

# Provider Profiling

Family-Based Mental  
Health Services

10/1/09 to 9/30/10





## **Family-Based Mental Health Services**

CBHNP utilizes a provider profiling process that is an important provider-level quality improvement activity, as well as an opportunity to internally track and trend data over a set period of time to identify possible areas of improvement. It is also a tool to make meaningful comparisons based on a varied data set including claims data, authorization data, quality reports and demographic information. Provider profiling results have been compiled using data from October 1, 2009 to September 30, 2010.

Family-Based Mental Health Services (FBMHS) are a comprehensive 24 hour, 7 day a week service which includes aspects of treatment, case management and family supports.

All FBMHS providers across the Network with Members in service were profiled during this period, resulting in twenty-six profiled providers. It is important to note that profiling was completed using data from across the Network, including both Capital and North Central Contracts.

### **Profiled Providers**

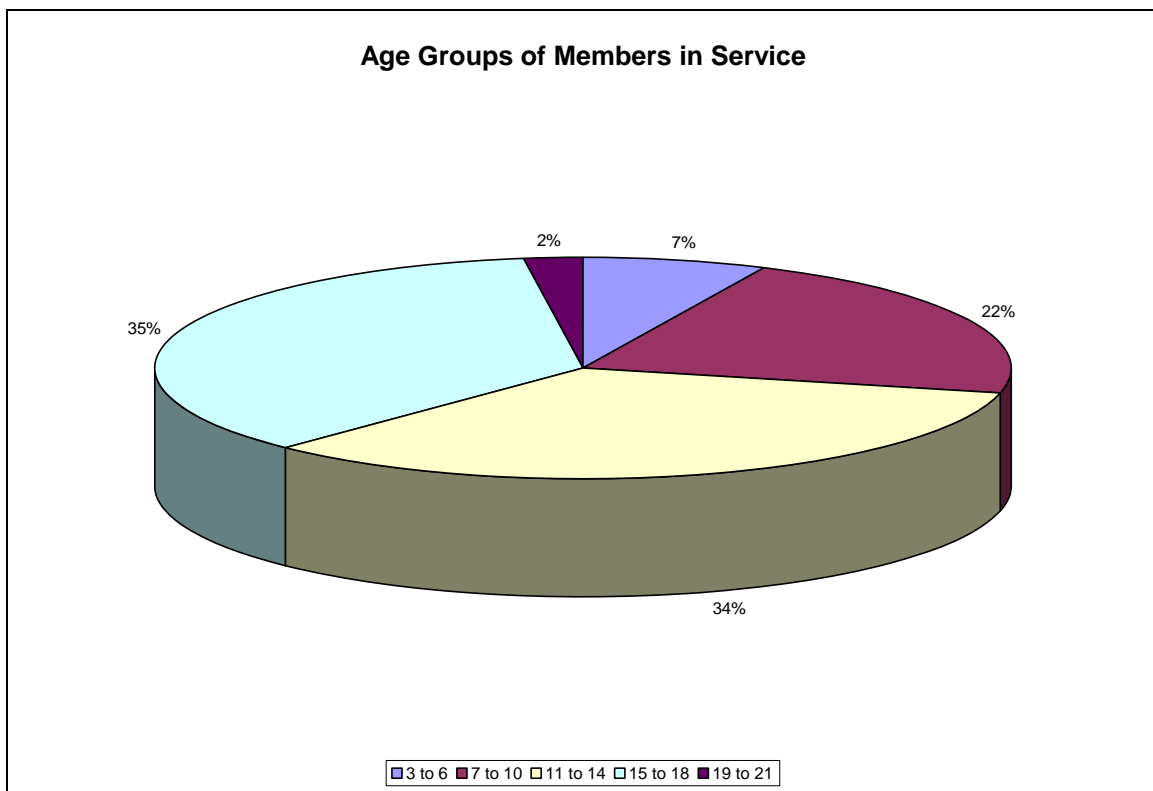
1. Alternative Community Resource Program
2. Altoona Regional Health System
3. Bedford-Somerset MH/MR
4. Blair Family Solutions, LLC
5. Catholic Charities, Inc.
6. Cen-Clear Child Services, Inc.
7. Community Services Group, Inc.
8. Covenant Counseling Services
9. The Devereux Foundation
10. Diakon Family Life Services
11. Family Pathways
12. Franklin Family Services
13. Glade Run Lutheran Services
14. Jewish Family Services
15. Keystone Service Systems, Inc.
16. Laurel Life Services
17. Lycoming-Clinton MH/MR
18. Momentum Services, LLC
19. Northwestern Human Service of PA
20. Nulton Diagnostic and Treatment Center
21. Pennsylvania Counseling Services
22. Philhaven
23. RedCo Group
24. Stevens Center – NHS
25. Universal Community Behavioral Health
26. Youth Advocate Programs, Inc.

Profiled indicators include demographics, utilization, quality, compliance and satisfaction.

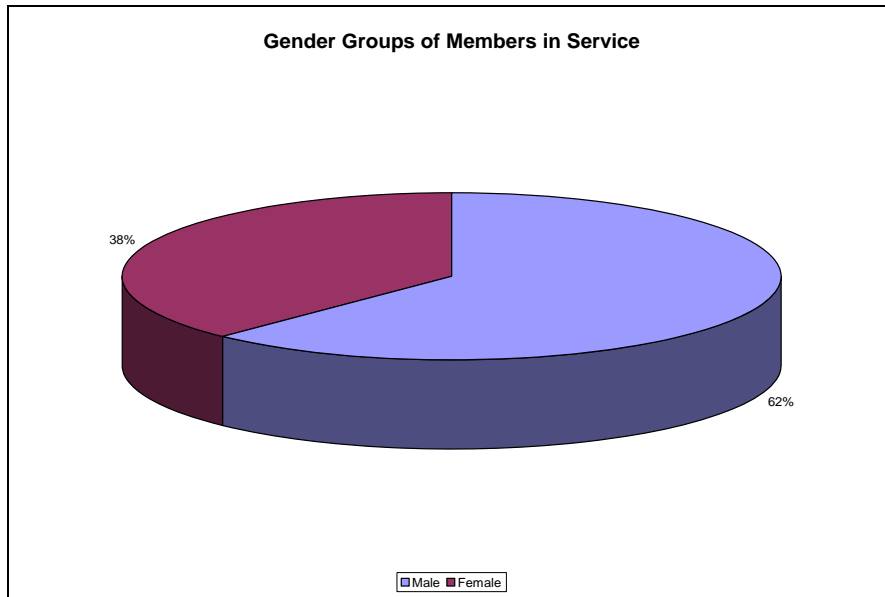
### Demographics

Demographic information available for Members receiving FBMHS includes age, gender, race and diagnostic data.

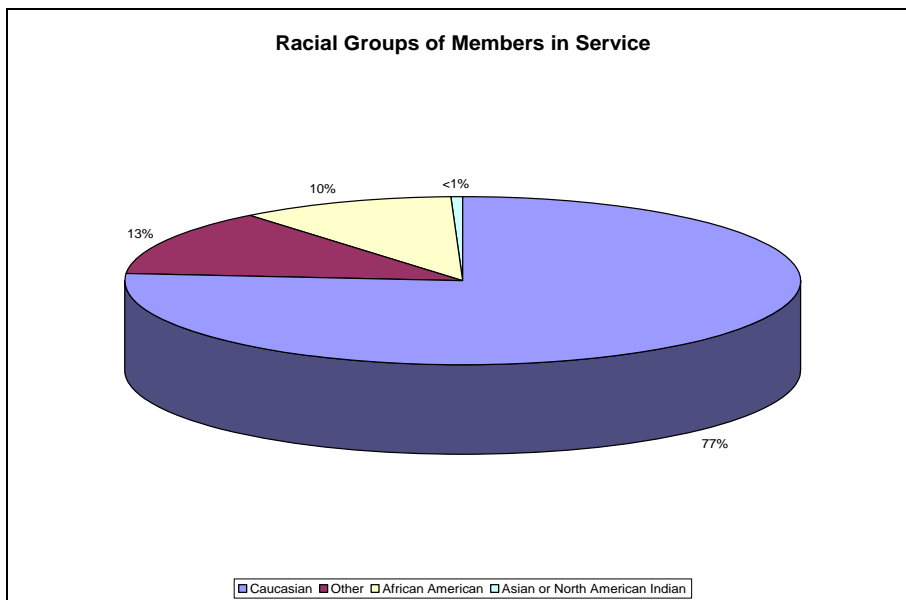
Overall, seven percent of the Members receiving FBMHS were between the ages of three and six, twenty-two percent were between the ages of seven and ten, thirty-four percent were between the ages of eleven and fourteen, thirty-five percent were between the ages of fifteen and eighteen, and two percent were between the ages of nineteen and twenty-one.



