



**SF Behavioral Health Assessment  
(SF-BH™)  
Provider Guide**

**Revised December 15, 2008**

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## INTRODUCTION

Behavioral healthcare providers are faced with several challenges today. One is meeting market and accreditation demands for the measurement of outcomes of treatment provided to consumers of their services. Similar demands are also an incumbent part of the implementation of evidence-based treatment practices. The challenges of measuring outcomes come not only from collecting data from consumers but also in using the process and resulting information to enhance both the therapeutic alliance with consumers and the treatment provided to them. It is these challenges that led to the development of the consumer-completed SF Behavioral Health Assessment (SF-BH™).

In addition to providing a standardized data collection and measurement process for consumers' health and recovery over time, the SF-BH is designed to engage the consumer in reflection and discussion of their health status and progress on their recovery path in specific ways. To increase its applicability, the SF-BH can be administered in either English or Spanish. The SF-BH consumer report serves as a "lab report" that consumers can keep in order to monitor their progress over time and to discuss not only with the provider, but also with others in their support network. This report also is available in English or Spanish.

The *SF Behavioral Health Assessment (SF-BH™) Provider Guide* is designed to provide information on the background of the tool and its psychometric properties, accompanying reports, and suggested clinical uses. It was developed by QualityMetric Incorporated for Magellan Health Services (Magellan) to support consumers in their recovery process. It was constructed with provider and consumer input and is based on the SF-12<sup>®</sup> Health Survey (SF-12<sup>®</sup>). The SF-BH provides an assessment of a consumer's physical and emotional health status. It is consumer-centric in that it is developed for self-assessment and self-report and is utilized in interactive discussions with a provider in an open and positive environment.

## SF-BH PSYCHOMETRIC PROPERTIES

The SF-BH can be divided into two sections for the purpose of commenting on its psychometric properties. The first section includes the 12 items from the SF-12 which assesses the following eight health domains: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health. The reliability, validity, and utility of the SF-12 have been well documented in its technical manual (Ware, Kosinski, Turner-Bowker, & Gandek, 2002) and in almost 1,000 other professional publications as of January, 2008. The SF-12 Physical Component Summary (PCS) and Mental Component Summary (MCS) measures provide an assessment of the consumer on the SF-BH's Physical Health and Emotional Health domains, whereas its Role-Physical (RP) and Role-Emotional (RE) scales are the sources of data for the SF-BH's Work-School Participation domain.

The other section of the SF-BH comprises the remaining assessment items and domains (Strengths, Behavioral Symptoms, Self-Reported Health, Work-School Participation, Substance Use, and Provider Relationship). The measure of each of these domains

consists of face valid items selected for their ability to provide useful clinical information either alone or when combined with other items. They were selected from questions from validated assessment instruments, based on psychometrician and clinical expert review and recommendation. The psychometric properties of these domain measures will be investigated as more data become available.

## **ADMINISTRATION**

### **Eligibility**

The SF-BH is intended for use with Magellan Public Sector consumers who are at least 18 years old and reading at approximately the 7<sup>th</sup> grade reading level or higher. Both English and Spanish versions of the SF-BH are available for administration.

### **Explaining the Purpose of the Assessment to the Consumer**

The following script (or a variation appropriately reworded) is suggested for introducing the SF-BH the first time the consumer is asked to complete it:

*We would like to better understand how well you are able to do your usual activities and how well you feel. To help us better understand these things about you, please complete this assessment. Completing this confidential assessment will help you and your provider quickly identify areas for improvement, which is a positive step on your recovery path.*

*The assessment is simple to complete. Be sure to read the instructions that appear on the screen. This is not a test and there are no right or wrong answers. Choose the response that best represents the way you feel.*

*Please complete the assessment now. I will be nearby in case you want to ask me any questions. Let me know when you have completed it.*

### **Responding to Common Questions and Problems**

Administration of the SF-BH over the Internet is automated. However, it is not unusual for consumers to ask questions or display certain types of behaviors before, during, or after the administration of the survey. Below are several DOs and DON'Ts based on common questions, behaviors, or circumstances that may be encountered during the administration of the SF-BH items and suggestions as to how to respond to them.

