

## **"Performance and Outcome Measurement in Substance Abuse and Mental Health Programs"**

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**Testimony**

Introduction

Chairman DeWine, Senator Kennedy, and members of the Subcommittee, thank you for the opportunity to present testimony on behalf of Riverside Community Care and Mental Health & Substance Abuse Corporations of Massachusetts.

Riverside Community Care is an award winning, non-profit behavioral healthcare organization serving over 50 communities in Eastern and Central Massachusetts with a service area of one million people. Through more than 60 programs, Riverside provides a comprehensive system of community-based mental health care, substance abuse treatment, developmental disabilities services, services to individuals with traumatic head injuries, community crisis response and other health and human services for children, adults and elders.

Mental Health and Substance Abuse Corporations of Massachusetts is a State association of over 100 community-based providers. MHSACM's mission is to promote community-based mental health and substance abuse services as the most appropriate, clinically effective, and cost-sensitive method for providing care to those in need. Accordingly, the organization advocates for appropriate public policy and adequate funding for each service and works with the administration and the legislature at both the state and national levels to support this goal. MHSACM serves as a forum for the exchange of information and ideas among local mental health and substance abuse providers and other constituents and encourages and supports education, research and evaluation, technical assistance, professionalism, family/consumer involvement and outcome-oriented service. Riverside Community Care is an active member of MHSACM and I personally am a former officer of the Board of Directors.

To provide some context, Riverside has developed through a series of mergers of small and medium sized organization and through creative new ventures. For example, we have developed unique relationships with local hospitals to deliver emergency psychiatric services, urgent behavioral healthcare, and collaboration between medical and behavioral

health services. We are committed to providing community-based alternatives to institutional care and to offering the same single, high standard of care to all consumers, whether their care is publicly or privately funded.

Recent national awards include the Eli Lilly Reintegration Award in recognition of our employment of people with mental illness, helping more than 300 adults with mental illness secure and maintain competitive employment, the Negley Award for Excellence in Risk Management for our multi-faceted program to safely treat high-risk consumers, and the National Council for Community Behavioral Healthcare's Award for Excellence for Community Crisis Response for our work in the aftermath of local and national disasters.

Our organization employs 1,000 full and part-time people and provides care to over 12,000 people annually.

### Overview of Services Provided by Riverside Community Care

Riverside offers an integrated network of services designed to help individuals and families challenged by behavioral health problems – including those with dual diagnoses of mental illness and substance abuse, developmental disabilities, and other disabling conditions to live and function as independently as possible and to be contributing members of their own communities. The merger of several organizations enabled us to gain economies of scale, reduce administrative overhead, and build a system of care to ensure access to quality services for consumers needing comprehensive, coordinated treatment. Riverside's original predecessor organizations began in the 1960's following the passage of the Community Mental Health Center Act.

Today, Riverside is one of the largest community-based providers in Massachusetts and is highly regarded for our innovative, high quality services, progressive and successful employment practices, and positive relationships with the State Agencies and cities and towns that count on us to care for their constituents. Our services are organized into four divisions:

The Family & Behavioral Health Division includes office based and community outreach clinical and support services for children, adolescents, adults and elders. Programs include: six licensed outpatient mental health and substance abuse clinics; two twenty-four hour emergency service programs – the State designated emergency service providers for their geographies; two crisis stabilization/respice facilities; one adolescent and four adult psychiatric day treatment programs; an adolescent substance abuse prevention program; five home and school based treatment and outreach programs for youth and their families; a consultation and treatment program for adults and children with both developmental disabilities and behavioral disorders; and two early intervention programs- serving families with children from birth to age three.

A new addition to this Division is the Urgent Behavioral Care Center created in conjunction with Milford-Whitinsville Regional Hospital in Central Massachusetts. This program completes Riverside's range of services as the behavioral healthcare provider for

this hospital and its large associated physician practice. Riverside provides the behavioral health emergency services for several other community hospitals within our core communities and is the contracted provider for emergency psychiatric and substance abuse assessments for several managed care organizations.

