential and changing Emergency Involuntary Procedures*
- *What do we call patients in Middlesex?*
 - *Individuals who live at Middlesex Secure Residential*

**questions provided by Senate Health and Welfare Committee*

Other Committee Questions*

- *We hear VPCH is half full of patients who are "dangerous" and that they regularly present major challenges in E(mergency) D(epartment).*
 - *Patients at VPCH rarely if ever go to the ED.*
 - *In 2017 there were 17 court orders who went to the ED, presented with challenging behavior. Additionally some individuals who were at EDs involuntary also presented with challenging behavior*
- *Do forensic patients routinely stay longer than others?*
 - *Adult Involuntary Inpatient Stays by Calendar Year –Average LOS for discharged patients by legal status*

Year	Civil	Forensic
2011	21.66	27.11
2012	29.89	44.09
2013	31.70	49.54
2014	38.64	91.78
2015	38.90	70.69
2016	33.14	44.78
2017	34.15	63.24

*Definition of forensic vs physically dangerous patients**

- **Forensics** – psychiatric care for individuals with criminal involvement. There are four categories of individuals who receive “forensics” psychiatric care. The proposal in the Governor’s recommended budget for a temporary forensic facility would have been for hospital level of care provided by DMH.
 - Individuals who are awaiting a psychiatric evaluation as part of a trial
 - Individuals who have been found incompetent to stand trial
 - Individuals who were tried and found not guilty by reason of insanity
 - Individuals who have been convicted and are in DOC custody who develop the need for acute psychiatric care on either a voluntary or involuntary basis
- **Physically dangerous** may or may not have criminal justice involvement. They present at risk through past behavior including assaults on staff or other individuals at the hospital

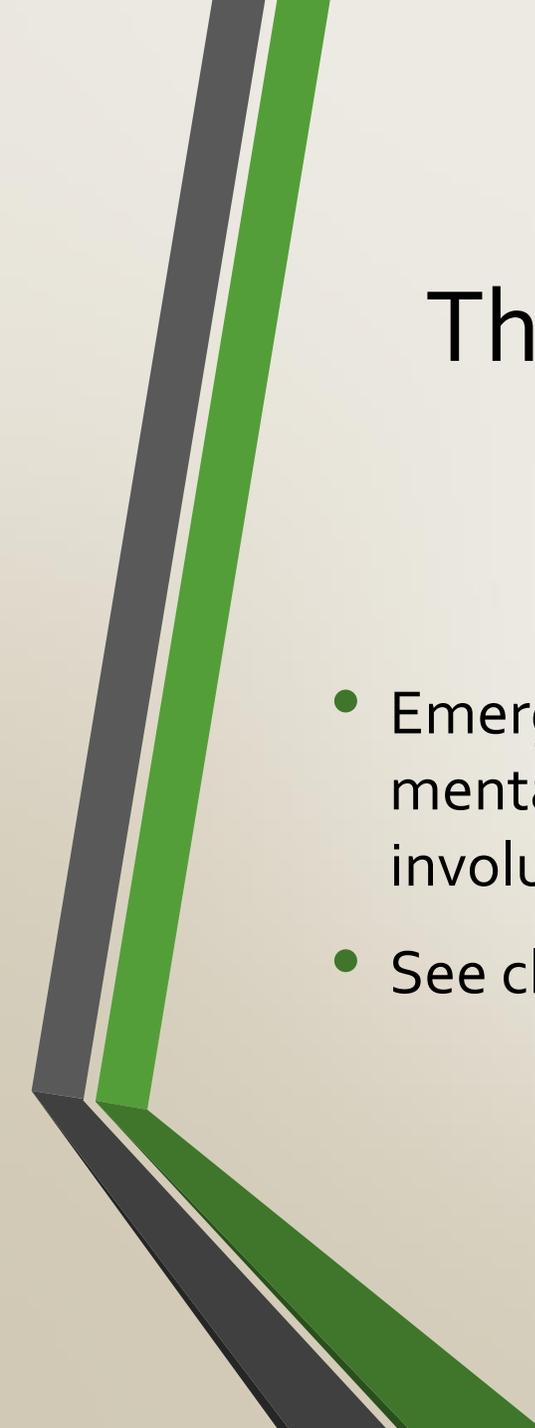
What we may need from the Legislature

- Emergency Involuntary Procedure rule changes
- Support our work with Agency of Education on school violence
- Create the right opportunity to address trauma
- Continued support in exploring additional inpatient and secure residential resources

