

# DMH System of Care Capacity, Caseload, Expenditures Analysis

## Adult Mental Health System of Care: Funding Category Analysis State Fiscal Year

1. Inpatient Services by the following funding categories			2012	2013	2014	Utilization Analysis
A. Level 1 Inpatient Services			capacity	32	35	Level 1 capacity has increased slightly between 2013 and 2014. 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. Lower numbers in 2013 represent a smaller amount of claims captured due to a manual reconciliation process at the initial development of the Level 1 authorizations. Claims are also subject to revision and are point in time. Level 1 hospital beds typically have a 98-100% occupancy rate each month.
	CRT	caseload		23	57	
		expenditure		\$823,028	\$4,154,736	
	Non-CRT	caseload		46	102	
		expenditure		\$11,722,979	\$14,467,207	
Level 1 VISION payments and settlements				\$3,124,555	\$3,973,100	
B. Non-Level I, Involuntary Inpatient Psychiatric Services			capacity	116	131	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	caseload		27	29	
		expenditure		\$690,892	\$1,130,415	
	Non-CRT	caseload		58	59	
		expenditure		\$1,047,835	\$1,178,916	
D. Inpatient Psychiatric Services for Other Medicaid Patients (Voluntary)			capacity	116	131	
	CRT	caseload		207	174	
		expenditure		\$3,214,367	\$2,581,292	
	Non-CRT	caseload		1,722	1,981	
		expenditure		\$18,228,408	\$24,268,191	
E. Emergency Department Wait times for an acute inpatient psychiatric bed for minors and adults			capacity			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	
	Adults	avg hrs.		25	48	

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2. Residential Services by Categories of Service		2012	2013	2014	Utilization Analysis
A. Intensive Recovery	capacity	20	35	47	Costs from 2012-2014 increased as intensive residential capacity was built across the state. Intensive Residential Programs typically have a 91-95% occupancy rate (FY2014).
	caseload	129	114	142	
	expenditure	\$8,001,721	\$13,467,624	\$16,282,017	
B. Crisis Residential and Hospital Diversion	capacity	29	35	39	Costs from 2012-2014 increased as crisis capacity was built across the state. Crisis programs have a 79% occupancy rate across FY2013-2014, which approaches the target occupancy rate of 80%.
	caseload	380	362	358	
	expenditure	\$3,732,010	\$4,480,253	\$5,460,663	
C. Group Homes (Intermediate Residential)	capacity	59	59	59	Capacity and costs for group homes have remained steady throughout the time period. There was an increase in expenditures in FY2014 related to administrative and personnel services.
	caseload	97	99	91	
	expenditure	\$3,081,324	\$3,114,739	\$3,351,934	
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.
	caseload	98	173	215	
	expenditure	\$161,521	\$879,580	\$1,419,928	
E. Secure Residential	capacity		7	7	Numbers based on Middlesex Therapeutic Recovery Residence (MTCR). MTCR opened in June 2013, therefore FY2013 only represents one month of data where MTCR was accepting initial admissions. Expenditures for FY2013 also represent one month of costs.
	caseload		2	15	
	expenditure		\$332,637	\$2,922,266	

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3. Community Mental Health Services by Categories of Service		2012	2013	2014	Utilization Analysis	
<b>A. Community Rehab and Treatment</b>		<b>total services</b>	433,619	421,652	418,103	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	3,107	3,008	2,927		
	expenditure	\$25,319,448	\$25,136,438	\$27,021,782		
<b>B. Crisis Programs (Emergency Services)</b>					Costs from 2012-2014 increased as more people accessed emergency services in Designated Agencies. DMH does not establish capacities for community programs, however caseloads are typically constrained by costs of delivering services to clients.	
	DA	caseload	6,743	7,493		7,362
		DMH expenditure	\$3,031,208	\$4,623,821		\$5,694,355
		DVHA expenditure	\$566,514	\$574,185		\$553,177
	Non-DA	caseload	5,351	5,608		4,541
		DVHA expenditure	\$1,401,325	\$1,251,855	\$1,140,949	
<b>C. Adult Outpatient</b>		<b>total services</b>	83,672	93,295	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.
	DA	caseload	7,672	8,055	8,491	
		DMH expenditure	\$8,181,143	\$7,929,930	\$9,601,761	
		DVHA expenditure	\$2,863,386	\$2,646,058	\$2,609,413	
	Non-DA	caseload	10,605	10,864	11,221	
		DVHA expenditure	\$8,126,893	\$8,458,255	\$10,292,460	
<b>D. Peer Support Programs</b>		<b>capacity</b>				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				
		expenditure	\$1,269,229	\$2,012,199	\$2,319,565	
<b>4. Other Mental Health Support Services and Administration</b>		<b>2012</b>	<b>2013</b>	<b>2014</b>		
		DMH expenditure	\$1,380,238	\$1,553,492	\$1,670,191	Increases from 2012-2014 in staff costs represent the re-establishment of the quality management unit and the hiring of a Mental Health Services Director, as well as annual salary increases.

# Involuntary Transportation

## Total Transports

	Sheriff Department			Total
	Pilot Programs		All Other	
	Lamoille	Windham		
Total Individuals in Soft Restraints	3	12	16	31
Total Individuals in Metal Restraints	5	1	43	49
Total # Transports	105	95	129	329
Total # Adult transports				264 - 268
Total # Youth transports				61-65

## Estimated Cost

	Sheriff Department			Total
	Pilot Programs		All Other	
	Lamoille	Windham		
Total Annual Staff Cost of Standard Rate	-	-	\$77,942	
Total Annual Staff Cost at Pilot Rate	\$60,830	\$75,646	\$146,615	\$283,091
<i>Additional Annualized Equipment Cost for Expansion to 14 Sheriff's Departments</i>				\$67,200
<b>TOTAL ESTIMATED COST</b>				<b>\$350,291</b>