

**Follow up Information – LCBHS Visit  
For September 11, 2018 Access to Mental Health Services Committee Meeting**

1. Dr. Stanage was asked about LCBHS's average contact time for directly provided services under the CARE "day-rate". Tom resultantly examined data for billable CARE contacts for June 2018, the most recent period for which complete monthly data was available. LCBHS staff spent on average 57 minutes per contact. The range went from 15 minutes to 180 minutes. It is important to note that a billable contact can occur only 1 time per day, hence the term "day rate".

Billable contacts include those face to face contacts that are of at least 15-minute duration and include:

- Comprehensive Assessment
- Social History
- Psychological evaluation
- Individual therapy
- Group therapy
- Direct support with activities of daily living skills training, symptom assessment/monitoring

Non-billable contacts include any non-face to face service or any transportation or vocational service. Examples of non-face to face services include:

- Travel
- Care coordination
- Family education/support
- Resource Development
- Staff consultation/supervision
- Community education

The "day rate" represents a flexible way to bundle care components in a manner to provide individual clients with the services/supports required, based on their treatment plans and presenting indications. It acknowledges the varying clinical/support requirements of our clients and the fluctuating status/needs of persons with SMI. Any given time, a client may require minimum maintenance to sustain stability and meet treatment goals. At other times, the same client may require active management entailing several contacts per day to avert crisis. The "day rate" facilitates effective on-going care. The current "day rate" is \$67.59; the rural rate for these services is \$81.01. These rates are validated annually by DSS based on cost-report information. I would conclude by stating that the term "day rate" is a bit of a misnomer. It should not be construed to imply that it supports continuous 24-hour treatment in an out-patient setting. Rather, as before, it represents a flexible reimbursement structure which in turn supports individualized "wrap-around" type services -- in fidelity with the Assertive Community Treatment model -- to meet the moderating needs of adult SMI clients.

2. Dr. Stanage was asked what percentage of youth served by LCBHS have/had a history of trauma. Based on review of FY18 data, Dr. Stanage has identified that 357 of the 748 -- or 47% -- of children, youth and adolescents served during this time period were clinically documented to have a history of trauma.