Behavioral Healthcare Issues & Assessment

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Harvard Medical School
Types of Behavioral Health Treatment Outcomes

Addiction related
- Abstinence
- Reduction
  - Frequency
  - Quantity
  - Severity
- Readmission

Non-addiction related
- Mental Health
- General health
- Crime
- Family/relationships
- Employment
- Risky Behaviors
Direct and Indirect Assessment of Behavioral Health

- Comprehensive behavioral assessment cannot be fully captured by objective markers
- Rely on client self report, clinician administered tests, collateral reports/information
Behavioral Health Surveys

• Self-report ➔ potential biased assessment
• Underestimate addictive behavior
  – Fear of legal sanction
  – Socially desirable response
• Overestimate addictive behavior
  – Shock value (e.g., adolescents)
  – Seeking treatment rather than jail
Behavioral Health Surveys

• Sampling
  – sampling procedures
  – Participation rate
  – Sample size

• How representative is the sample?
  – Treatment seekers vs. treatment need
Behavioral Assessment Instruments

• Some brief screening instruments can be self-administered
• Useful to identify problem behaviors & facilitate behavior change
• Refer at-risk people to treatment services
• Design & target public health interventions to at-risk subpopulations (i.e., secondary prevention)
Massachusetts Adolescent Gambling Screen

- Do you ever feel pressure to gamble when you do not gamble?
- Does any member of your family ever worry or complain about your gambling?
- Are you always able to stop gambling when you want?
- Has your gambling ever created problems between you and any member of your family of friends?
- Have you ever gotten into trouble at work or school because of your gambling?
- Have you ever neglected your obligations (e.g., family, work, or school) for two or more days in a row because you were gambling?
- Have you ever been arrested for gambling?

Shaffer, LaBrie and Scanlon 1996
Behavioral Assessment Instruments

• Diagnostic and Statistical Manual of Mental Disorders (DSM)
  – Most widely used psychiatric reference in the world
  – Not empirically derived criteria
  – diagnosis requires specialized training
  – Are we asking the right questions?
Importance of Longitudinal Datasets

• Most large, national datasets are point in time estimates
  – Retrospective recall of past behaviors
• Prospective, longitudinal datasets
  – More expensive & time consuming to collect data
  – Greater understanding of antecedents & mediators of behaviors ➔ development of important public health interventions
Mediators for Behavioral Health Treatment Outcomes?

Antecedent & Proximal Factors → Mediators → Behavioral Outcomes
Potential Mediators for Behavioral Health Treatment Outcomes

• Client characteristics
  – Readiness to change
  – Demographics, socioeconomic status
  – Utilization of services

• Social/environmental characteristics
  – Peer influences
  – Access to object of addiction

• Treatment characteristics
  – length of stay
  – counselor characteristics
  – Type of therapy/medication
Behavioral Assessment & the Clinician/Researcher Divide

• Researchers want data collected using standardized techniques
• Some clinicians/practitioners prefer open ended counseling
A Comparison of Medical Care Providers’ (MCP) Impressions and Actual Substance-Related Diagnoses Derived from the Adolescent Diagnostic Interview (ADI)

<table>
<thead>
<tr>
<th></th>
<th>None N (%)</th>
<th>Minimal N (%)</th>
<th>Problem N (%)</th>
<th>Abuse N (%)</th>
<th>Dependence N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP Impressions</td>
<td>314 (58.9)</td>
<td>191 (35.8)</td>
<td>18 (3.3)</td>
<td>10 (1.9)</td>
<td>0</td>
</tr>
<tr>
<td>ADI Diagnoses</td>
<td>268 (50.3)*</td>
<td>78 (14.6)**</td>
<td>101 (18.9)**</td>
<td>50 (9.4)**</td>
<td>36 (6.8)**</td>
</tr>
</tbody>
</table>

*p=.05; **p<.05

Sensitivity of Providers’ Impressions

Clinical Assessment & Substance Use Disorders

• Lay interviewers and community surveys
  – Kessler and the National Comorbidity Survey
• Improve assessment of behavioral outcomes:
  Validity- measures what it’s supposed to measure
  Reliability- accurate measurement
Psychiatric Assessment at the Middlesex Driving Under the Influence of Liquor (MDUIL) Program
The CIDI at DUIL

• The Composite International Diagnostic Interview (CIDI) has become part of the intake procedure for clients entering the DUIL program.
• It is used to screen clients for substance use and psychiatric disorders. The CIDI identifies possible risk areas for the client, but does not generate definitive diagnoses.
What is the CIDI?

