Task Force Subgroup Report: VISN 1 Mental Health

VA New Hampshire VISION 2025 Task Force

Louis Trevisan, MD VISN 1 MH Director

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VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Membership

- Louis Trevisan, MD – VISN 1 MH Service Line Director
- John Riley, HSS – VISN 1 MH
- John Bradley, MD – Boston VA Chief of Psychiatry
- Robert Tilton, PhD – Providence MH
- Shara Katsos, LICSW – VISN 1 Deputy Homeless Coordinator
- Darla French, HSS – Connecticut VA MH
- Claire Tenny, MD – Manchester MH Director
- Jess Dewyngaert, RN – Manchester MH Supervisor
- Robert Mottola, LICSW – Manchester MH Supervisor
- Anita Erazo Upton, PhD – Manchester MH Supervisor

Process

- Site visits completed: 9/19
- Staff listening sessions completed: 9/19 CBOC's participated via conference call
- Frequency: The Committee met twice a week for 4 weeks
- Other resources considered:
    - VA's memo on Uniform Services for Mental Health
    - Mental Health Guide to construction of mental Health
    - VISN 1 DSS was a great help

Process Data Reviewed

- Care in the Community for inpatient psychiatry
  - Focusing on Bed Days of Care and Cost
- Psychiatric and Substance Use admissions to other VA facilities
- Inpatient Mental Health Psychosocial Rehabilitation Treatment Programs at VA facilities close to Manchester
  - Bed Days of Care and Average Length of Stay

Process Data Reviewed

- Outpatient Mental Health Care, homeless, substance abuse and Work therapy visits between 2015 and 2025

- Cost of Community Care for Outpatient Services:
  - Mental Health = $500
  - Psychotherapy = $7,500

Background Information

Mental Health Services Primer

- Inpatient
- Residential
- Intensive Outpatient (IOP)
- Outpatient:
  - General Mental Health (GMH, team-based care)
  - Subspecialty: PTSD, Substance Use Disorder (SUD)
- PC-MH Integration
- Community-based services
  - Homeless (ranging outreach to residential; e.g., Safe Haven)
  - MH Intensive Case Management (MHICM)
- Recovery/Wellness: Peer support, Work therapy

Manchester Current State

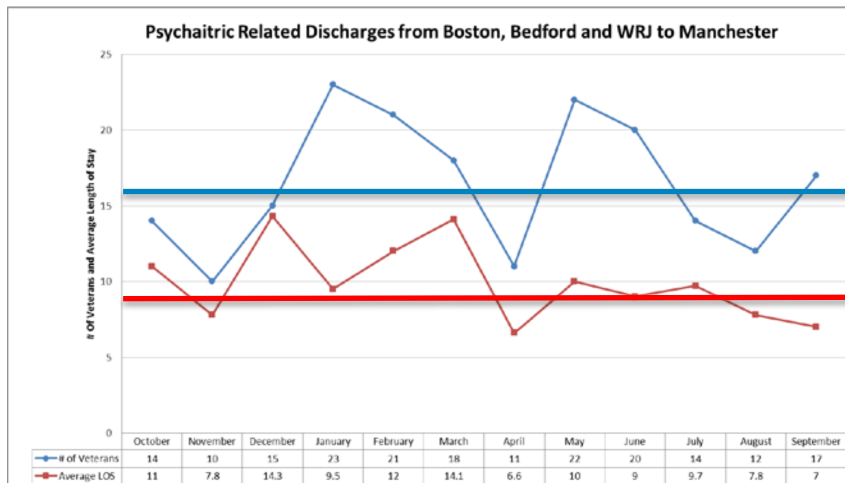
- ~~Inpatient~~
- ~~Residential~~
- ~~Intensive Outpatient (IOP)~~
- Outpatient:
  - General Mental Health (GMH, team-based care)
  - Subspecialty: PTSD, Substance Use Disorder
- PC-MH Integration
- Community-based services
  - Homeless (ranging outreach to residential; ~~e.g., Safe Haven~~)
  - ~~MH Intensive Case Management (MHICM)~~
- Recovery/Wellness: Peer support, Work Therapy

- Space Gap
- Limited MH resources in the community in NH
- Rurality
- Reliance on external VAs (WRJ, Bedford, Boston)

