Transforming Healthcare Delivery, the Challenges for Behavioral Health

Presented by:
David Lloyd, President
M.T.M. Services, LLC
P. O. Box 1027, Holly Springs, NC 27540
Phone: 919-434-3709    Fax: 919-773-8141
E-mail: mtmserve@aol.com
Web Site: mtmservices.org
Overview: Parity Law and Healthcare Reform Opportunities and Challenges

1. **Accountable Care Organizations (ACOs)** Model of Service Delivery
2. **Federally Qualified Health Centers (FQHCs)** - Integration of primary care, oral health, and behavioral health needs
3. **Primary Care Practice Medical Homes** – Integration of primary care, and behavioral health needs available through and coordinated by the PCP
4. **CBHO Medical Homes** - Integration of primary care, and behavioral health needs available through and coordinated by the CBHO

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Mental Health and Alcohol/Drug Abuse Disorders Have to Be Included to Bend the Cost Curve

<table>
<thead>
<tr>
<th>California Fee for Service Medi-Cal Analysis - 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medi-Cal FFS</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Medi-Cal FFS Enrollees</td>
</tr>
<tr>
<td>Medi-Cal FFS Costs</td>
</tr>
<tr>
<td>Medi-Cal FFS Cost/Enrollee</td>
</tr>
</tbody>
</table>

| **Diabetes** | 4% | 11% | 2.8 |
| **Ischemic Heart Disease** | 2% | 6% | 3.0 |
| **Cerebrovascular Disease** | 1% | 3% | 3.0 |
| **Chronic Respiratory Disease** | 5% | 13% | 2.6 |
| **Arthritis** | 2% | 7% | 3.5 |
| **Health Failure** | 1% | 3% | 3.0 |

| **Inpatient Episodes** | 100 | 293 | 2.9 |
| **ER Visits** | 337 | 1,167 | 3.5 |
| **Inpatient Acute Days** | 609 | 2,094 | 3.4 |
| **Primary Care Visits** | 128 | 492 | 3.8 |
| **Specialist Visits** | 1,211 | 6,058 | 5.0 |

Prepared by JEN Associates, Cambridge, MA

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People with severe mental illness served by public mental health systems have rates of co-occurring chronic medical illnesses that of two to three times higher than the general population, with a corresponding life expectancy of 25 years less.

Treatment of these chronic medical conditions comes from costly ER visits and inpatient stays, rather than routine screenings and preventive medicine.

In 2003, in Missouri, for example, more than 19,000 participants in Missouri Medicaid had a diagnosis of schizophrenia. The top 2,000 of these had a combined cost of $100 million in Missouri Medicaid claims, with about 80% of these costs being related not to pharmacy, but to numerous urgent care, emergency room, and inpatient episodes.

The $100 million spent on these 2,000 patients represented 2.4% of all Missouri Medicaid expenditures for the state’s 1 million eligible recipients in 2003.
Total healthcare utilization per user per month, pre- and post-community mental health case management. The graph shows rising total costs for the sample during the 2 years before enrolling in CMHCM, with the average per user per month (PUPM), with total Medicaid costs increasing by over $750 during that time. This trend was reversed by the implementation of CMHCM. Following a brief spike in costs during the CMHCM enrollment month, the graph shows a steady decline over the next year of $500 PUPM, even with the overall costs now including CMHCM services.

Source: PSYCHIATRIC ANNALS 40:8 | AUGUST 2010
Presented By: David Lloyd, President
Healthcare Reform Context:

Under and Accountable Care Organization Model the **Value** of Behavioral Health Services will depend upon our ability to:

1. Be Accessible (Fast Access to all Needed Services)
2. Be Efficient (Provide high Quality Services at Lowest Possible Cost)
3. Produce Outcomes!
   - Engaged Clients and Natural Support Network
   - Help Clients Self Manage Their Wellness and Recovery
   - Greatly Reduce Need for Disruptive/ High Cost Services
Poll Results based on over 600 Registrants for the NC LIVE Webinar on Enhanced Revenue
Presented by David Lloyd, MTM Services on December 15, 2009 and January 12, 2010

