



Department of Mental Health

**Hospital Conditions, Patient
Care, and Need for Community
Services**

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Reference Legislation

18 V.S.A. § 7402. Records and reports.

The Commissioner shall keep records of all commitments and admissions to a hospital and shall secure compliance with the laws relating thereto. The Commissioner shall report biennially to the Governor and the General Assembly on the condition of hospitals, on the physical and medical treatment of patients in hospitals, on the need for community services to former patients and persons with a mental condition or psychiatric disability not hospitalized, and on any other matters the Commissioner deems advisable. (Added 1967, No. 305 (Adj. Sess.), § 1, eff. Oct. 1, 1968; amended 1977, No. 257 (Adj. Sess.), § 2; 2005, No. 174 (Adj. Sess.), § 39; 2013, No. 92 (Adj. Sess.), § 302; 2013, No. 96 (Adj. Sess.), § 104; 2023, No. 6, § 200, eff. July 1, 2023.)



Executive Summary

The Department of Mental Health (Department) is committed to improving the mental health and well-being of Vermonters through an integrated system of care that includes hospital-based services, community-based programs, and innovative crisis intervention initiatives. This biennial report fulfills the legislative requirements of 18 V.S.A. § 7402, providing an overview of hospital conditions, patient care, community services, and ongoing efforts to enhance mental health support statewide.

Hospital Conditions and Patient Care

Vermont's mental health care system includes the Vermont Psychiatric Care Hospital (VPCH) and six Designated Hospitals, which provide inpatient care to adults, with the Brattleboro Retreat also serving children and youth. The system offers two tiers of care:

- **Level One Care:** Intensive support for individuals with the most complex mental health needs.
- **General Inpatient Care:** Stabilization and treatment for individuals requiring consistent clinical support.

The Department monitors hospital performance using metrics such as occupancy rates, seclusion and restraint usage, readmission rates, and patient outcomes. This data-driven approach ensures high-quality care and continuous improvement.

Community-Based Care

Community-based care is central to Vermont's mental health system, supporting individuals in the least restrictive environment. Services include:

- **Community Residential Settings:** Transitional and long-term support for individuals leaving hospital care.
 - **Crisis Stabilization Beds and Outpatient Services:** Immediate and ongoing support through Designated and Specialized Service Agencies.
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Crisis Intervention Initiatives

The Department has implemented programs to address mental health crises effectively:



- **988 Suicide and Crisis Lifeline:** Available 24/7, this service provides free, confidential support and received 1,465 calls in November 2024. Specialized support lines serve Spanish speakers, veterans, and LGBTQ+ individuals.
 - **Mobile Crisis Program:** Launched in January 2024, this community-based service has handled over 2,287 encounters, with 93.6% receiving a response within 60 minutes. Mobile teams provide intervention, assessments, stabilization, and referrals.
 - **Alternatives to Emergency Departments:** Vermont supports six mental health urgent care centers, which have provided over 1,200 services in the past six months. These centers reduce emergency department visits by offering targeted crisis support in a safe and supportive environment.
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Conclusion

The Department emphasizes community-based services while maintaining robust inpatient care for those with acute needs. By integrating innovative crisis interventions such as the 988 Lifeline and Mobile Crisis Program with comprehensive outpatient and residential care, the Department ensures Vermonters have access to effective, compassionate mental health support. The Department remains committed to continuous improvement and meeting emerging challenges in mental health care delivery.

Note on Data Reporting and Timeliness

The Department of Mental Health is committed to providing the most accurate and up-to-date data available. However, some performance measures may be subject to reporting delays due to the time required for data collection, validation, and processing. As a result, certain metrics in this report reflect the most current data at the time of publication but may not align with the reporting period's full timeframe. The Department continuously reviews opportunities to minimize data lag and improve real-time reporting.



Overview

The **Mission** of the Department of Mental Health (the Department) is to promote and improve the health of Vermonters. The Department resides under the Agency of Human Services and has the same critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.

Our Vision: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Note on Data Reporting and Timeliness

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Conditions of Hospitals and Patient Care in Hospitals

The Department currently operates Vermont's only state-run psychiatric inpatient facility, [Vermont Psychiatric Care Hospital](#) (VPCH). In addition to VPCH, there are six [Designated Hospitals](#) that provide psychiatric inpatient care in Vermont. All six hospitals provide services to adults while the Brattleboro Retreat also provides inpatient services to children and youth, including those patients under the custody of the Commissioner of Mental Health, also known as involuntary hospitalization.