• The Composite International Diagnostic Interview (CIDI) is a standardized interview that assesses mental disorders.
• The CIDI yields diagnoses according to the definitions and criteria of the tenth revision of the International Classification of Diseases (ICD-10) (WHO 1992, 1993) and the DSM-IV.
CIDI Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Listing</td>
<td>100</td>
</tr>
<tr>
<td>Screening</td>
<td>100</td>
</tr>
<tr>
<td>Depression</td>
<td>100</td>
</tr>
<tr>
<td>Mania</td>
<td>100</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>100</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>100</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>100</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Intermittent Explosive Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Suicidality</td>
<td>100</td>
</tr>
<tr>
<td>Services</td>
<td>100</td>
</tr>
<tr>
<td>Pharmacoepidemiology</td>
<td>100</td>
</tr>
<tr>
<td>Substance Use</td>
<td>100</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>100</td>
</tr>
<tr>
<td>Neurasthenia</td>
<td>100</td>
</tr>
<tr>
<td>30-Day Functioning</td>
<td>100</td>
</tr>
<tr>
<td>30-Day Symptoms</td>
<td>100</td>
</tr>
<tr>
<td>Tobacco</td>
<td>100</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>100</td>
</tr>
<tr>
<td>Premenstrual Syndrome</td>
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<td>Obsessive-Compulsive Disorder</td>
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<tr>
<td>Psychosis</td>
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<tr>
<td>Gambling</td>
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<td>Employment</td>
<td>100</td>
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<td>Finances</td>
<td>100</td>
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<tr>
<td>Marriage</td>
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</tr>
<tr>
<td>Children</td>
<td>100</td>
</tr>
<tr>
<td>Social Networks</td>
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</tr>
<tr>
<td>Adult Demographics (DA)</td>
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<tr>
<td>Child Demographics (DE)</td>
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<tr>
<td>Childhood</td>
<td>100</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity</td>
<td>100</td>
</tr>
<tr>
<td>Oppositional-Defiant Disorder</td>
<td>100</td>
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<tr>
<td>Conduct Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Separation Anxiety Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Family Burden</td>
<td>100</td>
</tr>
<tr>
<td>Respondent Contacts</td>
<td>100</td>
</tr>
<tr>
<td>Interviewer Observation</td>
<td>100</td>
</tr>
</tbody>
</table>
CIDI Interface

Of the experiences you mentioned to me, which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?

If "Don't Know," probe: Which of these very upsetting events happened most recently?

- ENTER "Worst Event" using the number on the left from events listed
- If necessary, review endorsed events

Endorsed events, age at first time and number of occurrences:

- (13) Being beaten up as a child by caregiver, age at first time: 6, number of occurrences: Ongoing
- (14) Being beaten up by a spouse or romantic partner, age at first time: 23, number of occurrences: Ongoing
- (16) Being mugged or threatened with a weapon, age at first time: 24, number of occurrences: 1
- (25) You witnessed physical fights at home, age at first time: 5, number of occurrences: Ongoing
- (25) You witnessed death or dead body or saw someone seriously hurt, age at first time: 6, number of occurrences: 2

PT04
Obstacles to Implementing CIDI

- Counselors lose “face to face” time with client
- Average length of CIDI too demanding (range = 50 minutes to 4 hours)
- Unpredictability of time involved
CIDI Components @ MDUIL

- Household Listing
- Screening (SC)
- Depression (D)
- Mania (M)
- Generalized Anxiety Disorder (G)
- Suicidality (SD)
- Substance Use (SU)
- Attention Deficit Disorder (ADD)
- Tobacco (TB)

- Post-Traumatic Stress Disorder (PT)
- 30-Day Symptoms (NSD)
- Intermittent Explosive Disorder (IED)
- Path. Gambling (GM)
- Conduct Disorder (CD)
- MDUIL Intake Items
- Interviewer’s Observation (IO)
Advantages of Implementing the CIDI at DUIL

• Teaches lay interviewers to conduct standardized psychiatric assessment
• Identifies possible risk areas for the client
• Facilitates referral to aftercare
• Can implement CIDI repeatedly over time to assess treatment effects
• Potential for clients to self-administer
CIDI Report Generator

• From the CIDI, counselors and staff can generate reports
  – disorders for which the client met the diagnostic criteria
  – onset, history, & recency of symptoms.