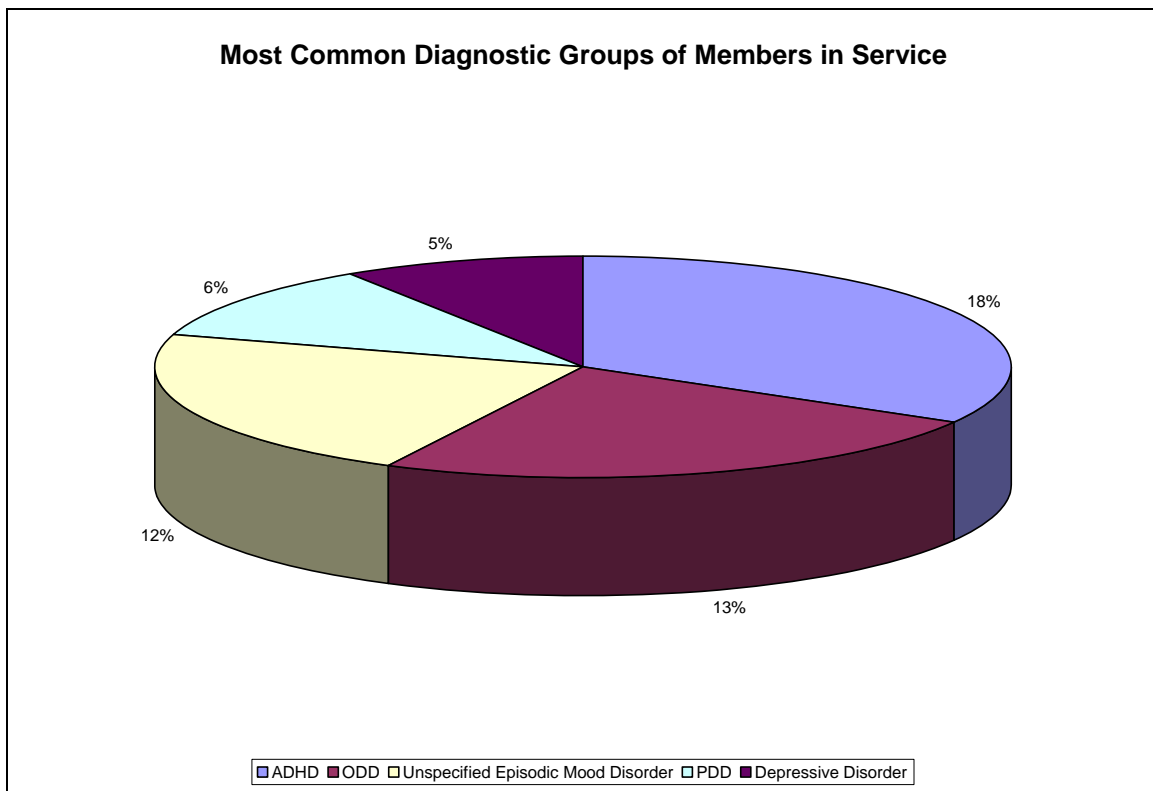
Sixty-two percent of Members receiving this service were male and thirty-eight percent were female.



Seventy-seven percent of these Members were Caucasian, thirteen percent were categorized as Other, ten percent were African American and less than one percent were Asian and North American Indian.



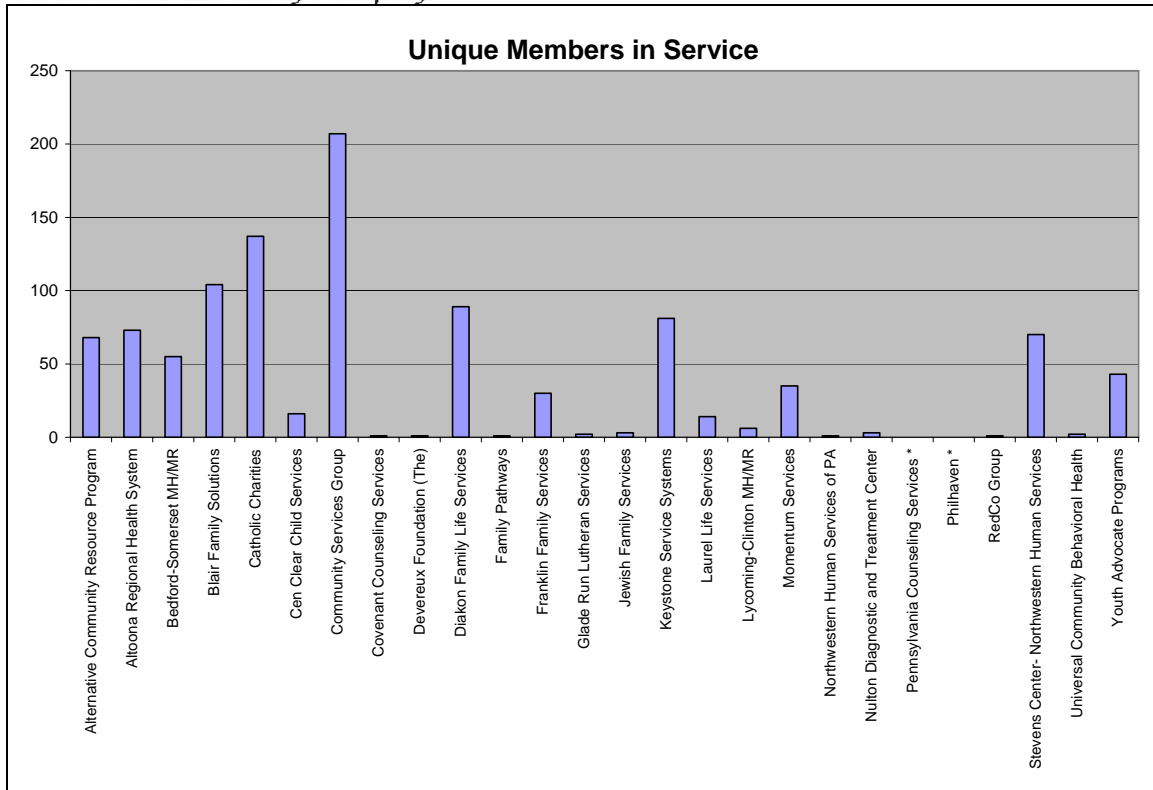
The most common diagnoses of Members receiving Family Based Mental Health Services were Attention Deficit Hyperactivity Disorder – 314.01 at eighteen percent, Oppositional Defiant Disorder – 313.81 at thirteen percent, Unspecified Episodic Mood Disorder – 296.90 at twelve percent, Pervasive Developmental Disorder – 299.80 at six percent and Depressive Disorder – 311 at five percent.



## Utilization

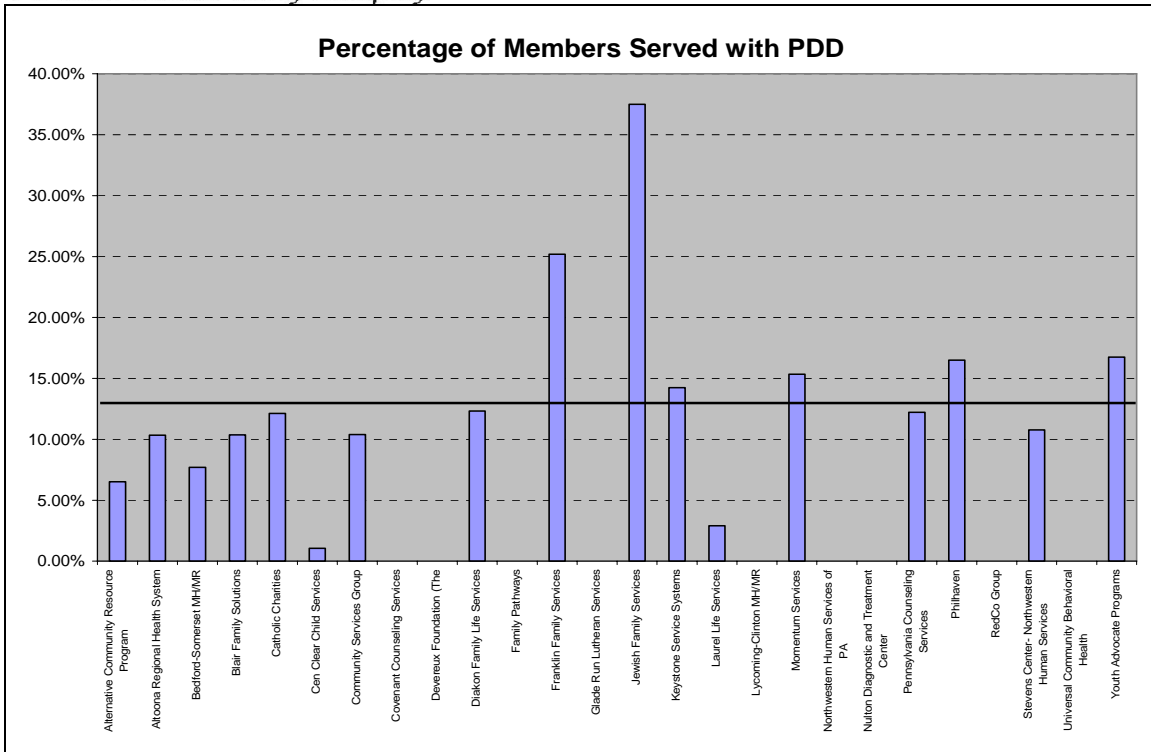
Utilization information available for Members receiving FBMHS services includes the number of unique Members, percentage of Member served with PDD, Member months, units authorized, units paid, units per Member/per month, percent utilization and percent team delivered services.