1. From the clinicians’ perspective, are the caseloads in your organization “full” at this time?
   Yes = 74%  No = 26%

2. Do you know the cost and days of wait for your organization’s first call to treatment plan completion process?
   Yes = 41%  No = 59%

3. Indicate the no show/cancellation percentage last quarter in your organization for the intake/assessment appointments:
   A. 0 to 19% = 20%
   B. 20 to 39% = 42%
   C. 40 to 59% = 15%
   D. Not aware of percentage = 23%

4. Indicate the no show/cancellation percentage last quarter in your organization for Individual Therapy appointments:
   A. 0 to 19% = 24%
   B. 20% to 39% = 50%
   C. Not aware of percentage = 26%

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Change Initiatives to Enhance CBHOs “Value” as a Partner in Healthcare Reform/Parity

1. Reduce access to treatment processes, time required and costs
2. Design and implement internal levels of care/benefit package designs
3. Develop and implement key performance indicators for all staff including cost-based direct service standards
4. Develop scheduling templates and standing appointment protocols linked to billable hour standards and no show/cancellation percentages
5. Develop Centralized Schedule Management with “Back Fill” management using the “Will Call” procedure
6. Design and implement No Show/Cancellation management using an Engagement Specialist
7. Design and Implement re-engagement/transition procedures for current cases not actively in treatment.
8. Collaborative Concurrent Documentation training and implementation

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9. Design and implement internal utilization management functions including:
   - Pre-Certs, authorizations and re-authorizations
   - Referrals to clinicians credentialed on the appropriate third party/ACO panels
   - Co-Pay Collections
   - Timely/accurate claim submission to support payment for services provided

10. Develop public information and collaboration with medical providers in the community through an Image Building and Customer Service plan

11. Develop and implement Supervision/Coaching Plan with coaching/action plans. Provide Leadership/Management Training that changes the focus from supervision to a coaching/leadership model

12. Develop objective and measurable job descriptions including key performance indicators for all staff and develop an objective coaching based Evaluation Process
Accessibility to TREATMENT – A CORE Issue

- Three Levels of Challenge:
  1. **Primary**: Time required from the initial Call/Walk In for Routine Help to the face to face Diagnostic Assessment/Intake
  2. **Secondary**: Time required from the initial Face to Face Diagnostic Assessment to the appointment with Therapist to complete treatment planning
  3. **Tertiary**: Time required from the Diagnostic Assessment appointment to initial appointment with MD/APRN
Measurement Tools/ Processes

First Contact to Treatment Plan Completion Process Flows Created To Identify Redundancy and Wait Times

*Flow Time 1:*
- Min: 29 Days / Max: 124 Days
- Average: 76.5 Days

*Flow Time 2:*
- Min: 17 Days / Max: 128 Days
- Average: 72.5 Days

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### Measurement Tools/Processes

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David Lloyd, President

#### 1st Contact

<table>
<thead>
<tr>
<th>Process</th>
<th>Staff Type</th>
<th>Cost Per Hour</th>
<th>Client Only Time (Forms Completion)</th>
<th>Face-to-face/Phone with Client (Min)</th>
<th>Post Session Time (Min)</th>
<th>Total Staff Time (Min)</th>
<th>Cost for Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client fills out Intake Packet</td>
<td>Intake Coordinator</td>
<td>$17.39</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>Reviews Intake Packet</td>
<td>Intake Coordinator</td>
<td>$17.39</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>Client fills out Financials</td>
<td>Intake Coordinator</td>
<td>$17.39</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>Assessment Completed</td>
<td>Intake Therapist</td>
<td>$46.54</td>
<td>0</td>
<td>60</td>
<td>0</td>
<td>90</td>
<td>$69.81</td>
</tr>
<tr>
<td>Staffing Meeting</td>
<td>CM &amp; I. Therapist</td>
<td>$202.54</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>$33.76</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Intake Coordinator</td>
<td>$17.39</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>$1.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1.45</td>
</tr>
</tbody>
</table>

**Process Totals:**
- Total: 5
- 90
- 45
- 135
- $113.71

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
<th>Total Minutes</th>
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</thead>
<tbody>
<tr>
<td>20</td>
<td>0</td>
<td>1400</td>
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</tbody>
</table>