• The CIDI also generates a psychosocial report for each client

• Counselors can use this information to plan treatment and aftercare
  – When appropriate, counselors can share this information with their clients
The CIDI is a screening device and it does not provide a final diagnostic determination. Further evaluation is necessary to determine whether problems reported are sufficient to qualify as a disorder and to determine the level of problem severity. Your client’s answers to the CIDI questions indicate (s)he has reported clinically significant experiences that might reflect the following disorders. These experiences should be evaluated further to determine the full extent of their meaning and to establish any differential diagnoses. Remember, the CIDI does not render a final and definitive diagnosis. The information presented below will help you understand the basic characteristics of this disorder. This brief description is not comprehensive, but can help both the clinician and the patient determine whether and which type of treatment might be useful in a plan of continuing care. For a complete description of the disorder and its diagnostic criteria, we refer you to DSM-IV.

**Diagnosis: **

**Alcohol Abuse**

The client reported clinically-significant experiences that suggest the occurrence or presence of Alcohol Abuse. His age at the first problem was 22. His age the last time there was a problem was 24. The total of different years with problems was 2. The information indicates he experienced at least one problem in the past 12 months.

**Definition Alcohol Abuse**

An individual with Alcohol Abuse experiences significant adverse consequences as a result of their alcohol use. These consequences can include failure to fulfill obligations at work or home, experiencing legal problems (such as arrests for DUI), and recurrent social problems (such as getting into physical fights) and interpersonal problems (such as marital discord). To qualify for a diagnosis of alcohol abuse, an individual must experience harmful consequences of repeated alcohol use over a 12-month period without developing physical symptoms (such as tolerance or withdrawal which are signs of alcohol dependence).

**Referral:**

See end of report for referrals
D.U.I.L. Psychosocial Intake Report

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: D.U.I.L. Psychosocial Intake Report</td>
</tr>
<tr>
<td>Date: 1/13/2006</td>
</tr>
<tr>
<td>Client ID: 26593</td>
</tr>
<tr>
<td>Admission date (dy-mo-year): 09/18/2005</td>
</tr>
<tr>
<td>DOB (dy-mo-year): 12/07/1980</td>
</tr>
<tr>
<td>Age: 24</td>
</tr>
<tr>
<td>Gender: male</td>
</tr>
<tr>
<td>Currently Pregnant: n/a</td>
</tr>
<tr>
<td>Race: White/Caucasian</td>
</tr>
<tr>
<td>Ethnicity (Hispanic or not): Not Spanish/Hispanic</td>
</tr>
<tr>
<td>Primary Language: English</td>
</tr>
<tr>
<td>Usually Lives in a(n): home/apartment</td>
</tr>
<tr>
<td>Lives with: w/ other relative(s)</td>
</tr>
<tr>
<td>Town/City of Residence: Harwich, MA</td>
</tr>
</tbody>
</table>

Childhood

<table>
<thead>
<tr>
<th>Presence of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse: no</td>
</tr>
<tr>
<td>Mental Abuse: no</td>
</tr>
<tr>
<td>Emotional Abuse: no</td>
</tr>
</tbody>
</table>

Raised by both biological parents: no
If no, because: parents separated/divorced
Primary male head of household: no male in household
Primary female head of household: no female in household
Value Options Data Warehouse
Claims data

• Advantages:
  – Standardized data collection of cost & utilization
  – Includes entire enrolled sample

• Disadvantages:
  – Privacy concerns about reporting diagnostic information ➔ information might not be accurate
  – Includes information important for billing purposes rather than research purposes
Analysis Background

Four Major Health Plans
(Number of total claims)
[Number of Inpatients / Number of Outpatients]

- Program A (98,404) [933 / 9,387]
- Program B (634,362) [6,935 / 61,322]
- Program C (1,826,301) [12,510 / 148,159]
- Program D (444,878) [4,534 / 39,314]

