

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

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

FROM: John Pandiani and Olivia Kobel

DATE: January 26, 2007

RE: CMHC Medication Monitoring After Discharge from VSH

In September of 2006, we distributed a PIP report that provided rates at which Vermont State Hospital (VSH) patients were readmitted to VSH within 30 and 180 days after a VSH discharge.^{1,2} This week's PIP expands the focus of our analysis of readmission rates by examining the rates at which individuals discharged from VSH receive CMHC medication monitoring services during 30 and 180 days after VSH discharge.

The findings reported here are based on analysis of anonymous extracts from the VSH database and the DMH Monthly Service Report (MSR) that includes services reported to DMH by designated community agencies. The extract from the VSH database include all discharges during July 2003 through June 2004. The extract from the MSR database includes all medication monitoring during July 2003 through December 2004. Because the VSH and MSR data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals shared by the data sets. All PPE estimates are accompanied by 95% confidence intervals in the attached graphs and tables.

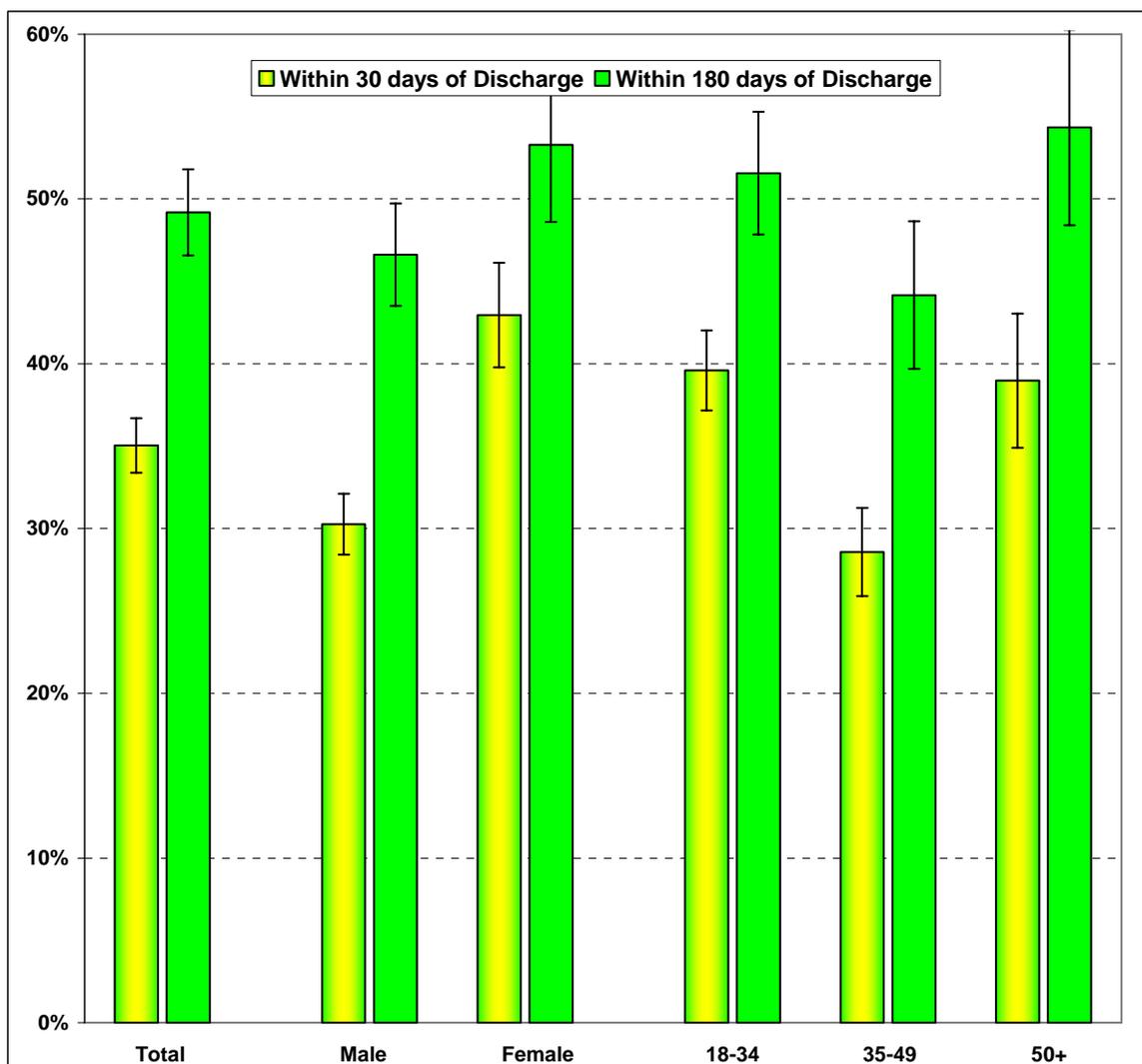
As you will see, more than one third (35%) of individuals discharged from VSH during the study period received CMHC medication monitoring services during the first 30 days after discharge and about one half (49%) received medication monitoring services during the first 180 days after discharge. Women were substantially more likely to receive medication services during both time periods and individuals in the 35-49 age group were substantially less likely to receive medication monitoring services than adults in either the 18-34 or the 50+ age group.

We look forward to your interpretation of these findings and your suggestions for further analysis regarding CMHC services after VSH discharge. Please forward your comments and suggestions to pip@vdh.state.vt.us or 802.863.7249.

¹ <http://healthvermont.gov/mh/docs/pips/2006/Pip090106.pdf>

² <http://healthvermont.gov/mh/docs/pips/2007/Pip011907.pdf>

CMHC Medication Monitoring Within 30 and 180 Days After Discharge from Vermont State Hospital FY2004



	Total # of Discharges	CMHC Medication Monitoring			
		Within 30 Days		Within 180 Days	
		#	%	#	%
Total	231	81 ± 3.8	35% ± 1.7%	114 ± 6.1	49% ± 2.6%
Men	145	44 ± 2.7	30% ± 1.8%	68 ± 4.5	47% ± 3.1%
Women	86	37 ± 2.7	43% ± 3.2%	46 ± 4.0	53% ± 4.7%
18 - 34	91	36 ± 2.2	40% ± 2.4%	47 ± 3.4	52% ± 3.7%
35 - 49	94	27 ± 2.5	29% ± 2.7%	42 ± 4.2	44% ± 4.5%
50+	46	18 ± 1.9	39% ± 4.1%	25 ± 2.7	54% ± 5.9%

Analysis is based on anonymous extracts from the Vermont State Hospital (VSH) database and Monthly Service Reports (MSR) submitted to the Vermont Department of Health Division of Mental Health from designated community agencies. Extracts from the VSH database include all discharges during July 2003 through June 2004. Extracts from the MSR database include all adults served in Adult Outpatient or Community Rehabilitation and Treatment programs by designated community agencies during July 2003 through December 2004. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals represented in each data set and the number of unique individuals shared by the data sets. Because this analysis requires calculation of caseload overlaps for more precise time periods than previous applications, an enhanced set of PPE analytical procedures was used.