#### 2nd Contact

<table>
<thead>
<tr>
<th>Process</th>
<th>Staff Type</th>
<th>Cost Per Hour</th>
<th>Client Only Time (Forms Completion)</th>
<th>Face-to-face/Phone with Client (Min)</th>
<th>Post Session Time (Min)</th>
<th>Total Staff Time (Min)</th>
<th>Cost for Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st appointment with Therapist</td>
<td>Therapist</td>
<td>$52.36</td>
<td>0</td>
<td>60</td>
<td>0</td>
<td>60</td>
<td>$52.36</td>
</tr>
</tbody>
</table>

**Process Totals:**
- Total: 0
- 60
- 0
- 60
- $52.36

**Wait Time Between Contact:**

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
<th>Total Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>0</td>
<td>600</td>
</tr>
</tbody>
</table>
MHC- Access Flow Chart

Client Calls or walks in for services

Wait Time – 1-3 days
% of calls are lost

Intake Clerical Staff Locates Calls Client Back

Office Coordinator Available?

Yes – GJ 30%
C – 100%

Office Coordinator Staff Completes -
Forms: C - Intake Form / GJ - Psych Consult
GJ: 7-10 – C: 5-15 min Client and Staff Time

Post Session:
GJ: 5 – C: 3 min Staff Time Only
Client asked to come in and pick up documentation to fill out prior to the next appointment. - Doc time: GJ: 45-60 (10% need CM help) / C: 30 min Client Time Only (25% need support help)

Gathers Demographic / Insurance Info / Presenting Problem / Schedule Appt. (Craig goes into triggers, etc.)

End of First Contact

Wait Time – GJ: Medicaid 7 days 70% (Clinic times limit some clients) / Ins. 14-21 days
C: Medicaid 7 days 80% / Ins. 7-14 days

Paperwork Completed?

No – GJ 30%
C – 10%

Wait Time – GJ – Med. 7 days/Ins. 7-21
C – 7 days

Yes – GJ 70%
C – 90%

Clinical Staff Completes -
Forms: GJ & C – Review forms and Utilize a printed out version of Psych Consult Assessment
GJ: 45-60 – C: 50 min Client and Staff Time

Post Session:
Support review of Doc. GJ:5 – C: 5 min Staff Time Only
GJ: 30-60 – C: 30-60 min Staff Time Only

Complete initial Intake and Assessment

End of Second Contact
### National Access and Engagement Grant Outcomes

- **Total Annual Savings:**
  - Produced an average annual savings of **$231,764** per CBHO – 39% Reduction in costs
  - **29% reduction** in staff time
  - **17% reduction** in the client time
  - **60% reduction** in wait time
  - **26% increase** in Intake Volume Provided
  - Based on eight first year A&E Centers from seven states - total annual savings equals **$1,854,119**.

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<table>
<thead>
<tr>
<th></th>
<th>Total Number of Processes</th>
<th>Total Staff Time (Hrs)</th>
<th>Total Client Time without Wait-time (Hrs)</th>
<th>Cost for Process</th>
<th>Total Wait-time (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Process Averages:</td>
<td>4.56</td>
<td>3.75</td>
<td>2.74</td>
<td>(276.84)</td>
<td>51.96</td>
</tr>
<tr>
<td>New Process Averages:</td>
<td>4.00</td>
<td>2.65</td>
<td>2.28</td>
<td>(167.77)</td>
<td>20.82</td>
</tr>
<tr>
<td><strong>Savings:</strong></td>
<td>0.56</td>
<td>1.10</td>
<td>0.46</td>
<td>$109.07</td>
<td>31.15</td>
</tr>
<tr>
<td><strong>Change %:</strong></td>
<td>12%</td>
<td>29%</td>
<td>17%</td>
<td>39%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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2009 National Access Redesign Grant Outcomes