1/1/2002 through 12/31/2004
Analysis Capabilities

Populated Variables of Interest

- **Demographics**
  - Age
  - Gender
  - Relationship to Subscriber
  - Marital Status
- **Provider**
  - Race
  - Licensure
  - Gender
- **Diagnosis**
- **Costs**
  - Claim Amount
  - Allowed Amount
  - Deductible Amount
  - Copayment Amount
- **Units**
  - Allowed Units
  - # of Times Service Performed (i.e., requested units)
- **Medical Service Code**
- **Benefit Code**
- **Benefit Type (HMO/PPO/POS)**
- **Type of Claim** (outpatient/inpatient)
- **Service Detail**
  - Place of Service
  - Provider Capacity
  - Provider Type
  - Zipcode – Client & Provider
Epidemiology of VO Data Warehouse

- Most subscribers were women in their mid thirties
- Most common service individual therapy
- More outpatient than inpatient services
- HMO plans most common benefit type
- Most common diagnosis were Depression, Adjustment Disorder, Anxiety Disorder, and Childhood Behavioral Disorders
Individual Characteristics and Benefit Design Mediation Model

Individual Characteristics

Benefit Design
Alwamt-money; allowed amount
Alunt-allowed units for which VO will pay
Copamt-money; flat dollar amount of member’s responsibility
Coiamt-money; amount paid by member
Capamt-money; capitation amount for member
Dedamt-part of claim to be paid by member as a deductible

Utilization
Individual Characteristics & Benefit Design Model - Revised

- Individual Characteristics
  - Age
  - Gender
  - Relationship to Subscriber

- Diagnosis Information
  - Disorder
  - Multiple Diagnoses

- Benefit Design
  - Copay

- Utilization
  - Program Cost
  - Requested Units of Service
**Diagnostic Categories: A Closer Look**

<table>
<thead>
<tr>
<th>Diagnostic Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Adjustment</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>BiPolar</td>
</tr>
<tr>
<td>ADHD/Behav</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Drug</td>
</tr>
<tr>
<td>PTSD</td>
</tr>
<tr>
<td>Schizophrenic</td>
</tr>
<tr>
<td>Eating</td>
</tr>
<tr>
<td>Developmental</td>
</tr>
<tr>
<td>Impulse</td>
</tr>
<tr>
<td>Due to Medication</td>
</tr>
<tr>
<td>Cognitive</td>
</tr>
<tr>
<td>Personality</td>
</tr>
<tr>
<td>Other</td>
</tr>
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</table>

**Utilization**

Program Cost & Requested Units
Lessons Learned from Analyses of VO Data Warehouse

• Current system does not provide us with information about treatment outcome
  – strategic use of diagnostic code to provide certain services

• Limitations to Behavioral Healthcare System
  – Episodic care rather than continuous care provided for other chronic diseases (e.g., diabetes)
Value Options CareConnect Report System
### Inpatient Treatment Report (ITR) - Page One of Two

**Requested Start Date for this Authorization:** __/__/__

**Level of Care:**
- [ ] Inpatient
- [ ] 23hr
- [ ] CSU
- [ ] Partial
- [ ] RTC
- [ ] IOP/SOP
- [ ] Group Home
- [ ] Halfway House
- [ ] Other: ________________

**Tx Unit/Program:**

**Type of Review:**
- [ ] Prospective
- [ ] Concurrent
- [ ] Discharge
- [ ] Retrospective

**Type of Care:**
- [ ] Mental Health
- [ ] Substance Abuse
- [ ] Detox

**Precipitating Event:**

**Member's Current Location:**
- [ ] ER
- [ ] Jail/Detention
- [ ] Facility
- [ ] Provider's Office
- [ ] Home/Community

**Demographics:**
- **Member's Name:** ________________
- **Date of Birth:** ________________
- **Member/Policyholder ID #:** ________________
- **Tel #:** ________________
- **Member's City/State:** ________________
- **Insured's Employer/Benefit Plan:** ________________
- **Facility:** ________________
- **Fac. ID #:** ________________
- **Attending Provider:**
- **Attending's Phone #:** ________________
- **UR Name:** ________________
- **UR Phone #:** ________________
- **UR Fax #:** ________________

**DSM-IV Diagnosis:**
- **Axis I:**
  - [ ] 1)
  - [ ] 2)
- **Axis II:**
  - [ ] 1)
  - [ ] 2)
- **Axis III:**
  - [ ] 1)
  - [ ] 2)
- **Axis IV:**
  - [ ] 1)

**Current GAF:** ________________

**Current GAF (Highest GAF prev. year):** ________________

**Current Risks:**
- **Risk Level Scale:** 0=none, 1=mild, ideation only; 2=moderate, ideation with EITHER plan or history of attempts; 3=severe, ideation AND plan, with either intent or means; na = not assessed. Circle risk level for each category, and check all boxes that apply.

