State of Vermont
Department of Mental Health
Commissioner's Office
Redstone Office Building
26 Terrace Street
Montpelier VT 05609-1101
http://mentalhealth.vermont.gov/

Agency of Human Services

[phone] 802-828-3824
[fax] 802-828-1717
[tty] 800-253-0191

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

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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 Utilzation 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)

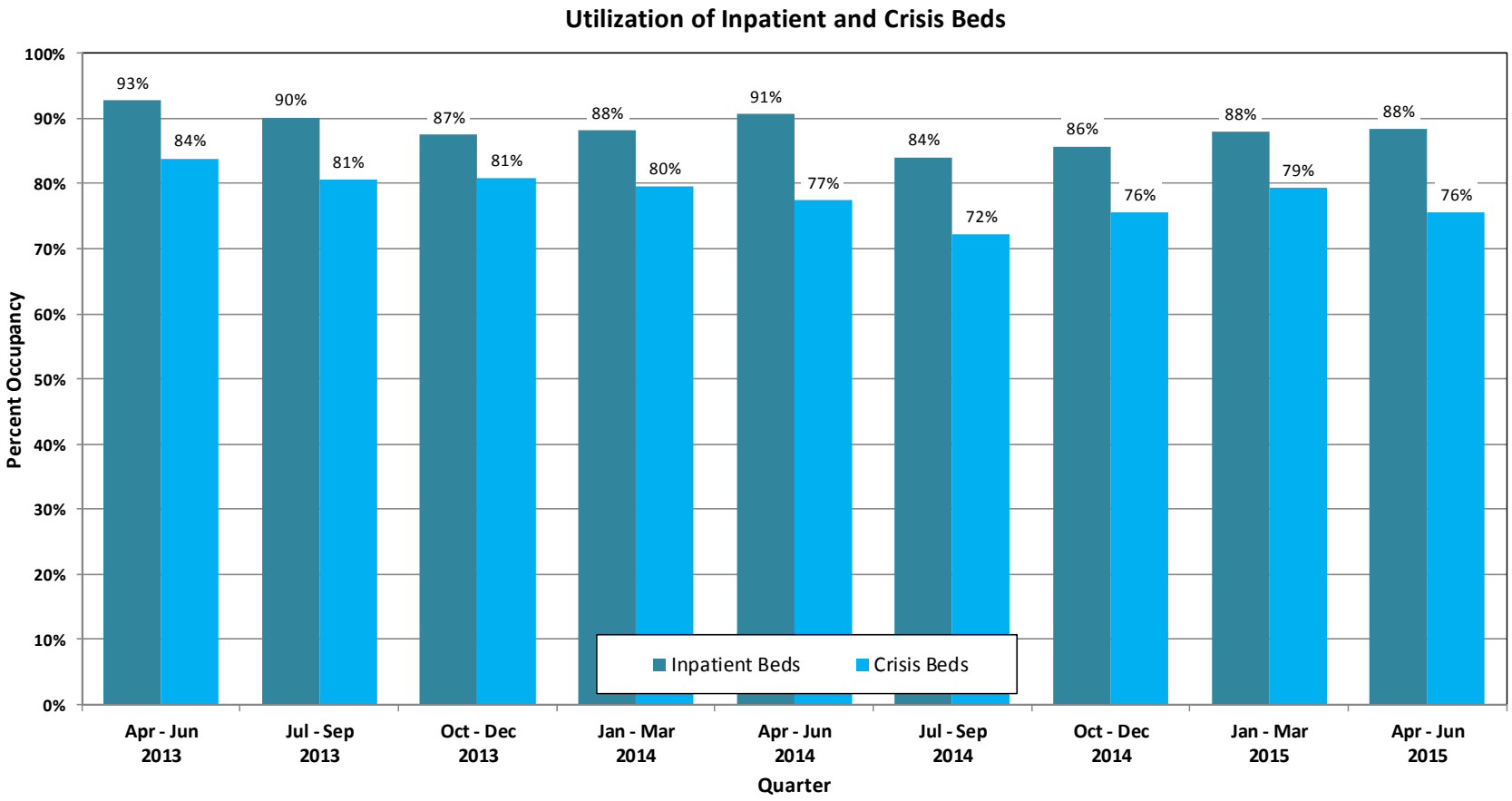
Please direct any inquiries for additional data collection or report content development to Frank Reed, Commissioner of the Department of Mental Health; frank.reed@state.vt.us.

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.