Total Annual Savings:
- Produced an average annual savings of $199,989.43 per CBHO
- **34% reduction** in staff time
- **18% reduction** in the client time
- **40% reduction** in client wait time to treatment
- Based on 28 grant CBHOs from Florida (7), Ohio (12), & Wyoming (9)
  - total annual savings equals $5,599,703.99.
Colorado West Access to Treatment and Enhanced Service Capacity Outcomes

Time to Access to Care

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Intake
Intake to 1st Service
Colorado West Access to Treatment and Enhanced Service Capacity Outcomes

Outpatient No-Show Rates

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Colorado West Access to Care Outcomes

- **Total Annual Savings:**
  - Produced an annual savings of $438,573 – 32% Reduction in costs
  - 22% reduction in staff time
  - 17% reduction in the client time
  - 42% reduction in wait time
  - 26% increase in Intake Volume Provided

<table>
<thead>
<tr>
<th></th>
<th>Total Number of Processes</th>
<th>Total Staff Time (Hrs)</th>
<th>Total Client Time without Wait-time (Hrs)</th>
<th>Cost for Process</th>
<th>Total Wait-time (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Process Averages:</td>
<td>6.50</td>
<td>3.69</td>
<td>3.15</td>
<td>($269.31)</td>
<td>33.00</td>
</tr>
<tr>
<td>New Process Averages:</td>
<td>5.00</td>
<td>2.88</td>
<td>2.61</td>
<td>($184.31)</td>
<td>19.00</td>
</tr>
</tbody>
</table>

- **Savings:**
  - Savings: 1.50
  - Change %: 23%

- **Average Number of Intakes Per Month:**
  - 430

- **Intake Volume Change %:**
  - 26%

- **Monthly Savings:**
  - $36,547.76

- **Annual Savings:**
  - $438,573.13

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David Lloyd, President
# Data Mapping Sample

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**David Lloyd, President**

<table>
<thead>
<tr>
<th>DesiredDestination</th>
<th>Form Field</th>
<th>Compliance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEL</td>
<td>3rd Party Relationship</td>
<td>REF</td>
</tr>
<tr>
<td>CA</td>
<td>Abuse (Physical/Verbal/Sexual)</td>
<td>CIA, CIA</td>
</tr>
<tr>
<td>CA</td>
<td>Abuse (victim, witness, perpetrator)</td>
<td>CBE</td>
</tr>
<tr>
<td>CA</td>
<td>Academic Performance</td>
<td>CIA</td>
</tr>
<tr>
<td>CA</td>
<td>Accepts Referral (app. date/time, unit, w/whom, location)</td>
<td>CIA</td>
</tr>
<tr>
<td>TP</td>
<td>Action Steps</td>
<td>CBE, CBR, IRF</td>
</tr>
<tr>
<td>CA</td>
<td>Acts of Violence (experienced/witnessed)</td>
<td>AFS</td>
</tr>
<tr>
<td>CA</td>
<td>Adaptive Strengths</td>
<td>CFS</td>
</tr>
<tr>
<td>BO</td>
<td>Address change</td>
<td>AIC, AFS, AUD, NBI, B, GC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NBI, B</td>
</tr>
<tr>
<td>PI</td>
<td>Address, City, State, Zip</td>
<td>NBI, B</td>
</tr>
<tr>
<td>DS</td>
<td>Aftercare Plan for Medications</td>
<td>NBI, B</td>
</tr>
<tr>
<td>DS</td>
<td>Aftercare Recommendations</td>
<td>NBI, B</td>
</tr>
<tr>
<td>PI</td>
<td>Age</td>
<td>NBI, B</td>
</tr>
<tr>
<td>PI</td>
<td>Agency (Referral)</td>
<td>NBI, B</td>
</tr>
<tr>
<td>BO</td>
<td>Agency Name</td>
<td>NBI, B</td>
</tr>
<tr>
<td>CA</td>
<td>Aggression hx/ER/explain</td>
<td>NBI, B</td>
</tr>
<tr>
<td>CA</td>
<td>Aggression to Animals</td>
<td>NBI, B</td>
</tr>
<tr>
<td>CA</td>
<td>Aggression to Others</td>
<td>NBI, B</td>
</tr>
<tr>
<td>CA</td>
<td>Aggression to Self</td>
<td>NBI, B</td>
</tr>
<tr>
<td>TP</td>
<td>Agree/Do not agree</td>
<td>NBI</td>
</tr>
<tr>
<td>PI</td>
<td>Alias Name</td>
<td>NBI</td>
</tr>
</tbody>
</table>