**Table 1. SF-BH Administration Dos and Don'ts**

<b>Dos</b>	<b>Don'ts</b>
DO introduce the SF-BH and explain the reasons for completing it and the importance and advantages of doing so for the consumer	DON'T minimize the importance of the SF-BH
DO have consumers complete the SF-BH before they engage in the session with their provider and at established intervals.	DON'T discuss consumers' health, health data, or emotions with them before they complete the SF-BH
DO be warm, friendly, and helpful	DON'T force or command the consumer to complete the SF-BH
DO request and encourage the consumer to complete all of the SF-BH items	DON'T accept incomplete survey forms without first encouraging consumers to respond to any unanswered items
DO read and repeat a question and its response choices verbatim for consumers if they ask for clarification	DON'T change the wording of questions or response choices
DO tell consumers to answer items based on what they think each item means	DON'T interpret or explain items for consumers
DO encourage consumers to complete the survey by themselves	
DO inform consumers when they will be asked to fill out the same assessment again at a later date.	
DO thank consumers for completing the assessment	

**When to Re-administer the SF-BH**

Generally, the SF-BH should be administered to the consumer before treatment plans are established, updated, or ended. It can be administered more frequently or at other times to meet provider or agency needs, or to meet regulatory or accreditation requirements. However, because of the 4-week interval that the consumer must consider in responding to many of the items, a minimum of 4 weeks between administrations of the SF-BH is recommended.

## SCORING AND REPORTING

### Scoring of the SF-BH

Scoring of the SF-BH takes place after the consumer has responded to *all* SF-BH items. The SF-12 PCS and MCS measures and RP and RE scales are scored from the responses to the SF-12 items according to the algorithms and the age-by-gender norms found in the SF-12 manual (Ware et al., 2002). The resulting PCS and MCS norm-based scores (Mean = 50, SD = 10) serve as the SF-BH Physical Health and Emotional Health domain scores, respectively. The RP and RE norm-based scores serve as the scores for the Physical Health & Productivity, and Emotional Health & Productivity subdomains of the Work-School Participation domain. The scores for the remaining SF-BH domains represent the aggregation of scores for more than one item, or the response to a single item. Progress indicators are determined by domain-specific rules.

### Reports

Once scored, SF-BH results are available in any of three unique reports that can be generated over the Internet from the Magellan's Consumer Based Health Outcomes Assessment System.

#### *Provider Report*

The Provider Report presents the scored results of the administration via visual domain rating indicators of "Baseline" and "Current" results, numerical and graphed scores, interpretive text, and tables. A sample Provider Report is presented on pages 13-15 of this document and will be discussed in detail in the following section.

#### *Member Report*

The Member (Consumer) Report is similar to the provider report but does not include some of the information that is available to the provider (e.g., Considerations section, graphs of longitudinal results). A sample Consumer Report is presented on page 16.

#### *Management Reports*

These reports present aggregate data from groups of consumers that have taken the SF-BH. Data can be aggregated by consumers in treatment with a specific provider, by agency or level of care, and/or for the entire population taking the SF-BH during a time period.

## UNDERSTANDING THE PROVIDER REPORT

The SF-BH Provider Report presents a brief yet informative point-in-time snapshot of the consumer on several domains that are important for the understanding of his or her physical and emotional health status. It also allows for a quick comparison of current findings with those from earlier administrations of the assessment. In all, the Provider Report can serve as a valuable source of information for recovery focus, treatment planning and monitoring, and assessment of the outcomes of the treatment episode.

## **Global Score**

The Global Score that appears at the beginning of the report is based on a 0-100 scoring metric. It represents an overall assessment of the consumer's well-being based on the combined score ratings of each of the six domains that are presented in the "Dashboard" summary of SF-BH results.

## **Dashboard Summary of Domain Results**

One of the most useful features of the report is the Dashboard summary of SF-BH results that follows the Global Score at the beginning of the report. In an instant, the provider can get a good sense of where the consumer was at Baseline in relation to age and gender appropriate normative data or clinically determined standards; his or her status at the time of most recent (Current) SF-BH administration; and whether the differences between the two sets of scores indicate change within any measured domain.

### ***Baseline Rating***

Based on the consumer's responses to the SF-BH at Baseline (i.e., first SF-BH administration), a color-coded rating of *at or above average*, *below average*, or *well below average* is given for each of 6 domains. *Below average* or *well below average* in an area suggests problems in that area. What is assessed by each domain and the basis for its rating are discussed below.

