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

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

Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact Helen Snyder: hcsnyder@apshealthcare.com
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

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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%)
- 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%)
- 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?