Programs within the Family and Behavioral Health Division led our disaster response following national and local tragedies. Staff provided counseling and support following events such as the workplace shooting at Edgewater Technologies in Wakefield, the City of Newton bus accident in which four middle school children were killed while on a class field trip in Canada, as well as 9/11, which had a devastating affect on many Massachusetts families and communities. Our staff were at Boston's Logan Airport immediately after the terrorist attack and we were part of the MASS Counseling Network, a FEMA funded support network established by the Massachusetts Department of Mental Health. Riverside also provided two half-day trainings entitled Caring For Your Staff While They Care for the Community: What Every Manager Should Know About Disaster Planning. The trainings were geared to managers of organizations and local services that directly respond to disasters as well as agencies that may be indirectly involved because of their role in the community. The seminars were offered free to participants from funding provided by the Substance Abuse & Mental Health Services Administration/Center for Mental Health Services through the Mass. Department of Mental Health.

The Mental Health Residential Division provides a wide range of residential services to over 232 adults with serious mental illness. Many of these consumers are dually diagnosed with both mental illness and substance abuse problems. Programs range from highly supervised group homes of four or five individuals with twenty-four hour staffing to apartment programs where staff are located within easy reach of consumers who live in their own apartments to supported living in which staff are mobile and do outreach to consumers in their own homes or apartments. These residential options enable us to provide services to adults across the spectrum of needs, from individuals requiring intensive help with activities of daily living or those needing structured treatment environments and supervision to allow them to live safely with others - including people with serious forensic histories of violence or sexual offenses, to those who can live more independently with reliable staff support. Our residential services include a specialized residence and "step-down" outreach program for adults with mental illness and substance abuse.

Also included within this Division is a Peer Support program run by and for consumers of mental health services. Peer helpers are hired and trained to enhance the social support networks and provide guidance in recovery for consumers who are graduating from residential services.

The Clubhouse and Employment Services Division includes three psychosocial clubhouse programs that utilize the strength of extensive peer support and a rehabilitative environment to provide vocational, social and independent living experiences for individuals who have a history of mental illness. Currently 683 members are enrolled.

Extensive employment placement services and on-the-job support are offered. Club housing supports members who need intermittent help with activities such as budgeting, negotiating with landlords, or getting along with roommates. Two other Supported Education and Employment programs, Riverside Career Services, provide comprehensive career placement services designed to meet the needs of adults whose education or careers have been interrupted by mental health problems. These programs offer pre-employment and education assessment and counseling along with individualized education and career planning, job placement, access to colleges and job training programs and flexible ongoing support. They are highly regarded for their success in helping adults achieve meaningful careers rather than “dead end” jobs and for their employment of staff with their own histories of mental illness and serve as role models.

Also within this Division is a new Care Management program that helps caregivers concerned about an aging parent or a family member with a developmental disability, mental illness, or traumatic brain injury by providing a thorough assessment and creating and implementing an appropriate care plan. Plans maximize independence and promote the family member’s safety, community involvement and skill building.

The Developmental and Cognitive Disabilities Division – offers services designed to meet the complex needs of individuals with mental retardation or traumatic brain injury. Over one hundred adults receive residential services, in small group homes, supported living (where individuals reside in their own homes and are visited by mobile staff), and specialized homecare (individuals are placed with families who agree to foster them, often for a lifetime). Family and individual support programs provide services such as respite, recreational activities, provision of adaptive equipment, skill-training and specialized staff support to adults and children living in the community with their families or by themselves. Four hundred and fifty people are served through these support programs.