### ***Current Rating***

Similarly, if the consumer has completed the SF-BH more than once, color-coded ratings are also presented for the most recent administration.

### ***Progress Rating***

The progress rating provides a means of determining whether clinically important changes on each domain has improved ("Better"), remained the same ("Same"), or deteriorated ("Worse") relative to the consumer's Baseline status. The criteria for the change ratings for each domain are presented below.

## **Strengths**

The Strengths domain is assessed by three items measuring the consumer's self-assessed ability to deal effectively with daily problems, adapt and bounce back from problems, and frequency of making and carrying out plans to care for his or her physical/emotional problems. Initial values for responses to these items are recoded, summed, and then converted to a score on a 0-100 scale. The final score represents the percentage of the total possible score that could be obtained on this scale, with higher scores representing more positive indications.

The Dashboard Baseline and Current ratings for the Strengths domain are considered *at or above average* if the consumer responds *strongly agree*, *agree* or *neutral* to the daily problems and bounce back questions, and *always*, *often* or *sometimes* to the plan of action item. It is considered *below average* if he or she responds *strongly disagree* or *disagree* to

the daily problems or bounce back questions, or *rarely* or *never* to the plan of action item. The consumer's functioning in the Strength domain is considered *well below average* if he or she responds to two or more items in the following way: *strongly disagree* or *disagree* to the daily problems or bounce back questions, or *rarely* or *never* to the plan of action item. The Progress rating is based on whether the Current score is 10 or more points greater (*better*) or 10 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

In the Strengths domain summary box, the consumer's Current score is printed and plotted on a graph, and First and Current scores and dates are presented in a table below the graph. The computed score is considered *average* if it is in the 26-74 range, *strong* if above that range, and *below average* if below that range. Based on the associated Dashboard Progress rating, a statement about whether the consumer's functioning in this domain has *improved*, *declined*, or *remained the same* is also presented in the summary box.

### **Behavioral Symptoms**

The Behavioral Symptoms domain includes screening items for depression, alcohol problems, general anxiety disorder (GAD), and thought disorder. A response to the presence of anxiety or worry, or auditory or visual hallucinations, *all* or *most of the time* during the past four weeks is a positive screen for GAD or thought disorder, respectively. A score less than 42 on the Emotional Health domain is considered a positive screen for depression. A positive screen for alcohol problems is based on a combination of frequency and amount of consumed drinks.

The Dashboard Baseline and Current rating for the Behavioral Symptoms domain is considered *at or above average* if there is no positive screen, *below average* if there is only 1 positive screen, and *well below average* if there is more than 1 positive screen. The Progress rating is based on whether there has been a decrease in the number of positive screens (*better*) or an increase in the number of positive screens (*worse*). Otherwise, the condition is considered the *same*.

A symptom severity rating is presented and plotted on a graph in the Behavioral Symptoms summary box. The 4-point rating on this domain (*no/none*, *mild*, *moderate*, *severe*) reflects the number of these problems (0, 1, 2, 3/4, respectively) for which the consumer screened positive.

### **Self-Evaluated Health Question**

Using a 5-point rating scale, this item asks consumers to rate their health in general from *much better now* to *much worse now* as compared to 3 months earlier. This is a valuable measure of self-evaluated global change in health and wellness. No Progress rating is provided due to the nature of the item.

## Physical Health

The responses to all 12 of the SF-12 items contribute to the scoring of the PCS measure, which is represented on the SF-BH as the Physical Health domain score. The higher the resulting norm-based score, the more likely that the consumer is in general good health, has a high energy level, and has little or no physical limitations, disabilities or decrements in well-being.

The Dashboard Baseline and Current ratings are based on whether the Physical Health score is 5 or more points below the appropriate age-by-gender norm for the PCS measure (*well below average*) or between 3 and 5 points below the norm for the PCS measure (*below average*). Otherwise, the score is considered *at or above average*. The Progress rating is based on whether the Current score is 5 or more points greater (*better*) or 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the same.

In the Physical Health domain summary box, the consumer's Current score is printed and plotted on a graph, and the First and Current scores and dates are presented in a table below the graph. The computed score is considered *above average* if it is 5 or more points above the appropriate PCS age-by-gender norm and *below average* if it is 5 or more points below that norm. Otherwise, the score is considered to be in the *average* range. Based on the Dashboard Progress rating, a statement about whether the consumer's Physical Health functioning has *improved*, *declined*, or *remained the same* is also presented in the summary box.