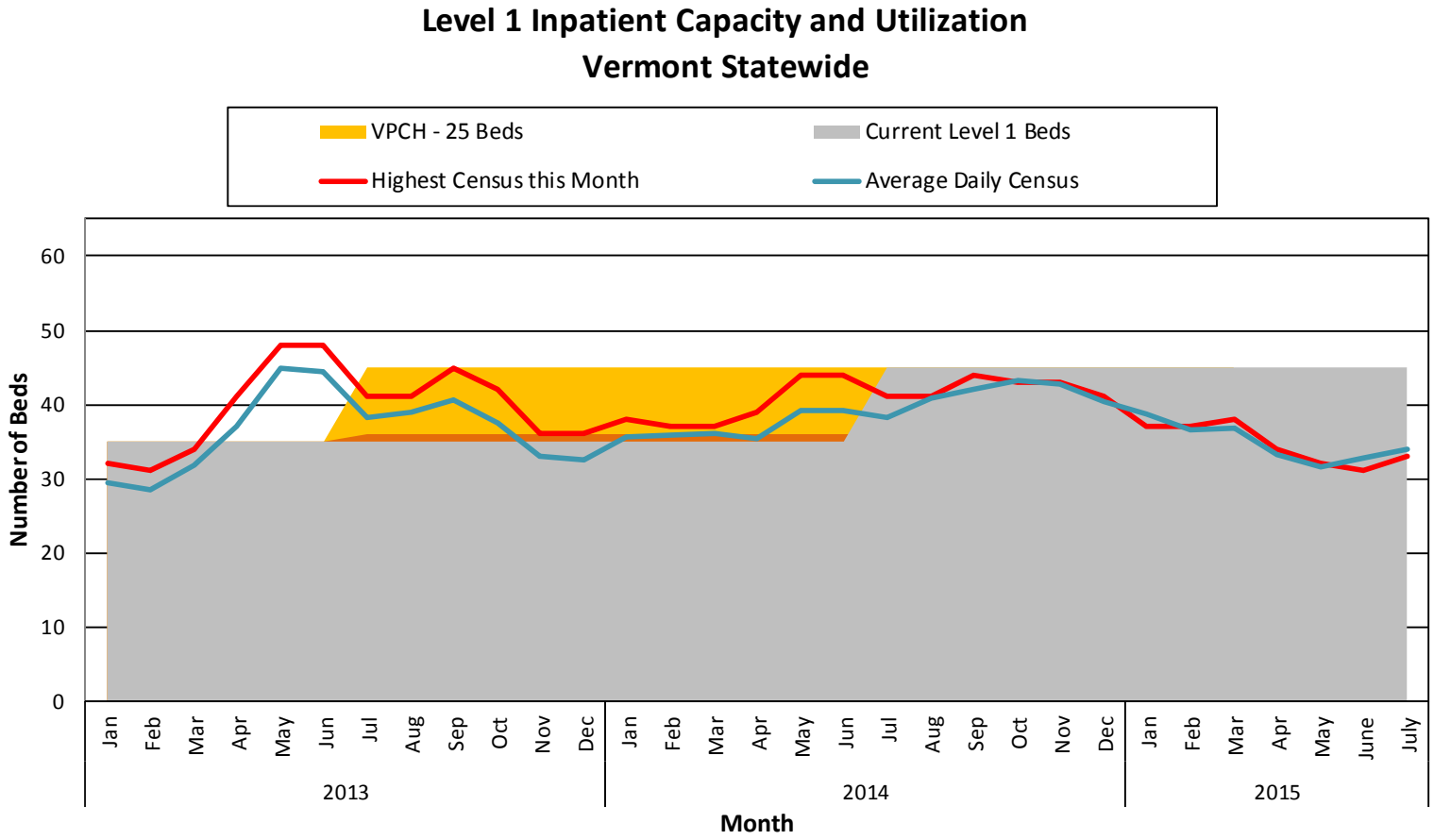
Level 1 Inpatient Capacity Utilization Statewide and by Hospital (Part 1 of 2)

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

	2014						2015						
SYSTEM TOTAL	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)

