

Timely Treatment for Persons Who Are Involuntarily Hospitalized

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Departments of Mental Health & Vermont Health Access

Adoption of Best Practices

- Clinical, ethical and economic issues would be remedied by the use of an administrative model of due process, common in other states.
- Under current practices, a patient deemed in need of involuntary inpatient mental health treatment waits a median length of time of approximately 60 days in a treatment facility *before* beginning treatment.
- This practice is no longer viewed by the medical and psychiatric communities as an effective approach to helping these patients.

Adoption of Best Practices

- The proposed savings can be found by reducing the median 60 day waiting period to the currently accepted best practice of two weeks.
- This reduces the cost of the stay, while bringing Vermont's approach to mental health care up to current standards.

Background

- Vermont stands alone nationally in this regard; in all other states, when persons with serious mental illness are involuntarily hospitalized and refuse treatment, the due process underlying the decision to require involuntary treatment is carried out in approximately two weeks or less.
- Vermont's uniquely long process results in a number of important unintended consequences.

Background

1. Pending the application of due process on the question of treatment, the person who is involuntarily hospitalized is deprived of their freedom for much longer lengths of time than are found elsewhere in the country.
2. While awaiting the application of due process, the involuntarily hospitalized person is generally moved from a hospital near their family and friends in their community of origin, which makes it more difficult to maintain connections to their support systems.

Background

3. While awaiting the application of due process on the question of treatment, involuntarily hospitalized persons are significantly more likely to assault other patients or staff. This creates an unnecessarily dangerous and non-therapeutic environment for care and results in avoidable staff and patient injuries.
4. Because of the longer length of time it takes to receive the standard of care for acute psychosis the involuntarily hospitalized person often has a more difficult time re-integrating into society post-hospitalization.

Background

5. A number of Vermont hospitals with psychiatric units are unwilling to hospitalize persons who meet the involuntary hospitalization standard but who are unwilling to receive the standard of care treatment. This results in a decrease in the absolute number of hospital beds serving Vermont.
6. The capacity of all remaining psychiatric hospital beds in Vermont is dramatically decreased because of the uniquely long lengths of stays for involuntarily hospitalized psychiatric patients.

Financial Incentive to Adopt Best Practice Recommendation

Beyond these compelling clinical and ethical reasons to conduct due process in a way that is more timely and commensurate with the rest of the country, Vermont's current practice is costly and results in Vermont having an access problem for its psychiatric hospital beds.

Current Adult Inpatient Psychiatric Beds

Hospital	Abbreviation	Designation	Unit	# of beds
Central Vermont Medical Center	CVMC	Acute Psychiatric		14
University of Vermont Medical Center	UVMC	Acute Psychiatric	Shep 6	15
University of Vermont Medical Center	UVMC	Acute Psychiatric	Shep 3	12
Vermont Psychiatric Care Hospital	VPCH	Level 1		25
Rutland Regional Medical Center	RRMC	Acute Psychiatric	PSIU	17
Rutland Regional Medical Center	RRMC	Level 1	South	6
Windham Center	WC	Acute Psychiatric		10
Brattleboro Retreat	BR	Acute Psychiatric	T2	24
Brattleboro Retreat	BR	LGBT- Acute Psychiatric	O2	15
Brattleboro Retreat	BR	Level 1	T4	14
Brattleboro Retreat	BR	Co-Occurring	T1	22
Brattleboro Retreat	BR	Acute Psychiatric	O3	14
Total Beds Available				188
Total:		Level 1		45
Total:		Adult Acute Psychiatric		143

Access to Care: System Capacity

Status Quo

- 1 bed x 60 days = 6 patients per year.....
 - 147 beds x 6 patients per year = 882.....
patient admissions per year
- Approximate current capacity of each bed (41 beds @ UVM and CVMC not currently available for persons meeting involuntary inpatient standard but refusing treatment)

Adoption of Best Practice Recommendation

- 1 bed x 20 days = 18 patients per year.....
 - 147 + 41 beds x 18 patients per year =
3,384 patient admissions per year
- Increased flow through rate for each bed plus increase in actual number of beds (those currently not available)

383% increase in bed availability without an increase to cost

COST SAVINGS

Between 40 and 50 petitions go to hearing each year. In addition, other patients will also exceed the recommended length of stay and will initially refuse treatment in the months awaiting hearing before ultimately making the decision to accept treatment.

Cost Savings when the decision to require involuntary treatment is carried out in two weeks or less: \$1,300 (AVG per diem) x 40 days x 90 persons = \$4,680,000

The inpatient pricing methodology includes an additional payment for admissions that are more costly to the hospital - usually longer durations of stay - and thus are considered outliers. Moving forward with this initiative would reduce those costs by \$540,000

Total Inpatient Hospital Cost Savings: \$5,220,000

COST SAVINGS – Hidden Costs

Through the lack of access of, or delay to, treatment there is increased need for more acute, complex, and costly outpatient and emergency department services. This puts pressure on the overall healthcare delivery system, specifically;

- ED staff
- Private clinicians
- DAs
- Hospital staff
- Pressure on criminal justice system, Department of Corrections cost
- Families