**MTM Services**

**NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE**
Data Mapping to Reduce Access Time

Case Study of Exhaustive Data Collection Model: M.T.M. Services provides project management and consultation services for the Access and Retention Grant. In their work with CBHOs they provide data mapping of the number of data elements each center collects from the first call for services through the completion of the diagnostic assessment/intake. A recent data mapping effort for a community provider produced the following outcomes:

1. Total number of data elements collected in the process = **1,854**
2. Total number of redundant data elements collected in the process = **564**
3. Total number of data elements really required for access to treatment planning processes = **957**
4. Total staff time required to administer the original flow process = **Four hours ten minutes**
5. Total staff time required to administer the revised flow process = **One hours twenty minutes**
Standardize Service Flow Processes

- GAIT Consortium Case Study:
  1. Six Georgia Community Service Boards
  2. **Reduced 29 separate process flows to one standardized service flow process**
  3. **Reduced over 2,700 data elements being recorded to 975 data elements through data mapping process to reduce staff costs and wait times by over 50%**
  4. Standardized documentation data elements for all clinical forms processes
  5. Co-Location of one IT – electronic record solution
  6. Consortium based cost savings over $1,000,000 over the next first four years
Carlsbad Mental Health Center:
Days to Access Services

Standard: 10 days from first call/contact to Intake, 1st Therapy and 1st Medical

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Open Scheduling Same Day Access Model – Consumer Engagement Standards based on Carlsbad MHC

1. Open Scheduling Same Day Access - Master’s Level assessment provided the same day of call or walk in for help (If the consumer calls after 3:00 p.m. they will be asked to come in the next morning unless in crisis or urgent need)
2. Initial diagnosis determined
3. Level of Care and Benefit Design Identified with consumer
4. Initial treatment plan Developed based on Benefit Design Package
   - 2nd clinical appointment for TREATMENT within 8 days of Initial Intake
   - 1st medical appointment within 10 days of Initial Intake
Carlsbad MHC produced data that demonstrate the following about the relationship between initial contact for help, Open access, second appointments and no-shows. Sample size is 561 new customers who received an intake between January 1, 2009 and May 31, 2009. The summary of outcomes identified are outlined below:

- Approximately **95 percent of the customers who have their second appointment scheduled within 12.2 days of their Intake show for that appointment.** Therefore the 10 day access standard that is recommended is valid for the second counseling service and medical appointment.
- Approximately **70 percent of customers who have the second appointment scheduled 22 days or more after their intake did not show.**
- **100 percent of the customers whose second appointment was canceled by the Center – never came back.**
Access and Engagement and Access Redesign Initiatives

**First Call to Assessment** Kept vs. No Show/Cancelled Trend by Days Wait from First Call to Appointment

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Combined Access and Engagement and Access Redesign Initiatives Average Cancelled, No Show and Kept Percentage for Assessment and First Treatment Service Based on Days of Wait from First Call
Create a Service Capacity to Provide Treatment:

- Define a definition of “treatment” and therefore what is not treatment:

  Sample Definition:

  “Behavioral health therapeutic interventions provided by licensed or trained/certified staff either face to face or by payer recognized telephonic/ Telepsychiatry processes that address assessed needs in the areas of symptoms, behaviors, functional deficits, and other deficits/ barriers directly related to or resulting from the diagnosed behavioral health disorder.”
Internal Benefit Design to Create A Capacity for New Clients to Receive Treatment

- Purpose is to establish Group Practice Clinical Guidelines to Facilitate Integration of all services into one service plan
- Provide an awareness to consumers at entry to services the types of services and duration of services the practice has found most helpful to meet their treatment needs so that the consumer will know and the staff will know what services are needed to complete that level of care
- Moves consumers to a more recovery/resiliency based service planning and service delivery approach
- Facilitates being able to use centralized scheduling using the actual service plan of each consumer