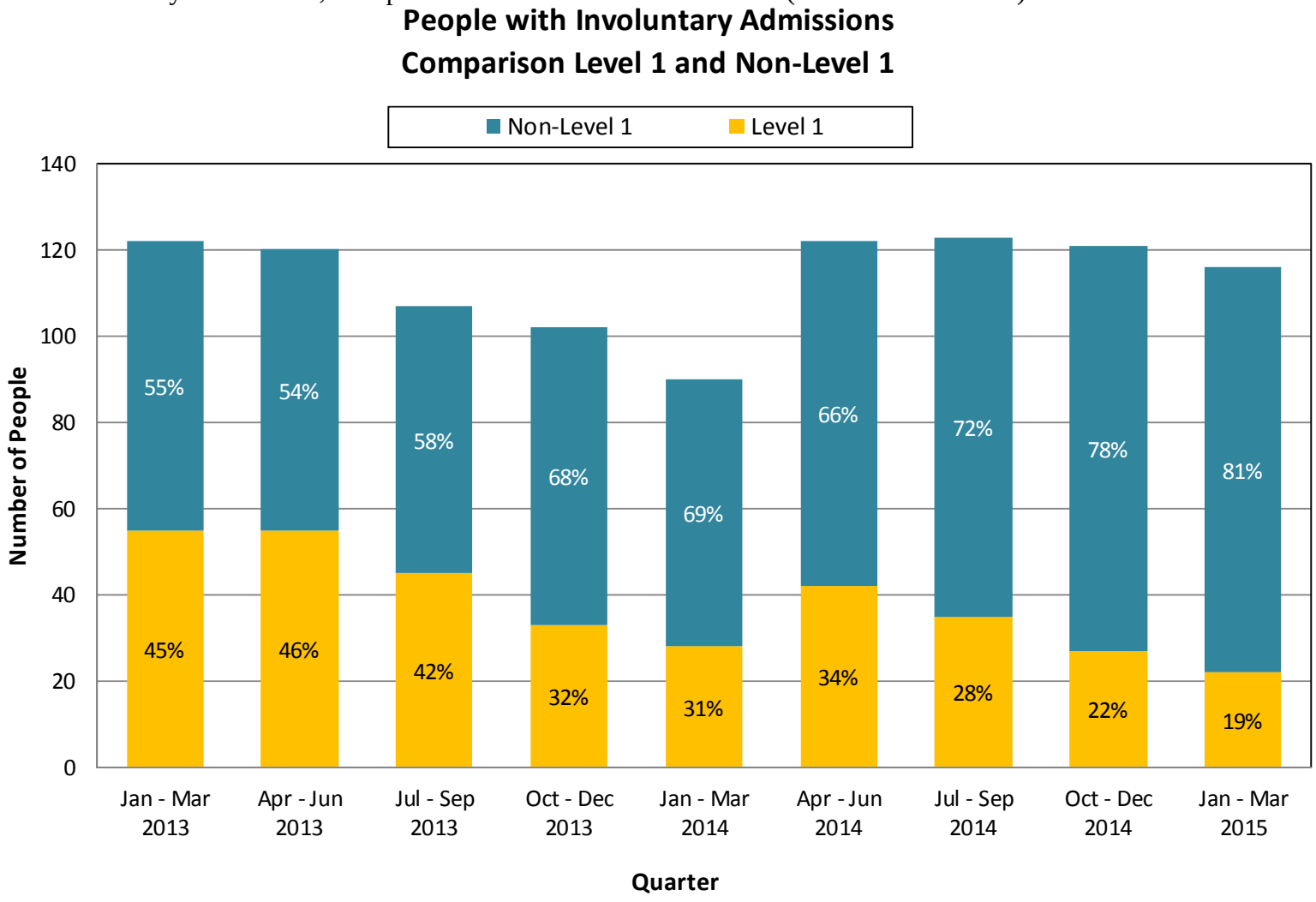


GMPCC opened 8 Level 1 beds in January 2013

RRMC opened 6 Level 1 beds in April 2013

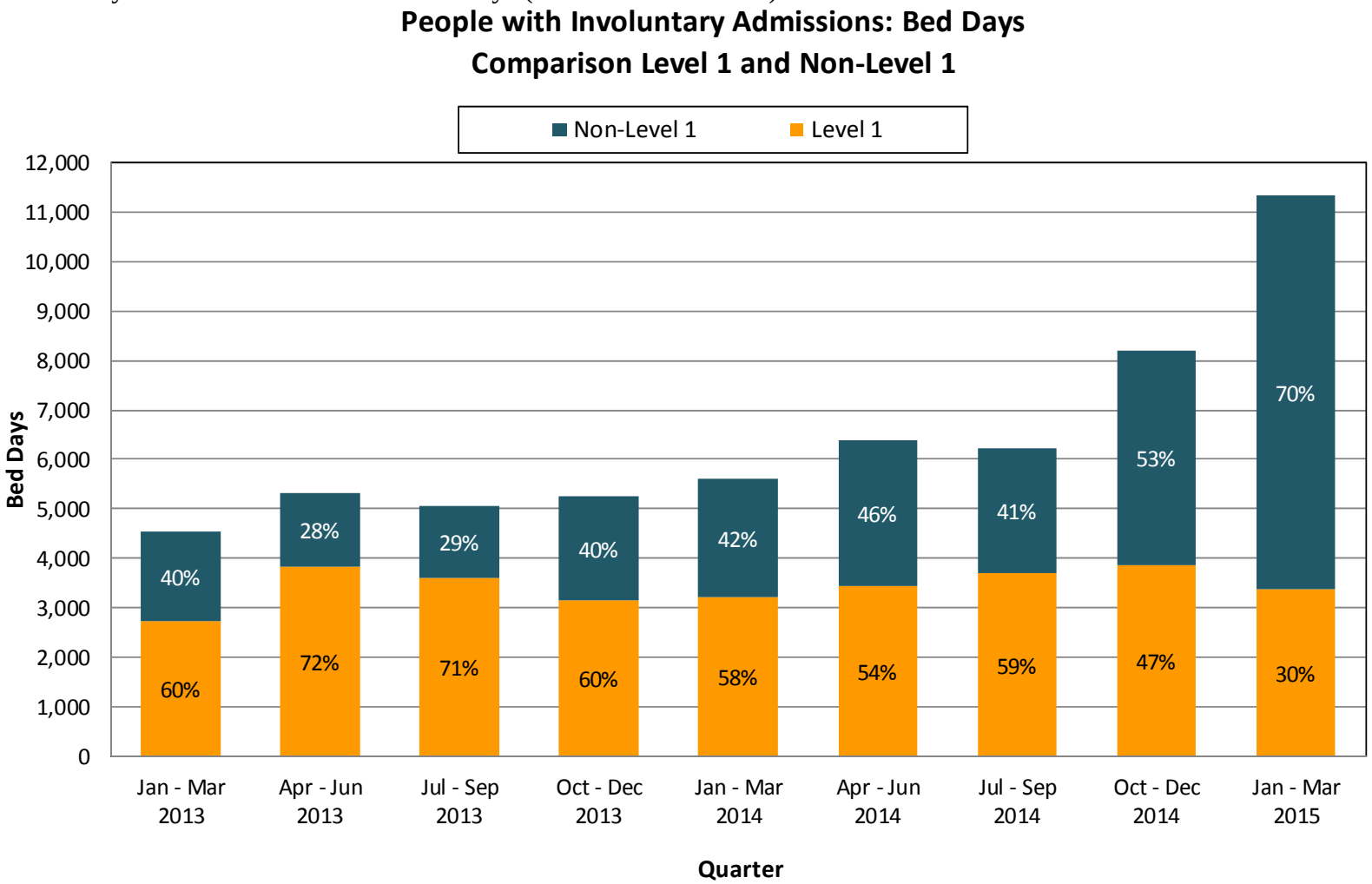
Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with 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)