The total number of unique Members served across the Network was 1,888 down from the total Members in 2008-2009 of 1,929. Of the twenty-six providers that were profiled, the total unique Members served ranged from one to 492. The two providers with the greatest number of unique Members were Pennsylvania Counseling Services with 492 and Philhaven with 351.

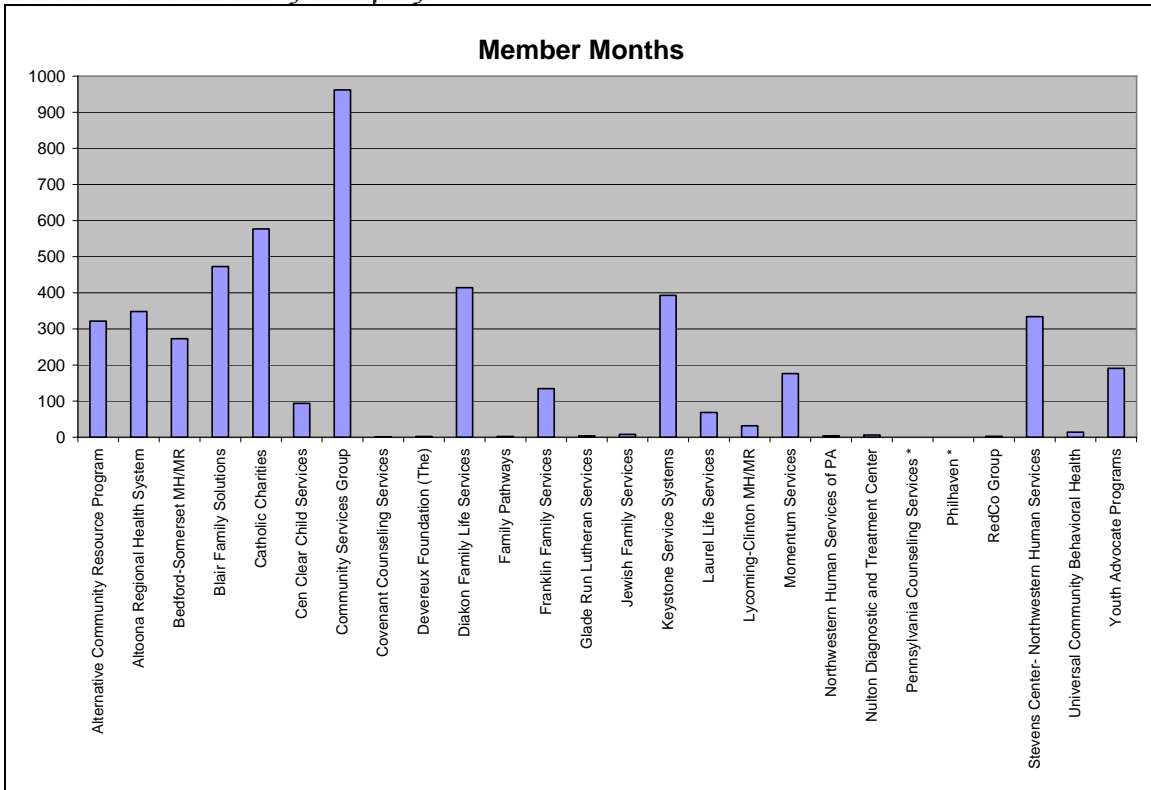


\* Northwestern Human Services had 492 unique Members and Philhaven had 351 unique Members.

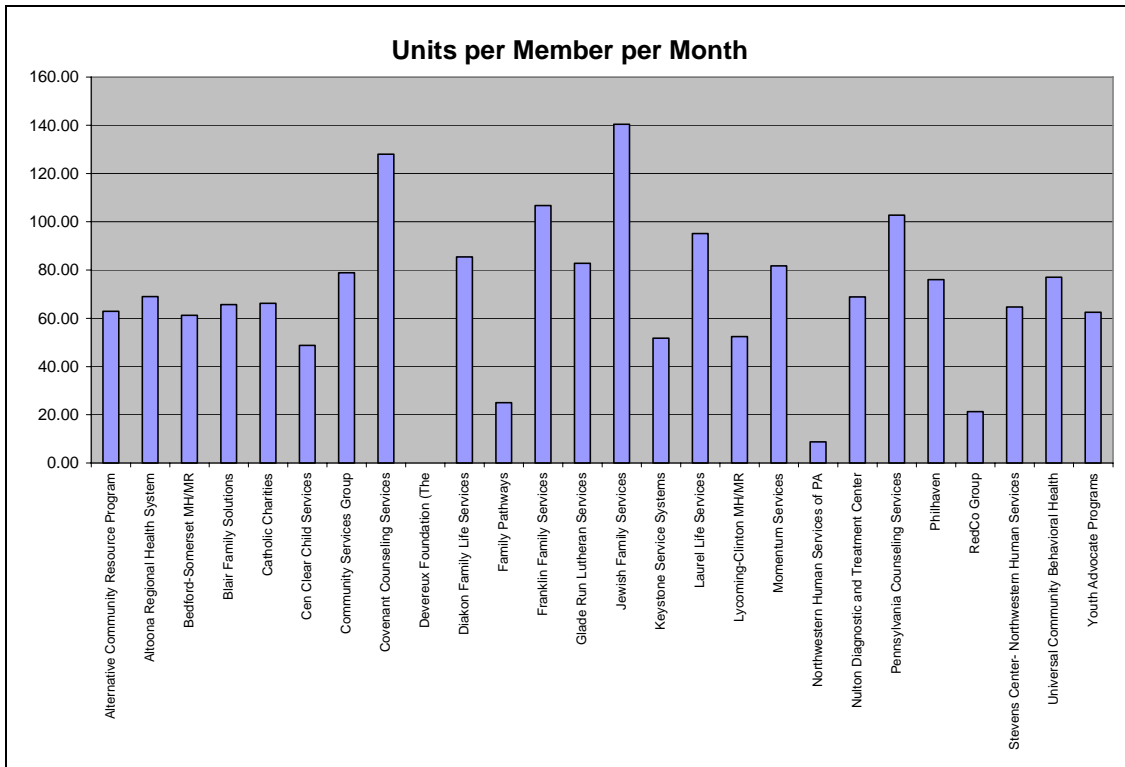
The Network average of Members served with a diagnosis of PDD was 12.41%. Provider ranged from zero percent to 37.50%.



