

**NRICS MONTHLY CENSUS & SERVICE SUMMARY REPORT
FOR MHRH
COMPARISON OF FY08 & FY09
AGENCY DATA ONLY**

CENSUS DATA

Community Support (CSP)*	FY09	FY08	Differential
Active on July 1 (Beginning of FY)	770	665	+105
Admissions/Transfers	324	180	+ 144
Active June 30 (End of FY)	890	759	+131
Total Served (Active on July 1 + Admissions)	1094	845	+262

*Includes: Assessment Stabilization Team (AST), Continuous Treatment Teams (CTT), RIACT-I, RIACT - II, and MHPRR

- Nearly 2 times as many clients were admitted to CSP in FY09 as in FY08.
- On the last day of FY09, there were 120 more active clients on the CSP census than on the first day.
- Overall, 31% more CSP clients were served in FY09 than FY08.
- These increased admissions and clients served can be attributed to multiple factors. Economic conditions increased the number of eligible clients. In an effort to address this need, NRICS made efforts to improve efficiency and consequently, its capacity to serve a larger population. Initial CNOM (Costs Not Otherwise Matchable) protocols indicated that underinsured, as well as uninsured, individuals would be funded via DBH contracts.

General Outpatient (GOP) - Adults*	FY09	FY08	Differential
Active on July 1	360	321	+ 39
Admissions/Transfers	709	516	+ 193
Active June 30	501	355	+ 146
Total Served (Active on July 1 + Admissions)	1069	837	+232

*Includes: Adult Outpatient, Extended Assessment GOP, Uninsured Outpatient, VOCA, Tri-Hab Contract, Homestead, Suboxone Clinic, Crisis Stabilization, ATR-Outpatient, ATR-Continuing Care

- Adult Outpatient Census started FY09 a little higher (12%) than at the beginning of FY08.
- Due to a much higher number of admissions (37%), the active census on the last day of FY09 was 41% higher than at the end of FY08.
- Overall, 28% more Adult Outpatient clients were served in FY09 than FY08. This may be attributed to a higher influx of insured clients encountering behavioral health problems due to the economy.

General Outpatient (GOP) - Children*	FY09	FY08	Differential
Active on July 1	314	243	+ 71
Admissions/Transfers	527	443	+ 84
Active June 30	316	360	- 44
Total Served (Active on July 1 + Admissions)	841	686	+155

*Includes: CAITS, Post-CIS Step Down, ECDT, Children's Outpatient, and CIS

- Children's Outpatient services started the first day of FY09 29% higher than at the beginning of FY08.
- Throughout FY09, there was a substantially higher rate of admissions (19%).
- Due to CAITS, the active census on the last day of FY09 was 12% lower than FY08.
- Throughout the FY, 23% more clients were served than in FY08. The primary reason for the lower active census on the last day, despite a greater number of clients being served, is the change from CIS, which allowed a 6 month length of stay, to CAITS, which has a length of stay of only 16 weeks.

**SERVICE DATA
CSP**

Monthly CSP Service Data	FY09			FY08	Differential
	Avg. # Clients	Contacts	Hours	Hours	
Partial Day					
Psych/Rehab	80	5230	8187	7207	+ 980
Supported Workshop/TEP	535		48046	68558	-20512
Job Find/Development *			347	507	- 160
Drop In Center			9197	8622	+ 575
Outpatient					
Individual Counseling		3004	2203	1681	+ 522
Group Counseling		2540	2345	2922	- 577
Family Treatment	3	56	38	33	+ 5
Substance Abuse	11	335	222	133	+ 89
Med Maintenance	357	7586	3872	3194	+ 679
Case Management *					
CPST	480	18459	11851	9517	+ 2334
Assertive Community Treatment Team I	94	15961	10420	9964	+ 456
Assertive Community Treatment Team II	133	13043	8356	7847	+ 509
Emergency *					
Face to Face	35	577	564	373	+ 191
Telephone		26	37	4	+ 33

Significant increases occurred in the following CSP services:

- Emergency Face-to-Face: + 51%
- Individual Counseling: + 31%
- Case management (CPST): + 25%
- Med Maintenance: + 21%
- Psych/Rehab: +14%
- Drop-in Center: + 7%
- Case Management (MTT II): + 6%
- Case Management (MTT I): + 5%

These increases would be expected by the substantial increase in the CSP clients served (31%).

