

**WESTERN MICHIGAN UNIVESITY  
BEHAVIORAL HEALTH SERVICES**

**Outcome Management Report**

**2015 – 2016**

**Behavioral Health Services**  
**Outcomes Management Report**  
**Narrative Summary**  
**2015– 2016**

The Behavioral Health Services (BHS) provides a range of outpatient substance use treatment and prevention/diversion services in nine prison locations, three rural counties, as well as Kalamazoo County. Outcome data is collected on an ongoing basis and is measured against indicators of effectiveness, efficiency, client satisfaction, and access to services. Performance of each BHS program objective is measured against a specific benchmark.

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**Results**

For the 2015-2016, BHS met or exceeded program objectives on seven (6) of eight (8) performance indicators. There is good indication that BHS is accomplishing its mission clinically; however, fiscal outcomes did not meet program objectives and are of concern. BHS will continue to focus on areas in need of improvement and monitoring in order to meet program objectives and to continue to enhance the quality of care.

***Efficiency***

BHS's cost of providing treatment was above unit rate reimbursable in outpatient treatment programming. An examination of contributing factors identified a modest reduction in the total number of referrals to the program, but the main factor impacting this objective was the amount of services delivered that were not reimbursed. The implementation of an electronic medical records system (EMR) occurred in June 2015 and resulted in numerous challenges that impacted the agency's ability to bill for services in a timely manner. The first few months of implementation were marked by several system problems that did not allow charged services to be transmitted and ultimately were not paid due to being received by funding sources outside of contractual time frames for reimbursement. Additionally, utilization of Southwest Michigan Behavioral Health (SWMBH) information system that is used for authorization for treatment services, continued to be difficult. Both electronic systems pose a management challenge of assuring proper training of staff. While the BHS system does have a "train" environment in which to practice, the SWMBH system does not. Errors are not discovered in some cases until several weeks after service delivery. Improving the efficiency of staff orientation and training must be a goal moving forward.

Overall, targeted service option underwent some significant changes over the year that contributed to reduced referrals and decreased revenues. Contractual requirements by SWMBH mandated that 70% of funded services be evidence-based and that a total range of outpatient and intensive outpatient treatment services be available by all contracted providers. BHS complied with the requirements but referrals to the intensive program remained inconsistent throughout the year and the cost of providing clinical program coverage along with the EMR reimbursement problems contributed to the poor financial outcomes. Additionally, Western Michigan University's Office of

Student Conduct made a decision to begin to provide programming to students who had previously been referred to BHS for early intervention services when they were found to be in violation of the university policies on the use of alcohol and other drugs on campus. University referrals of students for assessment and counseling continued, but treatment services to students were reduced. Co-occurring services have continued at the encouragement of SWMBH based on community need. Peer support services continue to expand as an important adjunct to treatment services.

BHS has been providing, at the request of District Court, a program specifically for multiple drinking and driving offenders called Safe and Sober Driving in October 2009. This service has been well received by the local community due to the targeted and innovative programming. This service is utilized by clients funded by SWMBH and the young adult population. Treatment services to young adults, individuals between the ages of 18-25, include the evidenced-based early intervention of CBT/MET (a blend of motivational interviewing and focused cognitive behavioral group sessions). BHS provides three different treatment interventions specific to the problem severity and needs of the young adult served. Additionally, BHS offers prevention/diversion services for the young adult population. Treatment services for young adults are more individualized as a result of these service lines. Both the University and the community have been supportive of this development.

The cost of providing prevention/diversion services in the prison setting was above reimbursement level. This service line has historically operated with costs in excess of revenue. MDOC contract reimbursement rates were renegotiated in July 2012, along with a renewed contract for three years. These rates were developed to cover the costs of operation but the reimbursement rates for this service line, based on a competitive RFP and bidding process, were established at a level that was intended to cover expenses but this has been a challenge. An administrative review process and decision to continue to operate the prison-based services despite potential deficit was made based on BHS' commitment to serve the criminal justice population and the recognition that revenue from other units would accommodate the resulting deficit. Fixed costs and low reimbursement rates lead to the deficit in the service line. BHS responded to an RFP that was due in June 2016. The prior contract was set to renew as of October 1, 2015; however, a series of contract extensions occurred and the RFP award has not yet been announced. The BHS proposed rate increase in the RFP response is slightly increased in hopes that if awarded to the clinic revenue in this service line will improve.

### **Effectiveness**

A total of 96% of inmates successfully completed BHS's prevention/diversion program exceeding the benchmark of 80%.

Sixty-five per cent (71%) of outpatient clients completed the program, above the BHS's benchmark of 60%. This completion rate exceeded the outcome statistics from SAMSHA report *Treatment Episode Data Set (TEDS) 2006: Discharges from Substance Abuse Treatment Services* indicate 40% of outpatient clients completed treatment. To address MDOC contract expectations that state 65% of clients complete treatment, BHS has developed peer support services and implemented these services, along with more motivational enhancement strategies, with the MDOC and other population in the pre-treatment groups to facilitate engagement. Appointment reminder calls and

monitoring of wait times for appointments have also been efforts to increase client continuation as many offenders initiate treatment but choose to discontinue prematurely

BHS began providing intensive outpatient substance abuse treatment services (IOP) in July 2015. As a part of program fidelity with the Matrix IOP, program participants are required to complete a weekly drug test to monitor for abstinence. A review of 6-panel urine drug screen results indicates that 80% of the test showed negative for the substances tested. This result exceeds the benchmark set at 70%.

