Provider Profiling

Residential Treatment Facilities

01/01/12 to 12/31/12
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 January 1, 2012 to December 31, 2012.

Residential Treatment Facilities (RTF) are twenty-four hour per day facilities in which alternative education, intervention or support programs are provided to one or more children with diagnosed mental illness, serious emotional or behavioral disorders, or a severe substance abuse condition and mental illness to prevent a child’s placement in a more restrictive setting or to facilitate a child’s reunification with his/her family. RTF placement is also provided to significantly mentally ill children who can no longer be maintained in the home and provide a structured arena for treatment of symptoms and behaviors to occur.

All RTF providers in the North Central Contracts were profiled. However, due to the large number of RTF providers in the Capital Contract, a high volume criterion of providers serving greater than four or more unique Members during the period was used to determine the profiled providers. The profiled providers for each Contract are as follows alphabetically:

Bedford/Somerset Profiled Providers
- Bradley Center
- Children’s Center for Treatment and Education
- CHOR/Youth and Family Services
- The Devereux Foundation, Inc.
- George Junior Republic in PA
- Hoffman Homes, Inc.
- KidsPeace National Centers, Inc.
- Lakeview NeuroCare Pennsylvania
- Lakeview Neurorehabilitation Center
- Melmark, Inc. (OON)
- Southwood Psychiatric Hospital

Blair Profiled Providers
- Bradley Center, Inc.
- Children’s Center for Treatment and Education
- George Junior Republic in Pennsylvania
- Glade Run Lutheran Services
- Hoffman Homes, Inc.
KidsPeace National Centers, Inc.
Lakeview Neurorehabilitation Center
Melmark, Inc. (OON)
Perseus House, Inc.
Sarah A. Reed Children’s Center
Silver Springs Martin Luther School, Inc.
Southwood Psychiatric Hospital
StonyCreek Residential

Franklin/Fulton Profiled Providers
Bradley Center, Inc.
Children’s Center for Treatment and Education
Cornell Abraxas, Inc.
The Devereux Foundation, Inc.
Diversified Treatment Alternatives
George Junior Republic in Pennsylvania
Hoffman Homes, Inc.
KidsPeace National Centers, Inc.
Perseus House, Inc.
Wordsworth Academy

Lycoming/Clinton Profiled Providers
Bradley Center, Inc.
Children’s Center for Treatment and Education
Crestwood Services, Inc. (OON)
The Devereux Foundation, Inc.
Diversified Treatment Alternatives
EIHAB Human Services, Inc.
George Junior Republic in PA
Hoffman Homes, Inc.
KidsPeace National Centers, Inc.
Perseus House, Inc.
Philhaven
Sarah A. Reed Children’s Center
Second Haven Services for Youth
Southwood Psychiatric Hospital

Capital Profiled Providers
Bradley Center, Inc.
Children’s Center for Treatment and Education
Children’s Home of York, Inc.
CHOR/Youth and Family Services
The Devereux Foundation, Inc.
Diversified Treatment Alternatives
Profiled indicators include demographics, utilization, service delivery, quality, compliance and satisfaction.

**Demographics**

Demographic information available for Members receiving RTF services includes age, gender, race and diagnostic data. Demographic mix is consistent with previous years with no developing change in trend.

Overall, four percent of the Members served were between five and ten, fifteen percent were between eleven and thirteen, forty-six percent were fourteen to sixteen, and thirty-five percent were between the ages of seventeen and twenty-one.

Thirty-three percent of the Members were female and sixty-seven percent were male.
Seventy percent of these Members were Caucasian, seventeen percent were African American and thirteen percent were categorized as Other.

The most common diagnoses of Members receiving Partial Hospitalization Services were Mood Disorder, Not Otherwise Specified – 296.90 at twenty-two percent, Oppositional Defiant Disorder – 313.81 at nine percent, Bipolar Disorder, Not Otherwise Specified – 296.80 at eight percent, Posttraumatic Stress Disorder – 309.81 at eight percent, and Intermittent Explosive Disorder – 312.34 at seven percent.
Utilization

Utilization information available for Members receiving RTF services includes the number of unique Members treated, the average length of stay, the number of Mental Health Inpatient admissions during the stay, and the corresponding number of Inpatient admissions per 1000 Members.

Overall, there were 430 unique Members treated across the Network for the period, ranging from twenty-three in Bedford/Somerset to 315 in Capital. While the total number of Members served is considerably more in Capital, it is relative to the total enrollment for the contract. The number of Members served in RTF continues to decline over time.
The average length of stay across the Network was 301.54 days. Providers that had an average length of stay less than or equal to the Network average met the first of three target criteria for performance. Bedford/Somerset, Blair and Capital had an average length of stay less than the Network average.

The number of Mental Health Inpatient admissions during RTF stays across the Network was fifty, with an average of Inpatient admissions per 1000 Members of 0.0187. The Blair, Franklin/Fulton and Lycoming/Clinton Contracts scored below the Network average.
Service Delivery

Service delivery was measured by the number of reported restraints per 1000 Member days. The Network average was 17.83. Franklin/Fulton and Capital scored below the Network average.

