

Mental Health Service Line

Option #1: Keep all services in house - Inpatient and Community-based services

Manchester		Existing workload and projections										
		In-House Manchester		CITC*		Non-Manchester VA Data**						
Specialty		2015	2025	BDOC	\$	BDOC	ADC					
<b>Bed Days of Care</b>												
Inpt: Psychiatric 2015		0	0	21	\$37,327							
Inpt: Psychiatric 2017		0	0	34	\$53,609							
<b>SUD Related Discharges from Boston, Bedford and WRJ To Manchester FY16</b>												
	October	November	December	January	February	March	April	May	June	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	5	12.6	6.6	5.2	4.9	6.1	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
<b>Psychiatric Related Discharges from Boston, Bedford and WRJ to Manchester FY16</b>												
	October	November	December	January	February	March	April	May	June	July	August	September
# of Veterans	14	30	15	23	21	18	31	22	20	14	12	17
Average LOS	11	7.8	14.3	9.5	12	14.1	6.6	10	9	9.7	7.8	7
Average BDOC	154	78	214.5	218.5	252	253.8	72.6	220	180	135.8	99.6	119
Inpatient (Acute)	Inpt Mental Hlth: PRRP, PR RTP, SAR RTP & Dom - Bedford 2015										12,162	33
	Inpt Mental Hlth: PRRP, PR RTP, SAR RTP & Dom - Boston 2015										9,667	26
Outpatient (Ambulatory)	<b>Clinic Stops</b>											
		2015	2025	2015 Unique	\$	2015 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							
	PCMH Manchester						1089	1762				
	PCMH - Bedford						712	2255				
	PCMH - Boston						254	583				
	Amb Mental Hlth: Substance Abuse Clinic	4775	4906									
	Amb Mental Hlth: Work Therapy	562	502									
	<b>Total Costs IOP per Encounter/Patient</b>	<b>FY16</b>										
	Avg Tot Cost/Encounter	\$207.32										
Avg Tot Cost/Patient	\$2,123.79											
<b>Total Cost</b>	<b>\$775,183</b>											

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.

Resource Impacts			
Space	Clinical Staff***	Equipment	Other
12 Bed unit needed for Acute/detox including group room and Nursing Station and Milieu	7 RN, 9 CNA, 2 MD, 1 psychologist, 2 MSW, 1 Peer	Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors	Computers
Big enough for an IOP to serve up to 30 unique	1RN, 1PhD, 1 MD, 1 MSW, 3 Health techs	2 Group Room, 2 Tables, 30 Chairs, 2 TVs and 2 White Board	Computers
20 Bed Lodging (Outpatient)	3 Health techs	Suicide Proof furniture and bathroom fixtures, suicide proof door knobs and Doors	Computers
Expanded area for PCMH coordinate with PC and UC	1 PhD, 1 MD, 1 RN, 1 MSW	4 Desk, 4 Chair	Computers
R RTP Program (SA or MH) space for 20 unique	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
MHICM RANGE for 10	2 RN, .5 MD, 1 MSW, .5 Peer	3 cars, Mobile access	Computers

Pros
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
<a href="#">Authorized Community Care Manchester</a>

\*CITC = Care in the Community; All CITC Combined  
\*\* Include VA Boston, Bedford VAMC and White River Junction VAMC



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											
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		Inpt Mental Hlth: PRRP, PRRT, SARRT & Dom - Boston 2015									9,667	26	
		<b>Clinic Stops</b>											
		2015	2025	2015 Unique	\$	2015 Unique	2015 Visits						
Outpatient (Ambulatory)		Amb Mental Hlth: Homeless		3313	4021								
		Amb Mental Hlth: Mental Health Clinic		13238	16535	420	\$210,000	21.37035919					
		Amb Mental Hlth: Mental Health Clinic - Psychotherapy		12408	14275	2	\$15,000	24.90557486					
		PCMHI - Manchester						1089	1762				
		PCMHI - Bedford						712	2255				
		PCMHI - Boston						254	583				
		Amb Mental Hlth: Substance Abuse Clinic		4775	4906			2.743455497					
		Amb Mental Hlth: Work Therapy		562	502								
		<b>Total Costs IOP per Encounter/Patient</b>		<b>FY16</b>									
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Total Cost		\$775,183											

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 \*\* Include VA Boston, Bedford VAMC and White River Junction VAMC  
 \*\*\*Clinical Staffing Implications Only

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/MH, GMH, GEC, telemedicine, SUD etc.	2 psychiatrist, 2 RN, 1 psychologist, 1 SWS (family therapy), 1 SWS (Case manager) <b>Pending PC and GEC Input</b> 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 PCMH staffing	Medical equipment (BP, EKG, Exam tables)	
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 or consult to private personnel 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 Urgent 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	
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 by 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
<a href="#">Authorized Community Care Manchester</a>