**Behavioral Health Outcomes Analysis**

**Objectives**

- 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.

**Introductions**

- Name
- Agency, if applicable
- Position or role relative to Outcomes Implementation
- Past clinical experience if applicable
What or, how is your organization calling or defining outcomes? (List as part of brain storming)

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
**GAF Functioning Scores**

<table>
<thead>
<tr>
<th>Severity of Illness</th>
<th>Extent of physiological decomposition or organ system loss of function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of Mortality</td>
<td>Likelihood of dying</td>
</tr>
<tr>
<td>Prognosis</td>
<td>Probable outcomes of the illness including improvement or deterioration in the severity of the illness</td>
</tr>
<tr>
<td>Treatment Difficulty</td>
<td>Management of the illness and procedures</td>
</tr>
<tr>
<td>Need for Intervention</td>
<td>What would happen if you do not intervene</td>
</tr>
<tr>
<td>Resource Intensity</td>
<td>Number and type of resource(s) required</td>
</tr>
</tbody>
</table>

**Severity of Illness**

- 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/Jail/Prison
- 2: Residential
- 3: Partial Care
- 4: Day Support
- 5: Outpatient
- 6: Aftercare
- 7: Independent

**Outcome Indicators**

- With a drug/alcohol use history are now abstaining: 30.3% (Adult), 37.8% (Child)
- Are Not Homeless: 96.5% (Adult), 99.8% (Child)
- Are Employed: 19.4% (Adult), 2% (Child)
- Attend School: 13.5% (Adult), 86.1% (Child)
- No recent criminal justice system involvement: 92.5% (Adult), 96.2% (Child)
- Self-help groups: Coming (Adult), Coming (Child)
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

Billable Time Calculation

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>
<tr>
<td>Expected production at 56%</td>
<td>1000</td>
</tr>
<tr>
<td>Expected production at 67%</td>
<td>1200</td>
</tr>
<tr>
<td>Expected production at 75%</td>
<td>1332</td>
</tr>
</tbody>
</table>

Staff Time Tracking

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff</th>
<th>Program</th>
<th>Activity</th>
<th>Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DIRECT SERVICE (1-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Comp Assessment</td>
<td></td>
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<tr>
<td></td>
<td>2. Group</td>
<td></td>
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<tr>
<td></td>
<td>3. Case Management</td>
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<td>4. Family</td>
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<td>5. Peer</td>
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<td></td>
<td>6. Case Staff</td>
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<tr>
<td></td>
<td>7. Other</td>
<td></td>
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</tr>
</tbody>
</table>

REPORT & DOCUMENTATION (11-20)

11. Case Notes
12. Closing Note
13. Incident Report
14. Other

STAFF DEVELOPMENT (21-30)

21. Conference
22. Workshop external
23. Workshop internal
24. Staff supervision
25. Other

ADMINISTRATIVE (31)

31. Meetings
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

POLICY CONSIDERATIONS

- Staff Confidentiality
- Training for Clinical Supervision
- Training for Program and Clinical Improvement

OUTCOME MATRIX
## GAF Functioning Scores

**GAF Functioning Scores**

<table>
<thead>
<tr>
<th>GAF Score</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30</td>
<td>Client is a candidate for inpatient care</td>
<td></td>
</tr>
<tr>
<td>31-69</td>
<td>Client is a candidate for outpatient care - either PCP, IOP or traditional outpatient counseling</td>
<td></td>
</tr>
<tr>
<td>70 or up</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>
<td></td>
</tr>
</tbody>
</table>


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**TERROS OUTCOMES Analysis**

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DATA ANALYSIS

Average Length of Stay

Average Days of Service

Average Cost Per Case

SERVICE MIX

Female

Male

SERVICE MIX

By Gender

18-29

30-55

56+

12%

12%

12%

17%

37%

37%

17%

17%

17%

17%

17%

17%

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17%

17%

17%
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

**SELECTED BIBLIOGRAPHY**