  **Risk to Self (SI):**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Risk to Others (HI):**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Prior serious attempts:**
  - [ ] Yes
  - [ ] No
  - [ ] Circle: SI HI

  **Prior serious gestures:**
  - [ ] Yes
  - [ ] No
  - [ ] Circle: SI HI

**Date of the most recent attempt or gesture:** ________________

**Current Impairments:** Scale: 0=none, 1=mild, 2=moderate, 3=severe, na = not assessed.
- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] na

  **Mood Disturbance (Depression or mania):**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Anxiety:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Psychosis:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Thinking/Cognition/Memory:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Impulsive/Reckless/Aggressive:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Activities of Daily Living:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

  **Weight Loss Assoc. with Eating D/O:**
  - [ ] Gain
  - [ ] Loss
  - [ ] na

  **Medical/Physical Condition(s):**
  - [ ] Pounds in last three months

  **Substance Abuse/Dependence:**
  - [ ] Current weight = ________________ lbs
  - [ ] Height = ________________ ft. ________________ in.

  **Job/School Performance:**
  - [ ] Current GAF = ________________

  **Social/Marital/Family Problems:**
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

### Mental Health/Psychiatric Treatment History: (Please check all that apply)

- [ ] None
- [ ] Outpatient
- [ ] Inpatient
- [ ] Residential
- [ ] Group Home

**Treatment History:**
- [ ] Unknown
- [ ] Improved
- [ ] No change
- [ ] Worse

**Outpatient:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**IOP/Partial:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**Inpatient/Residential/Group Home:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**Number of psychiatric hospitalizations in the past 12 months:**

**Number of psychiatric hospitalizations in lifetime:**

**Substance Abuse Treatment History:**
- [ ] None
- [ ] Unknown
- [ ] Unknown

**Outpatient:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**IOP/Partial:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**Inpatient/Residential/Group Home:**
- [ ] Unknown
- [ ] Poor
- [ ] Fair
- [ ] Good

**Number of substance abuse hospitalizations in the past 12 months:**

**Number of substance abuse hospitalizations in lifetime:**

### Other Treatment History: (Please check all that apply)

- [ ] Mandatory workplace referral?
- [ ] Yes
- [ ] No
- [ ] EAP involved?
- [ ] Yes
- [ ] No

**Current psychotropic meds:**
- [ ] Yes
- [ ] No

**If yes, please complete below:**

**Current Psychotropic Medications:**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Frequency</th>
<th>Usually adherent?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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ValueOptions, Inc. 2005 Rev 9.12.05
**Inpatient Treatment Report (ITR) - Page Two of Two**

By completing this box, you will assure this page is linked to the first page, should they become separated. Thank you.

**Member’s Name:**

**Member’s ID #:**

**Member DOB:**

**Discharge Information:** (To be included upon discharge)

- **Actual Discharge Date:** __/__/____
- **Primary Discharge Diagnosis:**
- **Discharge GAF:**
- **Discharge Condition:**
  - Improved
  - No change
  - Worse

**Vitals:** (If Detox or Relevant): BP: Temp: Pulse: Resp: BAL:

- **UDS:**
  - Yes
  - No
  - Outcome: Pending
  - Negative
  - Positive

- **If positive, for what?**
- **CIA:**
- **Longest period of sobriety:**
  - < 6 mo.
  - 6 mo.-2 yrs
  - 2+ yrs
  - None
  - Unknown
- **Relapse Date:** __/__/____

**Withdrawal Symptoms:** Check all that apply

- Nausea
- Sweating
- Tremors
- Past DTs
- Vomiting
- Agitation
- Blackouts
- Current Seizures
- Cramping
- Hallucinations
- Current DTs
- Past Seizures

**ASAM Dimensions:**

1. Intoxicated/WD Symptoms: Lo/Med/Hi
2. Motivation for Treatment: Lo/Med/Hi
3. Medical Conditions: Lo/Med/Hi
4. Relapse Potential: Lo/Med/Hi
5. Psychiatric Co-Morbidity: Lo/Med/Hi
6. Recovery Environment: Lo/Med/Hi