#### Overview of Funding Sources

Riverside’s FY’05 annual budget of over \$33 million includes a blend of private and public funding. Approximately 68% of funds are through contracts with state agencies, cities and towns, hospital systems, and private foundations. Riverside maintains contracts with the Massachusetts Departments of Mental Health, Mental Retardation, Public Health – Bureau of Substance Abuse Services (BSAS) and Early Intervention, and the Massachusetts Rehabilitation Commission (primarily for head injury services). State contract funding includes State and Federal funds, inclusive of Medicaid Rehabilitation Option funds and Block Grant funds. Third party payers makes up 28% of Riverside’s funding. This includes Medicaid, Medicare, HMO’s, insurance companies, and self pay from clients. Third party payers are the largest source of revenue for our clinical services such as outpatient therapy and medication services, emergency services and psychiatric day treatment. The remaining 4% of Riverside’s revenue include donations and miscellaneous income such as donations, interest on accounts, small grants, and consumer rents.

#### Riverside’s Performance Measurements and Quality Management

Riverside's senior management highly values meaningful performance and outcome measurements as well as consumer and payer feedback to help inform our quality of care assessment and future strategic planning. Because we are a large and complex organization, we cannot hope to know how we are truly doing without formal mechanisms to provide data. With our extensive range of services, the instruments we use need to be appropriate for the specific programs, so that the feedback we receive provides meaningful information that our managers can use for quality improvement efforts.

Our Quality Management Department oversees the organization's collection of data and measurement of outcomes with the goal of assessing our effectiveness, efficiency and consumer satisfaction. Instruments used include standardized, validated tools where available, performance measurements required by State Agencies, and internally created measurements tailored to specific service modalities. Our commitment to ongoing assessment and quality improvement begins each year with our annual goals and objectives development at the organization and division levels. Following formal needs assessments in which consumers, payers and staff are surveyed, measurable goals and objectives are established. Progress is reviewed at regular intervals by a senior management committee and ultimately, the Board of Directors.

We have devoted substantial resources to developing and collecting quantitative data on our performance (and complying with mandatory performance data collection), but are mindful of the need to carefully balance this with competing pressures of limited funding and sizeable staff workloads. The myriad of record keeping and reporting requirements already imposed by payers, regulators, and accreditors are highly labor intensive activities. In Massachusetts, we often hear from consumers that their number one complaint is that staff are kept so busy with paperwork requirements that they are not available to provide direct service.

We are very pleased that in our most recent results of consumer and family satisfaction surveys across Riverside, we yielded a 97% overall satisfaction rating with 98% of consumers saying they would recommend our services to others.

Annual Performance Based Contracting Meetings with our State Agency funders (such as the Department of Mental Health) have consistently yielded high praise for the quality and effectiveness of our work. Massachusetts has instituted measurement requirements for many contracts with annual contract performance review meetings. Some specific examples will be presented below.

In addition to these measures of Riverside's success, all recent accreditation and licensure surveys have been positive. For example, our organization and our vocational programs are accredited by CARF - the Rehabilitation Accreditation Commission. Our clubhouses all have the highest available certification from the International Center for Clubhouse Development (ICCD). Our residential programs for adults with mental retardation received two-year (longest possible) certification from the Department of Mental Retardation's QUEST survey, and all mental health and substance abuse programs are licensed by the Department of Mental Health and/or the Department of Public Health,

where applicable.

#### Examples of Performance Measurements at Riverside

The Treatment Outcome Package (TOP) published by Behavioral Health Laboratories of Ashland, MA. measures outcomes in multiple clinical spheres such as depression, psychosis, suicidality, mania, etc. and has nationally recognized, proven reliability. Riverside has been using the TOP in our outpatient mental health clinics with adults at the initial intake session and at an established follow-up time to measure improvement in clinical outcomes from treatment. Results are particularly valuable because it is the most widely used instrument of its kind in Massachusetts, and Riverside's results can be compared to other similar programs as well as to our own performance. Specific demographics of consumers can be tabulated to allow comparison of similar populations as well as global comparisons. Our outcomes measurements have consistently shown that consumers improve substantially in all domains. One of our clinics was found to have the highest rate of improvement in treatment of depression and was asked to present at a statewide conference on best practices. We also have the highest rate of follow-up test administration in the State and have again been asked to share best practices with other organizations. We believe this is a direct result of our commitment to outcomes measurements at all levels of the organization. In FY'05 Riverside will expand the use of this instrument to our psychiatric day treatment programs and institute the children and adolescent TOP outcomes measurement in our clinics.