The impact of the funding put in the system for FY18 and its effects on the workforce

According to Vermont Care Partners :

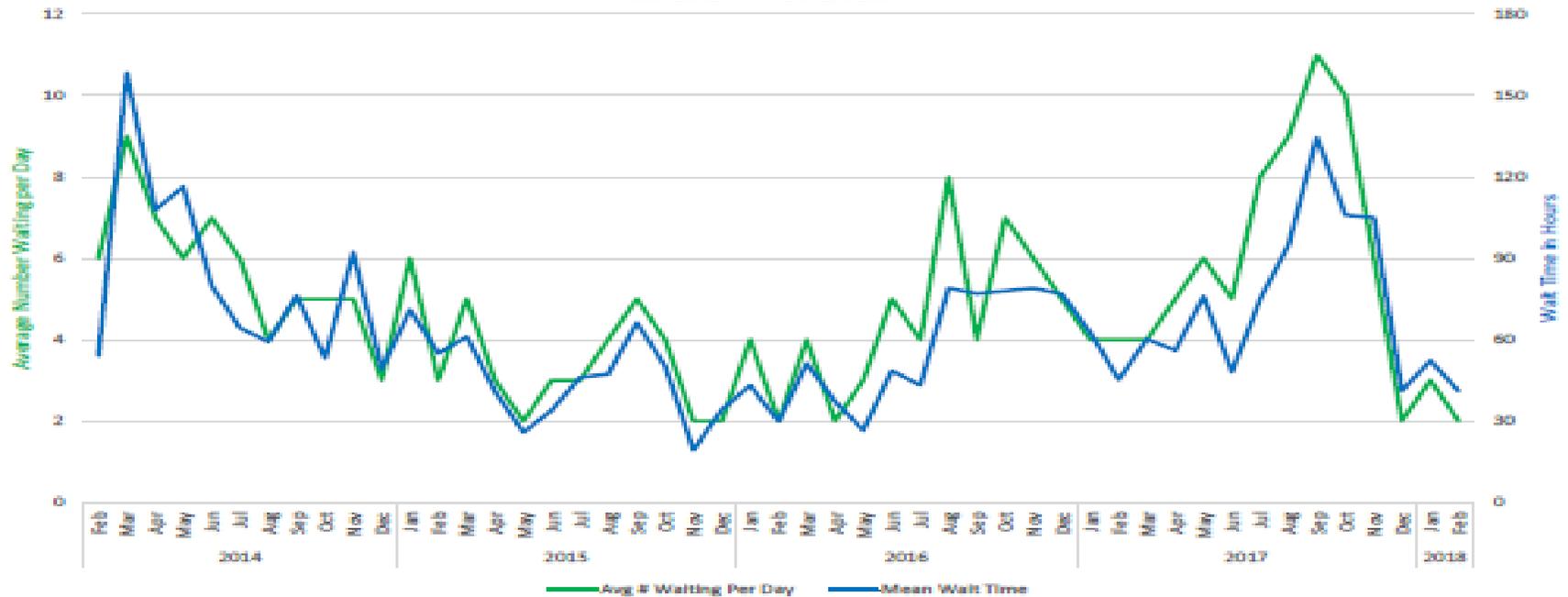
- 2000 staff got raises, sometimes as high as \$5,000 - they now earn a minimum of \$28,000/year
- Morale is improving for the staff affected – the staff felt heard and supported
- Turnover rates in FY'18 are continuing to show improvement, including the crisis staff
- FY17 staff turnover rate decreased from 26.3% to 23.8%
- FY18 staff turnover and vacancy rates are decreasing for positions which received the minimum wage increase