## Emotional Health

Similar to the Physical Health domain, the responses to all SF-12 items contribute to the scoring of the MCS measure, which is represented as the Emotional Health domain score on the SF-BH. The higher the resulting norm-based score, the more likely that the consumer experiences good general health, frequent positive affect, and little or no psychological distress or limitations in usual social/role activities due to emotional problems. An Emotional Health score below 42 is considered a positive screen for depression.

The Dashboard Baseline and Current ratings are based on whether the Emotional Health score is 5 or more points below the appropriate age-by-gender norm for the MCS measure (*well below average*) or between 3 and 5 points below the norm for the PCS measure (*below average*). Otherwise, the score is considered *at or above average*. The Progress rating is based on whether the Current score is 5 or more points greater (*better*) or 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

In the Emotional Health domain summary box, the consumer's Current score is printed and plotted on a graph, and the First and Current scores and dates are presented in a table below the graph. The computed score is considered *above average* if it is 5 or more points above the appropriate MCS age-by-gender norm and *below average* if it is 5 or

more points below that norm. Otherwise, the score is considered to be in the *average* range. Based on the Dashboard Progress rating, a statement about whether the consumer's Emotional Health functioning has *improved, declined, or remained the same* is also presented in the summary box.

### **Work-School Participation**

The Work-School Participation domain encompasses two subdomains: Physical Health & Productivity, and Emotional Health & Productivity. The scores for these subdomains represent the norm-based scores for the Role-Physical (RP) and Role-Emotional (RE) scales, respectively, scored from responses to the SF-12 items. High scores on the Physical Health & Productivity scale indicate little or no problems with work, school, or other daily activities due to physical problems. Similarly, high scores on the Emotional Health & Productivity scale indicate no emotional-related limitations in performing work, school, or other daily activities.

The Dashboard Baseline and Current rating for the Work-School Participation domain is considered *at or above average* if the score for both subdomains is no more than 3 points below the appropriate age-by-gender norm for each and no missed days are reported; the rating is *well below average* if the score for either subdomain is 5 or more points below the appropriate age-by-gender norm or if 3 or more missed days are reported. All other conditions are considered *below average*. The Progress rating is based on whether the Current scores for *both* Physical Health & Productivity (RP) and Emotional Health & Productivity (RE) are 5 or more points greater (*better*) or *either* score is 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

In the Work-School Participation summary box, the consumer's Current Physical Health and Productivity and Emotional Health & Productivity scores (i.e., SF-12 RP and RE norm-based scores) are printed and plotted on separate graphs. Each of the computed scores is considered to have *less or more* adverse impact, respectively, if it is 5 or more points above or more than 5 points below the respective RP or RE age-by-gender norm. Otherwise, the score is considered to have *about the same* impact. In addition, the number of days of work or school that were missed due to health-health problems during the past 4 weeks is reported in the summary box.

### **Provider Relationship**

The score on the Provider Relationship scale represents the degree to which the consumer agrees or disagrees that the treatment can be helpful, the provider cares for him or her, and the provider is able to help him or her. Initial values for responses to these three items are recoded, summed, and then converted to a score on a 0-100 scale. The final score represents the percentage of the total possible score that could be obtained on this scale, with higher scores representing more positive alliance with the provider.

The Dashboard Baseline and Current rating for the Provider Relationship domain is considered *at or above average* if the consumer responds *strongly agree, agree or neutral* to the "confidence in treatment" and "provider caring" questions, and *always, often or*

*sometimes* to the “confidence in the provider” item. It is considered *below average* if he or she responds *strongly disagree* or *disagree* to one of the three questions, *well below average* if he or she responds *strongly disagree* or *disagree* to two or more of the questions. The Progress rating is based on whether the Current score is 10 or more points greater (*better*) or 10 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

In the Provider Relationship score summary box, the consumer’s Current score is printed and plotted on a graph, and First and Current scores and dates are presented in a table below the graph.

### **Considerations**

The Considerations section of the Provider Report presents those measured domains or areas of functioning in which the consumer has reported a decline (i.e., have a Progress rating of *worse*) since the last SF-BH assessment. As such, it can suggest areas that the provider may wish to investigate further and/or shift the focus of treatment.