Performance measurements from Riverside's three clubhouses demonstrate the impressive success being achieved by them and by clubhouses in Massachusetts in helping adults with mental illness find employment, despite locally high unemployment rates. For example, our program in Newton had 113 working members and our program in Norwood had 74 working members in 2003 compared to a State average of 64 per program and a national average of 58. Both clubhouses are average size programs. Additionally, Riverside club members had a job longevity of about 53 months in independent employment and 37 months in supported employment, compared to the Statewide averages of 32 and 29 months respectively. They also earned wages that were slightly higher than the Massachusetts average.

An example of a "home-grown" outcome measurement is the instrument used in Riverside Lifeskills Program, a short-term adolescent day treatment program primarily serving youth referred by the Massachusetts Department of Mental Health. The tool surveys participants' perception of improvement on a number of functional measures, such as ability to manage anger, get along with family, and communicate feelings and concerns. Data is available for the previous three years and shows that nearly 100% of the adolescents report improvement on all thirteen functional domains.

The Massachusetts Department of Mental Health Performance Based Contracting requirements designate specific measures for different service types. Adult residential programs report on the number of psychiatric and substance abuse hospital days utilized, number of consumers who achieve a majority of their residential treatment plan goals, and number moving to lower intensity settings. Our results consistently meet or exceed

contract requirements. While these results tell part of the picture, the development of quality indicators is still in relatively early stages and there is potential for identifying measurements that would further demonstrate the success of these programs. This is especially important as Massachusetts continues to move adults with mental illness out of state hospitals and into the community. For example, a provider that accepts consumers at higher risk can be under-credited for skill and capability when the measure solely considers the number of hospitalizations.

Our outpatient substance abuse intervention and outreach program, funded by the Department of Public Health, gathers and reports extensive data to the State on a monthly basis. These include many of the seven treatment domains currently under consideration by SAMHSA such as arrests/incarcerations, substance use, and living situations. Our reports also include such measures as number of participants who completed treatment and who report abstinence at discharge. Our adolescent substance abuse prevention program that uses environmental strategies to change community attitudes to reduce youthful substance abuse also reports extensive information to the Department of Public Health. This program is measured by how well it achieves agreed upon benchmarks for such outcomes as decrease in middle school age youth using alcohol and increase in the number of protective factors identified by youth. This program converted to a new model during this past year and results are not yet available.

#### Comments on the Proposed Performance and Outcome Measurement Programs

From our experience with outcome measurements and our longstanding work as a provider in Massachusetts, we have come to both respect the need for performance and outcome studies and the need to proceed cautiously in their use. Applying our experience to a review of the proposed measurements for mental health and substance abuse funding we strongly support the movement toward performance measurement on a uniform, national basis but also offer several concerns for your consideration.

First, let me offer some local context. Providers in Massachusetts have been largely level funded in State mental health and substance abuse contracts for 14 years, despite the fact that our costs have increased due to inflation and other factors. In the past few years the economy in this state has been in critical condition, resulting in cut backs to some state funding and services at the State Agency and provider levels. At the same time, community based providers have experienced mounting regulations with associated mounting costs. We are also managing more challenging/high risk consumers in the community who cost more to serve as state institutions close or downsize, there are more rapid discharges from community hospitals of under-stabilized patients due to managed care, and we are experiencing a shrinking workforce since we are unable to compete for employees as our salaries fall further behind other industries.