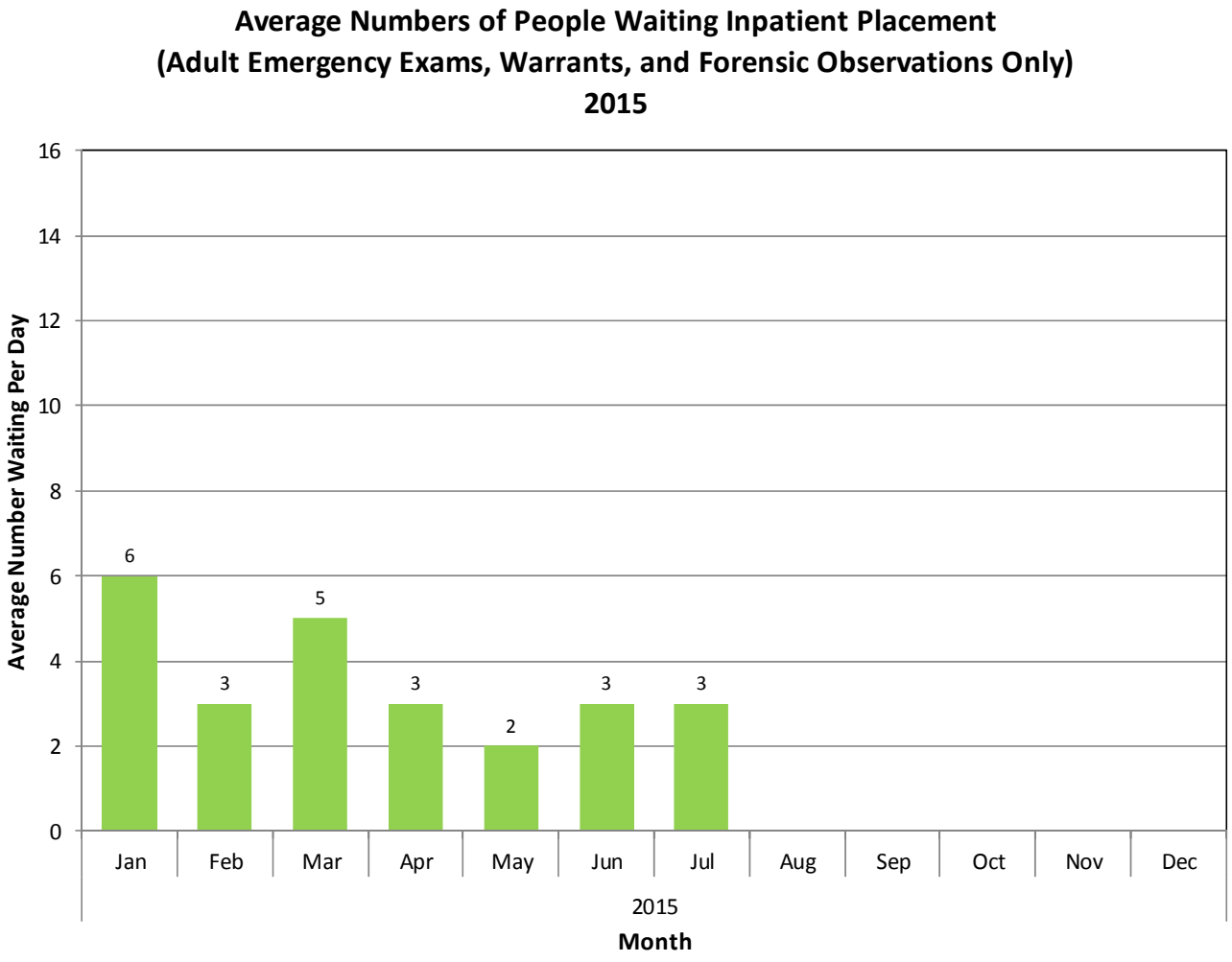
Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. 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)



