Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Joan Mongeon

DATE: August 26, 2005

RE: Change in Hospitalization Rates for CRT Clients

This week's PIP reports on change in rates of hospitalization for behavioral health care for adults who received Community Rehabilitation and Treatment services (CRT) for severe and persistent mental illness during CY 2002. Rates of hospitalization for CY2001 (the year before the community treatment year) are compared to rates of hospitalization for CY2003 (the year after the treatment year). Results are presented for the state as a whole, for each of Vermont's ten regional CRT programs, and for age and gender groups. This analysis was conducted from recommendations made by Vermont's Mental Health Performance Indicator Project Multi-Stakeholder Advisory Group regarding indicators of mental health program performance, treatment outcomes, access to care, and services provided and received (http://www.ddmhs.state.vt.us/docs/pips/pipPerfIndRecs.pdf).

Two data sets were used in this analysis. Monthly Service Report data sets submitted to DMH by community programs provided basic demographic and service information for all recipients of CRT services. A behavioral health hospitalization data set, compiled by Mental Health Research and Statistics, provided basic information on all episodes of hospitalization of Vermont residents that occurred in general hospitals in Vermont, New Hampshire, Massachusetts, and neighboring counties of New York, as well as in the Vermont State Hospital, the Brattleboro Retreat, and Veterans Administration Hospitals in Vermont and Massachusetts. Because the inpatient and community mental health databases do not share unique person identifiers, Probabilistic Population Estimation was used to determine the unduplicated number of individuals shared across data sets.

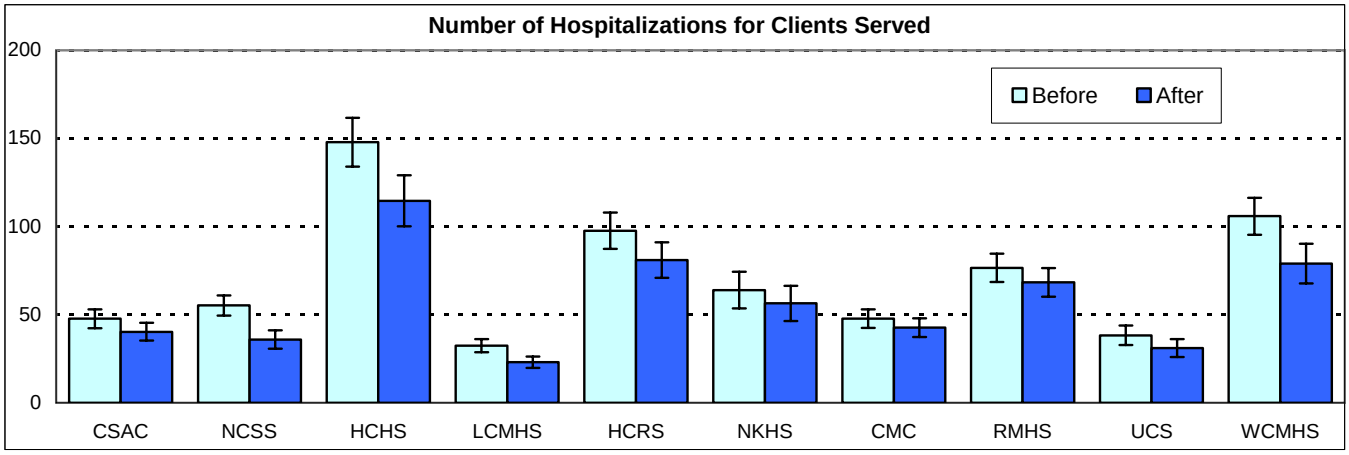
Previous reports on change in rates of hospitalization before and after CRT services found there were significant decreases in hospitalization rates during 1992-1995 and during 1997-2000 although the decrease during the latter period (27%) was substantially greater than during the earlier period (18%). A more detailed report on the earlier findings is available at (http://www.ddmhs.state.vt.us/docs/pips/2003/pip101003.pdf).