Multi-Year Utilization/Service Delivery Comparison

The total number of Members receiving RTF services since 2009 has shown a steady decline. Additionally, the average length of stay for RTF Members has shown a decrease
as well since 2010, and the number of IP admissions during treatment is at the lowest it has been since 2009. The decline in these areas was intentional as a result of intense efforts to reduce the number of Members in RTF, offering stronger, more appropriate community based alternatives to care. The number of restraints per 1000 Member days has held relatively steady since 2009, with a slight increase in 2012. This too is likely related to the declining RTF census as only the most complex Members which the highest need remain in treatment in this level of care.

Quality

The quality indicators for RTF services were measured by the total number of complaints and quality of care issues and the total number of critical incident reports submitted by the provider.

Across the Network there were a total of seven complaints and 656 quality of care issues reported, resulting in an average of 0.2474 complaints/quality of care issues per 1000 Members. All Contracts except Capital fell below the Network average.
There were a total of 2,415 critical incident reports (CIR’s) submitted, 289 of which resulted in a quality of care or safety issue. The number of critical incident reports resulting in a quality of care or safety issue per 1000 Members was 0.1078. Again, all Contracts scored below the Network average except Capital.

**Compliance**

Compliance indicators were measured using each provider’s treatment record review score, the number of denied administrative appeals, the number of provider performance issues reported for each provider and the provider training attendance score.
The overall average treatment record review score was seventy-nine percent across the Network. Four IPRO measures were examined specifically. These measures were:

**IPRO Measure #1**: If psychotropic medications prescribed, there were reasons documented to support this intervention (90% compliance).

**IPRO Measure #2**: Rationale for prescribed medications was documented in the discharge summary.

**IPRO Measure #3**: A scheduled follow-up appointment with an ambulatory mental health provider was clearly noted in the chart.

**IPRO Measure #4**: There was evidence that an ambulatory MH provider or county MH agency was provided materials regarding treatment at the RTF at any time near date of discharge.

Providers in the Bedford/Somerset Contract were not reviewed during 2012 treatment record reviews, but in 2011 they scored ninety-five percent on IPRO Measure #1, eighty-three percent on IPRO Measure #2, ninety percent on IPRO Measure #3, eighty-two percent on IPRO Measure #4, and eighty-five percent for overall average.

There were twenty-six denied administrative appeals across the Network for RTF services, resulting in an average of 0.0097 denied administrative appeals per 1000 Members. The Franklin/Fulton and Lycoming/Clinton Contracts had zero denied administrative appeals.
The total number of provider performance issues across the Network was 942, with a corresponding average of 0.3515 provider performance issues per 1000 Members. The Capital Contract fell below the Network average.

Providers have the opportunity to attend provider trainings offered by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and all providers are encouraged to attend. No providers attended the trainings offered to RTF providers in 2012 in the Bedford/Somerset or Franklin/Fulton Contracts. The remaining Contracts did not offer provider trainings during the profiled period.
Satisfaction

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

Target Criteria

Although all aspects of performance are important, these specific targets of a total average length of stay less than the Network average, a total number of restraints per 1000 Member days less than or equal to the Network average and zero Credentialing Corrective actions since 01/01/12, are goals that all providers should strive to achieve. The RTF preferred providers are as follows:

Bedford/Somerset
  • Children’s Center for Treatment and Education
  • Hoffman Homes, Inc.
  • Lakeview NeuroCare Pennsylvania
  • Lakeview Neurorehabilitation Center

Blair
  • Glade Run Lutheran Services
  • StonyCreek Residential

Franklin/Fulton
  • Hoffman Homes, Inc.

Lycoming/Clinton
  • Children’s Center for Treatment and Education
  • Second Haven Services for Youth

Capital
  • The Devereux Foundation, Inc.
  • Perseus House, Inc.

Network Recommendations

When summarizing the information contained above, several strategies for impacting RTF provider performance should be considered.

- Identify internal practices that can facilitate more active treatment efforts, which would likely impact treatment duration.
- Develop enhanced strategies for the transfer of skills and skill generalization.
- Develop an agency policy that incorporates discharge discussions upon admission, as well as on an ongoing basis.
- Adopt empirically based treatment packages specifically geared toward recovery from a mental illness, symptom management, and anger management.
- Enhanced training to clinical staff in order to provide efficacious mental health treatment to Members while reducing the use of restraints.
- Improve the ability of all RTF providers to provide Trauma Informed Care.
- Implement more active discharge strategies to assist Members in transitioning to more natural settings.
- Specifically improve the documentation of scheduling follow-up appointments with ambulatory mental health providers after discharge.
- Educate ambulatory mental health providers on the services provided to Members during RTF placement.
- Improve the documentation of prescribed medications and the rationale for doing so in discharge summary.
- Continue to implement and refine effective treatment strategies that will reduce the need for more restrictive treatment while residing in RTF.
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports.
- Adopt an evidence based model for restraint reduction efforts.
- 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, is continually assessed and adjusted on a regular basis.
- Critically assess the ongoing impact that continued stay in this restrictive level of care may have.
- Emphasize the active involvement of the family in treatment, as well as providing assistance and education regarding strategies that have resulted in symptom reduction (while in treatment).
- Consider parent education, support groups, and trainings that can enhance RTF treatment.
- Encourage co-occurring competency and development.
- Explore alternative treatment modalities for ages 14 to 16 in an attempt to divert the need for the RTF level of care.