

# VERMONT MEDICAL SOCIETY

## THIRD THURSDAY WEBINAR SERIES



Date: December 20, 2018

Title of Talk: Vermont's Mental Health Care System, Status Report

134 MAIN STREET • P.O. BOX 1457 • MONTPELIER, VERMONT 05601-1457

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**CME credit must be claimed within 30 days of participating in the event.**

# VMS Third Thursday Webinar Series

## Status Report: Vermont's Mental Health Care System

### Speakers:

Mourning Fox, the Interim Commissioner of Vermont's Department of Mental Health  
Louis Josephson, CEO of the Brattleboro Retreat  
Dr. Robert Pierattini, Chair of the Department of Psychiatry at UVM Medical School

### Planning Committee Members:

Jessa Barnard, ESQ, Stephanie Winters, Deputy Executive Director & Dr. Carl Dobson, M.D., Southwestern Vermont Medical Center

### Purpose Statement/Goal of This Activity:

Discover the current status of the Mental Health care system in Vermont, and what is anticipated in the future.

### Learning Objectives:

Discuss the status of Vermont's Mental Health care system.

### Disclosures:

Is there anything to Disclose? Yes  No

Did this activity receive any commercial support? Yes  No

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# Inpatient Psychiatry Facility Planning

THE  
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# Increase in Mental Health Patients Needing High-Level Care

- 42% increase in number of long stay ED patients
- ED volumes and wait times increase to critical levels
- VAHHS: ED days increasing by 29% per yr, excess days driving change at 47% per yr  
CY 2015 – CY 2017

Hospital	Total Outpatient ED Discharges		Long Stays (2+ Midnights)			Average Midnight Census		
	2016	2017	2016	2017	Change	2016	2017	Change
Brattleboro	1,040	1,160	59	72	22%	1.8	1.9	6%
CVMC	1,199	1,199	63	107	70%	1.5	2.0	33%
Rutland	1,738	1,667	95	91	-4%	2.4	2.3	-4%
Southwest	972	1,007	93	110	18%	1.7	2.2	34%
Springfield	735	803	49	66	35%	1.2	1.5	24%
UVMC	3,438	3,551	149	277	86%	3.9	5.6	45%
<b>Total</b>	<b>9,122</b>	<b>9,387</b>	<b>508</b>	<b>723</b>	<b>42%</b>	<b>12.5</b>	<b>15.6</b>	<b>25%</b>

Hospital	Number of ED Patients Waiting		Avg. Wait Time	
	12-28 Hours	28+ Hours	for Admission	for Transfer
Porter	18	9		41 hours
CVMC	120	112	14 hours	72 hours
UVMC	579	598	49 hours	71 hours

Data Sources: Porter: CY 2017 data, CVMC & UVMC: Internal data May 2017-April 2018

# “State” Beds Before and After Irene

- Before Irene:
  - Vermont State Hospital (VSH)
  - Operated 54 beds under one administration
  - One male acute unit, one female acute unit, and the “Brooks Rehab Unit”
- After Irene:
  - 25 beds at VPCH
  - 6 beds at Rutland (contract)
  - 14 beds at Brattleboro Retreat (contract)
  - Various residential programs

# Adult IP Psych Capacity: Current State

## 200 Adult Beds in VT

Location	Type	Age	Subject to IMD Waiver	Capacity
Brattleboro Retreat Osgood 2 (LGBT)	In-Patient	Adults 18+	✓	15
Brattleboro Retreat Osgood 3 (Emerging Adult)	In-Patient	Adults 18+	✓	14
Brattleboro Retreat Tyler 1 (Co-Occurring)	In-Patient	Adults 18+	✓	22
Veterans Affairs – White River Jct	In-Patient	Adults 18+		12
Brattleboro Retreat Tyler 2 (Acute Adult)	In-Patient	Adults 18+	✓	24
Brattleboro Retreat Tyler 4 (Level 1 Adult)	In-Patient-Level1	Adults 18+	✓	14
Central Vermont Medical Center	In-Patient	Adults 18+		15
Rutland Regional Medical Center PSIU (acute care)	In-Patient	Adults 18+		17
Rutland Regional Medical Center PSIU South Wing (Level 1 acuity)	In-Patient-Level1	Adults 18+		6
University of VT Medical Center Shep 3	In-Patient	Adults 18+		12
University of VT Medical Center Shep 6	In-Patient	Adults 18+		16
Windham Center (Springfield)	In-Patient	Adults 18+		10
Vermont Psychiatric Care Hospital	In-Patient-Level1	Adults 18+	✓	25
<b>TOTAL</b>				<b>200</b>