### **Summary of Longitudinal Results**

The last page of the Provider Report contains graphs presenting the consumer’s scores for up to the last five SF-BH assessments for the following domains: Strengths, Provider Relationship, Physical Health, and Emotional Health. These graphs can help the provider detect trends in changes in the consumer’s status in these areas over the course of treatment.

## **USING THE PROVIDER REPORT**

The SF-BH may be used to support four major clinical activities. First, it can be used as part of an initial *screening and assessment* of consumers. Providers may find that one way to validate their clinical impressions is to administer the SF-BH at the time of the intake/admission interview. Second, SF-BH findings that are supported by other sources of information (e.g., data from clinical or collateral interview, medical records, other inventories) can assist in *planning treatment*. Consideration of the obtained results can help ensure that identified problems are addressed during treatment. Third, its brevity makes it feasible to administer the SF-BH multiple times during treatment in order to objectively *monitor treatment progress*. When combined with other information, SF-BH follow-up data may be used to help determine the appropriateness of continuing the prescribed treatment, the consumer’s readiness to move to another level of care, or whether further treatment is needed. Lastly, the SF-BH can be used to *assess treatment outcomes* from intake to treatment termination, and/or to post-treatment follow-up. This demonstration of treatment outcomes can be done either at the individual consumer level or, through SF-BH data aggregation, for a group or population.

## Screening and Assessment

The brevity of the assessment and the immediate availability of the Provider Report make the SF-BH an ideal tool to include as part of the intake screening and/or assessment process. The domain ratings presented in the Dashboard summary provide an immediate indication of problematic areas of functioning that should be explored through other means, including interviews with the consumer and/or his or her family and those in his or her recovery support system.

After scoring the SF-BH, providers are encouraged to ask consumers about their responses in a guided interview type of discussion, focusing on strengths and areas of improvement and then identifying areas for focused attention and recovery planning. This serves not only as a means of clarifying the meaning of the results to the provider and the consumer, but also as a therapeutic intervention by itself. This would be accomplished by reviewing the findings presented in the SF-BH report with the consumer, eliciting his or her reactions to them, and discussing the meaning of the results in terms of the consumer's self-defined treatment goals. In essence, the SF-BH can serve as a catalyst for the therapeutic encounter via (a) the objective feedback that is provided to the consumer, (b) stimulation of further self-assessment by the consumer, and (c) the opportunity to arrive at mutually agreed upon treatment goals. This process may be shared with the consumer's family or significant others as appropriate and agreed upon by the consumer.

## Planning Treatment

Information from SF-BH Provider Report, input from the consumer stemming from the review of the report with him or her, and other assessment information (e.g., other interview information, results from other psychological measures, a review of medical records) can serve as the basis for the development of a recovery plan. In addition to findings from other assessment procedures, the results for each of the domains assessed by the SF-BH can have important implications for the treatment of consumers seeking emotional health services.

### *Strengths*

*Below average* or *well below average* scores on the Strengths domain may indicate that the consumer does not have high expectations for improvement and may have difficulty benefitting from treatment—issues that may need to be addressed at the very beginning of therapy. At the same time, *at or above average* scores may be indicative of high potential for the consumer to engage and experience success in treatment.

### *Behavioral Symptoms*

With the single-item screeners for GAD and thought disorder, along with the multiple-item screeners for depression (i.e., Emotional Health) and alcohol problems, a Behavioral Symptoms domain score of 1 or higher should alert the provider to the possibility of the presence of one or more significant problems that would require further investigation as to their nature and severity. The outcome of this assessment might indicate the need for a

specific therapeutic approach and/or evaluation for adjunctive treatment (e.g., medication) as part of the plan for recovery.

### ***Self-Evaluated Health Questions***

In addition to being a measure of treatment progress after Baseline assessment, the self-evaluation of general health status can be used to support or clarify findings from the Physical Health and Emotional Health domains (see below).

### ***Physical Health***

Scores in the *below average* or *well below average* range should alert the provider to the possibility of significant physical problems that interfere with the consumer's ability to perform daily activities or otherwise function well in daily life. Unless the nature of the physical impairment is known to the consumer or he or she reports being under medical treatment, a referral for physical evaluation may be warranted, particularly if the physical limitations impede his or her ability to benefit from treatment.