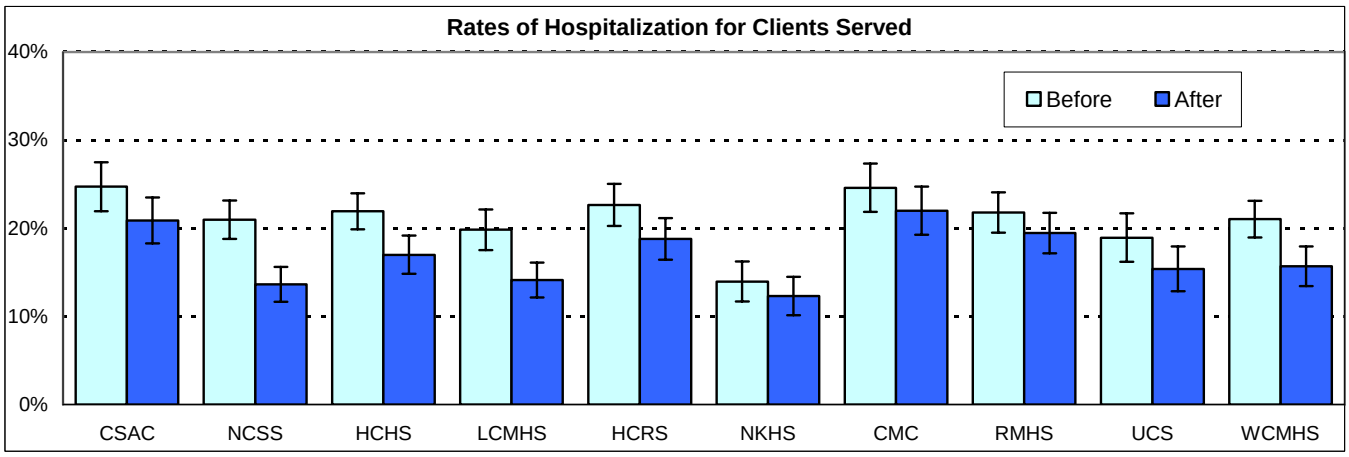
As you will see, the rate of change in the hospitalization rate of adults receiving community based services for serious mental illness during 2001-2003 (-20%) was similar to the rates of change in the earlier studies. Hospitalization rates decreased at a statistically significant rate at

five of the ten local CRT programs. No provider experienced an increase in hospitalization rate. In terms of demographic categories, women experienced a greater decrease in hospitalization than men (-25% vs. -14%), and adults aged 65 years and older experienced the greatest decrease in hospitalization rates (-40%).

We look forward to your interpretation of these findings and your suggestions for future analysis regarding hospitalization outcomes for mental health service recipients. As always, you can reach us at pip@vdh.state.vt.us or 802-241-2638.

Inpatient Behavioral Health Care in State, General, Veteran's, & Private Hospitals During the Year Before and After Community Treatment Services for CRT Clients Served in Vermont CY 2002





	Statewide	Clinic									
		CSAC	NCSS	HCHS	LCMHS	HCRS	NKHS	CMC	RMHS	UCS	WCMHS
CRT Caseload 2002	3,432	193	263	674	163	431	458	194	351	202	503
Annual Hospitalization Rates											
# Hospitalized Before Service	713	48	55	148	32	98	64	48	76	38	106
+/-	27	5	6	14	4	10	10	5	8	6	10
% Hospitalized Before Service	21%	25%	21%	22%	20%	23%	14%	25%	22%	19%	21%
+/-	1%	3%	2%	2%	2%	2%	2%	3%	2%	3%	2%
# Hospitalized After Service	572	40	36	115	23	81	56	43	68	31	79
+/-	27	5	5	15	3	10	10	5	8	5	11
% Hospitalized After Service	17%	21%	14%	17%	14%	19%	12%	22%	19%	15%	16%
+/-	1%	3%	2%	2%	2%	2%	2%	3%	2%	3%	2%
Rate of Change	-20%	-16%	-35%	-22%	-29%	-17%	-12%	-11%	-11%	-19%	-25%
+/-	5%	16%	14%	14%	16%	15%	23%	16%	15%	20%	15%

Inpatient behavioral health care includes both inpatient mental health and inpatient substance abuse services. Hospitalization information is derived from the Hospital Discharge Data Set maintained by the Vermont Health Department, and database extracts provided by the Brattleboro Retreat and Vermont State Hospital. CRT client data are obtained from monthly service reports provided to DMH by designated agencies for the calendar year 2002. Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).