**Satisfaction**

On satisfaction survey of clients' who had received outpatient services in the communities served by BHS, 90% of those surveyed responded positively to a statement inquiring about satisfaction with services.

Satisfaction surveys were not distributed to the prison population. The process of surveying, the survey instrument, used and the scoring method is currently under review. The prison environment limits surveying options and the prior scoring method, scantron, is no longer operational at WMU. The CQI team is determining other surveying options.

**Access**

BHS met the outpatient benchmark of scheduling assessment appointments within ten days. Based on data collected from a random selection of clients in treatment, the time from referral to scheduled appointment averaged 4.2 days. The BHS scheduler documents the first appointment date offered to the client as a way of obtaining more specific information on assessment wait times. Beginning in June 2015, BHS began offering an Orientation session for all new clients. Upon completion of the initial assessment, clients are scheduled for one of two possible orientation times. By doing so, client engagement in treatment is increased and enhanced. BHS has utilized peer support to facilitate the orientation which also exposes new clients to peer support/recovery coaching services that are also available at the agency.

Ninety-two percent (94%) of clients who initiated services met BHS's benchmark of 14 days to service initiation for outpatient services. The clients not initiating services within the benchmark generally failed to show for their first appointment.

**Critical Incident Analysis**

BHS adheres to the reporting, documentation and analysis procedures outlined by the organization's policy statement. Fortunately, critical incidents rarely occur in BHS outpatient or diversion settings.

**BEHAVIORAL HEALTH SERVICES  
BEHAVIORAL HEALTH PERFORMANCE INDICATORS  
2015--2016**

No	Domain	Performance Indicator	Measure	Data Source
1	Efficiency	Cost	Outpatient cost reimbursed per unit/hour	Financial

			compared to actual	Reports
2	Efficiency	Cost	Prevention diversion cost reimbursed per unit hour compared to actual	Financial Reports
3	Effectiveness	Functional Status	% of successful discharges in the prevention/diversion population	Attendance sheets/MDOC Reports
4	Effectiveness	Functional Status	% of successful discharges in outpatient services	Electronic Medical Record
5	Effectiveness	Drug Testing	Percentage of IOP clients testing negative on 6-panel drug screen	Drug Test Log
6	Satisfaction	Level of satisfaction with services	% of outpatient consumers indicating satisfaction with services	Consumer satisfaction surveys
7	Service Access	Timely access to services	Average time from first contact to first <b>scheduled</b> outpatient or student prevention/diversion appointment	Scheduling data Base
8	Service Access	Timely access to services	Percentage of clients who attended first session within benchmark of time from first contact to first <b>attended</b> session (service initiation)	Scheduling data base

**Behavioral Health Services**  
**Behavioral Health Outcome Summary**  
**2015- 2016**

Domain	Performance Goal	Target Population and/or Program	Data Source & Time frame	Extenuating Factors	Results
Efficiency	Maintain actual outpatient cost per unit at or below reimbursement rate per unit	Outpatient	Cost reimbursed per unit/hr compared to actual. Reported annually at close of fiscal year	Implementation of electronic medical record; increased indirect time necessary for service authorization	The cost of providing services exceed the reimbursement
Efficiency	Maintain actual prison cost per unit at or below reimbursement rate per unit	Prevention/Diversion Prisons – Criminal Justice	Cost reimbursed per unit/hr compared to actual Reported annually at close of fiscal year		The cost of providing services exceed the re
Effectiveness	For prisoners, a total of 80% of clients successfully complete the program.	Prevention/Diversion Prisons – Criminal Justice	% of successful discharges Reported monthly by billing unit Reported annually by MDOC	Mandated population with historic high no show and drop out rate.	96%
Effectiveness	For outpatient clients, a total of 60% of clients successfully complete the program	Outpatient Criminal Justice, other members of the community, WMU students	% of successful discharges Reported monthly by billing unit Reported annually by MDOC	High incident of relapse population	71%
Effectiveness	For IOP clients, a total of 75% will test negative on a 6-panel drug screen	Intensive Outpatient Treatment clients	% of negative drug screens		80%
Satisfaction	A total of 80% of the persons served will indicate satisfaction with services offered	Outpatient	% of persons served indicating Satisfaction Aggregated annually	Increase in service volume for the outpatient population.	90%

Access	Maintain access to services of referrals for treatment <b>scheduled</b> within 10 days of request for service	Outpatient, Student Prevention Diversion, Assessment/Referral	Total referrals number of referrals schedule within 10 days of making request. Reported monthly by scheduling personnel and the clinical record	Average time from first contact to first scheduled session was 4.2 days for outpatient Services.
Access	Maintain access to services and engagement for outpatient clients for treatment initiation within 14 days of assessment.	Outpatient, Student Assessment/Referral	Percentage of clients who attended first treatment session within benchmark of 14 days from assessment to first attended session (service initiation). Reported monthly by scheduling personnel	94% of clients met the benchmark of 14 days from first contact to first attended session.