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# Same Day Access/Treatment Plan Model Using Benefit Design/Level of Care Criteria

<table>
<thead>
<tr>
<th>Level of Functioning 3:</th>
<th>Service</th>
<th>Amount</th>
<th>Add-Ons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Level: GAF 41 – 50 and Moderate Levels in at least 5 of the 10 Client/Family/Guardian Expression of Needs/Preferences Recovery Indicators</td>
<td>1. Diagnosis/Assessment</td>
<td>1. Maximum of 2 contacts per episode of need</td>
<td>• Supported Employment - at least 1 visit per month</td>
</tr>
<tr>
<td></td>
<td>2. Crisis Interventions</td>
<td>2. As needed, no maximum</td>
<td>• Consumer operated services</td>
</tr>
<tr>
<td></td>
<td>3. Partial Hospitalization</td>
<td>3. Up to 20 days per episode of need</td>
<td>• Peer support</td>
</tr>
<tr>
<td></td>
<td>4. Counseling/Psychotherapy:</td>
<td>4. Up to 15 sessions per episode of need</td>
<td>• Social and recreational support</td>
</tr>
<tr>
<td></td>
<td>5. Community Support Program (CSP)</td>
<td>5. Up to a maximum of 4 h/wk per episode of need</td>
<td>• Hotline Services</td>
</tr>
<tr>
<td></td>
<td>• Ongoing assessment of needs</td>
<td></td>
<td>• Mental Health Education and Referral</td>
</tr>
<tr>
<td></td>
<td>• Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Coordination of the ISP, including: a. Services identified in the ISP, b. assistance with accessing natural support systems in the community; and c. Linkages to formal community services/systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Symptom monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Coordination and/or assistance in crisis management and stabilization as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocacy and outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• As appropriate to the care provided to individuals, and when, appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist in an individual in eliminating barriers to seeking or maintaining education and employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Activities that increase the individual's capacity to positively impact his/her own environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Medication/Somatic Services</td>
<td></td>
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<tr>
<td></td>
<td>6. Psychiatric Evaluation completed at first contact within 4 weeks of admission. Minimum of 1 contact a month with MD, RN and/or other qualified provider if medications are required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discharge Criteria:**
- Stable on meds
- Self administers meds
- Means of obtaining meds when discharged
- Community integration
- Community support
- No substance abuse
- Medical needs addressed
- Minimal symptoms
- Client is goal directed
- Employed or otherwise consistently engaged (volunteer, etc.)
- Client has a good understanding of illness
- Family or significant other understand the illness

**Recommended Length of Services:**
- 6 to 18 Months

*Presented By: David Lloyd, President*
Carlsbad Mental Health Center, Carlsbad, NM - Schedule Management Enhances Service Capacity for Therapy with Same Staff

Persons Served FY10

Began 45 min. Therapy Appt.

Persons Served
Providers

Presented By:
David Lloyd, President
Individual Scheduling Template and Productivity Calculator

![Image of spreadsheet showing productivity calculations]

- **Hours per Day**: 8
- **BH Standard**: 57.7%
- **Work Days PY**: 260
- **No Show %**: 30%
- **Available Hours Per Year**: 2,080
- **Annual Leave / PTO**: 128
- **Personal / Holidays / Sick**: 192
- **Staffings/Meetings**: 98
- **Committee Meetings**: 48
- **Required Training**: 40
- **Charting/Paperwork**: 376

**Non-Billable Hours**: 880
**Billable Hours**: 1,200
**Non-Billable Days**: 5.08
**Billable Days**: 6.92
**Non-Billable Months**:
**Billable Months**:

- **Salary**: $55,000.00
- **FB %**: 34%
- **Salary + FB**: $73,700.00
- **Base Cost PH**: $61.41
- **Overhead %**: 60%
- **Cost Per Hour**: $98.25

**Staff FTE %**: 100%

- **Yearly BH Production**: 1,200
- **Quarterly BH Production**: 300.04
- **Monthly BH Production**: 100.0
- **Daily BH Production**: 4.6
  - All Days: 4.6
  - Minus PTO: 5.5
- **No Show Percentage Driven Scheduling Rate**: 6.6
  - All Days: 6.6
  - Minus PTO: 7.8