### ***Emotional Health***

As with the Physical Health domain, Emotional Health scores in the *below average* or *well below average* range should alert the provider to the possibility of significant emotional problems that interfere with the consumer's ability to function well. Scores below 42 warrant inclusion of a thorough evaluation for the presence and severity of depression and referral for medication evaluation in the treatment plan.

### ***Work-School Participation***

Along with the response to the Self-Evaluated Health Question, scores on the two subdomains—Physical Health & Productivity and Emotional Health & Productivity—can be used to support or otherwise clarify the nature and extent of the Physical Health and Emotional Health findings, respectively. The number of missed work or school days due to health-related issues during the previous 4 weeks can serve as a measure of severity and further support a referral for a physical and/or medication evaluation as part of the plan.

### ***Provider Relationship***

Similar to the Strengths domain, *below average* or *well below average* scores on the Provider Relationship domain may indicate that the consumer does not have much expectation for improvement, a situation that should be addressed as soon as possible. At the same time, *at or above average* scores may be indicative of high potential for the consumer to engage and experience success in treatment. Because of the nature of the items, results from this domain are probably more useful when obtained after treatment has begun; however, findings from the Baseline assessment may still be beneficial.

### **Monitoring Treatment Progress**

Re-administration of the SF-BH during the course of treatment can help determine whether the initial treatment plan continues to be appropriate for the consumer. The Progress ratings on the Provider Report Dashboard—*better*, *same* or *worse*—for the 6 domains along with the domains listed in the Considerations section of the report can

help the provider to quickly determine whether the consumer is showing the expected improvement. Assessment of change is facilitated by inspection of the *First* and *Current* scores indicated in the Strengths, Physical Health, Emotional Health, and Provider Relationship sections of the report. In addition, the graphs plotting the last 5 scores for each of these domains can be used to detect trends over time. Again, the consumer should be involved in the review of the most recent findings. If expected improvement is not indicated, decisions about modifications to the treatment plan should be made with the consumer's input, followed by readministration of the SF-BH later to determine whether the revised treatment plan has impacted progress in the positive direction. This process also provides information relevant to decision-making regarding treatment termination.

### **Assessing Treatment Outcomes**

Comparison of the Baseline scores to those obtained from the last administration of the SF-BH prior to treatment termination can provide an excellent measure of outcomes for the episode of care. As with treatment monitoring, this is facilitated by the Progress ratings on the Dashboard and the *First* and *Current* scores indicated in the Strengths, Physical Health, Emotional Health, and Provider Relationship sections of the report.

### **CONSUMER USE OF THE SF-BH**

Although the focus of this guide has been on the use and benefits of the SF-BH Provider Report, the Member Report (available in both English and Spanish) is intended to provide value to the consumer also. For this reason, please encourage behavioral healthcare consumers to complete the SF-BH at the point of treatment initiation and at other key times during the episode of care (see page 3). In addition to the standard administration instructions on page 2, it may be helpful to explain how completing the SF-BH can be another way for consumers to become actively involved in their treatment by monitoring their health and wellness over time, much like weighing themselves or having their blood pressure measured on a regular basis. Please encourage the consumer to keep a copy of their Member Report as it can serve as a record of the point-in-time monitoring and be included as part of their own personal health record. Overall, this approach may increase the consumer's involvement in health care planning and monitoring.

### **A FINAL NOTE**

The SF-BH was designed for consumers and providers to use as a point-in-time measure of physical and emotional health status. However, one must be mindful that it is only one source of information about the consumer which, when combined with clinical interview and other information, can assist in screening consumers and planning, monitoring and assessing the effect of treatment on their health, wellness and recovery.

### **REFERENCE**

Ware, J. E., Jr., Kosinski, M., Turner-Bowker, D. M., & Gandek, B. (2002). *How to Score Version 2 of the SF-12 Health Survey (with a supplement documenting Version 1)*. Lincoln, RI: QualityMetric Incorporated.

# PROVIDER REPORT



Report Date: 5/30/2008

## Provider Report

Member: public89

Age: 37 Gender: M

Assessment Date: 5/30/2008

### Global Score: 42

The global score represents the consumer's general well-being. Look below to see the progress made in each health area.

