

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
103 South Main Street, Waterbury, Vermont 05671

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

FROM: John Pandiani and Walter Ochs

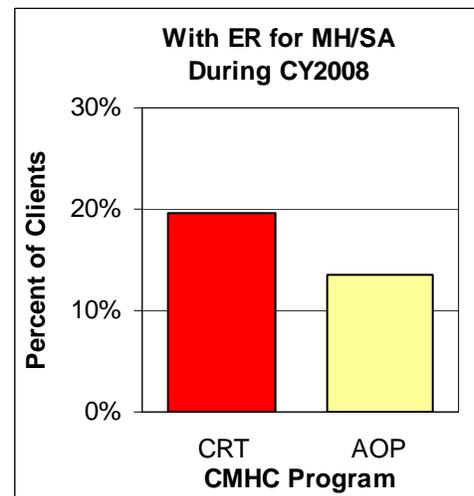
DATE: October 22, 2010

RE: AOP and CRT Emergency Room Utilization for MH or SA Services

This week's brief report updates our August 27 report¹ on hospital emergency room utilization rates for individuals served in CY2008 by Vermont's Community Rehabilitation and Treatment (CRT) programs for adults with serious mental illness by adding a comparison to utilization rates for individuals served by Adult Mental Health Outpatient (AOP) programs. AOP clients do not have prolonged serious disabilities but are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional intervention.

Anonymous extracts from two data sets were used in this analysis. The first data set, the Vermont Uniform Hospital Discharge Data Set, provides the date of birth, gender, county of residence, and type of service for all individuals with emergency visits to hospitals in Vermont and neighboring states. The second data set, the Vermont Department of Mental Health (DMH) Monthly Service Report (MSR) data set, provides the date of birth, gender, and county of residence of all individuals served by CRT and AOP programs during CY2008. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the unduplicated number of people shared by the two data sets.

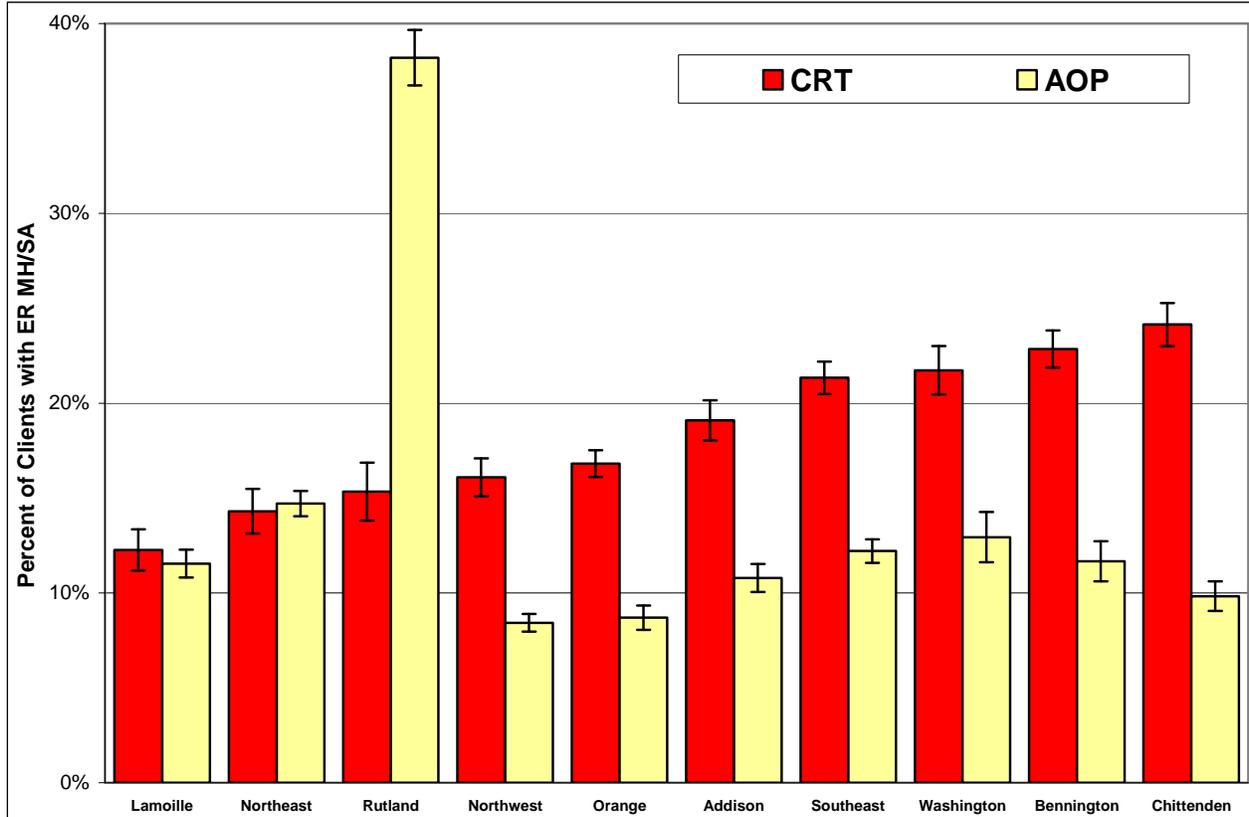
As you will see, CRT clients were substantially more likely than AOP clients to receive hospital emergency mental health or substance abuse services during CY2008 (20% vs. 13%). There was, however, substantial variation among regions in the difference between CRT and AOP utilization rates. In seven regions, CRT hospital emergency service utilization rates for MH or SA services were substantially greater (1.7 to 2.5 times) than the AOP rate. In two regions (Lamoille and Northeast), there was no difference between CRT and AOP hospital emergency utilization rates, and in one region (Rutland), the AOP rate was more than twice the CRT rate.



