Adult Mental Health System of Care: Funding Category Analysis

			DVHA State Fiscal Year		DMH State Fiscal Year		Combined Totals State Fiscal Year		
1. Inpatient Services by the following funding categories			2014	2015	2014	2015	2014	2015	Utilization Analysis
A. Level 1 Inpatient Services		capacity					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		capacity					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	103	
		expenditure	$1,178,916	$2,262,344			$1,178,916	$2,262,344	
D. Inpatient Psychiatric Services for Other Medicaid Patients (Voluntary)		capacity					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	1,900	
		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		capacity	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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		State Fiscal Year		State Fiscal Year		State Fiscal Year		
2. Residential Services by Categories of Service		2014	2015	2014	2015	2014	2015	Utilization Analysis
A. Intensive Recovery	capacity			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	*N/A*		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		total services	*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.
		caseload			2,927	2,947	2,927	2,947	
		expenditure			$27,021,782	$25,769,881	$27,021,782	$25,769,881	
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.
	DA	caseload	1014	1787	6348	6306	7,362	8,093	
		DMH expenditure	$489,848	$479,874	$5,193,670	$5,455,236	$5,683,518	$5,935,110	
		DVHA expenditure	$553,177	$559,633			$553,177	$559,633	
	Non-DA	caseload	2,371	2,402			2,371	2,402	
		DVHA expenditure	580,131	695,585			$580,131	$695,585	
C. Adult Outpatient		total services					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.
	DA	caseload	4,134	4,065	4084	4065	8,218	8,130	
		DMH expenditure	$4,931,765	$6,373,897	$2,241,929	$3,994,930	$7,173,694	$10,368,827	
		DVHA expenditure	$2,613,353	$2,641,441			$2,613,353	$2,641,441	
	Non-DA	caseload	11,245	12,015	222	241	11,467	12,256	
		DVHA expenditure	$10,803,456	$12,980,527	$302,013	$364,562	$11,105,469	$13,345,089	
D. Peer Support Programs		capacity							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.
		caseload	*N/A*						
		expenditure			$2,319,565	$2,123,521	$2,319,565	$2,123,521	
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.