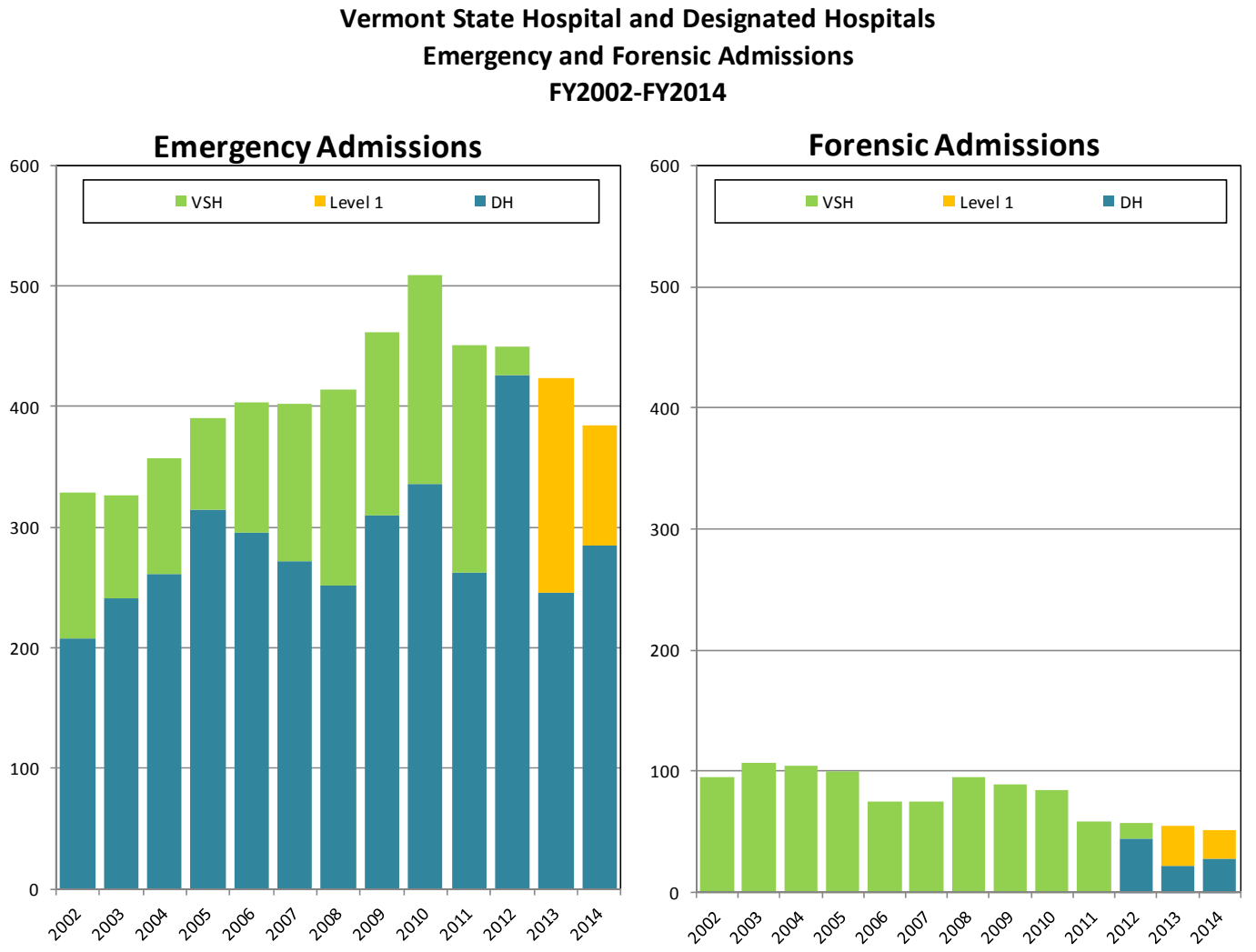
Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA) for psychiatric hospitalizations with Level 1 Designations, and adult inpatient psychiatric tracking spreadsheet maintained by the Department of Mental Health (DMH), Care Management Unit. 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)



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)



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

	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.

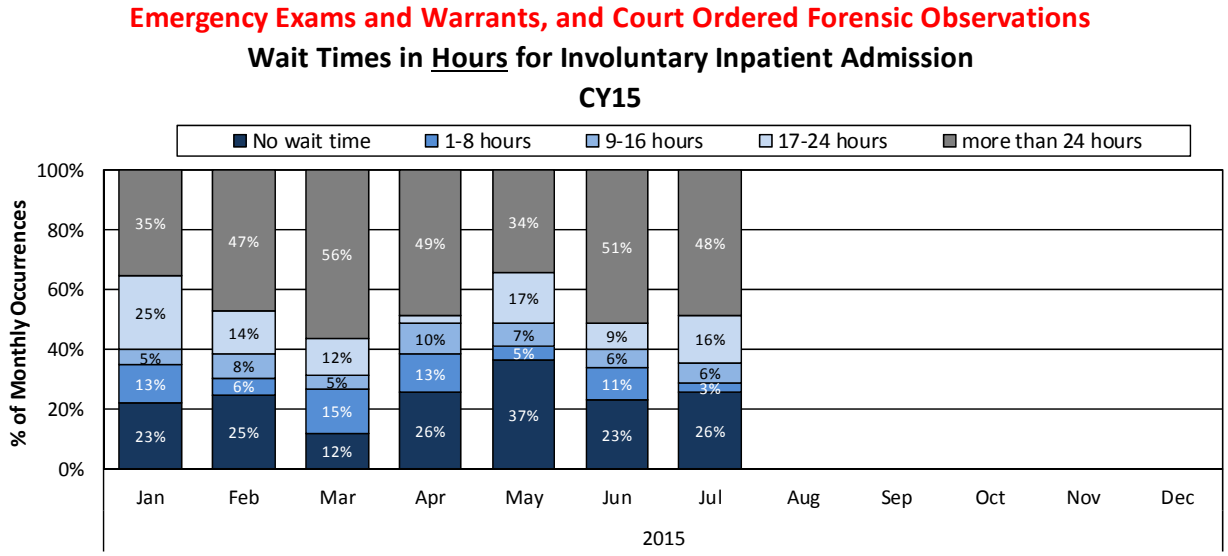
Adult Inpatient Utilization and Bed Closures: Page 2 of 2
System Total and Non-Level 1 Units
2015

All Units | Level 1 Units | Non-Level 1 Adult Units

	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													
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.