We look forward to your interpretation of these findings, questions, comments, and requests for further analyses. As always, we can be reached at pip@ahs.state.vt.us or 802-241-4049.

¹ http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_Aug_27_2010.pdf

General Hospital Emergency Room Utilization for Mental Health and Substance Abuse Services Adult Outpatient & Community Rehabilitation Clients by Region: CY2008



Region	Community Rehabilitation & Treatment with ER for MH/SA			Adult Mental Health Outpatient with ER for MH/SA		
	Total	#	%	Total	#	%
Lamoille	130 ± 2	16 ± 1	12% ± 1%	211 ± 2	107 ± 4	12% ± 0.5%
Northeast	347 ± 3	50 ± 2	14% ± 1%	924 ± 5	151 ± 6	15% ± 1%
Rutland	297 ± 3	46 ± 4	15% ± 1%	378 ± 3	144 ± 5	38% ± 1%
Northwest	227 ± 2	37 ± 2	16% ± 1%	1,026 ± 8	18 ± 2	8% ± 1%
Orange	178 ± 2	30 ± 1	17% ± 1%	462 ± 4	40 ± 3	9% ± 1%
Addison	172 ± 2	33 ± 2	19% ± 1%	472 ± 4	51 ± 3	11% ± 1%
Southeast	392 ± 3	84 ± 4	21% ± 1%	848 ± 5	83 ± 7	12% ± 1%
Washington	432 ± 4	94 ± 5	22% ± 1%	684 ± 6	110 ± 7	13% ± 1%
Bennington	178 ± 2	41 ± 2	23% ± 1%	737 ± 6	86 ± 5	12% ± 1%
Chittenden	661 ± 6	160 ± 10	24% ± 2%	510 ± 4	50 ± 7	10% ± 1%
Total	3,014 ± 9	588 ± 13	20% ± 0.4%	6,252 ± 16	840 ± 17	13% ± 0.3%

Based on analysis of the Uniform Hospital Discharge Dataset maintained by the VT Department of Health and Monthly Service Report data maintained by the VT Department of Mental Health. Includes adult (age 18 and over) Vermont residents served by emergency rooms (ER) in Vermont and neighboring state hospitals during CY2008. Includes clients served by Adult Mental Health Outpatient and Community Rehabilitation and Treatment programs during CY2008. Hospital data includes ER visits with a Clinical Classification Software (CCS) group of "Mental Health" that includes both mental health and substance abuse services. 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).