Significant decreases occurred in the following CSP services:

- Job Find/Development: - 32%
- Supported Workshop/TEP: - 30%
- Group Counseling: - 20%

Other Changes/Comments:

- Substance Abuse Counseling increased, but FY08 was so low that the actual increase in hours was minimal (i.e., 89).
- Emergency Telephone contacts with CSP clients are very low at 26 contacts, 37 hours. NRICS interprets this as representing good crisis planning and intervention by the primary CSP Treatment Teams.

* Note in ECHO, all service types (7/1/07-4/30/09) without an asterisk are the sum of client hours. Those marked with an asterisk are from staff hours. There is no distinction in ClaimTrak (5/1/09-6/30/09).

SERVICE DATA
GOP Children's

Monthly GOP Children's Service Data	FY09			FY08	Differential
	Avg. # Clts.	Contacts	Hours	Hours	
ECDT	9	1990	8963	9160	- 197
Outpatient					
Individual Counseling		4654	4674	4583	+ 92
Group Counseling		161	256	5918	- 5662
Family Treatment	141	4313	4324	4655	- 331
Substance Abuse	1	7	2	3	- 1
Med Maintenance	76	1220	753	1518	- 765
Total Outpatient Counseling	218	10355	10009	16677	-6668
Case Management *	74	2438	2470	5161	- 2691
Emergency *					
Face to Face	14	205	248	57	+ 191
Telephone		6	1	85	- 84
Parent Services	5	176	295	615	- 320

Decreases were noted in virtually every service type for Child & Family Services.

- Group Counseling: - 96% This is easily explained by the fact that Group Counseling was a reimbursable service for CIS, but not for CAITS.
- Family Treatment: - 7% This is not surprising given the shift in census from intensive home & community based family services to office-based outpatient services, which tends to be more individually focused.
- Case Management: - 2 % Case management services are Bachelor level services provided to families. The shift to CAITS limited the amount of case management services that could be provided to families.

Increases were noted for only two service types for Children's Outpatient Services.

- Emergency Face-to-Face: + 335% These services more than tripled. FY08 hours for this service were substantially lower as a consequence of the intensity of services provided in CIS. With the transfer to CAITS, not only was the duration of the program limited from 6 months, to 16 weeks, the intensity of services was drastically limited, negatively impacting the support that could be provided to families. This is reflected also in hospitalization data. In FY08, there were 10 children's hospitalizations. This FY, there have been 17 hospitalizations, with 12 occurring since May.
- Individual Counseling: + 2%. This is a slight increase. This may be due to the large number of children discharged from CAITS during the year.

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**SERVICE DATA
GOP Adult**

Monthly GOP Adult Service Data	FY09			FY08	Differential
	Avg. # Clts.	Contacts	Hours	Hours	
Outpatient					
Individual Counseling		4253	3826	4089	- 263
Group Counseling		736	739	493	+ 246
Family Treatment	4	85	75	79	- 4
Substance Abuse	1	38	35	4	+ 31
Med Maintenance	137	2004	956	1215	- 259
Case Management *					
CPST	41	833	535	1599	- 1064
Emergency *					
Face to Face	60	1607	1347	1666	- 319
Telephone		233	31	267	- 236

Increases were noted in the following two Adult Outpatient services:

- Group Counseling: + 50%
- Substance Abuse Counseling - It should be noted that the actual hours reported for FY08 were extremely low (i.e., 4) and remain low in FY09 (i.e., 35)

Decreases were noted in all other Adult Outpatient services:

- Emergency Telephone – 88%
- CPST Case Management - 67% Case management is, in theory, provided by the health plans as Medicaid clients become auto-enrolled in HMO coverage.
- Med Maintenance: - 21%
- Emergency Face-to-Face: - 19%
- Individual Counseling: The decrease in Individual Counseling of 263 hours was offset by 246 more hours of group counseling.
- Family Treatment – Only 4 hours fewer family treatment services were provided in FY09, which is essentially negligible.

* Note in ECHO, all service types (7/1/07-4/30/09) without an asterisk are the sum of client hours. Those marked with an asterisk are from staff hours. There is no distinction in ClaimTrak (5/1/09-6/30/09).