**Treatment Request:**

- Admit Date: __/__/____

*(Note well: Each level of care, ECT &/or Psych Testing requires separate precertification.)*

- Is family/couples therapy indicated? Yes
- No
- If yes, date of appl: __/__/____
- Voluntary
- Court Ordered
- Fixed Length Program (specify length:)
- Frequency of program = per
- Reason for Continued Stay:
  - Remains symptomatic
  - Conduct Family Therapy
  - Stabilize medications
  - Has not achieved treatment goals
  - Finalize dischg. plan
  - Other:
- Barriers to Discharge:
  - Discharge treatment setting not available
  - Transportation
  - Legal Mandate
  - Adequate Housing/Residence
  - Lack of Community Supports
  - Treatment Non-Compliance
  - Other:
- Baseline Functioning:
  - Holds Job
  - Asymptomatic
  - Manages Meds/Med Compliant
  - Functions Independently/ADLS Satisfactory
  - Abstinent
  - Other:

**Discharge Plan:**

- **Expected D/C Date if known:**
- **Estimated return to work date:**
- **Planned D/C Level of Care:**
  - Outpatient
  - Inpatient
  - 23 hr
  - CSU
  - RTC
  - Partial
  - IOP/SOP
  - Group Home
  - Halfway House
  - Other:
- **Nursing Home/SNF/Assist Living**
- **RTC/Group Home/Halfway House**
- **Shelter**
- **Correctional Facility**
- **Foster Care**
- **Respite**
- **State Hosp**
- **Residential Placement**
- **Juvenile Detention**
- **Transfer to Medical**
- **Transfer to Alternate Psych. Facility**
- Other:

**Signature of Person Completing This Form**

**Date**

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**ValueOptions**

- **AfterCare Behavioral Health Provider:**
  - Not arranged
  - Do not know
- **AfterCare Provider Name:**
- **AfterCare Prov. Tel. #:**
- **Scheduled Appointment Date:** __/__/____
- **Type of Appointment:**
  - Mental Health
  - Substance Abuse
  - Med. Mgmt.
- **Prescribing Physician:**
  - Not arranged
  - Do not know
- **Prescribing Physician Name:**
- **Prescribing Physician Tel #:**
- **Scheduled Appointment Date:** __/__/____
MEDICATION MANAGEMENT REGISTRATION FORM

Prescribers need to complete this form when requesting Medication Management only.

If other outpatient services are being requested, please complete the Outpatient Registration Form (ORF1) or the Outpatient Review Form (ORF 2) as appropriate. PLEASE TYPE OR PRINT LEGIBLY. Check/circle response where applicable.

Member Demographics:
Member’s Name: ___________________________ Member’s Age: ______ Gender: □ M □ F
Date of Birth: ________________
Member’s Address (City/State only): ___________________________
Member’s ID #: ___________________________
Insured’s Employer/Benefit Plan: ___________________________

Provider Demographics:
Provider Name: ___________________________
Provider Program/Clinic (if applicable): ___________________________
VO Provider # (if known): ___________________________
Service Address: ___________________________
City/State/Zip: ___________________________
Provider Telephone#: ___________________________
Are you independently licensed? □ Yes □ No
Licensure level (type of license): ___________________________
State which issued this license: ___________________________
Provider SSN or Tax ID #: ___________________________

Diagnosis:
Axis I: 1. ___________________________ 2. ____________
Axis II: 1. ___________________________ 2. ____________
Axis III: 1. ___________________________ 2. ____________
Axis IV: ___________________________
Axis V: Current GAF = ________ Highest GAF in the past year = ____________

Requested Services:
Requested Start Date for this registration: ___________________________

Please circle type of service requested: Mental Health Substance Abuse
Please indicate type(s) of service provided and frequency:
□Medication Management 90862 □Wkly □Mnthly □Qtrly □Other ___________________________
□Medication Management 90805 □Wkly □Mnthly □Qtrly □Other ___________________________
□Other ___________________________
□Wkly □Mnthly □Qtrly □Other ___________________________

Treating Provider’s Signature: ___________________________
Date: ___________________________
VALUE OPTIONS OUTPATIENT REGISTRATION FORM (ORF 1)

Please complete all sections for submission to ValueOptions. TYPE or PRINT LEGIBLY. Check/circle response where applicable.