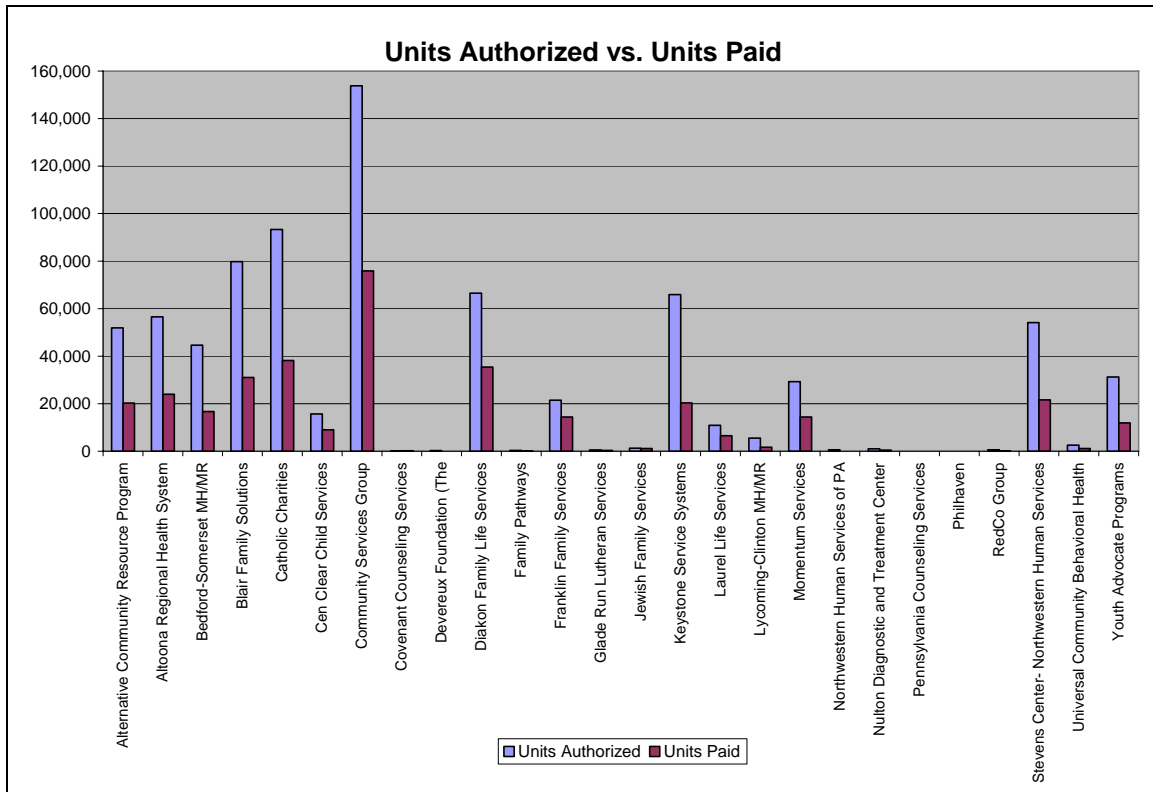
Across the Network, there were 8,807 Member months, down from the 9,149 Member months in 2008-2009, with an average of 80.88 units per Member per month. The average units per Member per month in 2008-2009 was slightly lower at 79.25. The providers with the greatest number of Member months were Pennsylvania Counseling Services with 2,421 and Philhaven with 1,564.



\*Pennsylvania Counseling Services had 2,421 Member months, and Philhaven had 1,564 Member months.

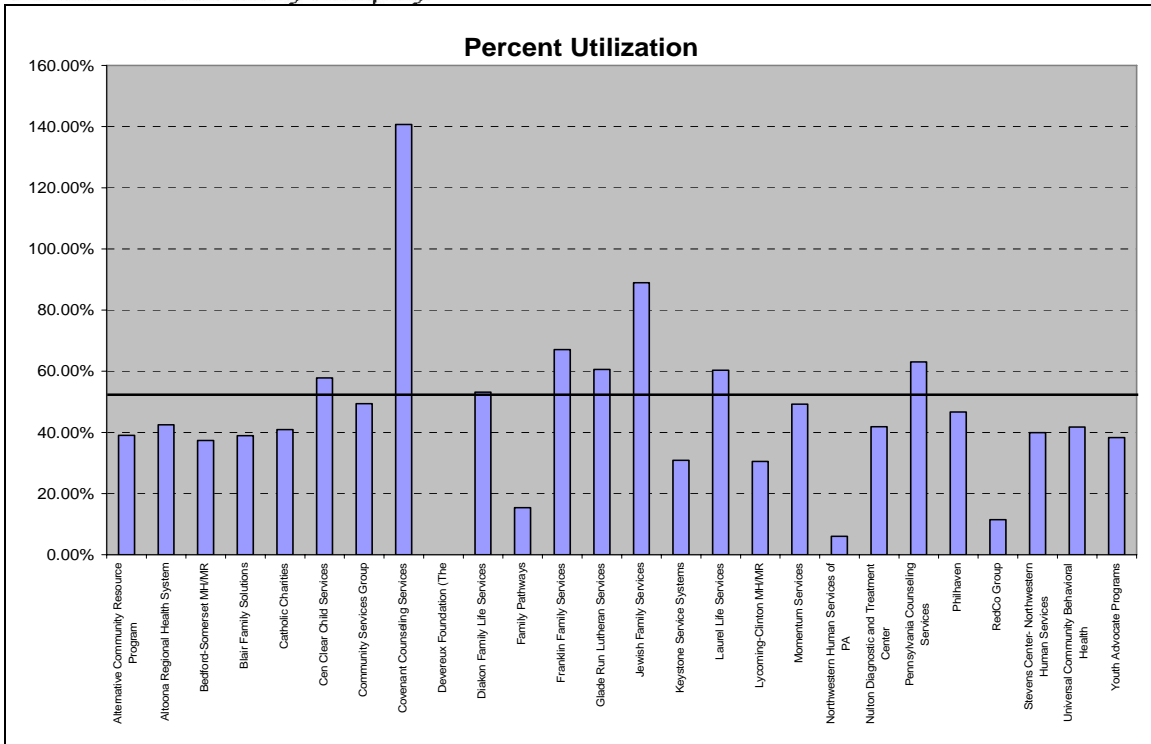


Of the 1,436,973 units authorized, 712,300 were paid, representing an overall utilization average percentage of 49.57, up slightly from 48.45% in 2008-2009. Pennsylvania Counseling Services and Philhaven had the great number of units authorized at 394,629 and 254,431 and the greatest number of units paid at 248,713 and 118,883 respectively.

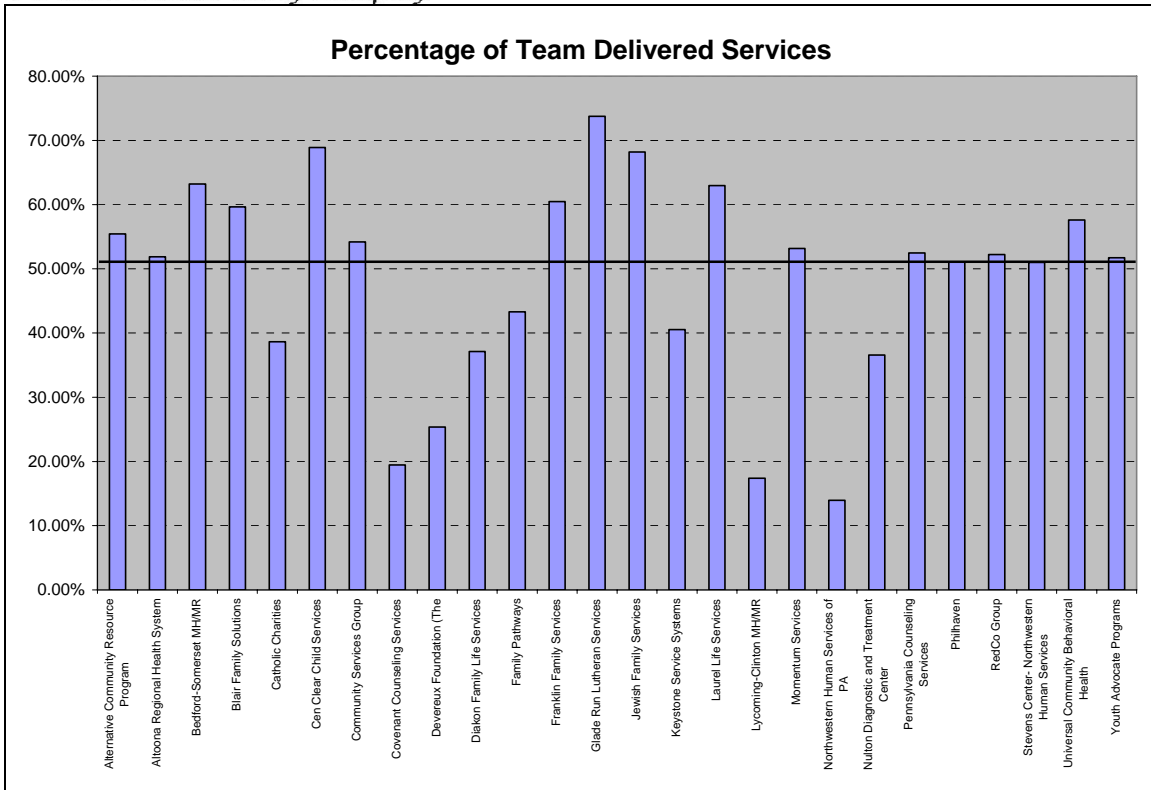


\* Pennsylvania Counseling Services had 394,629 units authorized and 248,713 units paid.

