

Adult Mental Health System of Care: Funding Category Analysis

			DVHA		DMH		Combined Totals			
			State Fiscal Year		State Fiscal Year		State Fiscal Year			
1. Inpatient Services by the following funding categories			2014	2015	2014	2015	2014	2015	Utilization Analysis	
A. Level 1 Inpatient Services							35	45	The increase in FY 15 is due to the opening of VPCH. Expenditures for each year represent paid claims on complete episodes of care. Expenditures for inpatient hospitalizations that are ongoing at the end of the fiscal year are listed in Level 1 VISION payments and settlements. Claims are also subject to revision and are point in time. Level 1 hospital beds typically have a 98-100% occupancy rate each month.	
All DMH	CRT	caseload	N/A		57	51	57	51		
		expenditure			\$4,154,736	\$4,472,963	\$4,154,736	\$4,472,963		
	Non-CRT	caseload			102	134	102	134		
		expenditure			\$14,467,207	\$24,371,604	\$14,467,207	\$24,371,604		
		Level 1 VISION payments and settlements	\$3,973,100	\$2,043,534	\$3,973,100	\$2,043,534				
B. Non-Level I, Involuntary Inpatient Psychiatric Services							131	143	Non-Level 1 involuntary inpatient psychiatric services and voluntary inpatient psychiatric services are provided using the same hospital beds in the system. Non-Level 1 hospital beds typically have a 84% occupancy rate each month.	
CRT is DMH Non-CRT is DVHA	CRT	caseload	N/A		29	44	29	44		
		expenditure			\$1,130,415	\$683,703	\$1,130,415	\$683,703		
	Non-CRT	caseload			59	103	N/A			59
		expenditure			\$1,178,916	\$2,262,344			\$1,178,916	\$2,262,344
D. Inpatient Psychiatric Services for Other Medicaid Patients (Voluntary)							131	143		
CRT is DMH Non-CRT is DVHA	CRT	caseload	N/A		174	170	174	170		
		expenditure			\$2,581,292	\$2,440,728	\$2,581,292	\$2,440,728		
	Non-CRT	caseload			1,612	1,900	N/A			1,612
		expenditure			\$14,536,282	\$22,106,845			\$14,536,282	\$22,106,845
E. Emergency Department Wait times for an acute inpatient psychiatric bed for minors and adults			N/A						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. On average, a majority of people waiting for inpatient care during the month are placed within 24 hours.	
		Minors			avg hrs.	30	31	30		31
		Adults			avg hrs.	48	45	48		45

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	2014	2015	2014	2015	2014	2015	
2. Residential Services by Categories of Service							
A. Intensive Recovery	capacity	N/A	47	47	47	47	Intensive Residential Programs typically have a 91-95% occupancy rate (FY2014). Costs stabilized in FY 15, increasing only slightly.
	caseload		142	119	142	119	
	expenditure		\$16,282,017	\$16,337,007	\$16,282,017	\$16,337,007	
B. Crisis Residential and Hospital Diversion	capacity		39	40	39	40	Crisis programs have a 70-75% occupancy rate across the time period, approaching the target occupancy rate of 80%.
	caseload		358	305	358	305	
	expenditure		\$5,460,663	\$5,617,409	\$5,460,663	\$5,617,409	
C. Group Homes (Intermediate Residential)	capacity		59	59	59	59	Capacity and costs for group homes have remained steady throughout the time period. There was an increase over the years are related to administrative and personnel services.
	caseload		91	86	91	86	
	expenditure		\$3,351,934	\$3,586,229	\$3,351,934	\$3,586,229	
D. Supported Independent Living	capacity						Caseloads represent average numbers served per month by Pathways Vermont with DMH funding. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. Soteria House became fully operational in late FY 2015.
	caseload	215	169	215	169		
	expenditure	\$1,419,928	\$2,236,457	\$1,419,928	\$2,236,457		
E. Secure Residential	capacity	7	7	7	7	Numbers based on Middlesex Therapeutic Recovery Residence (MTCR).	
	caseload	15	16	15	16		
	expenditure	\$2,922,266	\$2,475,039	\$2,922,266	\$2,475,039		

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3. Community Mental Health Services by Categories of Service			2014	2015	2014	2015	2014	2015	Utilization Analysis
A. Community Rehab and Treatment			N/A		418,103	410,285	418,103	410,285	Numbers of CRT clients served has decreased over the time period. The CRT case rates covers a range of levels of care, including levels of service and operating costs, from highly structured service plans to community support. While CRT represents an adult population with SMI, levels of acuity vary across three tiers of intensity. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients.
total services		2,927			2,947	2,927	2,947		
caseload		\$27,021,782			\$25,769,881	\$27,021,782	\$25,769,881		
expenditure									
B. Crisis Programs (Emergency Services)									DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients.
total services		1014	1787	6348	6306	7,362	8,093		
DA	caseload	\$489,848	\$479,874	\$5,193,670	\$5,455,236	\$5,683,518	\$5,935,110		
	DMH expenditure	\$553,177	\$559,633			\$553,177	\$559,633		
	DVHA expenditure	2,371	2,402			2,371	2,402		
Non-DA	caseload	580,131	695,585			\$580,131	\$695,585		
	DVHA expenditure								
C. Adult Outpatient							97,876	97,876	DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients. Expenditures, caseload, and total services delivered increased over the time period. In FY 15, Reach Up substance abuse pilot program was moved from DCF to DMH and expanded.
total services		4,134	4,065	4084	4065	8,218	8,130		
DA	caseload	\$4,931,765	\$6,373,897	\$2,241,929	\$3,994,930	\$7,173,694	\$10,368,827		
	DMH expenditure	\$2,613,353	\$2,641,441			\$2,613,353	\$2,641,441		
	DVHA expenditure	11,245	12,015	222	241	11,467	12,256		
Non-DA	caseload	\$10,803,456	\$12,980,527	\$302,013	\$364,562	\$11,105,469	\$13,345,089		
	DVHA expenditure								
D. Peer Support Programs									The change in expenditures represent DMH's commitment to invest GC funding made available by tropic storm Irene into upstream, recovery-oriented peer services for the purpose of helping individuals avoid or reduce their use of hospitalization and other acute care services. The increase in expenditures represents an investment of over \$1 million in these types of new peer services.
capacity		N/A							
caseload				\$2,319,565	\$2,123,521	\$2,319,565	\$2,123,521		
expenditure									
4. Other Mental Health Support Services and Administration			2014	2015	2014	2015	2014	2015	
DMH expenditure		N/A		\$1,670,191	\$1,518,468	\$1,670,191	\$1,518,468		In FY 15, there were staff vacancies that attributed to the decrease.