Development of a Severity Index to measure

Outcomes in ACT teams

P. Antonio Olmos-Gallo, MHCD (aolmos@mhcd.com) Robert W Bremer, UCHSC James H. Zahniser, Greenville College Marshall R Thomas, Colorado Access

American Evaluation Association Conference Reno NV., 2003

Rationale

Huse a combination of interval/ratio and nominal scales to evaluate the outcomes of a program
Indicators make perfect sense to the program stakeholders, and can be very meaningful to everyone involved with the program: from funders to staff, to clients and the community
Might have been used in similar programs across

the nation, and may have been used for benchmarking

	Figure IX.c													
ACT Team Outc	omes Ir	acking For	m: *	**Please I	CLINIC	Ched Instru I a ni nilime	Ctions Ca	refully***	CUNICIAI	N NAME				
KLI OKTINO I LK		mm/yyy	y		CLINC		LIX		CLINICIA					
	Time in Housing Restrictive Settings		sing	Work Service Engagement		Health			Alcohol/Substance Abuse			Comments		
Client	Jail Episod	e Days	Housing	Moves	Current Work	Illness Managm	Medic. Compl.	Physcn. Linkage?	Last Physical (M/D/Y)	# PCP Visits	Rating Scale	Detox Episode	Detox Days	
Housing:Current Work:1 = Independent Living= Full-time, Independent2 = Congregate Apt.= Full-time, Independent3 = MHCD Group Home= Full-time, Supported4 = Resid. Tx. Facil.= Full-time, Supported5 = Board & Care5 = Part-time, Comm. transi6 = Board & Care+AFC7 = Inpatient Facility8 = Homeless-Street9 = Homeless-Shelter9 = Homeless-Shelter9 = Involved in voc. assess10 = Correctional/Jail11 = Nursing Home12 = Living with Family13 = Other13 = Other2 = Not interested in work14 = Not applicable (retired or extremely disabled)		ent ent l unsitional ansitional unteer ining or essment ng or work rk ed or	Illness Management: 1 = Primary Self-Managing Role Able to manage own illness for most part; utilizes staff and treatment centers as resources 2 = Co-Case Manager Role - Able to work as an equal partner with staff in managing illness 3 = Sees Role in Service/Tx. as Secondary-Participates in managing the illness, but mostly relies or staff to manage illness 4 = Problem Recognition/No Role - Recognizes need for treatment, but relies entirely on staff to manage illness 5 = No Problem Recognition/Compliant - Doesn't recognize need for treatment, but is compliant with staff managing illness 6 = No Problem Recognition/Resistant - Doesn't recognize need for treatment & resists treatment				age own nent centers n equal stly relies on s need for tage illness n't recognize aff managing 't recognize	Alcohol & Substance Abuse Rating Scale: 1 = Abstinent 2 = Use without impairment 3 = Abuse 4 = Dependence 5 = Dependence with institutionalization			Medications Compliance: 1 = Compliant/Independent 2 = Compliant/Monthly Mon. 3 = Compliant/Weekly Mon. 4 = Compliant/Daily Mon. 5 = Compliant/Daily Mon. 6 = Some Compl./Monthly 7 = Some Compl./Weekly 8 = Some Compl./Daily 9 = Some Compl./Daily 10 = Non-Compl./Weekly Mon 11 = Non-Compl/Daily Mon. 12 = Non-Compl./No Mon. 13 = Non-Compl./No Mon. 14 = Not applicable 15 = Not enough information to rate			

PLEASE FILL IN ALL BLANKS – THIS IS VERY IMPORTANT

Rationale (cont)

 \mathbf{H} However, because of the nature of the measures, these categorical indicators could not be combined as a single measure to generate a "severity index" that may be used to evaluate consumer's improvement either across time, or compared to other members of their program

UHACT Information Tracking System

Monthly Report

Dedicated to Quality Mental HealthCare

Number of clients in this report:

133

		Jail Epis	odes/Days
Clients without jail episodes:	1	131 Percent clients without jail episodes:	98.50%
Number of days in jail:		4 Average number of days in jail:	0.03008
			Housing
Independent Living :	34	Percent clients Independent Living :	25.56%
Congregate Apartment :	6	Percent clients Congregate Apartment :	4.51%
MHCD Group Home :	15	Percent clients MHCD Group Home :	11.28%
Residential Tx Facility :	12	Percent clients Residential Tx Facility :	9.02%
Board and Care :	8	Percent clients Board and Care :	6.02%
Board and Care +Adult Foster Care :	19	Percent clients Board and Care + Adult Foster Care :	14.29%
Inpatient Facility :	5	Percent clients Inpatient Facility :	3.76%
Homeless Street :	2	Percent clients Homeless Street :	1.50%
Homeless Shelter :	3	Percent clients Homeless Shelter :	2.26%
Correctional/Jail :	0	Percent clients Correctional/Jail :	0.00%
Nursing Home :	0	Percent clients Nursing Home :	0.00%
Living with Family :	26	Percent clients Living with Family :	19.55%
Living Other :	3	Percent clients Living Other :	2.26%
Total :	133	-	
			Moves
Number of Consumers who moved :		19 Percent Consumers that moved :	14.29%
		Average number of Moves :	0.256
		Maximum number of moves per Consumer :	3

 In 2002, as part of an evaluation effort, we were faced with the challenge of using this measure to evaluate consumers in the ACT team and compare them to another group of consumers in a different team. We decided to take this challenge and develop a quantitative score that will allow us to establish such comparison



In order to develop the severity score based on the indicators, we first created a rough classification of the outcomes into severity levels

Team Tracking Form Scoring Table

DATA SOURCE	SEVERE NEED (3)	NEED (2)	MINIMAL NEED (1)	NO NEED (0)	WEIGHTING VARIABLE (from survey)
ACT: Claims + chart review for 'Care Control: Claims		1/>10 or			Episodes/Days of
(no 'Care)	1/>31 or >3/any	>2/any	1/<11	0/0	Hospitalization
ACT: Claims Control: Claims	>3/any	1/>7 or >2/any	1/<7	0/0	Episodes/Days in ATU
ACT: Claims Control: Claims	>90 days	31 - 90 days	1-30 days	0/0	Days spent in Residential Units
ACT: OTF					
Control: OTF	> 3 moves/11 mo.	2 moves/11 mo.	1 move/11 mo.	1 moves/11 mo.	Housing Stability/Instability
	Homeless	Res or Group Home or NH	Boarding Care	Other Category	Housing Status
ACT: OTF Control: OTF	Abuse+ Detox or Rating of Dep or Dep w/ Instit.	Any Detox time or Rating of Abuse		Abst. Or using w/o impairment	Alcohol/Substance Abuse AND/OR Episodes/Days in Detox
ACT: OTF Control: OTF	> 1 in 1 year	1 in 1 year	0 in one year	0 in one year	Episodes/Days in Jail
ACT: OTF Control: OTF	6	5 or 4	3	1 or 2	Illness Management
	13 to 8	7 to 4	3	2 to 1	Medication Compliance

Solution To the second seco

Weighting system developed using Thurstone's method of paired comparisons (Nunally & Bernstein, 1994) For all possible pairs of the outcomes listed on the previous page, please place a check mark next to the outcome that you believe is more important to measure in evaluating an ACT team.

