BEHAVIORAL HEALTH OUTCOMES ANALYSIS

TERROS
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INTRODUCTIONS

- Name
- Agency, if applicable
- Position or role relative to Outcomes Implementation
- Past clinical experience if applicable
Familiarize participants with a method for utilizing outcomes in a clinical setting.

Participants will explore GAF for consumer improvement changes and identifying consumer demographics and services.

Participants will discuss variables, trends, and evaluate relationships represented in data.

Participants will look for potential changes in clinical care.
What or, how is your organization calling or defining outcomes? *List as part of a brainstorming*

Is anyone including or measuring cost of efforts and connecting these to outcomes?
In Being:

- Accountable
- Efficient
- Appropriate
- Accessible
- Acceptable
Healthcare Outcomes

- Diagnosis Related Groups DRGs

Behavioral Health Outcomes

- Community Based
**Severity of Illness:** Extent of physiological decomposition or organ system loss of function

**Risk of Mortality:** Likelihood of dying

**Prognosis:** Probable outcomes of the illness including improvement or deterioration in the severity of the illness

**Treatment Difficulty:** Management of the illness and procedures

**Need for Intervention:** What would happen if you do not intervene

**Resource intensity:** Number and type of resource(s) required
Levels of Functioning

1. Danger to self/others
2. Personal self care
3. Activities of daily living
4. Community living skills
5. Independent Functioning

Service Environment

1. Acute Hospital
2. Jail/Prison
3. 24Hr Residential
4. Partial Care Day Support
5. Outpatient Aftercare
6. System Independent
<table>
<thead>
<tr>
<th>OUTCOMES INDIVIDUAL</th>
<th>STATEWIDE ADULT</th>
<th>STATEWIDE CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>With a drug/alcohol use history are now abstaining</td>
<td>30.3%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Are Not Homeless</td>
<td>96.5%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Are Employed</td>
<td>19.4%</td>
<td>.2%</td>
</tr>
<tr>
<td>Attend School</td>
<td>13.5%</td>
<td>86.1%</td>
</tr>
<tr>
<td>No recent criminal justice system involvement</td>
<td>92.5%</td>
<td>96.2%</td>
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<tr>
<td>Self-help groups</td>
<td>Coming</td>
<td>Coming</td>
</tr>
</tbody>
</table>
Elements of Implementing a Cost Model

Clinical & Programmatic

- Staff billable time calculation and production options
- Staff time tracking
- Cost analysis components
- Clinical and cost outcome communications tools
Outcomes systems start with the ability to capture how staff utilize their production potential

Example:

<table>
<thead>
<tr>
<th>Potential Annual Hours</th>
<th>2080</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave/PTO</td>
<td>160</td>
</tr>
<tr>
<td>Personal/Holidays/Sick</td>
<td>144</td>
</tr>
<tr>
<td>Total potential production hours</td>
<td>1776</td>
</tr>
</tbody>
</table>

- Expected production at 56%: 1000
- Expected production at 67%: 1200
- Expected production at 75%: 1332
### STAFF TIME TRACKING

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comp Assessment</td>
<td>x</td>
</tr>
<tr>
<td>2. Individual</td>
<td>2.0</td>
</tr>
<tr>
<td>3. Group</td>
<td></td>
</tr>
<tr>
<td>4. Case Management</td>
<td></td>
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<tr>
<td>5. Family</td>
<td></td>
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<td>6. Peer</td>
<td></td>
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<td>7. Case Staff</td>
<td></td>
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<td>8. Other</td>
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</tbody>
</table>

### REPORT & DOCUMENTATION (11-20)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>11. Case Notes</td>
<td></td>
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<tr>
<td>12. Closure</td>
<td></td>
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<tr>
<td>13. Incident Report</td>
<td></td>
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<tr>
<td>14. Other</td>
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</tbody>
</table>

### STAFF DEVELOPMENT (21-30)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>21. Conference</td>
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<tr>
<td>22. Workshop external</td>
<td></td>
</tr>
<tr>
<td>23. Workshop internal</td>
<td></td>
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<tr>
<td>24. Staff Supervision</td>
<td></td>
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<tr>
<td>25. Other</td>
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</table>

### ADMINISTRATIVE (31)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Meetings</td>
<td></td>
</tr>
</tbody>
</table>
COST ANALYSIS COMPONENTS

- Salary
- Fringe Benefits
- Billable Services - Productivity
- Production - Value of Service
- Non-billable Activities
- Overhead and Administrative Expenses
- Show and No Show Rates
- Scheduling - Double Booking, Walk-In
• Staff Confidentiality
• Training for Clinical Supervision
• Training for Program and Clinical Improvement
"I think you should be more explicit here in step two."
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</table>
### Global Assessment of Functioning Scale (GAF) Placement Decisions