To meet the needs of patients, the Vermont system uses two tiers of care:

Level One care, which is for individuals who require the most intensive level of clinical support and services within the system, and

General inpatient units, which are for individuals facing significant mental health challenges and struggling to manage the symptoms to a degree that requires consistent, intensive clinical care and support.

All levels of care seek to ensure an individual's safety and well-being in daily living to support their recovery journey.



The Department regularly collects, analyzes, and reports on multiple performance measures to ensure patients with mental health-related conditions are treated with the highest quality of care possible. These performance measures are built within the [Results Based Accountability \(RBA\)](#) framework to evaluate the performance of programs and initiatives, as well as make data-driven decisions. RBA is a key component of achieving value-based care in an integrated system.

The following RBA scorecards include performance measures monitoring the conditions of Designated Hospitals and VPCH:

- **The Department of Mental Health (DMH) Scorecard**
 - Number of Level 1 Admissions
 - Percent Occupancy of Adult Inpatient Hospital Units
 - Length of Stay for Discharged Clients from Involuntary Inpatient Units
 - Number of Hours of Restraint per 1,000 Patient Hours
 - Number of Hours of Seclusion per 1,000 Patient Hours
 - 30-Day Readmission Rates for Discharged Involuntary Inpatient Clients

- **Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals**
 - All Emergency Involuntary Procedures in Psychiatric Units
 - Number of Hours of Restraint per 1,000 Patient Hours
 - Number of Hours of Seclusion per 1,000 Patient Hours
 - Number of Hours of Seclusion and Restraint per 1,000 Patient Hours
 - Emergency Involuntary Procedures for Involuntary Patients
 - Number of emergency involuntary procedures for involuntary patients
 - Number of hours of emergency involuntary procedures for involuntary patients
 - Average number of minutes for each emergency involuntary procedures for involuntary patients

- **Vermont Psychiatric Care Hospital (VPCH) Outcomes**
 - Average length of stay in days for discharged patients
 - Percentage of discharges readmitted involuntarily within 30 days of discharge
 - Rate of Seclusion and Restraint per 1,000 Patient Hours
 - Percentage of patients with no emergency involuntary procedures during their stay
 - Percentage of medication errors reaching the patient (of all medications administered)
 - Number of employee injuries (moderate severity or greater)

- **DMH System Snapshot**



- Adult Inpatient Hospitalization
 - Percent occupancy of adult inpatient hospital units
 - Percent occupancy of available adult inpatient hospital beds
 - Number of closed adult inpatient beds per day (average)
 - Percentage of all adult inpatient bed days used for involuntary care
 - Percentage of medication errors reaching the patient (of all medications administered)
 - Number of Emergency Examination applications for adults (ages 18 years and older)
- Level 1 Inpatient Care
 - Percent occupancy of Level 1 adult inpatient hospital units
 - Number of Level 1 Admissions
- Youth Inpatient Hospitalization
 - Percent occupancy at youth inpatient hospital units
 - Percent occupancy of available youth inpatient hospital beds
 - Number of instances where inpatient placement was unavailable, and youth was held in the emergency dept.
 - Number of closed youth inpatient beds per day (average)
 - Number of Emergency Examination applications for youth (ages 0-17 years)
 - Average number of youth awaiting inpatient placement for youth Emergency Examinations, Medicaid Voluntary, and forensic observations, including emergency departments
 - Average wait time in hours for youth awaiting inpatient placement via Emergency Examinations, Medicaid Voluntary, and forensic observations
- **DMH Continued Reporting**
 - Total Adult Involuntary Inpatient Care
 - Total Number of Involuntary Inpatient Admissions
 - Total Number of Involuntary Inpatient Discharges
 - Length of Stay for Discharged Clients from Involuntary Inpatient Units
 - 30-Day Readmission Rates for Discharged Involuntary Inpatient Clients
 - Level 1 Inpatient Care
 - Average daily census for Level 1 services
 - Number of Level 1 Admissions
 - Number of Level 1 admissions to non-Level 1 units
 - Number of Level 1 discharges
 - Highest Level 1 census during time period
 - Percentage of people admitted involuntarily that are Level 1
 - Percentage of involuntary bed days that are for Level 1 stays
 - Adults Waiting for Involuntary Inpatient Care
 - Average Number of Adults Awaiting Involuntary Inpatient Placement, including in Emergency Departments