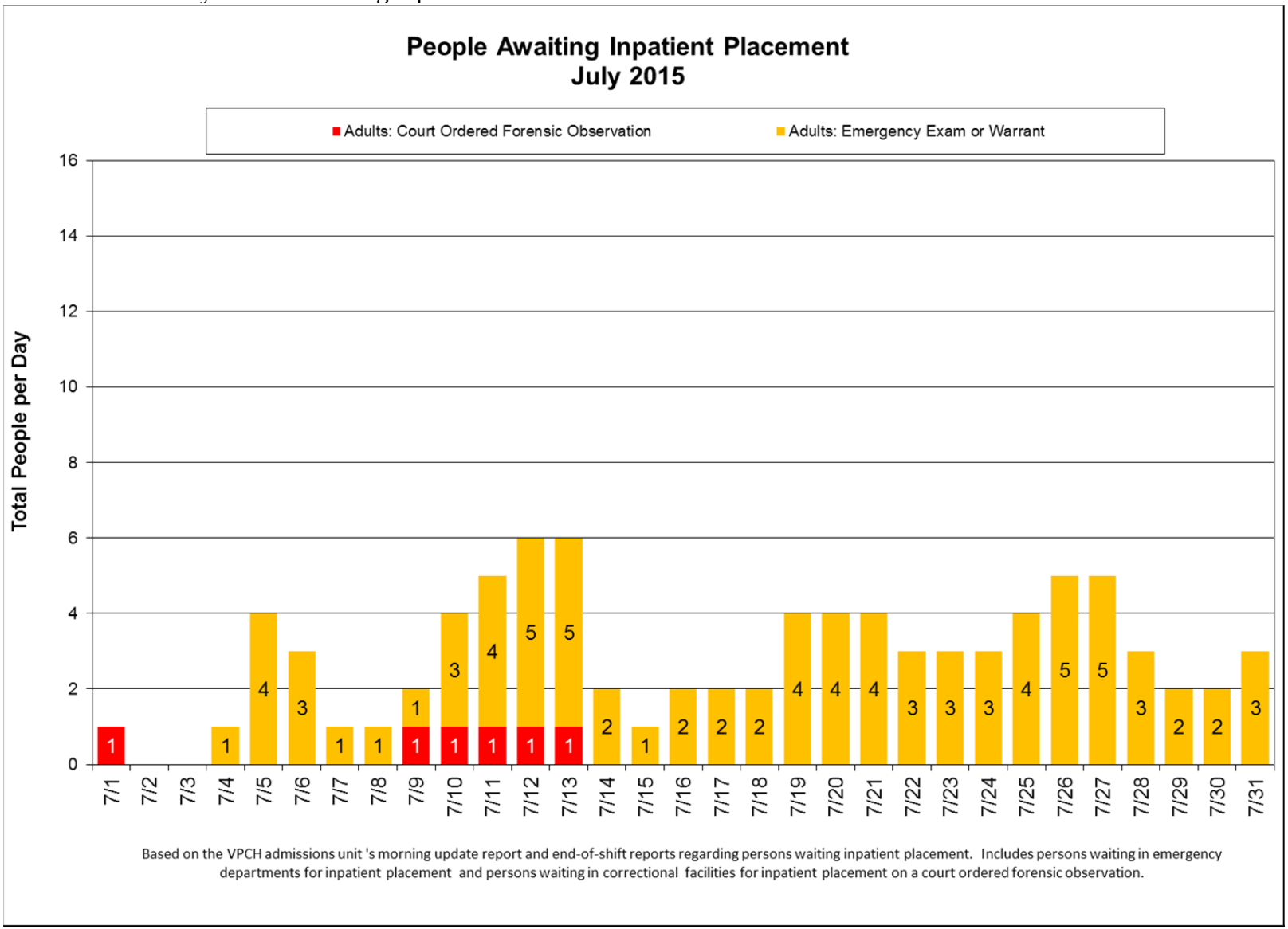
A similar pattern is observed when looking at the entire first quarter of FY15. Excluding the highest two wait outliers in August, wait times decreased from 39 hours to 24 hours. Similarly, excluding three outliers in September decreased wait times from 55 hours to 36 hours. While the number of individuals 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.

