Mental Health Service Line

Option #1:

Keep all services in house - Inpatient and Community-based services

	Manchester	Existing wo											
		In-House N		CI	rc*	Non-Manchester VA Data**							
	Specialty	2015	2025	BDOC	BDOC \$		ADC						
	Bed Days of Care												
	Inpt: Psychiatric 2015	0	0	21	\$37,327								
	Inpt: Psychiatric 2017	0	0	34	\$53,609								
	October November December Ja	Discharges from Bo anuary February 5 6 5 12.6		April May 8 13 5.2 4.9	June 8 6.1	July August 8 10 5.3 6.2	9.8						
	Average BDOC 59.8 92 33	25 75.6	33	41.6 63.7	48.8	42.4 62	58.8						
ute)	October November December Ja # of Veterans 14 10 15 Average LOS 11 7.8 14.3	ted Discharges from inuary February 23 21 9.5 12 218.5 252		April May 11 22 6.6 10 72.6 220	June 20 9	July August 14 12 9.7 7.8 135.8 93.6	September 17 7 119						
Inpatient (Acute)	Inpt Mental Hith: PRRP, PRRTP, SARRTP & Dom - Bedford 2015					12,162	33						
Inpa	Inpt Mental Hith: PRRP, PRRTP, SARRTP & Dom - Boston 2015					9,667	26						
	Clinic Stops 2015 4 2015												
		2015	2025	Unique	\$	Unique	2015 Visits						
	Amb Mental Hlth: Homeless	3313	4021										
	Amb Mental Hlth: Mental Health Clinic	13238	16535	420	\$210,000								
	Amb Mental Hlth: Mental Health Clinic - Psychotherapy	12408	14275	2	\$15,000								
2													
ulato	PCMHI Manchester					1089	1762						
Amb	PCMHI - Bedford					712	2255						
ient (PCMHI - Boston					254	583						
Outpatient (Ambulatory)	Amb Mental Hith: Substance Abuse Clinic	4775	4906										
	Amb Mental Hlth: Work Therapy	562	502										
	Total Costs IOP per Enounter/Patient	FY16											
	Avg Tot Cost/Encounter	\$207.32											
	Avg Tot Cost/Patient	\$2,123.79											
	Total Cost	\$775,183											

^{*}CITC = Care in the Community; All CITC Combined

Option Summary

Build on-site 12 inpatient beds for Acute MH & Detox; expand community support services recovery based employment, SMI related Day hospital, and MH or add an Addiction Residential Program on campus.

Clinical Staff*** 7 RN, 9 CNA, 2 MD, 1 psychologist,	Equipment Suicide Proof furniture and	Other
	Suicide Proof furniture and	
2 MSW, 1 Peer	bathroom fixtures, suicide proof door knobs and Doors	Computers
1RN, 1PhD, 1 MD, 1 MSW, 3 Health techs	2 Group Room, 2 Tables, 30 Chairs, 2 TVs and 2 White Board	Computers
3 Health techs	Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors	Computers
1 PhD, 1 MD, 1 RN, 1 MSW	4 Desk, 4 Chair	Computers
2 Case Managers, 1 RN, .5 MD, .5 PhD, 1 SWS, 1 Peer	Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors	Computers
2 RN, .5 MD, 1 MSW, .5 Peer	3 cars, Mobile access	Computers
	techs 3 Health techs 1 PhD, 1 MD, 1 RN, 1 MSW 2 Case Managers, 1 RN, .5 MD, .5 PhD, 1 SWS, 1 Peer	2 Group Room, 2 Tables, 30 Chairs, 2 TVs and 2 White Board 3 Health techs 3 Health techs Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors 1 PhD, 1 MD, 1 RN, 1 MSW 4 Desk, 4 Chair 2 Case Managers, 1 RN, .5 MD, .5 PhD, 1 SWS, 1 Peer Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors

Pros	P	r)	s
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MH care at Manchester would be comprehensive (one stop shopping)

Easier referral process between levels of care Easier coordination of care

All care delivered by the VA

Opportunity to attract academic affiliation

Cons

Transportation barriers for Veterans living outside the Manchester area

Length of time to build new facility

Difficulty recruiting and sustaining staff

This option generates the highest construction & staffing cost

Once built, less flexibility to adapt to changing needs

References

Authorized Community Care Manchester

^{**} Include VA Roston Redford VAMC and White River Junction VAMC

Option #2:

Right-size current Manchester outpatient services; in addition, Contract any new services into the community