While many organizations in Massachusetts have closed or are in poor financial condition, Riverside and a number of other providers have been able to grow through mergers, find economies of scale, reduce administrative overhead, implement creative business practices and clinical strategies that identified new funding sources. We have also worked to improve collection rates, worked to share resources across programs, and

developed other means to stay ahead of costs. However, even strong providers such as Riverside are now coming to the end of our ability to continue to deliver high quality services without funding relief and the entire system of care in Massachusetts is very fragile. Neither providers nor State Agencies can afford to divert resources to the development of an infrastructure to support further performance measurement programs. Therefore, any change in funding or in data collection and reporting requirements must first ensure that it will not come at the expense of services, staff time to serve consumers, or provider viability.

I respectfully submit the following recommendations:

- Resources directed to Performance Measurements should not be taken from existing funding for State Agencies or services. In Massachusetts, State Agencies have already had major funding cuts and are already struggling to maintain their commitment to maintain core services in the community. Therefore, we would hope that the investment in building Performance Partnerships would arise from new federal funds specifically for data management infrastructure development and maintenance, rather than eroding the base funding now in place, which could dramatically hurt providers like Riverside.
- No unfunded mandates should be passed onto providers. Providers do not have the ability to self fund the hardware, software, retooling or additional staff time that would be required to implement further management information systems to collect and report new data to the State. Nor can the consumers who depend on our services afford to give up staff support that is directly or indirectly diverted to data collection. In short, changes to Federal funding should incorporate requirements that ensure funds are provided to support new mandates at the provider level without reducing current rates or service levels.
- New mechanisms developed for federal Block Grant funding should not delay payments to the States. Such delays would ultimately result in uncertainty and or delay in payment to providers, many of whom could not survive such a situation.
- While the proposed performance measurements appear to be both reasonable and informative, the certainty that any measures in behavioral health are true and meaningful indicators requires careful study over time. Until such full evaluation can be achieved in the future and the validity of the measurements proven and given the fact that many providers are already collecting valuable data, we suggest that proposed national measurements be regarded as useful for informing further queries rather than determinants of programs' value and that modifications and refinements be made over time.
- Any move to determine State funding levels by demonstrated outcome improvements risks incorrectly penalizing or rewarding programs for outcomes beyond their full control. Outcome measurements in mental health and substance abuse are still in an early

stage of development, with many questions yet to be answered about which results directly correspond to treatment factors and which are influenced or linked to outside, unrelated factors. For instance the success of any program, or State, in reducing substance abuse in a population may be greatly influenced by the local economy, availability of drugs, unemployment statistics, etc. as well as the effectiveness of programs being studied. Similarly, the success of a residential program in graduating consumers to more independent settings may depend on the availability of affordable housing, the availability of outpatient and support services, and consumers' perceptions of opportunities to socialize with peers and avoid isolation after leaving a program. Therefore, basing Federal funding levels on outcomes should not be implemented at least until sufficient measurement experience has allowed for proper weighting of these outside variables. Even then, it is debatable whether reducing funding to under-performing States will help them improve programming or set them further behind. Performance measurements should support quality improvement and assist in developing best practices, rather than create variable and uncertain funding.

- The ongoing review of performance measurement programs, implementation, practices, and applications should include ongoing feedback from all stakeholders, including providers like Riverside and consumers of service.

#### Conclusion

As a community-based provider that works daily with thousands of vulnerable consumers who depend on our services to avoid unnecessary institutionalization and to recover from their mental health and substance abuse problems, we support SAMHSA's efforts to evaluate programs and promote quality practices across the country. Our nation needs to invest more in helping individuals and families struggling with behavioral healthcare challenges. Demonstrating the effectiveness of services through outcome measurements can be an important step in increasing public support for funds for behavioral healthcare programs. Defining best practices and extending them to more people in need is a valuable aim, as is continuing support for the existing service system. Therefore, we would hope that current SAMSHA funding would remain intact and new investment would be added to develop measurements, infrastructure, and dissemination of what is learned.

Thank you for your consideration of my testimony.