Presented By:
David Lloyd, President

- [www.mtmservices.org](http://www.mtmservices.org)
Clinic Based Scheduling Template and Direct Service Level Calculator

![Image of Excel spreadsheet]

### Performance Expectations and Service Capacity Direct Service Hours Matrix

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>FTE Value</th>
<th>CFTE Value</th>
<th>Total # Paid Work Days/Year</th>
<th>Total # Paid Hrs/Year</th>
<th>Percent Direct Service Standard</th>
<th># of Annual Leave Days/Holidays</th>
<th>Net Days At Clinic Per Year</th>
<th>Non-Direct Service Hrs/yr</th>
<th>Non-Direct Service Hrs/Yr</th>
<th>Non-Direct Service Months/Yr</th>
<th>Direct Service Hrs Standard Per Year</th>
<th>CFTE Equiv. Direct Service Hour Stand</th>
<th>CFTE Equiv. Direct Service Hour Days</th>
<th>CFTE Direct Service Months/Yr</th>
<th>Average No Show Rate %</th>
<th>Schedule Rate Needed Per Day w/o No Shows</th>
<th>Schedule Rate Needed Per Day w/o No Shows</th>
<th>Total Direct Service Hours Per Year Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician Two</td>
<td>1</td>
<td>0.75</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>33</td>
<td>227</td>
<td>1,180</td>
<td>147</td>
<td>7</td>
<td>1,200</td>
<td>900</td>
<td>113</td>
<td>30%</td>
<td>4.0</td>
<td>5.3</td>
<td>900</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Three</td>
<td>1</td>
<td>1</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Four</td>
<td>1</td>
<td>0.87</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Five</td>
<td>1</td>
<td>1</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Six</td>
<td>1</td>
<td>0.87</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Seven</td>
<td>1</td>
<td>1</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Eight</td>
<td>1</td>
<td>0.87</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Nine</td>
<td>1</td>
<td>1</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Ten</td>
<td>1</td>
<td>0.87</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Eleven</td>
<td>1</td>
<td>1</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
<tr>
<td>Clinician Twelve</td>
<td>1</td>
<td>0.87</td>
<td>260</td>
<td>2,080</td>
<td>57.7%</td>
<td>38</td>
<td>222</td>
<td>880</td>
<td>110</td>
<td>5</td>
<td>1,200</td>
<td>1,200</td>
<td>150</td>
<td>30%</td>
<td>5.4</td>
<td>7.0</td>
<td>1,200</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Sub Total FTE**: 11.48

**Sub Total FTE**: 2.75

**Sub Total FTE**: 1.25

**FTE Total**: 15.48

**Notes**: Change Blue Cells Only

### Daily Schedule Rate Hours

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Group</th>
<th>Rets/hr</th>
<th>Total Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Clinic Staff</td>
<td>107</td>
<td>80%</td>
<td>20%</td>
<td>1</td>
</tr>
<tr>
<td>Adult Prescribers</td>
<td>68</td>
<td>100%</td>
<td>0%</td>
<td>2.5</td>
</tr>
<tr>
<td>Child Clinic Staff</td>
<td>10.7</td>
<td>100%</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Total Client Load Per Day</td>
<td>276</td>
<td></td>
<td></td>
<td>17,449</td>
</tr>
</tbody>
</table>
Qualitative Dilemma With Quantitative Based No Show Policies

- Engagement Specialist Model:
  1. When client misses two appointments, the centralized scheduler turns the client over to the engagement specialists (LPN, Case Manager)
  2. Engagement Specialist contacts the client to confirm if they want services
     - Identifies barriers to client attending and addressing them (i.e., different day, time, etc.)
     - Drops clients into med clinics, group therapy, etc. to re-engage client
National Access and Engagement Grant - Subset A and Subset B Teams

Subset A
(experimental):
- Carlsbad
- Colorado West
- CSEA
- The H Group
- Ozark Guidance Center

Subset B
(Control):
- AtlantiCare
- Avita Partners
- Cascadia
- The Consortium
- North Side