	Manchester		g wo	rkload and tions									
		In-House Manchester				CITC*			Non-Manchester VA D				
	Specialty	2015		2025		BDOC	\$	ВІ	оос	ADC			
			Bec	l Days of C	are								
	Inpt: Psychiatric 2015	0		0		21	\$37,327						
	Inpt: Psychiatric 2017	0		0		34	\$53,609						
			om Bo bruary	ston, Bedford a March	nd WRJ April	To Manche May		July	August	September			
	# of Veterans 13 8 5	5	6	5	8	13	8	8	10	6			
	Average LOS 4.6 11.5 6.6 Average BDOC 59.8 92 33		12.6 75.6	6.6 33	5.2 41.6	63.7	6.1	5.3 42.4	6.2	9.8 58.8			
_	Psychaitric Reli	Psychaitric Related Discharges from Boston, Bedford and WRU to Manchester FY16											
ute			bruar 21		April 11	Ma 22	y June	July 14	August 12	September 17			
ĕ	Average LOS 11 7.8 14.3	9.5	12	14.1	6.6	10	9	9.7	7.8	7			
ent	Average BDOC 154 78 214.5	218.5	252	253.8	72.6	220	180	135.8	93.6	119			
Inpatient (Acute)	Inpt Mental Hith: PRRP, PRRTP, SARRTP & Dom - Bedford 2015							12	,162	33			
	Inpt Mental Hith: PRRP, PRRTP, SARRTP & Dom - Boston 2015							9,	667	26			
					丄	_		Ш					
	Clinic Stops												
		2015		2025	_	2015	\$	20	015	2015 Visits			
	Amb Mental Hlth: Homeless	3313		4021									
	Amb Mental Hlth: Mental Health Clinic	13238		16535		420	\$210,000						
	Amb Mental HIth: Mental Health Clinic - Psychotherapy	12408	3	14275		2	\$15,000						
tory)	PCMHI Manchester							1	089	1762			
onla	PCMHI - Bedford							7	12	2255			
Amk	PCMHI - Boston							2	254	583			
ent (-							
Outpatient (Ambulatory)	Amb Mental Hlth: Substance Abuse Clinic	4775		4906									
ő	Amb Mental Hlth: Work Therapy	562		502									
	Total Costs IOP per Encounter/Patient	FY16											
	Avg Tot Cost/Encounter	\$207.32	2					1					
	Avg Tot Cost/Patient	\$2,123.7	79					1					
					1			1					
	Total Cost	\$775,18	3										

^{*}CITC = Care in the Community; All CITC Combined

Option Summary

New specialty programs contracted into the community, include: Acute Care psychiatric and SUD detox services; IOP/SUD day program, MHICM services in local communities, and a residential program. This approach would require infrastructure to monitor the contract process and care manage the Veterans being referred to these contracted programs.

Resource Impacts										
Space	Clinical Staff***	Equipment	Other							
Contracted Acute Unit off-site										
Intensive Outpatient Contracted	3 Clinical Contracting Representatives and a Care Management Team to monitor									
Wellness Program / Alternative Therapy	contracts									
Contract for PTSD Residential Program										
MHICM services contracted to local Community MH Centers										

Pros

Lowest construction cost

Care Management Team to interface with the community provider

Potentially less travel for Veterans from rural areas to Manchester

Increase VA presence in the community

Community-based programs exist in the community

Cons

Cost of contracts difficult to forecast

Low availability of community MH inpatient treatment beds

Coordination between VA and multiple community providers

Not all care provided by VA

Contracting can be challenging

Timely payment through the VA payment system

References

VSSC, ARC, SAIL and Dan Clark

^{**} Include VA Boston, Bedford VAMC and White River Junction VAMC

^{***}Clinical Staffing Implications Only

Mental Health Service Line

Option #3:

Hybrid - Mixture of on-site service expansion and off-site service delivery (lease or contract) via community partnerships

	Manchester			Existing workload and projections In-House Manchester									
									CIT		Non-N	lanches	ter VA Data**
		Specia	alty		201		2025	BDC	С	\$			
			Bed L	Days of Ca				_					
	Inp	0		0	21	L	\$37,327						
	Inp	t: Psychia	tric 2017		0		0	34	1	\$53,609			
		SUD Related Discharges from Boston, Bedford and WRU To Manchester FY16 October November December January February March April May June July August September For Veterans 13 8 5 5 6 5 8 13 8 8 10 6 6 6 5 8 10 6 6 6 6 6 6 6 6 6											
	# of Veterans	13	8	December 5	January 5	February 6	March 5	8	13	8	8	10	6
	Average BDOC	4.6 59.8	11.5 92	6.6 33	5 25	12.6 75.6	6.6 33	5.2 41.6	4.9 63.7	6.1 48.8	5.3 42.4	6.2 62	9.8 58.8
				Psychaitric R	elated Disch	arges from	Boston, Bedf	ord and WRI	to Manc	hester FY16			
	# of Veterans	October 14	November 10					April 11	May 22	June 20	July 14	Augu 12	st September 17
	Average LOS Average BDOC	11 154	7.8	14.3 214.5	9.5 218.5	12 252	14.1 253.8	6.6 72.6	10 220	9	9.7	7.8 93.6	7
	Average BDOC	154	78	214.5	218.5	252	253.8	/2.6	220	180	135.8	93.6	119
Inpatient (Acute)	Inpt Mental F	m - Bedfo	ord 2015 P, PRRTP, S		201		nic Stops	201		\$	9,61	15	26 2015 Visits
							2023	Uniq	lue	Ť	Unio	que	2013 VISIUS
	Amb Mental Hith: Homeless				331	3	4021						
	Amb Menta				132	38	16535	420	0	\$210,000	21.370	35919	
	Amb Mental	Hlth: Me Psychoth		h Clinic -	1240	08	14275	2		\$15,000	24.905	57486	
ton											15.046	74404	
Outpatient (Ambulatory)	PC	MHI Mar	nchester								108		1762
nt (A	F	CMHI - B	edford								71	12	2255
atie		PCMHI - E	Boston								25	54	583
Outk													
	Auch to the	Lillah . A .		61' '	4	-	4000	1			1		
	Amb Mental	nitn: Sub:	stance Abt	use Clinic	477	J	4906	1			2.7434	55497	
	Amb Me	ntal Hlth:	Work The	rapy	562	2	502						
	Total Costs IOP	per Enoun	tor/Dationt		FY1	6							
	Avg Tot Cost/En		ter/Fatient			1		1					
	Avg Tot Cost/Ell	counter	ter/Fatient		\$207.	32			1				
	Avg Tot Cost/Par		ter/Fatient		\$207. \$2,123								