Alcohol/Substance	1	Days spent in
Episodes/Days in ATU	2	Episodes/Days in Detox
Episodes/Days of Hospitalization	3	Episodes/Days in Jail
Housing Status	4	Housing Stability/Instability
Illness Management	5	Medication Compliance
Alcohol/Substance Abuse	6	Episodes/Days in ATU
Days spent in Residential Units	7	Episodes/Days in Detox
Episodes/Days in Jail	8	Housing Status
Housing Stability/Instability	9	Episodes/Days of Hospitalization
	10	Alcohol/Substance Abuse
Illness Management	11	Days spent in Residential Units
Episodes/Days in ATU	12	Episodes/Days of Hospitalization
Episodes/Days in Detox	13	Housing Status
Episodes/Days in Jail	14	Housing Stability/Instability
Housing Status	15	Illness Management
Housing Stability/Instability	16	Medication Compliance
Days spent in Residential Units	17	Episodes/Days in ATU
Episodes/Days in Detox	18	Episodes/Days in Jail
	19	Housing Status
Housing Stability/Instability	20	Alcohol/Substance Abuse
Episodes/Days in ATU	21	Illness Management
Episodes/Days in Jail	22	Days spent in Residential Units
	23	Episodes/Days in Detox
Episodes/Days of Hospitalization	24	Illness Management
Housing Status	25	Alcohol/Substance Abuse
Days spent in Residential Units	26	Housing Stability/Instability
	27	Episodes/Days in ATU
Illness Management	28	Episodes/Days in Detox
Episodes/Days in Jail	29	Medication Compliance
Days spent in Residential Units	30	Episodes/Days of Hospitalization
Alcohol/Substance Abuse	31	Episodes/Days in Jail
Housing Stability/Instability	32	Episodes/Days in ATU
Episodes/Days of Hospitalization	33	Housing Status
Episodes/Days in Detox	34	Housing Stability/Instability
Illness Management	35	Episodes/Days in Jail
Episodes/Days of Hospitalization	36	Alcohol/Substance Abuse
Housing Status	37	Days spent in Residential Units
Housing Stability/Instability	38	Illness Management
Episodes/Days in ATU	39	Episodes/Days in Jail
Days spent in Residential Units	40	Medication Compliance
Episodes/Days in Detox	41	Episodes/Days of Hospitalization
Alcohol/Substance Abuse	42	Illness Management
Housing Status	43	Episodes/Days in ATU
Episodes/Days of Hospitalization	44	Medication Compliance
Episodes/Days in Detox	45	Alcohol/Substance Abuse

Thurstone's method of paired comparisons (after Nunnally & Bernstein, 1994: Psychometric theory (pp 60-62)

Raters are presented with all possible pairs of desired outcomes. Then indicates which member of the pair will be preferred under the specific conditions. The result of that comparison is converted into a percent.

A matrix is created indicating the percent of times that each one of the outcomes was chosen over its counterparts



	PERCENT OF TIMES COLUMN WAS CHOSEN OVER ROW												
	AA	RU	ATU	DETOX	HOSP	JAIL	H_STT	H_STAB	IM	MC			
AA	0.500	0.267	0.600	0.133	0.867	0.467	0.733	0.467	0.533	0.600			
RU	0.733	0.500	0.800	0.333	0.933	0.800	0.600	0.200	0.733	0.600			
ATU	0.400	0.200	0.500	0.133	0.867	0.667	0.467	0.533	0.600	0.533			
DETOX	0.867	0.667	0.867	0.500	<mark>1.000</mark>	0.867	0.733	0.867	0.667	0.667			
HOSP	0.133	0.067	0.133	0.000	0.500	0.400	0.200	0.000	0.267	0.200			
JAIL	0.533	0.200	0.333	0.133	0.600	0.500	0.733	0.600	0.467	0.267			
H_STT	0.267	0.400	0.533	0.267	0.800	0.267	0.500	0.467	0.467	0.333			
H_STAB	0.533	0.800	0.467	0.133	1.000	0.400	0.533	0.500	0.600	0.467			
IM	0.467	0.267	0.400	0.333	0.733	0.533	0.533	0.400	0.500	0.467			
MC	0.400	0.400	0.467	0.333	0.800	0.733	0.667	0.533	0.533	0.500			

Next, we convert the percents to normal deviates Zjk (i.e., Z-scores from statistical tables)

Calculate for each category (i.e., column) sums and then averages. However, remove first pairs that are "widely separated" (i.e., the blank cells in the table) since those combinations never "overlap" (i.e., the rater will never pick the other category)



					Z-SCOF	RE Table	•			
	AA	RU	ATU	DETOX	HOSP	JAIL	H_STT	H_STA	IM	MC
								В		
AA	0	-0.622	0.253	-1.112	1.112	-0.083	0.622	-0.083	0.083	0.253
RU	0.622	0	0.842	-0.432	1.499	0.842	0.253	-0.842	0.622	0.253
ATU	-0.253	-0.842	0	-1.112	1.112	0.432	-0.083	0.083	0.253	0.083
DETOX	1.112	0.432	1.112	0	•	1.112	0.622	1.112	0.432	0.432
HOSP	-1.112	-1.499	-1.112		0	-0.253	-0.842	•	-0.622	-0.842
JAIL	0.083	-0.842	-0.432	-1.112	0.253	0	0.622	0.253	-0.083	-0.622
H_STT	-0.622	-0.253	0.083	-0.622	0.842	-0.622	0	-0.083	-0.083	-0.432
H_STA	0.083	0.842	-0.083	-1.112	•	-0.253	0.083	0	0.253	-0.083
В										
IM	-0.083	-0.622	-0.253	-0.432	0.622	0.083	0.083	-0.253	0	-0.083
MC	-0.253	-0.253	-0.083	-0.432	0.842	0.622	0.432	0.083	0.083	0