### SUMMARY

	Strengths	Behavioral Symptoms	Physical Health	Emotional Health	Work - School Participation	Provider Relationship
Baseline:	↓	🚩	↓	↓	↓	↑
Current:	↑	🚩	↓	↑	↓	↓
Progress:	Better	Same	Better	Better	Same	Same
Key:	↑ At or Above Average		🚩 Below Average		↓ Well Below Average	

STRENGTHS			BEHAVIORAL SYMPTOMS																				
<p>75</p> <p>0 100</p> <p><b>BETTER</b></p> <p>The member's coping abilities are <u>strong</u>.</p>			<p>None Mild Moderate Severe</p> <p>Based on the assessment responses, the member is experiencing <u>mild</u> behavioral symptoms.</p>																				
<table border="1"> <thead> <tr> <th>Assessment</th> <th>Date</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>6/11/2007</td> <td>25</td> </tr> <tr> <td>Current</td> <td>5/30/2008</td> <td>75</td> </tr> </tbody> </table> <p>The member's coping abilities have <u>improved</u> compared to the the first assessment.</p>			Assessment	Date	Score	First	6/11/2007	25	Current	5/30/2008	75	<h4>SELF-EVALUATED HEALTH QUESTION</h4> <p>Compared to 3 months ago, the member rated his/her health in general as: <u>Somewhat better now</u></p>											
Assessment	Date	Score																					
First	6/11/2007	25																					
Current	5/30/2008	75																					
PHYSICAL HEALTH			EMOTIONAL HEALTH																				
<p>36</p> <p>30 50 60</p> <p>US AVG. <b>BETTER</b></p> <p>US Average for same Gender &amp; Age Range: 52.53</p> <p>The member's physical health score is <u>below average</u> compared to a person of the same age and gender from the US General Population.</p>			<p>50</p> <p>30 50 60</p> <p>US AVG. <b>BETTER</b></p> <p>US Average for same Gender &amp; Age Range: 50.43</p> <p>The member's emotional health score is <u>average</u> compared to a person of the same age and gender from the US General Population.</p>																				
<table border="1"> <thead> <tr> <th>Assessment</th> <th>Date</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>6/11/2007</td> <td>22</td> </tr> <tr> <td>Current</td> <td>5/30/2008</td> <td>36</td> </tr> </tbody> </table> <p>The member's physical health has <u>improved</u> compared to the first assessment.</p>			Assessment	Date	Score	First	6/11/2007	22	Current	5/30/2008	36	<table border="1"> <thead> <tr> <th>Assessment</th> <th>Date</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>6/11/2007</td> <td>45</td> </tr> <tr> <td>Current</td> <td>5/30/2008</td> <td>50</td> </tr> </tbody> </table> <p>The member's emotional health has <u>improved</u> compared to the first assessment.</p>			Assessment	Date	Score	First	6/11/2007	45	Current	5/30/2008	50
Assessment	Date	Score																					
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Current	5/30/2008	36																					
Assessment	Date	Score																					
First	6/11/2007	45																					
Current	5/30/2008	50																					

Next Close



Report Date: 5/30/2008

**Provider Report**

Member: public89

Age: 37 Gender: M

Assessment Date: 5/30/2008

**Global Score: 42**

The global score represents the consumer's general well-being. Look below to see the progress made in each health area.

**SUMMARY**

	Strengths	Behavioral Symptoms	Physical Health	Emotional Health	Work - School Participation	Provider Relationship
Baseline:	↓	🚩	↓	↓	↓	↑
Current:	↑	🚩	↓	↑	↓	↓
Progress:	Better	Same	Better	Better	Same	Same

Key:      ↑ At or Above Average      🚩 Below Average      ↓ Well Below Average

WORK - SCHOOL PARTICIPATION	PROVIDER RELATIONSHIP									
<p>The number of days missed from work/school or regularly scheduled activities in the past 4 weeks due to health-related problems: 3</p> <p><b>Physical Health &amp; Productivity</b> less than 30</p> <p>The member's physical health has <u>more</u> adverse impact on productivity compared to a person of the same age and gender from the US General Population.</p> <p><b>Emotional Health &amp; Productivity</b> 34</p> <p>The member's emotional health has <u>more</u> adverse impact on productivity compared to a person of the same age and gender from the US General Population.</p>	<p>50</p> <table border="1"> <thead> <tr> <th>Assessment</th> <th>Date</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>6/11/2007</td> <td>50</td> </tr> <tr> <td>Current</td> <td>5/30/2008</td> <td>50</td> </tr> </tbody> </table> <p><b>CONSIDERATIONS</b></p> <p>The member's health is not declining in any areas.</p>	Assessment	Date	Score	First	6/11/2007	50	Current	5/30/2008	50
Assessment	Date	Score								
First	6/11/2007	50								
Current	5/30/2008	50								

This report reflects information provided through patient-self report. It is not intended to replace clinical judgment or treatment.