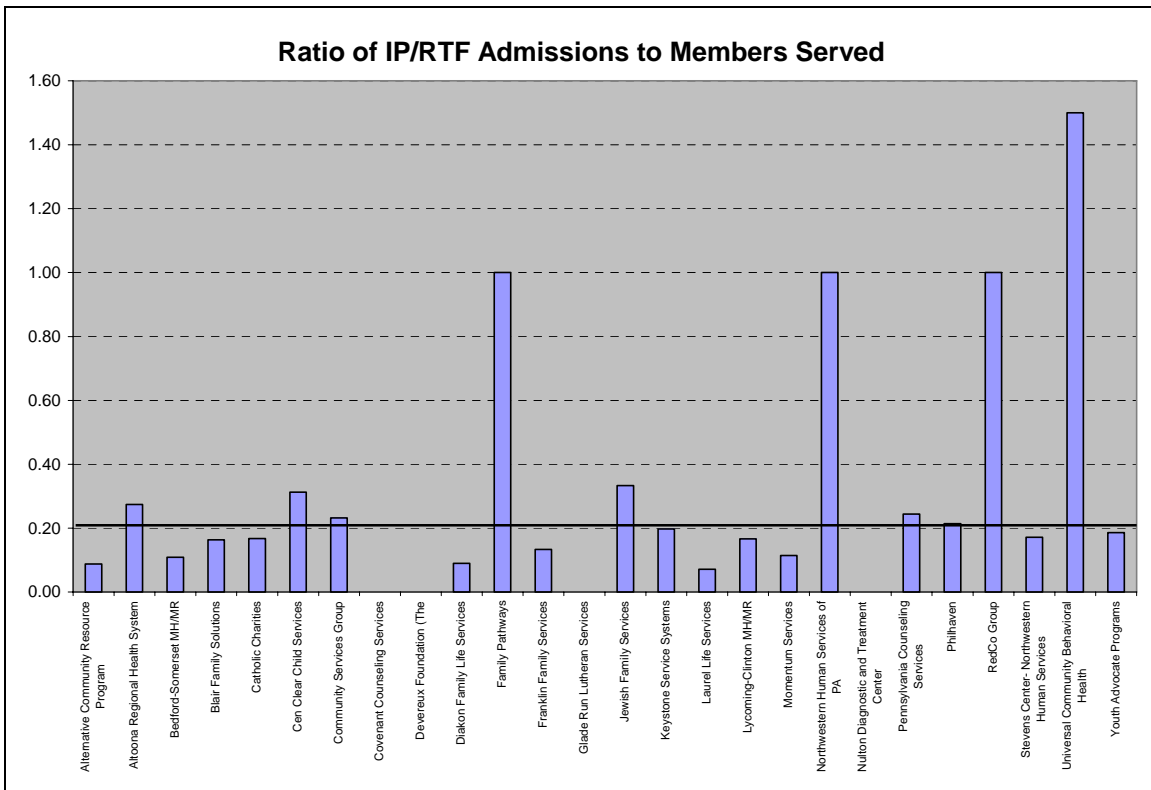
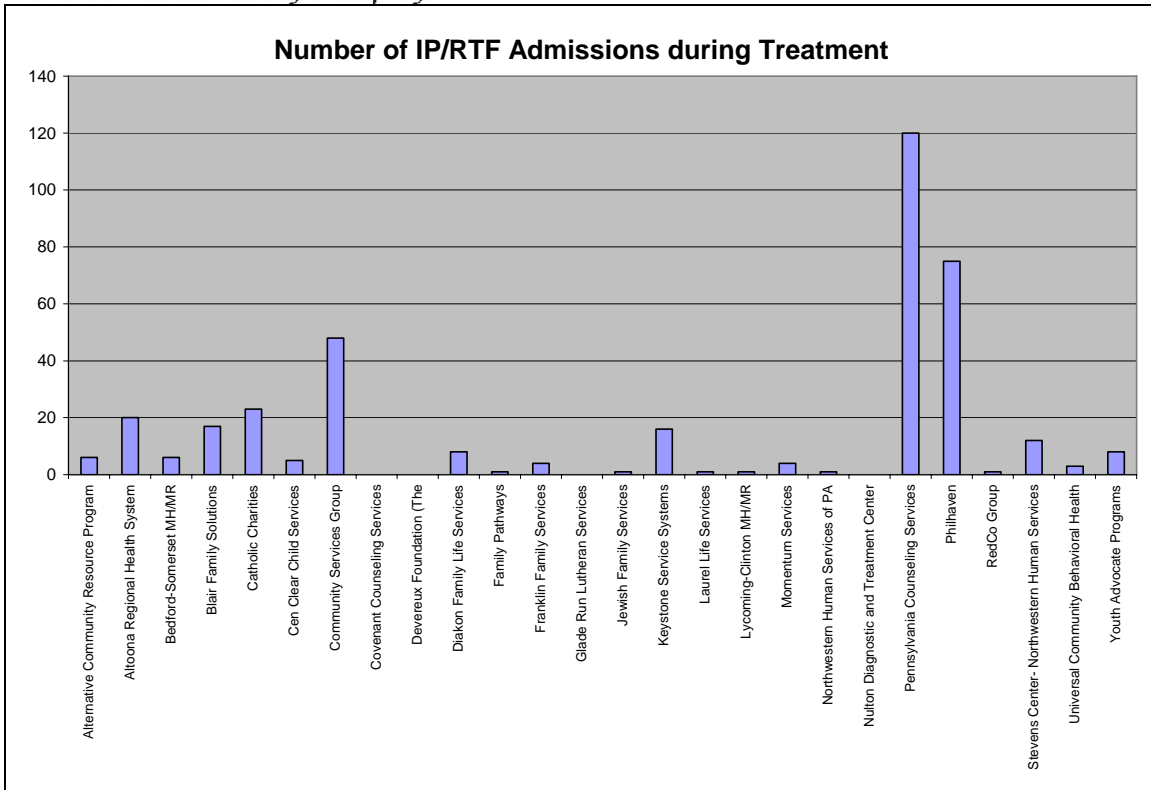
\* Philhaven had 254,431 units authorized and 118,883 units paid.



The Network average of FBMHS team delivered services was 51.36%, up from 48.68% in 2008-2009, as indicated by the solid black line in the chart below.

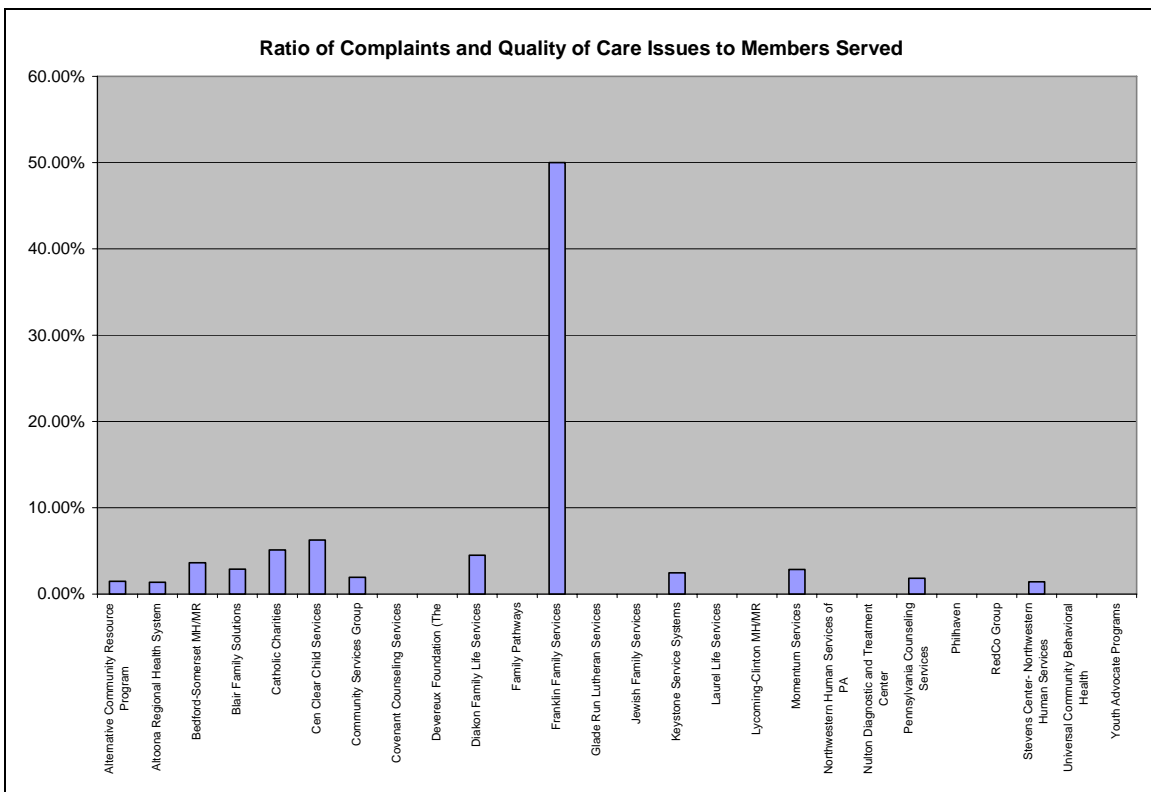


Across the Network there were 381 inpatient or Residential Treatment Facility (RTF) admissions during FBMHS treatment, which is a ratio of 0.20 admissions to unique members in service. The profiled providers ranged from zero admissions during treatment to 120.



