

## A Rural State's Response to Managed Behavioral Health Care

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## Background

## ASO Activities in West Virginia

- Data Collection and Reporting
- Utilization Management Services
- Provider Consultations (Reviews)
- Provider Training and Technical Assistance
- Cost and Outlier Analysis
- Network Analysis
- Consumer and Community Education

## ASO Relationship with WV Department of Health and Human Resources

### Bureau for Medical Services

- Utilization Management for Behavioral Health Codes
- Quality Assurance
- Technical Assistance
- Training/Consultation for Providers and Consumers

## ASO Relationship with WV Department of Health and Human Resources

### Bureau for Children and Families

- Utilization Management for Child Welfare Services
- Quality Assurance
- Technical Assistance
- Training/Consultation for Providers and Consumers

## ASO Relationship with WV Department of Health and Human Resources

### Bureau for Behavioral Health and Health Facilities

- Determine basic eligibility for non-Medicaid clients
- Provide Federal Block Grant Data tables

## Data Collection

- Basic Demographic Data
- Clinical Information related to symptoms and diagnosis
- Functional Information including CAFAS scores for youth
- Required data for Federal Block Grant Reporting and other federal reporting requirements

## Methodology for the Study

- Data utilized for the study was collected between January 1, 2002 and June 30, 2002
- New admissions during the specified time period were identified for inclusion in the study
- Children and adolescents were included in the study (defined as birth to 17 years, 11 months of age)
- A list of diagnostically related groups were defined based on Axis I diagnoses and youth were assigned to a DRG

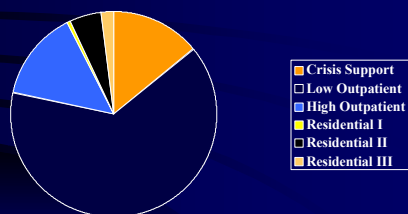
## Methodology for the Study

- Children were assigned to a level of care based upon services requested upon admission (Low Outpatient, High Outpatient, Residential Level I, II or III or Crisis Support)
- Key data elements, including CAFAS total score and subscale scores, were extracted from the total data set for the identified sample at each level of care

## Levels of Care

- Low Outpatient
- High Outpatient
- Crisis Support
- Residential I
- Residential II
- Residential III

## Admissions by Level of Care



## Description of Each Level

### Low Outpatient

- N=3025 (64%)
- Prevalent DRG's
  - ADD (20.7%)
  - Oppositional Defiant (12.7%)
- Male (57%)
- Predominate Age under 12 (64%)
- Total CAFAS Mode 70
  - Moderate to Severe most frequently in School/Work

### High Outpatient

- N=651 (14%)
- Prevalent DRG's
  - Disruptive Behavior Disorders (28.1%)
  - ADD (22.7%)
  - Oppositional Defiant (19.8%)
- Male (64%)
- Predominate Age under 12 (75%)
- Total CAFAS Mode 80 (Average was higher)
  - Moderate to Severe most frequently in School/Work

### Crisis Support

- N=634 (14%)
- Prevalent DRG's
  - Oppositional Defiant (31.5%)
  - Abuse/Neglect (11.5%)

### Crisis Support

- Male (55%)
- Predominate Age between 13-15 (53%)
- Total CAFAS Mode 120 (Average was lower)
  - Moderate to Severe most frequently in School/Work and Home
  - Moderate Impairment in Community, Behavior Toward Others and Moods

### Residential I

- N=20 (.5%)
- Prevalent DRG's
  - Conduct Disorders (25%)
  - Oppositional Defiant (20%)
  - Depressive Disorders (20%)

### Residential I

- Male (70%)
- Predominate Age Between 13-15 (50%)
- Total CAFAS Mode 80 (Over ½ had less than 80)
  - Few identified as Severe
  - Moderate impairment in Home – Community and Behavior Toward Other Domains

### Residential II

- N=235 (5%)
- Prevalent DRG's
  - Oppositional Defiant (28.9%)
  - Conduct Disorder (17.0%)
  - Depressive Disorder (14.0%)
- Male (52%)

### Residential II

- Predominate Age between 13 -15 (62%)
- Total CAFAS Mode 120 and 130
  - Moderate to Severe most frequently in School/Work and Home
  - Moderate in Community, Behavior Toward Others and Moods

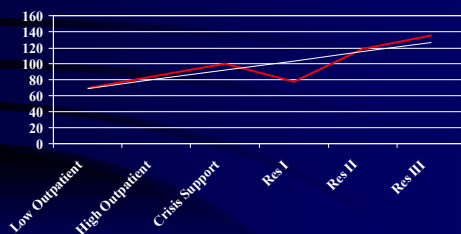
### Residential III

- N=112 (2%)
- Prevalent DRG's
  - Oppositional Defiant (26.8%)
  - Conduct Disorder (25.9%)
  - Depressive Disorder (12.5%)
- Male (76%)

### Residential III

- Predominate Age between 13-15 (64%)
- Total CAFAS Mode 120 (Over ½ had scores over 120)
  - Moderate to Severe most frequently in School/Work and Home
  - Moderate impairment in Community, Behavior Toward Others and Moods
  - Severe impairment in the area of Substance Use greater than any other level (21.4%)

### Average CAFAS Scores by Levels



### Other Significant Findings

- CAFAS Scores tend to increase as the level of care increases
- High Community scores are placed in out-of-home care

## Other Significant Findings

- Those in High Outpatient seem to have a problem with Behavior toward others but not the community. Their problems are at home.
- Low percent seem to be having difficulties with self harm
- Substance abuse problems seem to be focused in Residential III and Residential II
- Youth receiving care do not seem to have Thinking problems.

## Where Do We Go From Here?

What Are Future Research Projects  
That Could Be Created From This  
Data Set?