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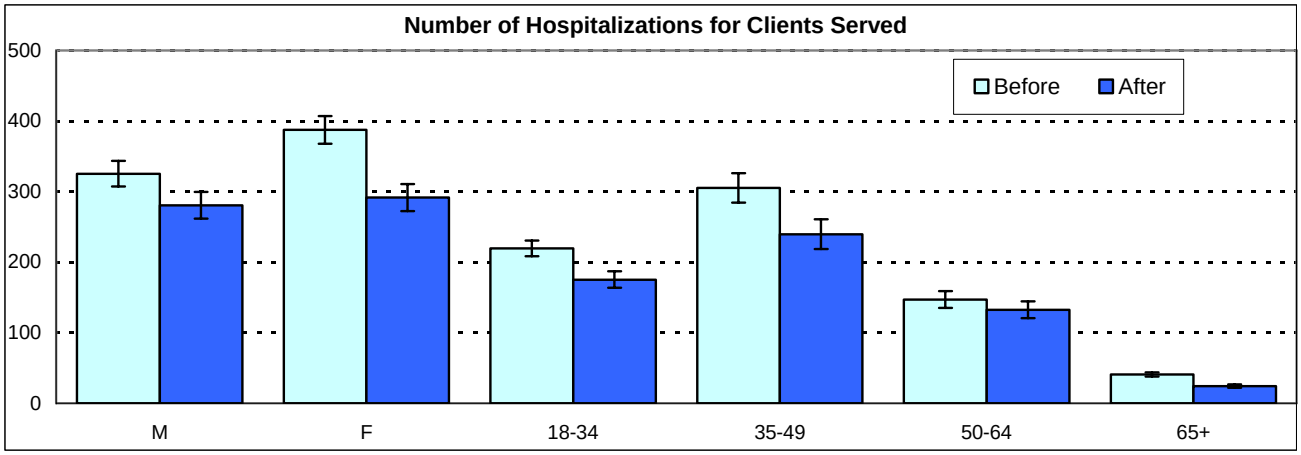

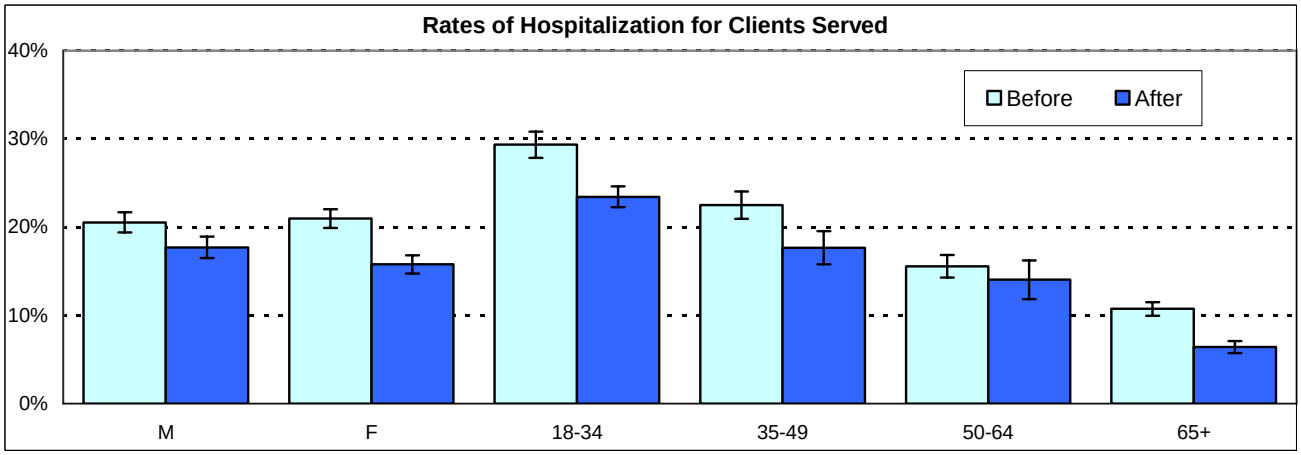

	Statewide	Gender		Age			
		M	F	18-34	35-49	50-64	65+
CRT Caseload 2002	3,432	1,584	1,848	748	1,357	945	382
Annual Hospitalization Rates							
# Hospitalized Before Service	713	325	387	220	305	147	41
+/-	27	18	20	11	21	12	3
% Hospitalized Before Service	21%	21%	21%	29%	22%	16%	11%
+/-	1%	1%	1%	1%	2%	1%	1%
# Hospitalized After Service	572	281	292	175	240	133	24
+/-	27	19	19	12	21	12	2
% Hospitalized After Service	17%	18%	16%	23%	18%	14%	6%
+/-	1%	1%	1%	1%	2%	2%	1%
Rate of Change	-20%	-14%	-25%	-20%	-21%	-10%	-40%
+/-	5%	8%	7%	7%	11%	16%	10%

Inpatient behavioral health care includes both inpatient mental health and inpatient substance abuse services. Hospitalization information is derived from the Hospital Discharge Data Set maintained by the Vermont Health Department, and database extracts provided by the Brattleboro Retreat and Vermont State Hospital. CRT client data are obtained from monthly service reports provided to DMH by designated agencies for the calendar year 2002. Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).