63 Focused Beds

Brattleboro Retreat: 65% VT

137 General Beds  
45 Level 1  
92 General IP Psych



# Adult IP Psych Capacity: Current State

- 188 Adult IP Psych Beds today:
  - 137 “general” beds
    - 45 Level One
    - 92 General IP Psych
- 95% or higher occupancy, 100% for Level 1 Beds (DMH reports, June 2018)
- Increase in patient acuity driving longer average length of stay (ALOS)
- Constrained to meet mental health needs for additional patients

46% (63 beds) of general beds under IMD reimbursement

Hospital	Mental Health Inpatient Discharges (MDC = 19)								
	Discharges			Total Patient Days			ALOS		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
CVMC	379	370	408	4,013	3,979	4,572	10.6	10.8	11.2
Rutland	583	486	523	7,381	6,340	6,239	12.7	13.0	11.9
Springfield	357	329	322	2,383	2,700	2,349	6.7	8.2	7.3
UVMMC	502	497	530	8,599	8,859	10,750	17.1	17.8	20.3
<b>Total</b>	<b>1,821</b>	<b>1,682</b>	<b>1,783</b>	<b>22,376</b>	<b>21,878</b>	<b>23,910</b>	<b>12.3</b>	<b>13.0</b>	<b>13.4</b>

VAHHS Mental Health Data:  
ALOS = 23 days for discharged patients, 151 days for non-discharged patients

# Can we manage without more beds?

- Correcting barriers to discharge creates only two beds.
- We admit at half the rate of the nation as a whole.
- The UVM Health Network hospitals do not admit for detox alone.
- We have significant hospital diversion programs in place:
  - Act 1/Bridge
  - Crisis Diversion Beds: ASSIST, Home Intervention
  - Two Intensive Outpatient Programs at UVMMC and one at Crossroads
  - Partial Hospitalization Program at UVMMC

# Inpatient Mental Health Facility Planning

- Design and create a UVM Health Network inpatient psychiatric facility/unit on the Central Vermont Medical Center Campus that will substantially improve access to inpatient mental health care as part of an integrated system of care in Vermont.
- Anchor planning in data-driven, evidence-based process.
- Provide a forum for interested stakeholder input to inform the planning process: Psychiatric Inpatient Planning Stakeholders (PIPS) Committee created. Quarterly meetings scheduled through planning process.
- Create other opportunities to share information publicly, including community forums, legislative briefings, media relations, public reporting, etc.

# Psychiatric Inpatient Capacity Planning Process

- Phase I: Identify Size & Scope of Facility
- Phase II: Determine Design & Operational Requirements
- Phase III: Develop Detailed Construction, Financing and Operational Plans

# Phase I: Analysis Scope

## **Objective:**

Estimate the number of additional beds needed for adult inpatient psychiatry, focusing particularly on the problem of psychiatric patients waiting in EDs statewide for bed placement

## **Key Assumption:**

Currently existing adult inpatient bed capacity across the state remains in place (i.e., IMD issue for VPCH, Brattleboro Retreat is set aside while quantifying the incremental bed requirement issue)

# Additional Adult IP Psych Bed Need: Our Approach

What is the number of additional beds to address the needs of adult patients needing IP psychiatric care?

- Timely placement in Inpatient Psych bed
- Include impact of forecasted growth for next 5-10 years

1. Beds to reduce delays
  2. Beds for unmet need
  3. Beds for forecasted inpatient psych growth
- = Total Additional Beds Needed

# Additional Inpatient Beds Needed: Adult

- Beds to reduce delays: 5-9
- Beds for unmet need: 18-20
- Beds for forecasted Inpatient Psych growth: 6
- **TOTAL ADDITIONAL BEDS NEEDED: 29-35**

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# Questions & Discussion

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