Option Summary

This is a combination proposal looking to extend mental health services through the state through VA/public/private partnerships. VA site would include: Right-size outpatient space; 23 Hour Observation Beds. Community programs could include: Acute Inpatient beds in partnership with a local private hospital; Homeless/Substance Abuse lodging (Safe Haven); Northern tier lease RRTP

Programs that could be placed either On-site or in Community: expanded PC-MH Integration; RRTP; Wellness/Recovery Program; MHICM; IOP; 20

Bed Lodging unit; Ambulatory Detox services

Resource Impacts					
Space	Clinical Staff***	Equipment	Other		
Ambulatory: Right-size space to close current space gaps. For future growth, choice to either expand on site or purchase/lease space in community for PC/MHI, GMH, GEC, telemedicine, SUD etc.	2 psychiatrist, 2 RN, 1 psychologist, 1 SWS (family therapy), 1 SWS (Case manager) <u>Pending PC and GEC input</u> Telemedicine staff 2 RN, 1 MD, 1 PhD, 1 Health Tech	Dedicated Transportation if not co- located with the private partnership hospital Telehealth Equipment x5	Share with PC as well		
Ambulatory Detox/Suboxone Induction placed in PC or private hospital with 1 or 2 beds for monitoring if needed	1 RN, .5 MD, .5 MSW may be able to handel with current PCMHI staffing	Medical equipment (BP, EKG, Exam tables	Side Will Cas Well		
Fee/Contract Acute Unit 12 beds for both acute care and SUD detox	Care Management Team, and Contracting Officer Rep	Dedicated Transportation if not co- located with the private partnership hospital	Either staff with a VA personnel of consult to private personel about Veteran's specific conditions		
Observation beds at Manchester Urgent Care	1 NP, .5 MD, 1 MSW	Medical equipment (BP, EKG, Exam tables	empty beds needed within Urgen Care /ER		
Intensive Outpatient Program (IOP) (General MH) VA or Community	1RN, 1PhD, 1 MD, 1 MSW, 3 Health techs	Group room, CVT equipment	Computer		
Wellness Program / Alternative Therapy VA or Community	1 RN , 1 Nutritionist, 1 Peer, 1 MSW, MSA, Integrative MD, credentialed Acupunturist	white board, yoga mats, and TV, acupuncture equipment	Computer		
20 Bed Lodging On VA campus	1 RN and 2 Health techs	transportation			
Contract Safe Haven homeless/SUD residential program for 10 Veterans	SWS/Contracting Officer Rep	transportation			
Leased CBOC PTSD/SUD RRTP 20 bed off Campus close to a CBOC (e.g., Conway)	2 SWS, 2 Case managers, 2 peers, 2 RNP, 2 RN, 1 Program Manager (Psychologist/Social Work/Nurse) 3 Health Techs (WHEN hours) 1 MD (.5 in RRTP and .5 in CBOC Conway)	transportation	extended FTE To be determined to PC staffing and GEC if needed		

Pros
Moderately increases VA presence in the community
Moderate scope for on-site construction; can initiate some programs sooner
The footprint and extent of MH services are more flexible moving forward.
Staffing may be easier to execute
Cons
Cost of contracts difficult to forecast
Availability of community inpatient treatment beds
Coordination between VA and community providers
Not all care provided by VA
Contracting can be challenging
Timely payment through the VA payment system

References	
Authorized Community Care Manchester	

^{*}CITC = Care in the Community; All CITC Combined

** Include VA Boston, Bedford VAMC and White River Junction VAMC

***Clinical Staffing Implications Only