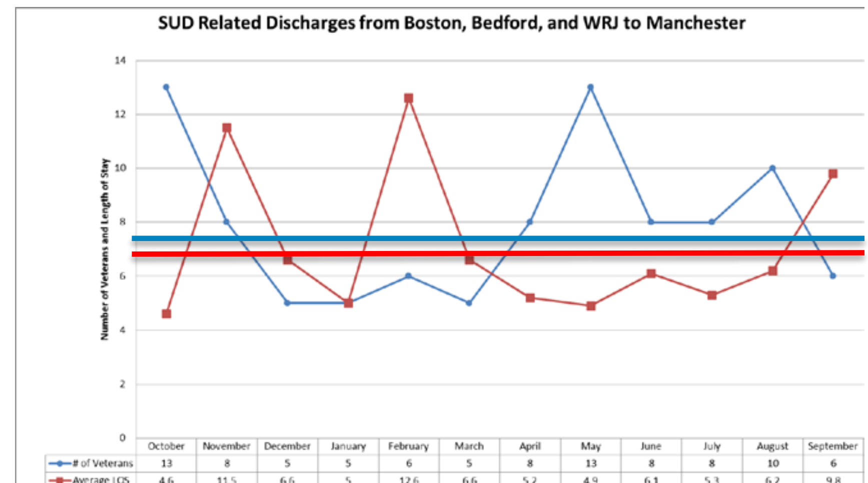
Inpatient Referral Patterns to other VAs

Manchester Veterans sent to Bedford, Boston or WRJ for <u>Psychiatric</u> issue

Manchester Veterans sent to Bedford, Boston or WRJ for <u>Detox or Substance related</u> issues



	October	November	December	January	February	March	April	May	June	July	August	September
# of Veterans	14	10	15	23	21	18	11	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



	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

Workload Projections

Mental Health Outpatient in Manchester	2015 Visits	2025 Visits	% Change
Amb Mental Hlth: Homeless	3313	4021	21.37
Amb Mental Hlth: Mental Health Clinic	13238	16535	24.91
Amb Mental Hlth: Mental Health Clinic - Psychotherapy	12408	14275	15.05
Amb Mental Hlth: Substance Abuse Clinic	4775	4906	2.74
Amb Mental Hlth: Work Therapy	562	502	-10.68

Options Considered

1. **All In-House Model** - Keep all services in house - Inpatient through Community-based services

2. **Contract Managed Care Model** - Contract all additional services (i.e., not covered by current MH services in Manchester). Example: Acute Care psychiatric and SUD detox admissions, IOP/SUD day program, MHICM across the state, and residential continuity of care PTSD program services out of Manchester.

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

Option 1: In-House

- Right-size outpatient space and staff for projected demand
- Add 12- bed inpatient service for acute MH and Detox
- Add Residential Rehabilitation Treatment Program (RRTP)
- Intensive Outpatient Program
- 20 bed Lodging unit
- Expand PC-MH Integration for growth projection
- Add Mental Health Intensive Care Management (MHICM) for 10 Veterans in local area

Option 1 Pros & Cons

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 outside the Manchester area
- Length of time to build new facility
- Difficulty recruiting
- Highest construction & staffing cost
- Once built, less flexibility to adapt to changing needs

Option 2: Buy Expanded services from Community

- At Manchester: Right-size outpatient space
- Examples of services purchased:
  - 12 bed inpatient unit
  - IOP
  - MHICM
  - PTSD Residential Program
  - Wellness/Recovery Program
- The VA would create Care Management Teams to interface with the community resources purchased

Option 2 Pros & Cons

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
- Availability of community 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

Option 3: Hybrid

- Keep on site:
  - Right-size outpatient space in Manchester
  - 23 Hour Observation Beds
- Community:
  - Acute Inpatient beds in partnership with a local private hospital
  - Homeless/Substance Abuse lodging (Safe Haven)
  - Northern tier lease RRTP
- Either On-site or in Community:
  - PC-MH Integration
  - RRTP
  - Wellness/Recovery Program
  - MHICM
  - IOP
    - 20 Bed Lodging unit
  - Ambulatory Detox services
- Public/Private venture with local private hospital

Option 3 Pros & Cons

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