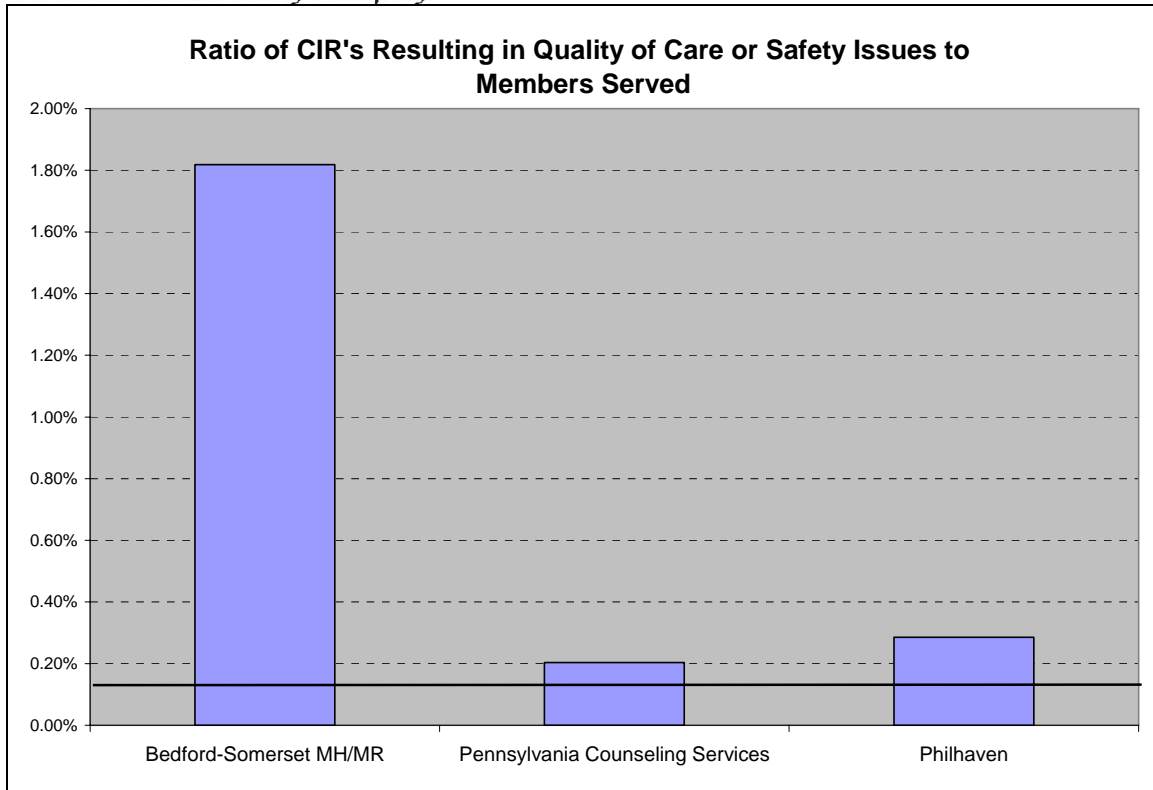
The quality indicators for FBMHS were measured by the total number of complaints filed against each provider, the provider’s Treatment Record Review score, the total number of critical incident reports submitted by the provider and the provider’s Co-Occurring Competency score.

Across the Network, there were only four complaints filed, the same number as 2008-2009. Additionally, there were fifty-five quality of care issues across the Network. The ratio of complaints and quality of care issues to Members served was 3.13% for the Network. Northwestern Human Services had the greatest ratio of complaints and quality of care issues to Members served at 800%, due to having eight quality of care issues to one Member.

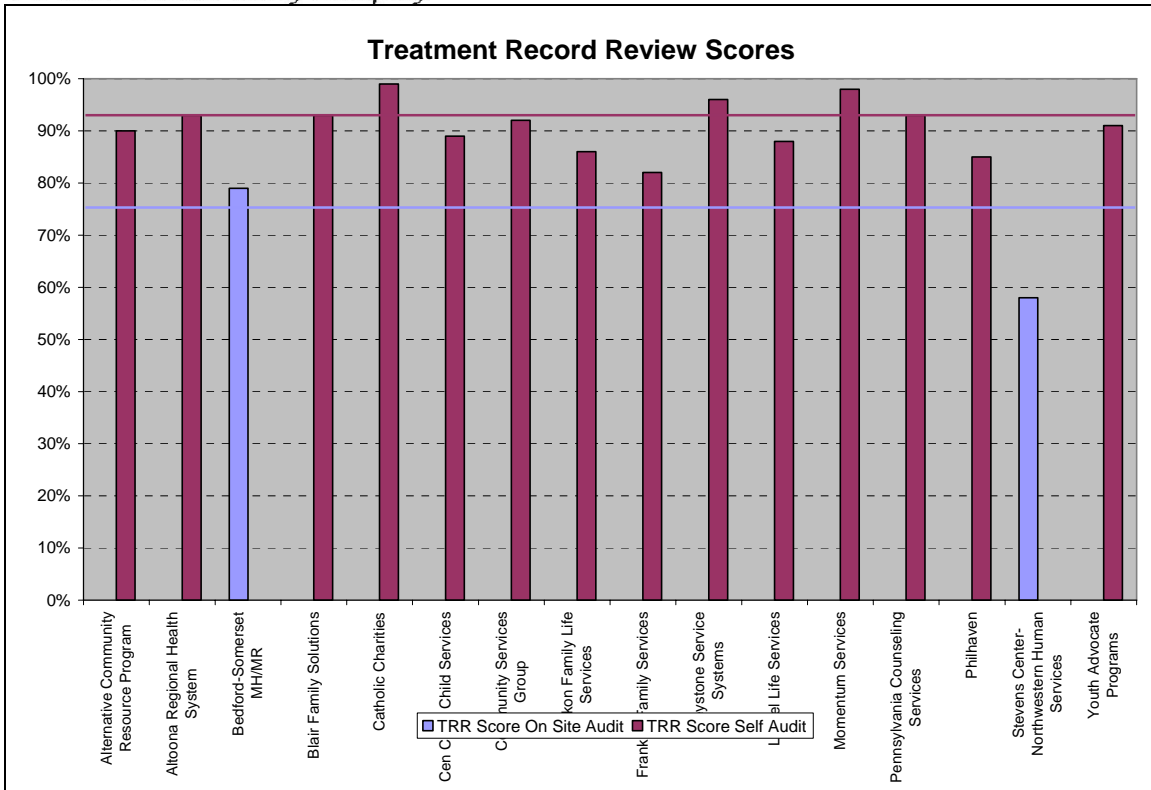


\*Northwestern Human Services had a ratio of Complaints and Quality of Care Issues to Members Served of 800%.

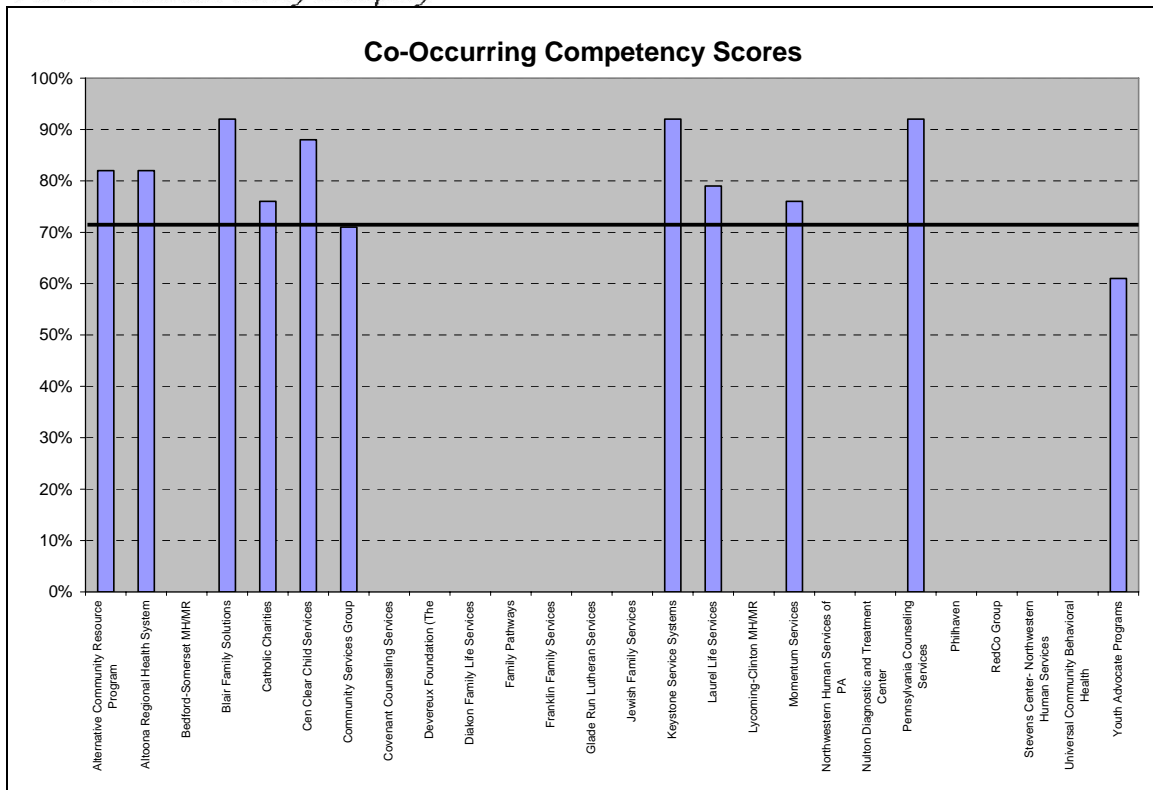
There were a total of 611 critical incident reports filed across the Network, with three resulting in quality of care or safety concerns for the three providers noted in the chart below. In 2008-2009, 501 critical incident reports were filed, with six resulting in quality of care or safety issues. The number of reports filed by providers ranged from zero to 207. The Network ratio of critical incident reports resulting in a quality of care or safety issue to Members served was 0.16%.



