

Recovery Needs Level: Using Data to Determine the Best Level of Service for Consumers of Mental Health Services

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This poster outlines our path of discovery as to the impact of employing data in guiding informed practice, creating efficient resource utilization, and increased capacity for providing high intensity services to individuals with Severe and Persistent Mental Illness (SPMI).

Background

- Trying to Meet Community Needs:** The Mental Health Center of Denver served 4,500 adults through High and Medium Intensity ACT-like models, Outpatient Services, and Supported Education & Employment Programs – and yet due to capacity limitations needed to turn away two individuals for each one individual that was enrolled.
- The Goebel Program:** In 1981 a court case was filed against the City & County of Denver, and the State of Colorado, to make more services available to individuals with SPMI. The case was settled in 1994, and as a result MHCD would become the contracted provider for 1600 consumers, through five case management sites and three levels of service – High Intensity Treatment Teams (HITT), Community Treatment Teams (CTT) and Outpatient.
- Dilemmas of a Court-Ordered Service Plan:** Adhering to a Court-Ordered Service Plan led to multiple challenges and considerations:
 - Specific service hour requirements per consumer based on treatment team designation
 - Additional people beyond the initial 1600 consumers identified as needing high level of service
 - Limited discharge criteria created little or no openings for new enrollment beyond the 1600
 - Restrictions on movement from level of service conflicted with the agency philosophy that consumers *can* recover and get better (and need a lesser level of service)
- The Big Breakthrough:** During the summer of 2001 the Court-appointed monitor succeeded in getting the court and plaintiff's counsel to support the concept that consumers can move forward in their recovery, and over time don't require the same level of service as when they first entered the program.
- The Development Process:** by November of 2001, multiple work committees (composed of medical, rehabilitation, case management, and quality systems staff; executive management; consumers, family advisory board, plaintiff's counsel, and court monitor) began developing concepts, processes, and tools to support a Utilization Management (UM) system built on two assumptions:
 - Consumers do recover from mental illness
 - Consumer improvement requires that we provide the right level of service at the right time

Implementation

Recovery Needs Level (RNL)- an assessment tool

- Completed within the Electronic Medical Record by the primary clinician
- Electronic algorithm scoring
- Four Levels of Service (initial version)
- After the initial RNL, 66% of consumers were recommended for a new (usually lower) level of service

Appeals Process

- All appeals must originate with the consumer
- Consumer may designate a family member, clinician or other representative to file an appeal on their behalf
- Services remain in place while appeal is heard
- Time frames for each step in the appeal
- Consumers requesting an appeal has been less than .1%

Transition Plan for Consumers Changing Level of Service

- Provide a list of teams and sites to tour
- Consider consumer preference for new team
- Establish a meeting date for all stakeholders
- Identify first appointment with new psychiatrist
- Plan for timely transfer of chart and meds to new site
- Assign new case manager within one week of transition plan initiation
- Record all transitions in central data base
- Estimate transitions will take six to twelve weeks
- Decrease services by only one level (generally)

Implementation (continued)

Staff Training

- Initial training on UM provided by Court Monitor
- Expert consultant on development of UM Program programs and policies
- Hired UM specialist to provide training and consultation at the team level
- Specific training on how to terminate a therapeutic relationship with a consumer (with change in level of service, consumers would be changing primary clinicians), emphasizing these tenets:
 - Termination is a valuable therapeutic intervention because all work moves toward termination.
 - How termination occurs may influence the consumer's future relationships, and sense of trust.
 - Successful terminations help a consumer learn to process loss: a primary life theme for many.

Consumer Training Team

- Employ consumers engaged in 2Succeed Supported Employment program and work experiences
- Development of training materials in three areas:
 - Utilization Management-What is it?**
 - A system which insures that we consumers get:
 - The right service
 - At the right time
 - With the right staff
 - For the right length of time
 - TOGETHER, the consumer, case manager, and psychiatrist decide the level of service
 - Assessment is repeated every six months at the time of treatment planning
 - The Appeals Process**
 - All consumers can appeal the decision regarding their new level of service
 - All appeals are forwarded to the Consumer Advocate
 - Decisions can be appealed all the way to the MHCD Medical Director
 - Recovery**
 - Being with a support network that believes in the concept of Recovery
 - Learning Recovery Skills, Life Management Skills, Social Skills, and collaboratively participating in service planning and treatment goals
 - Finding and engaging in meaningful activity (example: going back to school, becoming employed, getting married, participating in groups)
 - "Graduation" to a less intense treatment team can be a celebration of accomplishment

Assertive Community Treatment (ACT) is a level of care, not a life sentence.