Presented By:
David Lloyd, President
Person Centered Engagement Strategies Implemented At Subset A Teams:

A. Collaborative Documentation
B. Person Centered Linkage Between Personal-Life Goals, Identified BH Needs, Tx Plan Goals and Objectives, and Client/Clinician Interactions
C. Addressing Specific Engagement Barriers
D. Relapse Prevention/ WRAP Plans
Collaborative Documentation
Client Survey Results

Subset A - Client Response to Collaborative Documentation
Concurrent Documentation Survey

Thank you for taking a minute to answer a few questions about your session today. We’re working on making the services you receive more open to you, giving you the chance to play a bigger part in the process of tracking the work we do, making sure our notes are accurate, and making sure that we’re focused on your treatment goals. We value your opinion!

1. On a scale of 1 to 5, how helpful was it to you to have your therapist or case manager review your note with you at the end of the session?

<table>
<thead>
<tr>
<th>Amount of Help</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unhelpful</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Not helpful</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Neither helpful nor not helpful</td>
<td>16</td>
<td>20%</td>
</tr>
<tr>
<td>Helpful</td>
<td>28</td>
<td>34%</td>
</tr>
<tr>
<td>Very Helpful</td>
<td>27</td>
<td>33%</td>
</tr>
<tr>
<td>NA No Answer/No Opinion</td>
<td>7</td>
<td>9%</td>
</tr>
</tbody>
</table>

Total/Approval %: 82 95%

2. On a scale of 1 to 5, how involved did you feel in your care compared to past experiences (either with this or other agencies)?

<table>
<thead>
<tr>
<th>Amount of Involvement</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Uninvolved</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Not involved</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>About the same</td>
<td>13</td>
<td>16%</td>
</tr>
<tr>
<td>Involved</td>
<td>29</td>
<td>35%</td>
</tr>
<tr>
<td>Very Involved</td>
<td>31</td>
<td>38%</td>
</tr>
<tr>
<td>NA No Answer/No Opinion</td>
<td>6</td>
<td>7%</td>
</tr>
</tbody>
</table>

Total/Approval %: 82 96%

3. On a scale of 1 to 5, how well do you think your therapist or case manager did in introducing and using this new system?

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Poorly</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Poorly</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Average</td>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>Good</td>
<td>33</td>
<td>40%</td>
</tr>
<tr>
<td>Very Good</td>
<td>35</td>
<td>43%</td>
</tr>
<tr>
<td>NA No Answer/No Opinion</td>
<td>5</td>
<td>6%</td>
</tr>
</tbody>
</table>

Total/Approval %: 82 99%

Presented By:
David Lloyd, President
Medication Adherence: Client Report

Medication Adherence
Client Report

Presented By:
David Lloyd, President
Medication Adherence: Clinician Report

Presented By: David Lloyd, President
Kept Appointment Rates for Individual, Group, Medication Management

Subset A vs. Subset B Cohort Kept Rates

- Total Sub A Cohort Kept Rate
- Total Sub B Cohort Kept Rate
- Linear (Total Sub A Cohort Kept Rate)
- Linear (Total Sub B Cohort Kept Rate)

Presented By:
David Lloyd, President
Enhanced Service Capacity Supports Person Centered Healthcare Home Participation

- **Decide your Healthcare Home involvement level** – Full Integration, Partnership or Linkages – and then begin or expand your efforts.

- **Provide Primary Care Services in the Behavioral Health Center** – either the basic set of screening, education and linkage to and communication with primary care providers; or become part of a full scope Person Centered Healthcare Home.

- **Provide Behavioral Health Services in Primary Care** – supporting the mental health and substance use delivery efforts inside the primary care clinic using clinical practices appropriate to those settings.

- **Develop Strong Linkages as Specialty Behavioral Healthcare Providers to Medical Homes** – ensuring that patients of the medical home can obtain rapid access to high quality behavioral health services (see Area II).

- **Develop a Strategy for Your Participation in FQHC Expansion** – deciding how you will help the FQHC system double in size over the next five years.
Questions and Feedback

- Questions?
- Feedback?
- Next Steps?