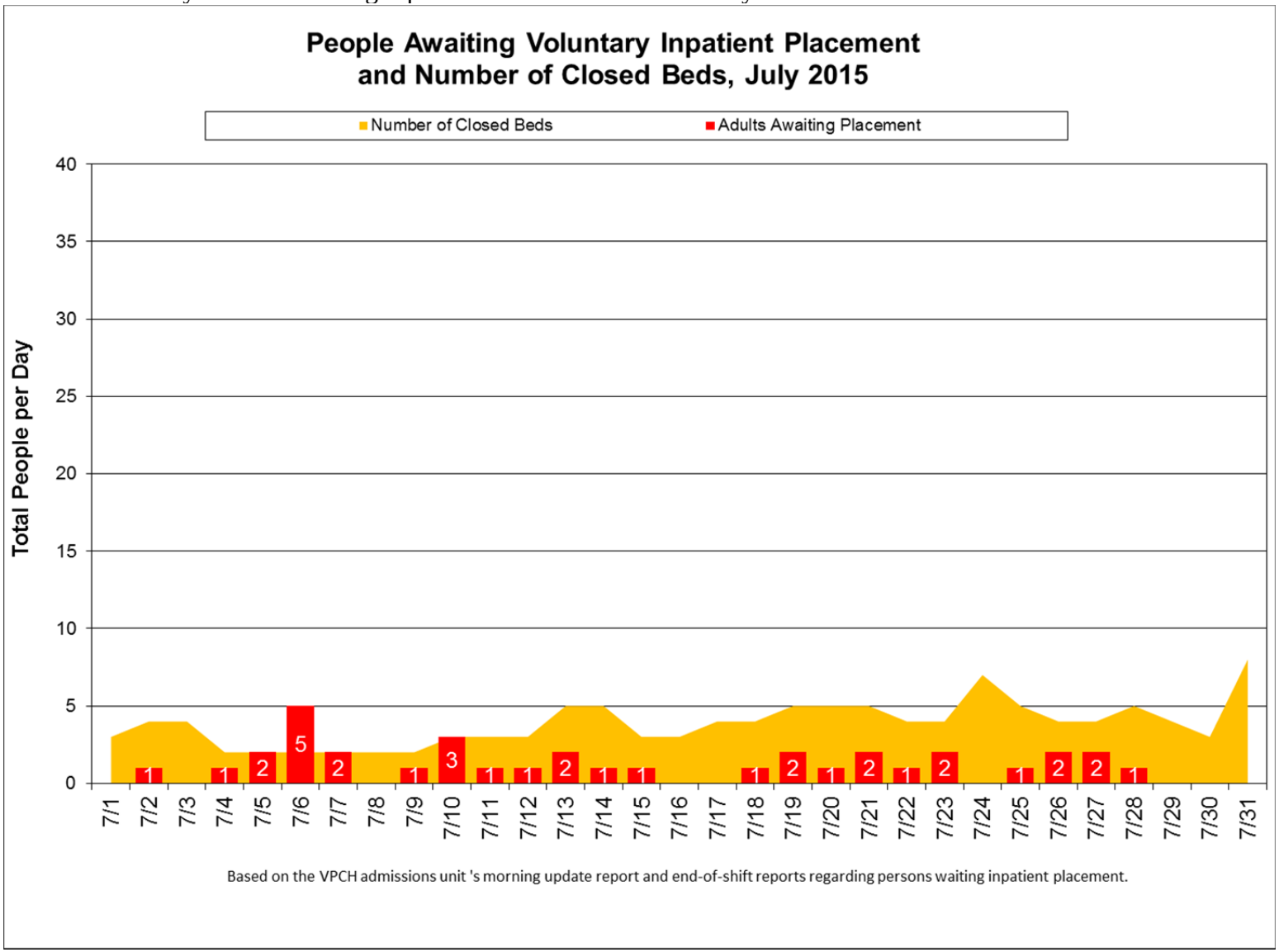
DMH has a cadre of experienced care managers (Care Management Team), who work with each of the Designated Hospitals, the Designated Agencies Emergency Services teams, and the hospital Emergency Departments statewide. Their function is to work with individual cases and the relevant action systems, to 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