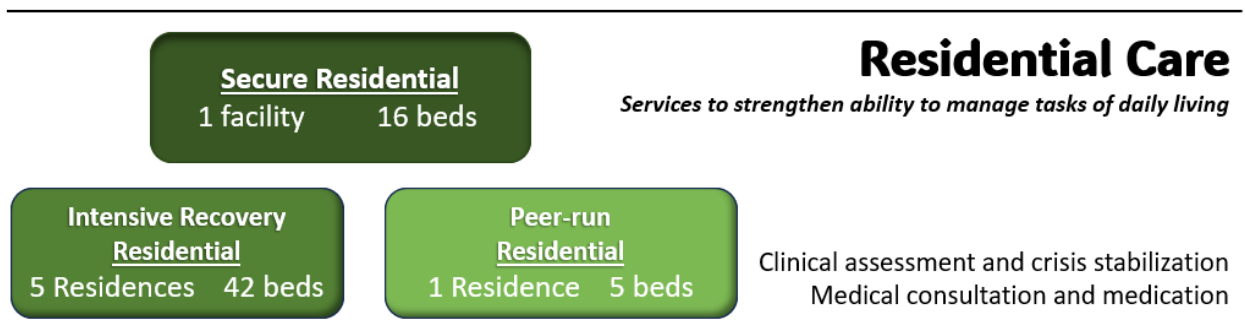


- Number of adults waiting for involuntary inpatient placement (total)
- Average Wait Time in Hours for Adults Awaiting Involuntary Inpatient Placement, including in Emergency Departments
- Number of hours of wait time for adult involuntary inpatient admissions waiting more than 48 hours (average)
- Number of hours of wait time for adult involuntary inpatient admissions waiting less than 48 hours (average)

Need for Community Services

Mental health is important to everyone’s overall health and well-being. The presentation and management of mental health challenges vary widely among individuals, necessitating a comprehensive spectrum of care and services to meet the needs of Vermonters. The Department strives to support the system of care to deliver those services in the most integrated, least restrictive setting for individuals to safely and effectively achieve their health goals.

Community-Based Residential Care



Community residential settings provide both transitional and longer-term supports, with a length of stay at residential programs averaging between 12-to-18-months. These services meet an essential need for many individuals who are ready to leave hospital levels of care, but still require intensive support before taking steps toward independent living.

Other Community-Based Care



Crisis Beds
 12 facilities 38 beds

Group Residential Homes
 19 Homes 152 beds

Shelter and Care Vouchers
 DMH Housing Vouchers

Outpatient Care
 10 Designated Agencies 2 Specialized Service Agencies

Community-based Care

Services for people seeking mental health care or in crisis

- Clinical assessment and crisis stabilization
- Medical consultation and medication
- Service planning and coordination
- Individual, family, and group therapy
- Housing and home supports
- Employment services
- Peer programming

Community-based care is a cornerstone of the Vermont mental health system of care to serve Vermonters safely and effectively within their respective communities. The continuum of care encompasses crisis stabilization beds, residential care settings, and outpatient care through [Designated Agencies and Specialized Service Agencies](#).

The following RBA scorecards include performance measures monitoring occupancy and utilization for community programs:

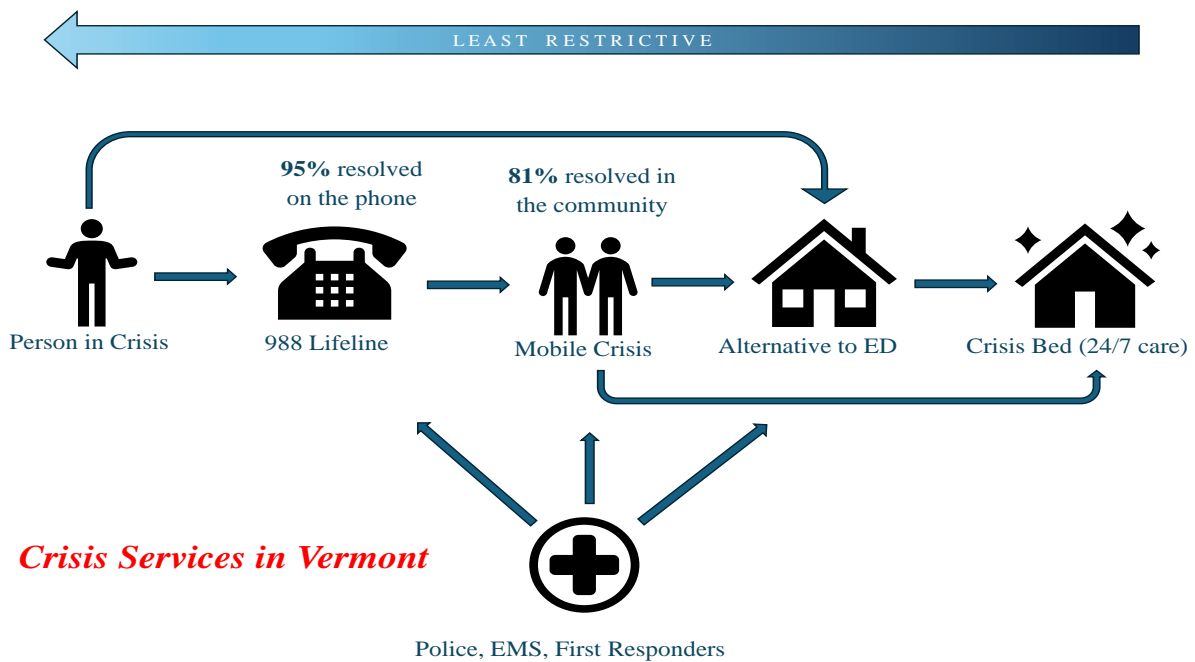
- [The Department of Mental Health Scorecard](#)
 - **Community Services**
 - [Adult Outpatient Programs](#)
 - Number of Adults Served in Designated Agency Adult Outpatient Programs
 - Number of Case Management Services by Adult Outpatient Programs
 - Percentage of Adults Improved Upon Discharge from Adult Outpatient Programs
 - [Community Rehabilitation and Treatment \(CRT\)](#)
 - Number of Adults Served in CRT Programs.
 - Number of new CRT enrollees
 - Number of inpatient psychiatric bed days for CRT clients
 - Percentage of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge
 - Percentage of working age CRT clients who are employed
 - [Children, Youth, and Family Services \(CYFS\)](#)
 - Number of children and youth served in CYFS
 - Percentage of Children and Youth Receiving Respite Services in their homes
 - [Emergency Services](#)
 - Number of People Served by Emergency Services



- Number of involuntary admissions via Emergency Examinations
- Percentage of people receiving non-emergency services within 7 days of emergency services
- Percent Occupancy of Available Designated Agency Adult Crisis Bed

Strengthening the Community-Based System of Care

The Department is engaged in initiatives to strengthen the community-based system of care, particularly in regard to mental health crises, providing a continuum of services to support those in crisis before their level of acuity rises to the need for a hospital level of care.