Sum	-0.423	-3.659	0.327	-6.366	6.282	1.88	1.792	0.27	0.938	-1.041
Average	-0.0423	-0.3659	0.0327	-0.70733	0.78525	0.188	0.1792	0.03	0.0938	-0.1041

Finally, the value of the lowest score (i.e., the most negative mean) is subtracted from each other score so as to avoid negative scores:

These weights were used to underscore the importance of one outcome over the other as defined by experts in the field. We used these results to create a weighting schema for our severity score



Minimum score: Episode/Days in Detox. Z-score: -0.70733 Categories sorted in descending order:

Mean		WEIGHT
0.785	Episodes/Days of Hospitalization	1.49258
0.188	Episodes/Days in Jail	0.89533
0.179	Housing Status	0.88653
0.094	Illness Management	0.80113
0.033	Episodes/Days in ATU	0.74003
0.030	Housing Stability/Instability	0.73733
-0.042	Alcohol/Substance Abuse	0.66503
-0.104	Medication Compliance	0.60323
-0.366	Days spent in Residential Units	0.34143
-0.707	Episodes/Days in Detox	0.00000

Regression Discontinuity

Pre-test and post-test scores were determined from data collected at a nine month interval by the consumers' clinicians

Clear trend toward significance with the ACT team scores being higher than those of the control group (those that benefit the most from ACT services are those with a higher severity score at PRE)

Study Population

Sample Demographics of Treatment and Comparison Group

	ACT Team (Tx) (N=46)	Control Group (University Hills AOP) (N=164)
Age	37.29 years	41.6 years
Percent Male	51.3%	39.0%
Drug Abuse Dx	41.0%	62.5%
Alcohol Abuse Dx	15.4%	37.5%
Married	7.7%	9.8%
Lives independently	64.1%	90.9%
Lives alone	17.3%	33.3%
Not in labor force	89.7%	68.9%
Primary Dx schizophrenia, schizoaffective, or bipolar disorder	92.3%	70.2%
Overall degree of problem severity (1-min to 7-max)	5.28	4.27
Severity score categories (serious)	82.10%	43.50%
Severity score categories (critical)	5.10%	3.70%
White	38.50%	62.80%
Hispanic	30.80%	19.50%
African American	28.20%	14.60%

Regression Discontinuity results (control n = 111, ACT n = 39)



Evaluation of consumer's improvement over time

Betermine if consumers are either improving or maintaining gains, and whether the changes noticed in the severity score parallels the clinical observations performed by the team clinicians

Data compiled for consumers (period: May 00 -Sept 03). The number of consumers varied as consumers were admitted and discharged from the team

How does the weighted severity score compare to raw scores?

#Areas deemed more important get more weight, therefore able to flag potential outliers at the high end of the scale
#We lose outliers on the negative side (consumers with very low scores)

Raw Scores



Weighted Scores



Consumers improvement

₩Due to their own recovery path, consumers' recovery can sometimes be unstable

 Common with consumers who have a crisis or are just getting engaged in the team
Chronic consumers with unresolved issues of substance abuse

Stability/Instability

With the help of clinicians it was found that statistical analyses used to determine periodicity (i.e., Autocorrelation) provide a fair assessment of stability/instability in consumers

- Periodicity with significant short lags (i.e., lag 1-6 larger than 2 std-errors) can be considered as UNSTABLE
- Clinicians/Program manager agreed with the judgments of stability/instability from the Autocorrelation

Unstable consumer



Unstable consumer (cont)