<table>
<thead>
<tr>
<th>GAF Score</th>
<th>Placement Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30</td>
<td>Client is a candidate for inpatient care</td>
</tr>
<tr>
<td>31-69</td>
<td>Client is a candidate for outpatient care - either PCP, IOP or traditional outpatient counseling</td>
</tr>
<tr>
<td>70 or</td>
<td>Clients in this range do not typically meet the criteria for medically necessary services because they are functioning to well to be a candidate for therapy</td>
</tr>
</tbody>
</table>

DATA ANALYSIS

Average Length of Stay

Average Cost Per Case

Average Days of Service
N = 166

Female
- Indiv Srvcs: 30%
- Group: 23%
- Case Management: 14%
- Wrap Srvcs: 17%
- Assessment: 13%
- Meds: 3%

N = 134

Male
- Indiv Srvcs: 39%
- Group: 18%
- Case Management: 12%
- Wrap Srvcs: 13%
- Assessment: 5%
- Meds: 3%
SERVICE MIX
By Age

18-29

- Indiv Srvcs: 12%
- Group: 37%
- Case Management: 17%
- Wrap Srvcs: 14%
- Assessment: 18%
- Meds: 2%

N = 60

30-55

- Indiv Srvcs: 12%
- Group: 35%
- Case Management: 15%
- Wrap Srvcs: 13%
- Assessment: 21%
- Meds: 4%

56+

- Indiv Srvcs: 16%
- Group: 23%
- Case Management: 13%
- Wrap Srvcs: 25%
- Assessment: 23%
- Meds: 17%

- Indiv Srvcs: 25%
- Group: 16%
- Case Management: 13%
- Wrap Srvcs: 17%
- Assessment: 6%
- Meds: 17%

- Indiv Srvcs: 21%
- Group: 12%
- Case Management: 13%
- Wrap Srvcs: 35%
- Assessment: 15%
- Meds: 4%
### SERVICE MIX By Ethnicity

#### White
- Indiv Srvcs: 3%
- Group: 13%
- Case Management: 21%
- Wrap Srvcs: 12%
- Assessment: 36%
- Meds: 14%

N = 196

#### Black
- Indiv Srvcs: 15%
- Group: 15%
- Case Management: 12%
- Wrap Srvcs: 28%
- Assessment: 18%
- Meds: 12%

N = 67

#### Hispanic
- Indiv Srvcs: 28%
- Group: 31%
- Case Management: 14%
- Wrap Srvcs: 3%
- Assessment: 17%
- Meds: 21%

N = 28

#### Other
- Indiv Srvcs: 31%
- Group: 24%
- Case Management: 11%
- Wrap Srvcs: 14%
- Assessment: 16%
- Meds: 4%

N = 5
Knowledge becomes wisdom only after it has been put to practical use.

Unknown
**Gender**

- Female: 30.2%
- Male: 69.8%

**Service Mix**

- Indiv Srvcs: 29%
- Group: 14%
- Case Management: 15%
- Recovery / Wrap Srvcs: 10%

**Age**

- 18-29: 26%
- 30-55: 65%
- 56+: 9%

**Ethnicity**

- White: 75%
- Black: 16%
- Hispanic: 7%
- American Indian: 0%
- Other: 2%

N = 43 for all categories
Service Mix

- Indiv Srvcs: 35%
- Group: 16%
- Case Management: 13%
- Recovery / Wrap Srvcs: 12%
- Assessment: 4%
- Meds: 20%

Age

- 18-29: 65%
- 30-55: 21%
- 56+: 14%

Gender

- Female: 44.8%
- Male: 55.2%

Ethnicity

- White: 70%
- Black: 19%
- Hispanic: 7%
- American Indian: 2%
- Other: 2%
**Gender**

- Female: 44.8%
- Male: 55.2%

**Service Mix**

- Indiv Srvcs: 13%
- Group: 16%
- Case Management: 20%
- Recovery / Wrap Srvcs: 4%
- Assessment: 12%
- Meds: 35%

**Age**

- 18-29: 21%
- 30-55: 65%
- 56+: 14%

**Ethnicity**

- White: 70%
- Black: 7%
- Hispanic: 19%
- American Indian: 2%
- Other: 2%

**N = 125**
Wisdom is the right use of knowledge. To know is not to be wise. Many men know a great deal, and are all the greater fools for it. There is no fool so great a fool as a knowing fool. But to know how to use knowledge is to have wisdom.

Charles H. Spurgeon