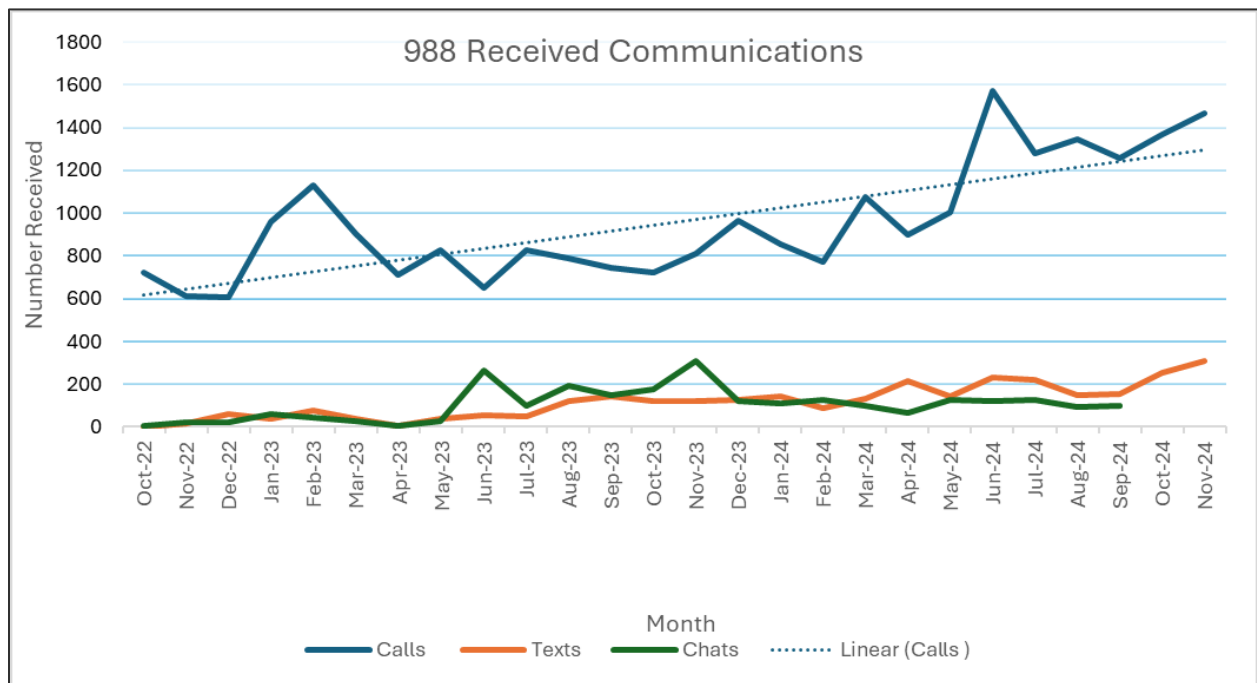


This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.

988 Suicide and Crisis Lifeline



The Department is proud to offer 24/7 support for in-state 988 calls, texts, and chats. The 988 Suicide and Crisis Lifeline provides free and confidential assistance to all Vermonters who may be experiencing a self-defined crisis. Calls are directed to local Vermont centers when the caller has an 802-area code or is physically present in Vermont while using Verizon or T-Mobile. Additionally, the 988 service includes connections to the Spanish line, Veterans line, and LGBTQ+ line, ensuring that diverse needs are met. We are encouraged to see a steady increase in the number of 988 calls as more individuals become aware of this vital resource. In November 2024, Vermont received a total of 1,465 calls.



*Starting October 2024, chats and texts are reported as one data point.

Community-Based Mobile Crisis

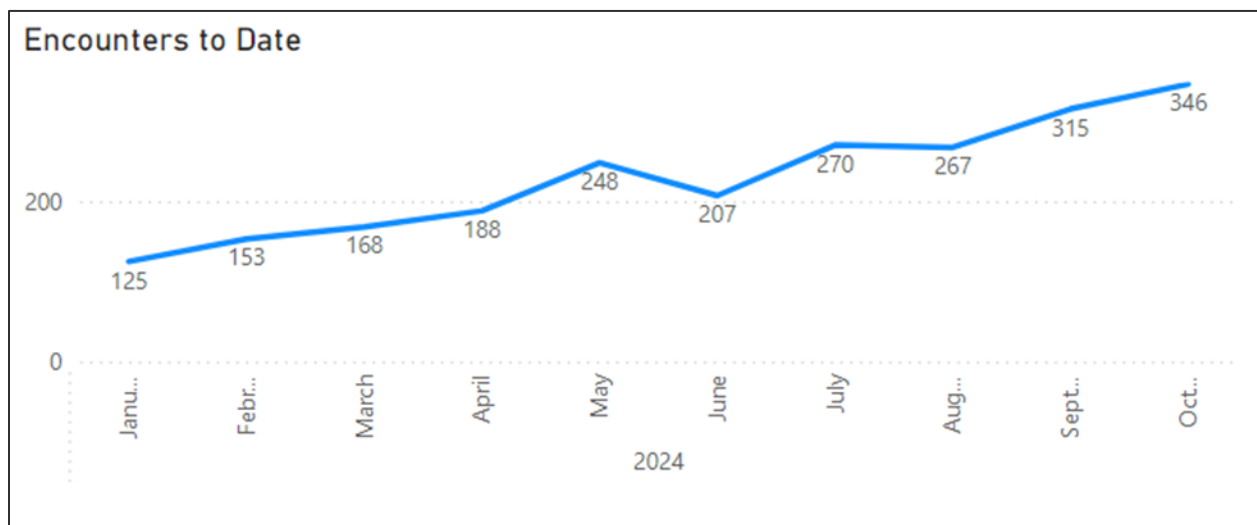
The Department launched the Mobile Crisis initiative successfully on January 1, 2024. Health Care and Rehabilitation Services (HCRS) serves as the lead agency for this important initiative and works in collaboration with nine Designated Agencies to provide services across the state. This program is available around the clock, 24/7, and is designed to assist individuals of all ages, regardless of their circumstances or insurance status.