Autocorrelations: V000578

	Auto-	stand.				
Lag	Corr.	Err.	-175525 0	.25 .5 .75 1	Box-Ljung	Prob.
			+	+++		
1	.635	.156		***** ******	16.641	.000
2	.587	.153		***** ******	31.251	.000
3	.284	.151		*****	34.784	.000
4	.214	.149		****	36.853	.000
5	.089	.147		** .	37.223	.000
6	.010	.144	. *		37.228	.000
7	111	.142	. **		37.842	.000
8	304	.139	*****		42.598	.000
9	373	.137	**.***		50.018	.000
10	415	.134	***. * * * *		59.555	.000
11	330	.132	**.***		65.857	.000
12	418	.129	***.***		76.354	.000
13	268	.126	****		80.852	.000
14	354	.123	**.***		89.053	.000
15	120	.121	. **		90.045	.000
16	093	.118	. **		90.675	.000
			1			

Plot Symbols: Autocorrelations * Two Standard Error Limits .

Total cases: 41 Computable first lags: 35

Stable consumer



Stable consumer (cont)

Autocorrelations: V002309

Auto-	Stand.									
Corr.	Err.	-175	525	0	.25	. 5	.75	1	Box-Ljung	Prob.
		+-	++	+	++	+	+			
.105	.152			I	** .			•	.479	.489
110	.150			**					1.023	.600
.206	.147				**** .				2.978	.395
.137	.145			İ	*** .				3.874	.423
075	.143			**					4.152	.528
.144	.140				*** .				5.203	.518
.186	.138				**** .				7.008	.428
035	.136			*					7.074	.529
006	.136								7.076	.629
118	.136			**					7.836	.645
.105	.133			İ	** .				8.461	.672
.023	.131								8.492	.746
084	.128			**					8.921	.779
090	.126			**					9.435	.802
015	.123								9.450	.853
266	.120		***	**					14.346	.573
	Auto- Corr. .105 110 .206 .137 075 .144 .186 035 006 118 .105 .023 084 090 015 266	Auto- Stand. Corr. Brr. -110 .150 .206 .147 .137 .145 075 .143 .144 .140 .186 .138 035 .136 006 .136 118 .136 .105 .133 .023 .131 084 .128 090 .126 015 .123 266 .120	Auto- Stand. Corr. Brr175 +- .105 .152 110 .150 .206 .147 .137 .145 075 .143 .144 .140 .186 .138 035 .136 006 .136 118 .136 .105 .133 .023 .131 084 .128 090 .126 015 .123 266 .120	Auto- Stand. Corr. Err175525 +++++ .105 .152 . 110 .150 . .206 .147 . .137 .145 . .075 .143 . .144 .140 . .186 .138 . .035 .136 . .006 .136 . .006 .136 . .105 .133 . .023 .131 . .084 .128 . .090 .126 . .266 .120 ****	Auto- Stand. Corr. Brr. -1 75 5 25 0 +++++++++ ++++++++++++++ ++++++++++++++++++++++++++++++++	Auto- Stand. Corr. Brr1 75 5 25 0 .25 105 .152	Auto- Stand. Corr. Brr1 75 25 0 .25 .5 ++++++++++++++++++-	Auto- Stand. Corr. Brr1 75 25 0 .25 .5 .75 105 .152 . . *** .	Auto- Stand. Corr. Brr1 75 25 0 .25 .5 .75 1 .105 .152 . +** .	Auto- Stand. Corr. Brr1 75 25 0 .25 .5 .75 1 Box-Ljung .105 .152 . *** . 1.023 .206 .147 . *** . 1.023 .107 .145 . *** . 1.023 .137 .145 . *** . 4.152 .144 .140 . *** . . 4.152 .144 .140 . *** 144 .140 . *** .

Plot Symbols: Autocorrelations * Two Standard Error Limits .

Total cases: 41 Computable first lags: 35

Potential use

In an informal pool, clinicians/program manager found this information as potentially very useful when performing their 6-month reviews

Also when evaluating transitions to other teams/discharge from ACT services.

Future directions

Fine-tuning of the scores to set thresholds for different levels of severity

- Linkage of this data to other sources of information that may help validate the scale
- Rescoring of the severity scores using a different group of experts
- Analysis of the severity scores using Rasch models
- Linkage of the scores to other measures of improvement