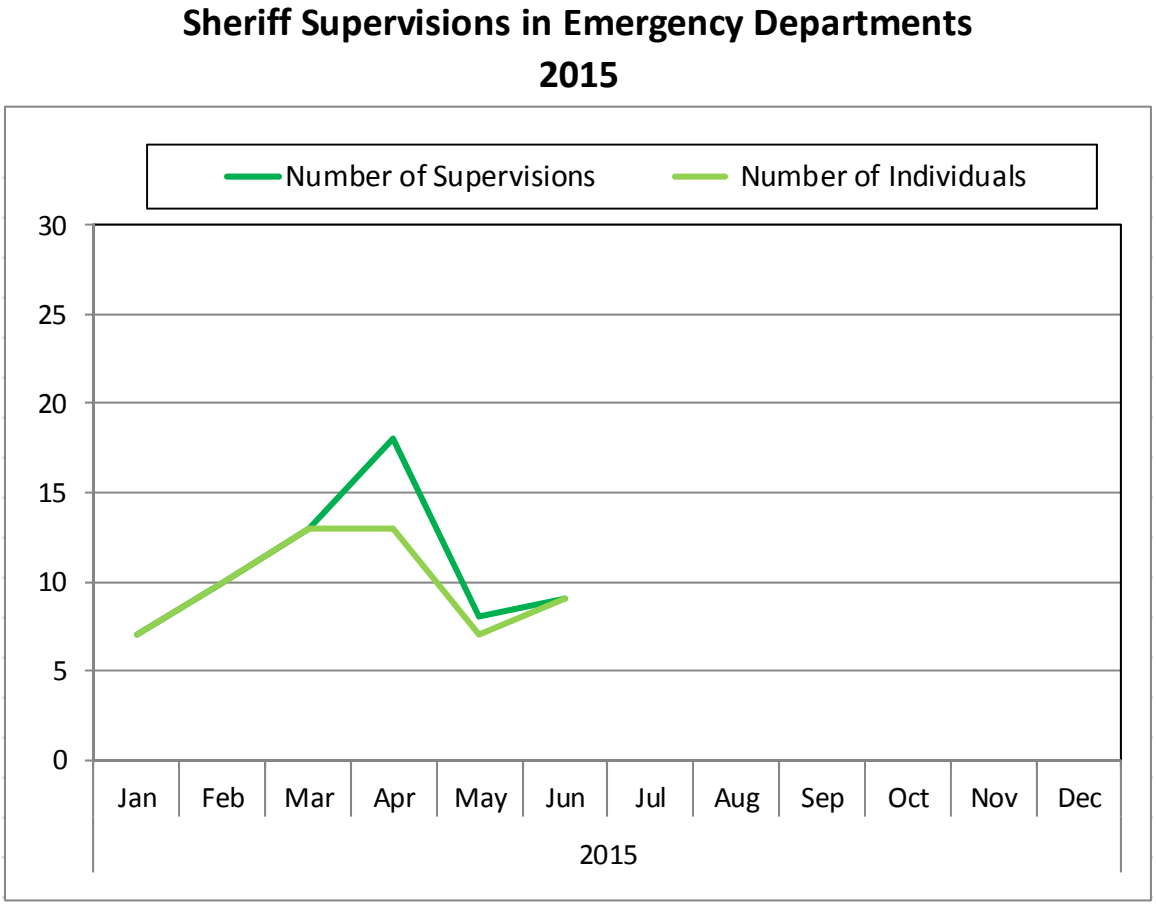


Daily Number of Voluntary Adults Awaiting Inpatient Placement and Closed System Beds



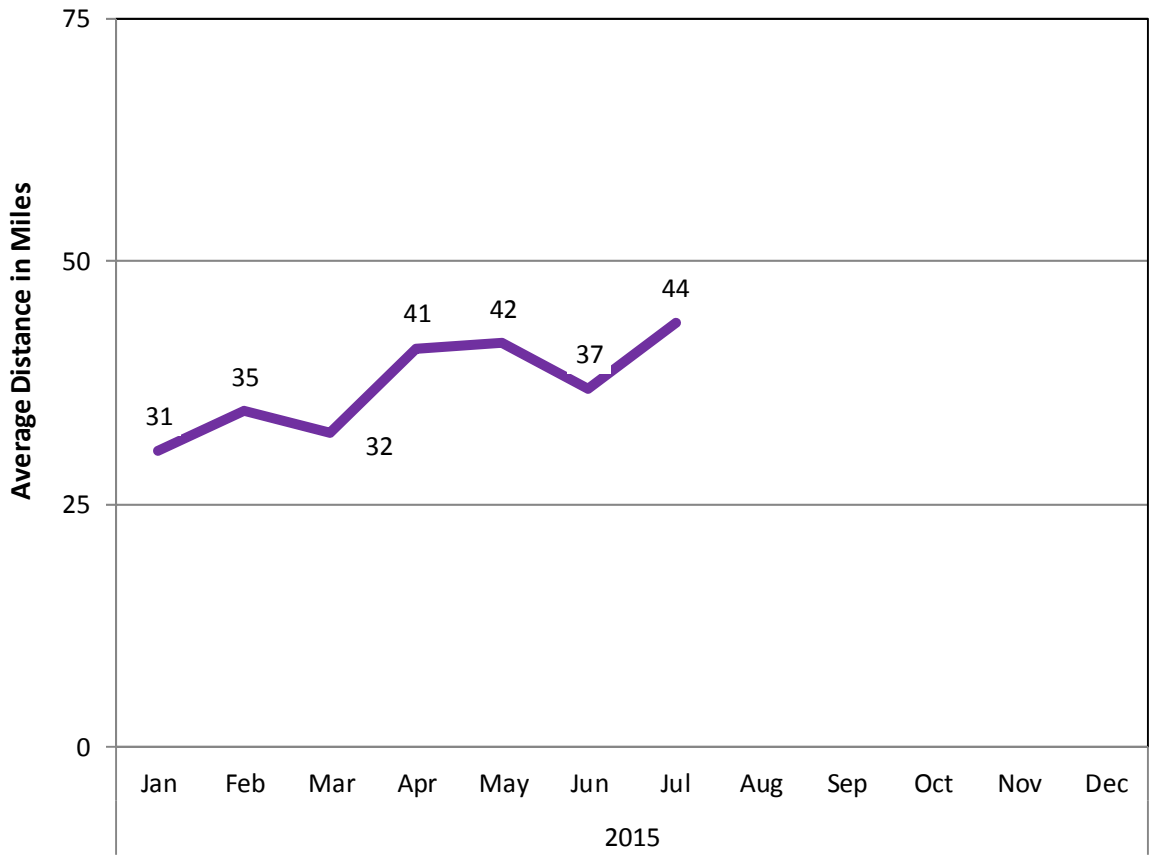
Additional Reporting Requests

Sheriff Supervisions in Emergency Departments (2015)



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 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

	2014							2015					
SYSTEM TOTAL	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

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

*data forthcoming

	2015											
	FY15 Q3			FY15 Q4			FY16 Q1			FY16 Q2		
Reporting Category	**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												

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

*data forthcoming

Reporting Category	2014											
	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 PRELIMINARY 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.