This service operates within the community, allowing the mobile crisis team to meet individuals in their homes, offices, or other community settings. The team consists of two professionals: a clinician and a co-responder, who may be a peer support specialist or another qualified staff member from one of the agencies.



The Mobile Crisis program offers a variety of essential services, including rapid crisis intervention, screening and clinical assessments, stabilization, and the coordination of referrals to health, social services, or other necessary supports. We are committed to ensuring that individuals receive the assistance they need in a compassionate and timely manner.

As of 2024, there have been at least 2,287 mobile crisis encounters, with a steady increase each month. The primary sources of referrals are self-referrals/family, schools, and police, in that order. Notably, 93.6% of all encounters receive a response within 60 minutes.



Alternatives to the Emergency Department (Mental Health Urgent Cares)

The Department currently supports three mental health urgent care centers for adults, two for youth, and one center that serves both adults and youth, which is operational 24/7, 365 days a year. These programs have been highly successful in reducing Emergency Department visits for community members facing mental health challenges, as they have provided over 1,200 individual services in the past six months. The urgent care centers are committed to growth and expansion to meet national best practice standards and address all necessary needs. These programs create a more supportive environment for crisis intervention.

Conclusion



Vermont's approach to mental health care emphasizes the importance of community-based care, offering a continuum of services to meet individuals' needs at different levels of acuity. The system includes community residential programs that provide transitional and long-term support, and a network of outpatient care through the Designated and Specialized Service Agencies. The integration of mental health services in the community allows individuals to receive care in the least restrictive environment, enhancing their ability to live, work, and participate in their communities. Efforts to strengthen community-based crisis care, such as the 988 Suicide and Crisis Lifeline and the Mobile Crisis initiative, ensure that individuals in crisis have access to timely, compassionate care, reducing the need for emergency hospitalizations.

When an individual does need a hospital level of care, VPCH and the Designated Hospitals provide essential care for significant mental health challenges. The Department actively monitors and reports hospital performance using data-driven measures to ensure that patients receive the highest quality of care, reflecting the Department's commitment to enhancing hospital conditions and ensuring patient well-being.



Appendix A: Expired Legislative Reporting Requirements for Patients Seeking Mental Health Care in Hospital Settings

Orientation to the Data

The Department of Mental Health (the Department) has historically reported on patients seeking mental health care in hospital settings, as mandated by Act 200 of 2018. This reporting included detailed data on individuals seeking voluntary inpatient psychiatric care and emergency department (ED) services.

Although the legislative mandate requiring these reports has expired, the Department recognizes the continued importance of monitoring and sharing relevant mental health data to inform policy and decision-making. As such, the Department is voluntarily submitting the available data for Federal Fiscal Year 2024 (October 1, 2023 – September 30, 2024) as an appendix to other required reporting.

It is important to note that prior reports included supplementary data provided by the Vermont Association of Hospitals and Health Systems (VAHHS), as required under Act 200. With the legislative language no longer in effect, VAHHS is not obligated to submit this data, resulting in a more limited dataset for this report. The data included here represents what is currently available to the Department and is shared to ensure transparency and support evidence-based decisions.

Expired Legislative Language

Below is the original legislative language from Act 200 of 2018, which defined the reporting requirements for patients seeking mental health care in hospital settings. While this language is no longer active, it is included for reference to provide context for the historical scope of reporting:

Act 200 (2018): Patients Seeking Mental Health Care in Hospital Settings

(a) Pursuant to the authority granted to the Commissioner of Mental Health under 18 V.S.A. § 7401, the Commissioner shall collect the following information from hospitals in the State that have either an inpatient psychiatric unit or emergency department receiving patients with psychiatric health needs:

1. The number of individuals seeking psychiatric care voluntarily and the number of individuals in the custody or temporary custody of the Commissioner who are admitted to inpatient psychiatric units, along with the corresponding lengths of stay on the unit.



2. The lengths of stay in emergency departments for individuals seeking psychiatric care voluntarily and for individuals in the custody or temporary custody of the Commissioner.

(b) On or before January 15 of each year between 2019 and 2021, the Commissioner of Mental Health shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare containing the data collected pursuant to subsection (a) of this section during the previous calendar year.

This appendix aims to ensure continuity in data transparency and to provide stakeholders with a clear understanding of the available data and its historical context.