The average on site Treatment Record Review score across the Network was sixty-six percent. Two of the profiled providers received an on site review. The average self audit Treatment Record Review score across the Network was ninety-one percent. Fourteen of the profiled providers completed self audits and scored from eighty-two percent to ninety-nine percent. The passing score for all providers was seventy-two percent. Ten providers, Covenant Counseling Services, The Devereux Foundation, Family Pathways, Glade Run Lutheran Services, Jewish Family Services, Lycoming-Clinton MH/MR, Northwestern Human Services of PA, Nulton Diagnostic, RedCo Group and Universal Community Behavioral Health, were not audited during the profiled period.



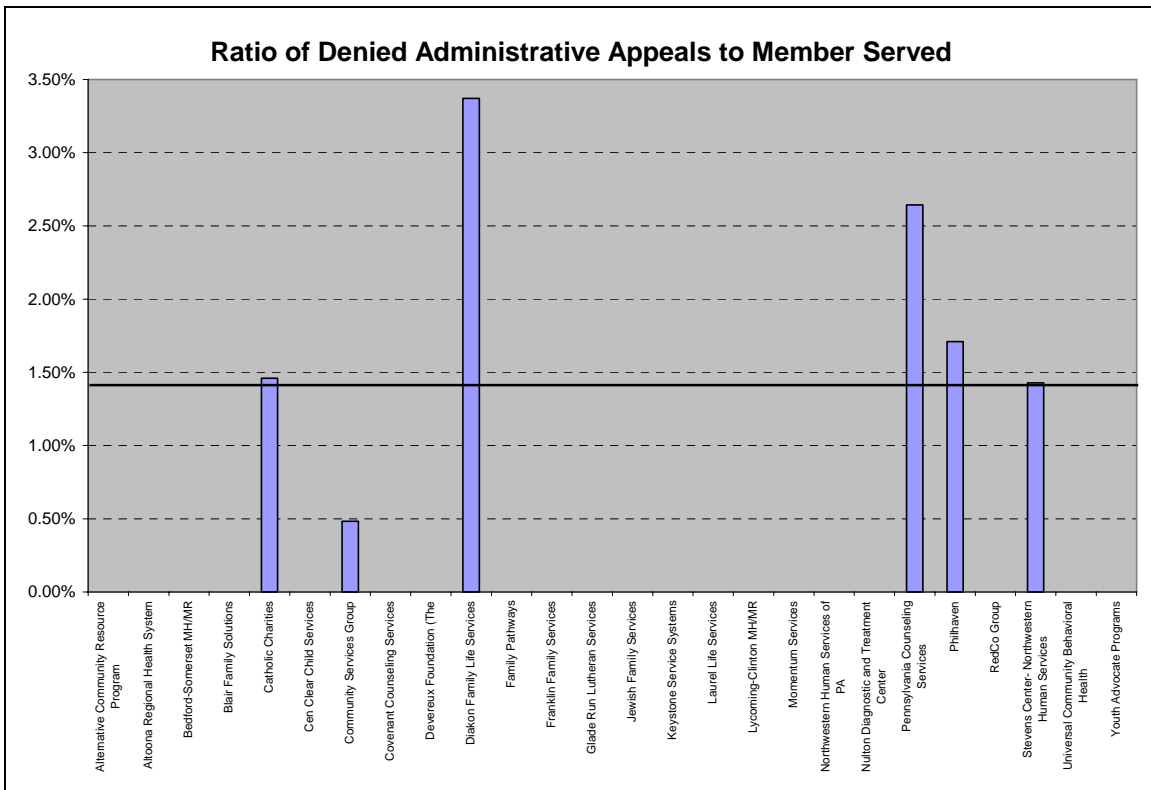
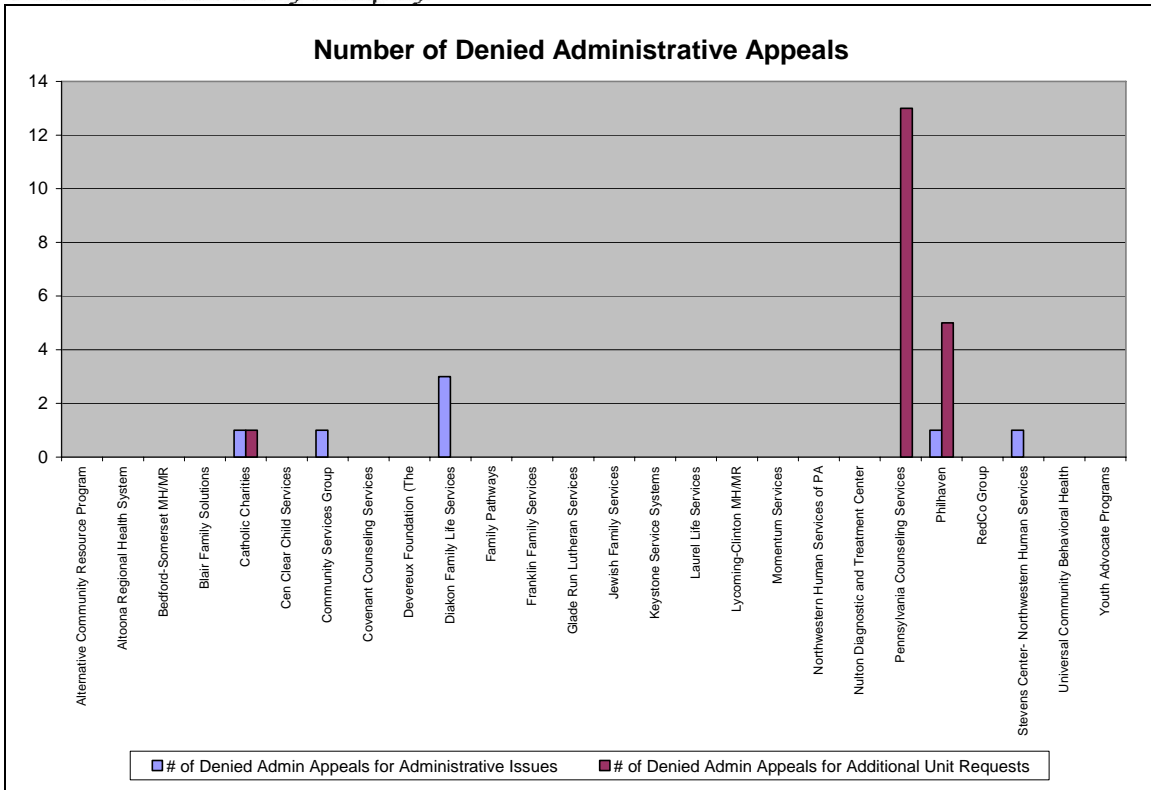
The Co-Occurring Competency score for the profiled providers ranged from zero percent to ninety-two percent, with a Network average of seventy-two percent.