Recovery Needs Level

The Instrument

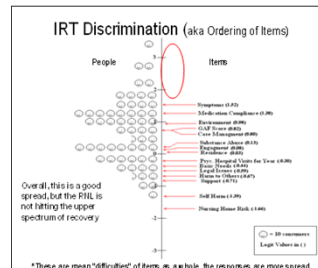
- Measures criteria for service needs in 15 areas, including these examples:
 - GAF
 - Hospitalizations
 - Lethality
 - Co-Occurring Substance Abuse
 - Case Management Needs
- Completed in the electronic medical record every 6 months by the primary clinician
- Scored Electronically According to Algorithm
- Criteria based on UM principles and clinical experience
- Clinicians are not privy of the algorithm or its workings
- Piloted with a couple of clinical teams
- Based on preliminary findings, was adjusted to improve performance
- Imposed "gate-keeper" criteria

Item Response Theory and the RNL

The hallmark feature: Item-person separation (a.k.a. invariance)

- Can discriminate the characteristics of the item ("hard item" vs. "easy items") separately from the characteristics of the consumers ("high service needs" vs. "low service needs")

- Reliability-** how consistently we will get the same score for individuals with the same level of indicators of recovery (high reliability, = high constancy in scoring).
 - IRT reliability: Person = .75
 - CTT reliability = .78



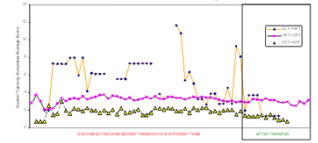
Effect of Changing Level of Service on Consumer Recovery

ACT Team Change Study

- Review the effect of changing from an ACT treatment team to a different level of service
- Conducted initial analysis of data using data from 2004

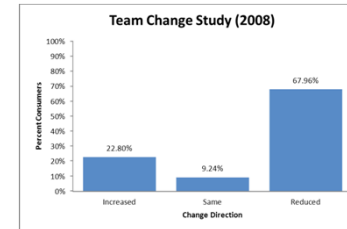
Findings of consumers who moved to a lower intensity team:

- 85.4% have not changed teams after the initial move
- 8% moved back to a higher intensity team
- 3.6% moved to a lower intensity team
- 2.6% moved to another team of the same intensity



ACT Team Change Study – follow up

- Simple Change Latent Growth Curve model using 2008 data
- Replication of early results:
 - Found that no significant changes in the consumer's environmental supports after an increase or decrease in service intensity.
 - Rate of change of recovery environmental supports increased after change of service intensity



Results indicate that appropriate changes in the level of service do not create destabilization; and in fact can benefit the consumer's rate of recovery.

Findings & Future Directions

Conclusions

- It takes about 18 months to move from a high level of service to a lower level of service
- Supporting clinically appropriate changes in level of services creates an ability to provide services to a greater number of individuals without increasing resources
- More efficient service delivery produces savings on services
- Empirical evidence indicates Recovery and wellness is a dynamic process
- When supported with appropriate structure, clinical assessment, and training, change in level of service can be employed with minimal, if any, negative effects
- Changing level of service can have a positive influence on consumer's therapeutic growth, and decreases dependency on the clinical team

Current and Future Developments

- Addition of two new levels to address the upper spectrum of Recovery:
 - Outpatient Services (1-80 case load)
 - Psychiatrist-Only Services
 - Indicated by our IRT analyses
 - Recommended by our clinical teams
 - Strongly recommended by consumers
 - Fits with the concept of Recovery and wellbeing
- Integrate into reports supporting service planning and delivery
- Continue to refine RNL algorithm and add new service levels as clinically indicated
- Create an RNL-like assessment tool for Child & Family services