

# System Resources and Consumer Recovery: Recovery Needs Level Applications

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## Introduction

Over the past decade a culture of accountability has developed within the behavioral healthcare industry where we, as the providers, are being held more accountable for increased efficiencies, cost reductions, and better resource allocation to the individuals served. As our payers and donors request more for the contributions being made, the availability of recovery focused metrics that can help to enhance utilization of our system resources is limited. In order to address this issue, The Mental Health Center of Denver developed a metric called the Recovery Needs Level (RNL), which assists with the allocation of resources, while also providing a recovery oriented approach to resource allocation.

## Recovery Needs Level Metric (RNL)



The Recovery Needs Level (RNL) is one of four metrics utilized as part of a recovery-oriented behavioral health services system. The RNL measures 17 areas related to the recovery needs of the consumer. The areas include:

- |                        |                  |                       |
|------------------------|------------------|-----------------------|
| Basic Needs            | Hospitalizations | Support Nursing Home  |
| Lethality              | Substance Abuse  | Case Management       |
| Needs Residence        | Harm to Others   | Medication Management |
| Self Harm              | Engagement       | GAF                   |
| Psychiatrist           | Environment      | Physical Health       |
| Mental Health Symptoms |                  |                       |

Based upon these 17 areas, the RNL provides a recommendation for services within one of five services levels, where these recommendations have a reliability of Cronbach's  $\alpha = 0.78$ :

### 1 - Assertive Community Treatment

- Staff to Consumer Ratio 1 to 12 / Consumer receives minimum 9 hours of service per month on average over four month period.

### 2 - Intensive Case Management

- Staff to Consumer Ratio 1 to 22 / Consumer receives minimum 4 hours of service per month on average over four month period.

### 3 - Intensive Outpatient

- Staff to Consumer Ratio 1 to 40 / Consumer receives minimum 2 hours of service per month on average over four month period.

### 4 - Outpatient

- Staff to Consumer Ratio 1 to 80 / Consumers at this level typically have fewer visits than people in more intensive services.

### 5 - Psychiatry Only

## Applications

Using the RNL, a behavioral health center can adequately review the needs of the consumers they serve and make adjustments to the current service delivery system, or plan for future changes using the information to determine the optimal way to expand the delivery of services, while ensuring that the needs of the consumers continue to be met.

### Current Allocation of Consumer Needs

The RNL is utilized to determine how the needs of the consumers are allocated across a service delivery system. Understanding the recovery needs of the organization allows for more efficient planning for hiring of staff, expansion of programs, and expected costs. Below is the current allocation for active consumers at the Mental Health Center of Denver.

RNL Level	Count	%
ACT	761	15%
Intensive Case Management	1641	32%
Intensive Outpatient	332	7%
Outpatient	1890	37%
Psychiatrist Only	444	9%
<b>Total</b>	<b>5068</b>	

### Changes in Consumer Needs

Utilizing RNL recommendations over time for the consumers allows agencies to determine how the needs for the consumer are changing over time, allowing agencies to plan for potential future changes in the needs of the overall population. Below is how the needs of active consumers are changing overall at the Mental Health Center of Denver.

Service Needs	Count	%
Decreased	892	21%
Maintained	2585	61%
Increased	780	18%
<b>Total</b>	<b>4257</b>	

The following table summarizes the amount of time (in months) needed to change from one service level to the next at the Mental Health Center of Denver. (Green indicates a decrease in recovery needs and red indicates an increase in recovery)

		Average(Count/Standard Deviation) Number of Months to Change in Service Level Recommendation				
		Service Level Changed to				
Initial Level	ACT	ICM	I-OPT	OPT	PSYCH-ONLY	
	ACT	9.5 (1484 / 8.3)	7.7 (263 / 6.1)	9.6 (343 / 8.2)	10.6 (10 / 8.7)	
ICM	9.7 (1265 / 8.9)	11.2 (944 / 9)	8.7 (1354 / 7.1)	11.4 (76 / 9.4)		
I-OPT	6.4 (238 / 5)	7.4 (863 / 5.2)	7.6 (767 / 5.2)	10.7 (34 / 7.7)		
OPT	8.3 (501 / 7.8)	10.5 (1858 / 9.1)	9.7 (668 / 8.4)	18.8 (493 / 12.3)		
PSYCH-ONLY	7.8 (19 / 6.1)	8.4 (66 / 5.6)	8.7 (12 / 5.5)	5.9 (123 / 5)		

Assuming a consistent decrease in a consumer's needs, on average a consumer would move from ACT level services to Psychiatry only services after about 4 years of services within the Mental Health Center of Denver's service delivery system. This proves to be consistent with Denver's consumer turnover rate of about 20% per year.

### Service Delivery Planning

Adequately planning for growth is important within any service delivery system. Using the RNL, a behavioral health services agency can review the current needs of the consumers and population, which used in conjunction with the resources known to be available, can help to better plan how resources will need to be allocated to meet the service needs, within the resources available to the organization. The Mental Health Center of Denver utilized this method to help with resource management with regard to the opening of a new Recovery Center in July of 2012. One aspect of the planning process for the Recovery Center was to determine the additional funding and staff members needed given the current consumers' recovery needs and the additional office/clinic space that would be available. The following were considered in making estimates:

- Staff and funding needed for each service level
- Distribution of consumers among the service levels
- Number of additional offices available beyond current staff needs
- Expected differences in new consumers versus current consumers

Given this information Denver was able to determine they could serve approximately 1200 more consumers over the year following the opening of the new center, than currently served, along with providing managers with information on where new staff members should be assigned. The following shows the summary of the analysis for prediction of the consumer and staff increases, along with associated costs.

Service Level	# Additional Consumers
ACT	200
Intensive Case Management	100
Intensive Outpatient	100
Outpatient	300
Psychiatry Only	500
<b>Total Increased</b>	<b>1200</b>

Staff	# Additional Staff
Case Manager FTEs	35
Psychiatrist FTEs	15
PCP FTEs	3

Costs	Additional Costs
Total Service Costs	\$6,100,000
Total Overhead	\$2,135,000.00
Total Capital investment	\$112,000
<b>Total for Year</b>	<b>\$8,347,000</b>

### Further Reading

Olmos-Gallo PA, Starks R, Luszczakoski KD, et al. Seven Key Strategies that Work Together to Create Recovery Based Transformation. *Community Mental Health Journal*. 2012; 48:294-301.

Clark CR, Olmos-Gallo PA. Performance measurement: A signature approach to outcomes measurement improves recovery. *National Council Magazine*. 2007; 3: 26-28.