The status of the use of Emergency Rooms

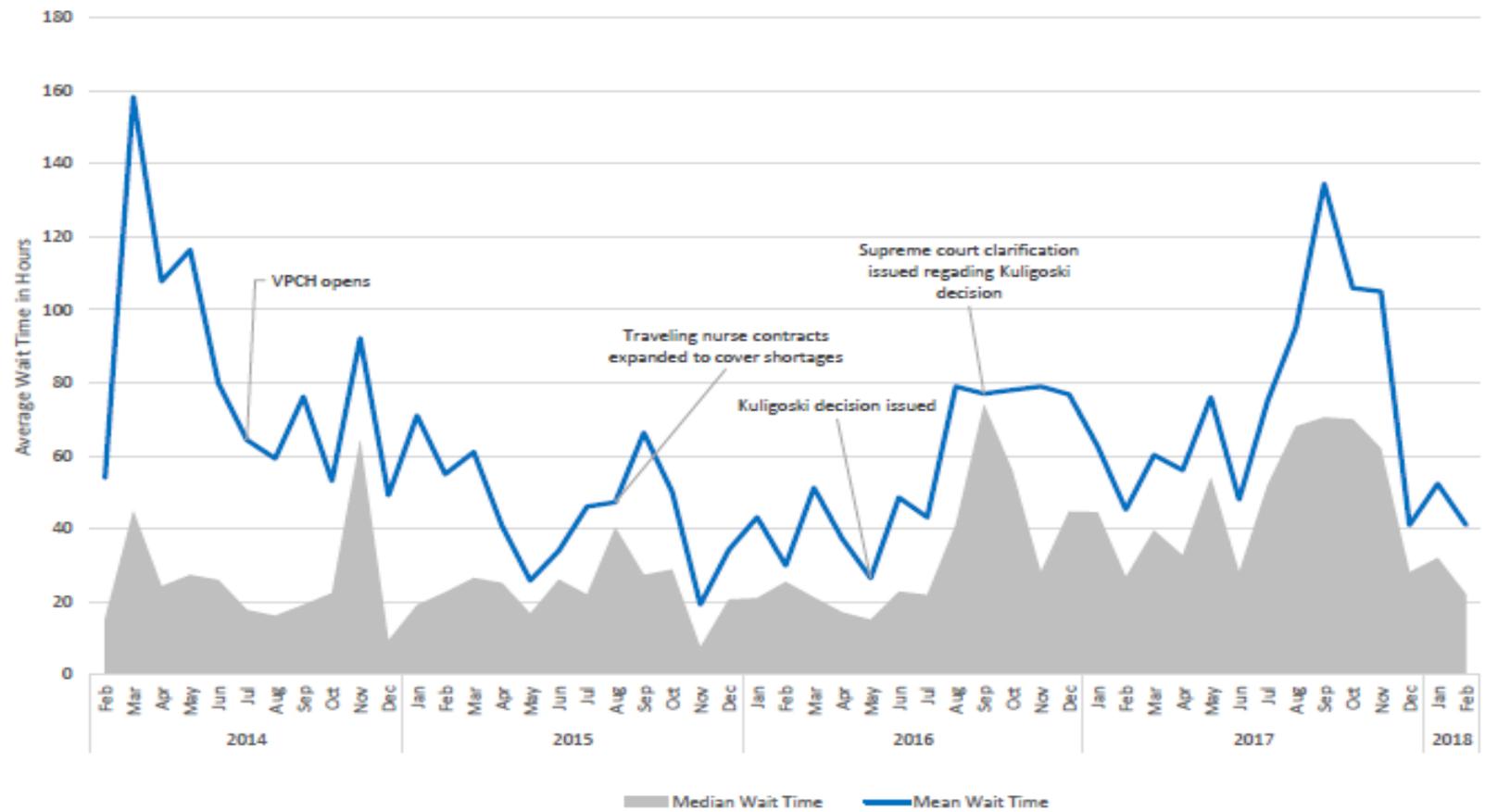
- Emergency Departments continue to have individuals with a variety of mental health and social service needs. This includes individuals who are involuntary and voluntary at the ED.
- See charts next

**Comparison of Wait Time to Average Numbers of People Waiting
Inpatient Placement for Adult Emergency Exams, Warrants, and Forensic Observations
Feb 2014 - Feb 2018**



Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCOH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for persons on court ordered forensic observations, on warrant for immediate examination, or applications for emergency exam. Wait times are point in time and based on month of disposition for persons who had a disposition to a psychiatric inpatient unit. Average number waiting per day is based on the VPCOH admissions unit morning update report and end of shift reports regarding persons awaiting inpatient placement.

Mean and Median Wait Time Inpatient Placement for Adult Emergency Exams, Warrants, and Forensic Observations Feb 2014 - Feb 2018



Average number of Individuals involuntarily, warrant and court orders			
and the average number of hours waiting in EDs			
	Number of individuals waiting	Avg. number of hours waiting	Avg. number of days waiting
July	8	75	3.1
Aug	9	95	4.0
Sept	11	135	5.6
Oct	10	106	4.4
Nov	6	105	4.4
Dec	2	41	1.7
Jan	3	52	2.2
Feb	2	41	1.7

These numbers do not include individuals who are voluntary. These numbers represent averages and some days there were outliers