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MEMORANDUM

TO: Representative William J. Lippert Jr., Chair, Health Care Committee; Representative Anne Donahue, Vice Chair, Health Care Committee

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: March 16, 2021

SUBJECT: Follow-up from testimony

During previous testimony there were questions from the Committee regarding the levels of care and transitions for individuals in the mental health system of care. Please let us know if you have any questions about these responses.

1. ***What is the number of persons at Vermont Psychiatric Care Hospital who entered care on a criminal court order of hospitalization.*** **Please find below data reflecting current point in time data at VPCH and all Level One care facilities:**

	Current Level One Patients	Forensic Order of Hospitalization
Vermont Psychiatric Care Hospital	15	5
Rutland Regional Medical Center	6	1
Brattleboro Retreat	12	1
Total Level One	*33*	*7*

2. ***What are post-discharge success rates and how do those compare for persons leaving the secure facility [Middlesex] to non-secure facilities [Intensive Recovery Residences].***

Our goal is to provide individuals the clinical care and support that they need to lead successful lives back in their communities. Individuals stepping down from the most acute treatment programs frequently have a clinical need to be in an environment that offers them the latest evidence-based, therapeutic approaches to support focused development of basic daily living skills and social activities.

Outcome measures

Post-discharge success is based on each program vision and goals-which can vary widely due to the various treatment needs and options across a continuum of care. For any type of healthcare program there are several variables that can be measured. For example:

- Length of time for successful transition/discharge to a lower level of care
- Recidivism rates either back to program or higher level of care
- Staff turnover rates
- Patient satisfaction rates
- Family or SO satisfaction rates
- Adverse events during admission including EIPs if relevant
- Scores on learning new community living skills including vocational skill.
- Completed or progress for GED or college programs if available
- Completion of a Wellness Recovery Action Plan (WRAP)
- Scores on psych and SUD symptomology if relevant

The measurement of the successful transition of an individual to their community or to another level of care, is a complicated concept for many states including Vermont. In our system of care, patient-level outcome metrics are set at the program level and may use some of the examples above. The Department takes a population health approach to achieving meaningful outcomes, as reflected by the Results Based Accountability Scorecards.

It is important to note that the secure residence offers programming and clinical staffing to treat a higher level of acuity and psychiatric needs than at unlocked Intensive Recovery Residences. Individuals who step down to the secure residential need a higher level of care than an unlocked residential program and many have been denied by our Intensive Recovery Residences or have previously been at an Intensive Recovery Residence and the program will not or cannot readmit them.

Another key measurement is our ability to transition individuals out of more restrictive inpatient units who are no longer acutely in need of that level of care, and as a result improving access to inpatient beds and improving the flow within the system. This is also a fundamental aim for ensuring individuals are cared for in the least restrictive level of care that they can make successful progress in their overall health and recovery goals.

The research literature notes that transitional step-down programs have demonstrated success in transitioning individuals back to the community-while also freeing up inpatient beds. We would be glad to provide some of this research that informed our planning process, upon request.