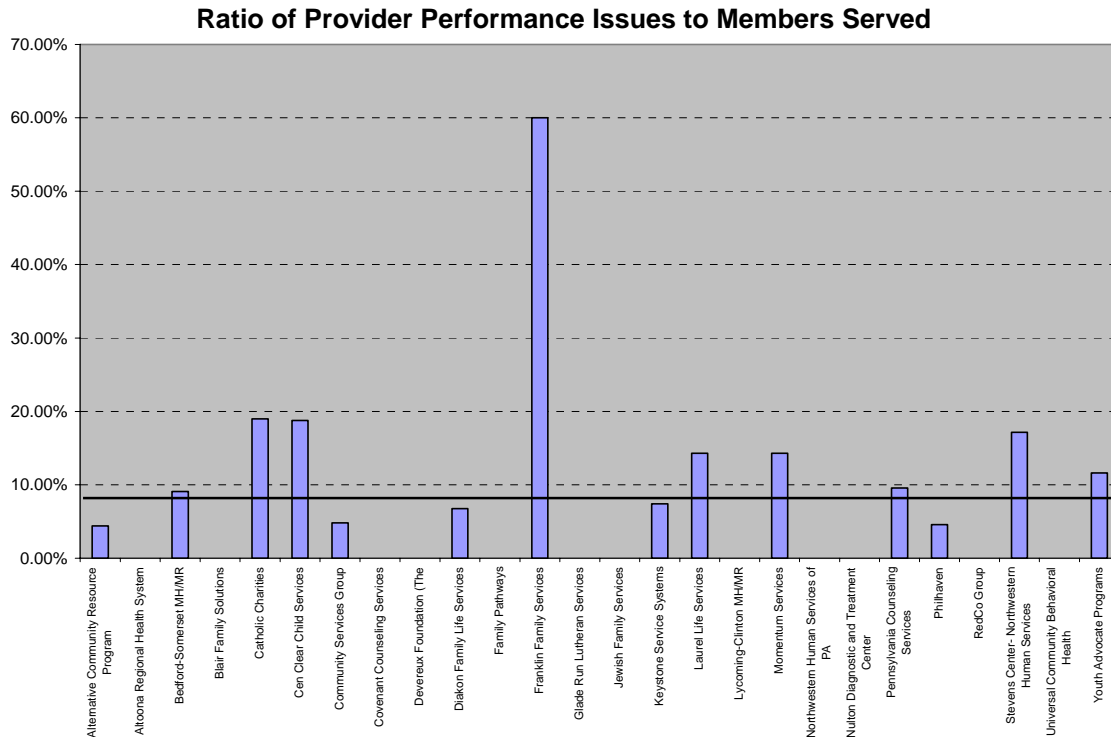
## Compliance

Compliance indicators were measured using the number of denied administrative appeals, the number of provider performance issues reported for each provider and the percentage of trainings attended by each provider. The number of denied administrative appeals and provider performance issues less than the Network average were used as the final two provider target criteria.

There were eight denied administrative appeals for administrative issues and nineteen denied administrative appeals for additional units requests across the Network for the profiled period, which is a 1.43% ratio of denied appeals to Members served, as indicated by the solid black line in the chart below.

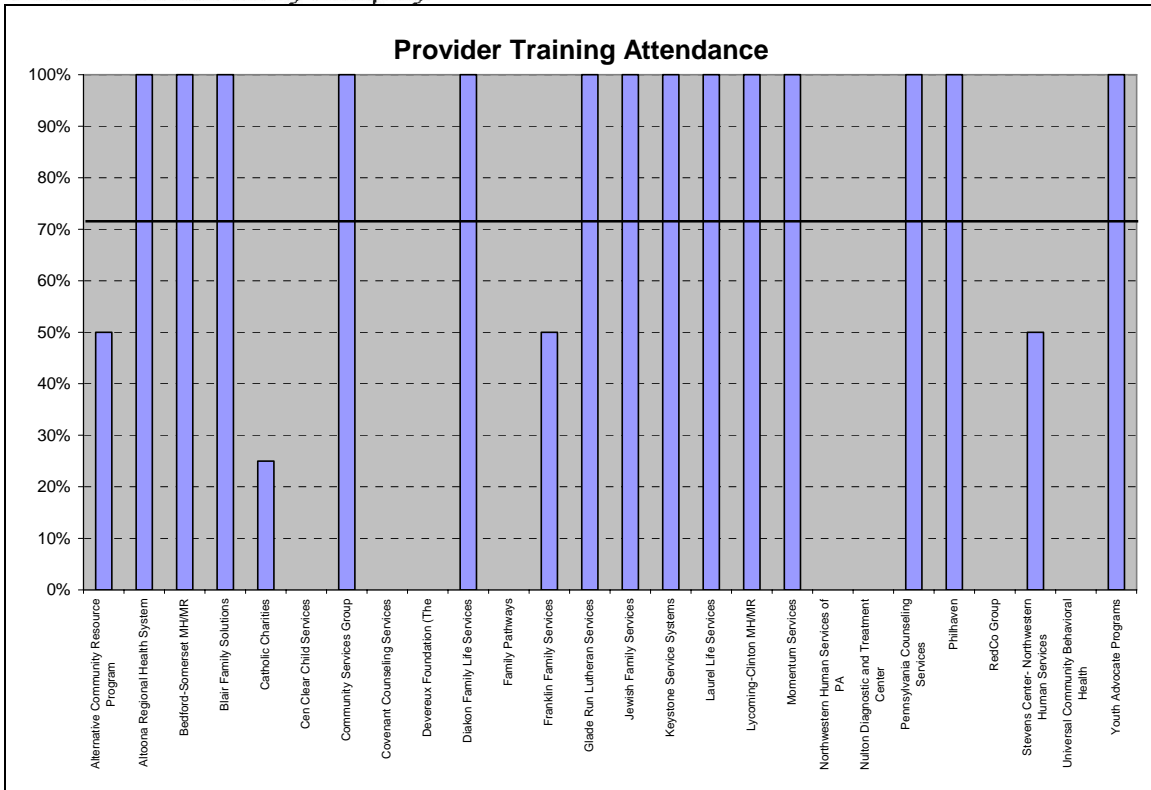


Although provider performance measures are taken using a variety of provider issues, profiling was completed using the issue with the highest volume of documented instances, which was provider submitted late treatment packet or request. Across the Network there were 167 documented issues, resulting in a ratio of provider performance issues to Members served of 8.85%, as indicated by the solid black line in the chart below. Universal Community Behavioral Health had a ratio of 150%.



\*Universal Community Behavioral Health had a Ratio of Provider Performance Issues to Members Served of 150%.

Providers have the opportunity to attend provider trainings done by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and they are encouraged to attend. The Network average of provider training attendance was seventy-two percent, indicated by the solid black line in the chart below, which is up from fifty-seven percent attendance in 2008-2009. Twelve of the seventeen profiled providers had an attendance score less than the Network average.



## Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Overall satisfaction with FBMHS complaints across the Network was 100%.

## Provider Rank

Family-Based Mental Health Services providers were given an overall rank score for performance based on scores of all profiled indicators except for Co-Occurring Competency Scores and Member Complaint Satisfaction Scores. The overall ranking is as follows.

### 2009-2010 by Rank Order

Provider	Rank
Glade Run Lutheran Services	1
Jewish Family Services	2
Blair Family Solutions	3
Laurel Life Services	3
Lycoming-Clinton MH/MR	4
Nulton Diagnostic and Treatment Center	5
Devereux Foundation (The)	6
Covenant Counseling Services	7

Altoona Regional Health System	8
Youth Advocate Programs	9
Momentum Services	10
Alternative Community Resource Program	11
Community Services Group	12
RedCo Group	13
Keystone Service Systems	14
Family Pathways	15
Bedford-Somerset MH/MR	16
Universal Community Behavioral Health	17
Franklin Family Services	18
Cen Clear Child Services	19
Diakon Family Life Services	20
Philhaven	21
Northwestern Human Services of PA	22
Stevens Center- Northwestern Human Services	23
Pennsylvania Counseling Services	24
Catholic Charities	25

## Network Recommendations

When summarizing the information contained above, several strategies for impacting FBMH performance can be identified.

- Implement more active discharge strategies to assist Members in transitioning to more natural settings
- Consider FBMH extensions the exception, rather than routine treatment
- Develop enhanced strategies for the transfer of skills and skill generalization
- Consider clinician incentives for providing the service hours as authorized.
- Develop an agency policy that incorporates discharge discussions upon admission, as well as on an ongoing basis
- Adopt strategies for maintaining an internal commitment to fidelity to the FBMH model
- Consider developing alternative mental health treatments that are targeted to symptom reduction, and are less intrusive and more effective than FBMH treatment
- Adopt empirically based treatment packages (e.g., ABA) for those Members impacted by an ASD, as well as other diagnoses.
- Enhanced training to clinical staff in order to provide more active mental health treatment to our Members
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports
- Develop a consortium of providers in order to share information and collectively address provider difficulties
- Establish an active treatment culture and focus whereby treatment progress, or lack thereof, are continually assessed and adjusted



# CBHNP

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- Encourage clinical leads to maintain fidelity
- Critically assess the ongoing impact that continued stay in the current LOC may have (e.g., diminishing return; offer alternative treatments)