Sustainability of PBHCI Services: Uncovering the Costs of Care

Access Costing Worksheet
Currently organizations across the country are facing a crisis within their access departments. The crisis ties to the high level of documentation and processes that teams have put in place to meet the regulatory requirements that they currently face. As time has passed and regulations have changed, teams have continued to add things to their documentation and processes, but rarely have taken anything away. The result is that the average team loses money every time they perform a diagnostic assessment, and often run the risk of having the consumer disengage due to how much time it takes them to navigate the system. What we see nationally in our work is that only 25% of the people who call for care will actually make it to a first treatment appointment, a sobering statistic for teams who want to do good things for their community.

PBHCI grantees are in the midst of implementing efficient program structures designed to minimize barriers to care for consumers. In this TA exercise, we will work with you to help you uncover the actual costs of PBHCI services. PBHCI grantees will gather:

1. Cost information for all individual staff that directly engage in the PBHCI clinic workflow process.
2. The amount of time spent by individual staff through the enrollment and reassessment process.
3. Overhead rates of the organization.

PBHCI grantee cost data will be mined in a way that allows grantee teams to enter their information in a format that produces actionable data. Once this data has been mined, it will be converted into charts and graphics in many different configurations to allow the team to see their data in a tangible/graphical format that has been found to move providers to action much more quickly than just baseline numbers in a non-graphical report. What we have seen is that it takes this kind of data for teams to move past talking about change into zeroing in on changes that will substantially impact their access systems.

Access Activities / Staff Time Involvement –
The staff who fill out this worksheet need a clear understanding of the workflow and of all the activities that take place to enroll a consumer into care. This may include phone calls, paperwork, insurance checks, etc., all of the work and coordination that is required to schedule a consumer for their first assessment and treatment appointment. This will include your primary care partner. The key is that we need the actual times staff spends on each task, not what they are scheduled to do!

Staff Costing Information –
The staff who fill out this part of the worksheet will need access to information on which staff perform the duties that will be captured on the worksheet, what they are paid (Salary, fringe & Overhead), and their direct service or total available hours.

The outcomes from this work will be graphically based charts that compare the access process of the individual organizations (The data will be displayed with randomly generated codes, so each organization can identify themselves but other teams will not know who is who). We look forward to working with you!

For additional information, please contact:
Scott C. Lloyd, President, MTM Services: Scott.lloyd@mtmservices.org
Brie Reimann, Deputy Director, CIHS: BrieR@thenationalcouncil.org

** All finalized sheets should be submitted by July 17, 2015, to:
Scott C. Lloyd, President, MTM Services: Scott.lloyd@mtmservices.org