The Number of Individuals in Custody or Temporary Custody of The Commissioner who are Admitted to Inpatient Psychiatric Units and Corresponding Lengths of Stay on Unit.

Adult Involuntary Inpatient Stays on Psychiatric Units

Legal Status	Total # Admissions	Total # Discharges	Total # Bed Days	Length of Stay in Days (Mean)
Involuntary	454	473	16,795	42

The Department regularly collects, analyzes, and reports on multiple performance measures to effectively track and monitor individuals in custody or temporary custody of the Commissioner of Mental Health who are admitted to inpatient levels of care and ensure that these individuals are treated with the highest quality of care possible. These performance measures are built within the [Results Based Accountability \(RBA\)](#) framework to evaluate departmental performance. RBA is a key component of achieving value-based care in an integrated system.

The following RBA scorecards include those adult individuals in custody or temporary custody of the Commissioner of Mental Health within Designated Hospitals and VPCH:

- [Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)
 - Average length of stay in days for discharged patients



- Percentage of discharges readmitted involuntarily within 30 days of discharge
- **Department of Mental Health Continued Reporting**
 - Total Adult Involuntary Inpatient Care
 - Total number of involuntary inpatient admissions
 - Total number of involuntary inpatient discharges
 - Length of stay for discharged clients from involuntary inpatient units
 - 30-Day readmission rates for discharged involuntary inpatient clients

Youth Involuntary Inpatient Stays on Psychiatric Units

Legal Status	Total # Admissions	Total # Discharge	Total # Bed Days	Length of Stay in Days (Mean)
Involuntary	59	54	1,114	15

The Department analyzes and reports multiple performance measures to effectively track and monitor utilization of services and quality of care for youth in custody or temporary custody of the Commissioner of Mental Health who are admitted to inpatient levels of care.

The following RBA scorecards include those youth in custody or temporary custody of the Commissioner of Mental Health:

- **Department of Mental Health System Snapshot**
 - Youth Inpatient Hospitalization
 - Percent occupancy at youth inpatient hospital units
 - Percent occupancy of available youth inpatient hospital beds
 - Number of closed youth inpatient beds per day (average)
 - Number of Emergency Examination applications for youth (ages 0-17 years)



Length of Stay in Emergency Departments for Individuals in Custody or Temporary Custody of the Commissioner.

Adult Emergency Room Waits for Mental Health – Involuntary Legal Status

Patient Type	Total # Discharges	Total # Bed Days	Length of Stay in Days (Mean)
Inpatient ED	103	144	1
Outpatient ED	546	1,009	2
Involuntary Total	649	1,153	2

The Department utilizes multiple performance measures to effectively track and monitor adults on involuntary legal status awaiting mental health care in emergency departments (EDs). For additional information, please see measures listed below.

- [Department of Mental Health Continued Reporting](#)
 - [Adults Waiting for Involuntary Inpatient Care](#)
 - Average number of adults awaiting involuntary inpatient placement, including in emergency departments
 - Number of adults waiting for involuntary inpatient placement (total)
 - Average wait time in hours for adults awaiting involuntary inpatient placement, including in emergency departments
 - Number of hours of wait time for adult involuntary inpatient admissions waiting more than 48 hours (average)

Youth Emergency Room Waits for Mental Health



Patient Type	Total # Discharge	Total # Bed Days	Length of Stay in Days (Mean)
Inpatient ED ¹	-	-	-
Outpatient ED	69	180	3
Involuntary Total	69	180	3

The Department uses multiple performance measures to effectively track and monitor youth who are on involuntary legal status, have Medicaid and are on voluntary status, or being held for forensic observations. For additional information, please see measures listed below.

- [Department of Mental Health System Snapshot](#)
 - [Youth Inpatient Hospitalization](#)
 - Number of instances where inpatient placement was unavailable, and youth was held in the emergency department
 - Average number of youth awaiting inpatient placement for youth Emergency Examinations, Medicaid Voluntary, and forensic observations, including emergency departments
 - Average wait time in hours for youth awaiting inpatient placement via Emergency Examinations, Medicaid Voluntary, and forensic observations

¹ Based on historical methodology for calculating these associated measures, the Department only has data for ED waits for youth at outpatient EDs. Since Brattleboro Retreat is the only inpatient psychiatric level of care for youth and does not have an ED, these data are based on available records for youth seen at other hospital EDs awaiting placement at Brattleboro Retreat.