Member and Provider Demographics:

Member's Name: ____________________________

Date of Birth: ___________ Member's Age: _____ Gender: □ M □ F

Member's Address (City/State only): ____________________________

Member's ID #: ____________________________

Insurance Employer/Benefit Plan: ____________________________

Is member currently receiving disability benefits? □ Yes □ No □ Unknown

Provider Name: ____________________________

Provider Program/Clinic (if applicable): ____________________________

VO Provider # (if known): ____________________________

Service Address: ____________________________

City/State/Zip: ____________________________

Provider Telephone#: ____________________________

Are you independently licensed? □ Yes □ No

Licensure level (type of license): ____________________________

State which issued this license: ____________________________

Provider SSN or Tax ID #: ____________________________

DSM-IV Diagnosis and Risk Assessment:

Please circle type of service requested: Mental Health Substance Abuse

Please indicate primary diagnosis:

Axis I: ____________________________ Axis II: ____________________________

Current Risk Assessment:

Scale: 0=none 1=mild, ideation only

2=moderate, ideation with EITHER plan or history of attempts

3=severe, ideation AND plan, with either intent or means

na=not assessed

(Please select/circle one value for each type of risk)

Member’s risk to self: 0 1 2 3 na

Member’s risk to others: 0 1 2 3 na

Medical Conditions (Axis III):

Please circle Member's medical conditions:

None/Other Asthma Chronic pain Cancer

Cardiovascular problems Diabetes Pulmonary disease

Current Impairments: (please select/circle one value for each type of impairment)

Scale: 0=none 1=mild/mildly incapacitating 2=moderate/moderately incapacitating

3=severe or severely incapacitating na=not assessed

Mood Disturbances (Depression or Mania) 0 1 2 3 na

Anxiety 0 1 2 3 na

Psychosis/Hallucinations/Delusions 0 1 2 3 na

Thinking/Cognition/Memory/Concentration Problems 0 1 2 3 na

Impulsive/Reckless/Aggressive Behavior 0 1 2 3 na

Activities of Daily Living Problems 0 1 2 3 na

Weight Loss Associated with Eating Disorder 0 1 2 3 na

Medical/Physical Condition 0 1 2 3 na

Substance Abuse/Dependence 0 1 2 3 na

Job/School Performance Problems 0 1 2 3 na

Social/Relationships/Marital/Family Problems 0 1 2 3 na

Legal Problems 0 1 2 3 na

Requested Services:

Requested Start Date for this registration:

Please indicate type(s) of service provided and frequency:

□ Medication Management 90862 □ Wkly □ Mnthly □ Qtrly □ Other

□ Indiv. Psychotherapy (20-30 min) 90844 □ Wkly □ Mnthly □ Qtrly □ Other

□ Indiv. Psychotherapy (45-50 min) 90806 □ Wkly □ Mnthly □ Qtrly □ Other

□ Family Psychotherapy (45-50 min) 90847 □ Wkly □ Mnthly □ Qtrly □ Other

□ Group Therapy (60-90 min) 90853 □ Wkly □ Mnthly □ Qtrly □ Other

□ Other □ Wkly □ Mnthly □ Qtrly □ Other

□ Other □ Wkly □ Mnthly □ Qtrly □ Other

Treating Provider’s Signature: ____________________________

Date: ____________
Proposed Analyses of VO CareConnect Report System
Mediators and Moderators in Outcome Assessment

Member characteristics (e.g., gender, age, race, address) → Measures of treatment outcome
Inpatient Treatment and Improvement in Symptom Patterns

**Example Member characteristics**
- Demographics
- Psychiatric symptoms
- Medication prescribed
- Treatment history

**Example Structural characteristics**
- Treatment provided & frequency
- Social support systems
- Evaluated by a psychiatrist
- Length of inpatient stay

**Example Targeted Outcomes**
- Current impairments at admission v. current impairments at discharge
- Planned discharge level of care and residence v. actual discharge level of care and residence
Patient Treatment Compliance

Example Member
Treatment Need Gap
Need for Integrated Care

• Overlap between behavioral & somatic health
• 50-70% of PCP caseload require behavioral healthcare
• Measures of quality of life & functionality measures
• Integrated care can facilitate treatment seeking, adherence & management
Strategies to Improve Behavioral Health

• Increased consumer involvement in healthcare management
  – Could this make the problem worse?

• What else can we do to improve behavioral healthcare services?
  – Structural changes to the system
  – Clinical practices