Report Date: 5/30/2008

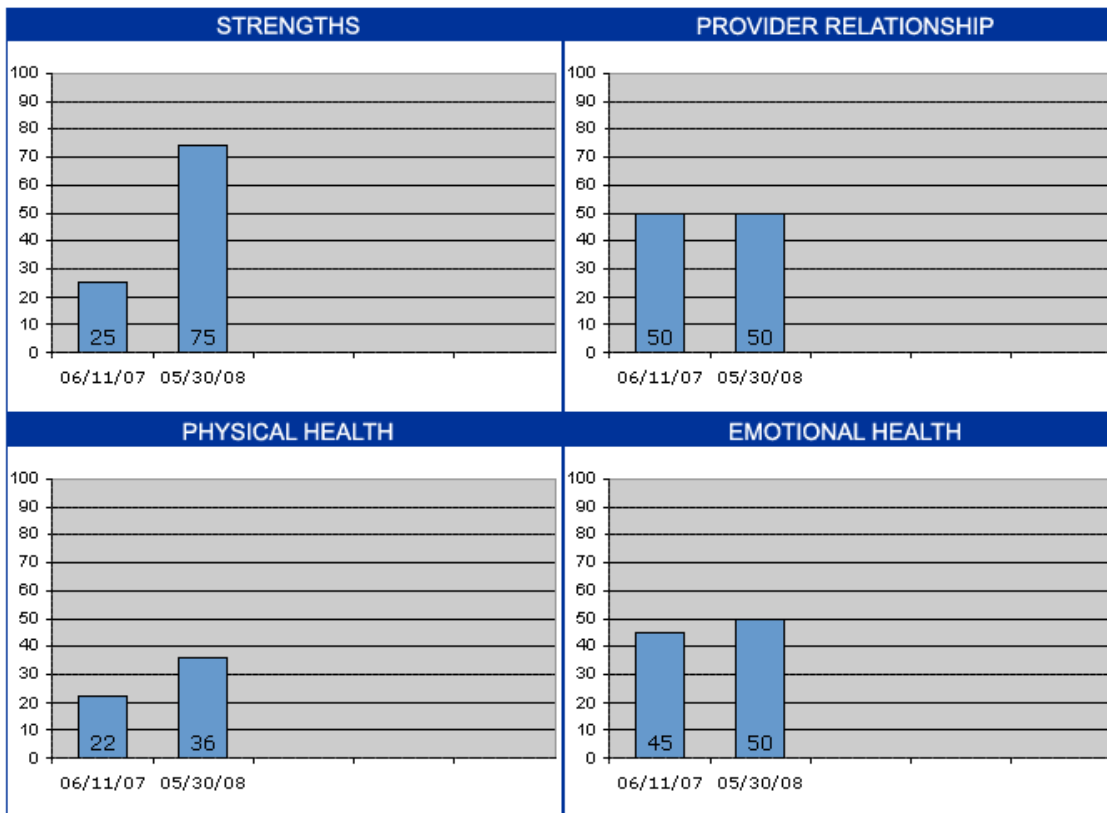
**Provider Report**

Member: public89

Age: 37 Gender: M

Assessment Date: 5/30/2008

The following graphs portray a history of the member's assessment scores over time.



[Previous](#) [Close](#)

**MEMBER REPORT (ENGLISH)**



Report Date: 12/16/2008  
**SF-BH™ : Member Report**  
 Member: qmtest77  
 Age: 38 Gender: F  
 Self Assessment Date: 11/21/2008

Global Score: 33

The global score represents your general well-being. Look below to see the progress made in each health area.

**Progress since your first Assessment**

Strengths Worse	Behavioral Symptoms Worse	Physical Health Worse	Emotional Health Worse	Work - School Participation Worse	Provider Relationship Worse
<p><b>STRENGTHS</b></p> <p>Your coping abilities are <u>strong</u>.</p>		<p><b>BEHAVIORAL SYMPTOMS</b></p> <p>Based on your assessment responses, you are experiencing <u>mild</u> behavioral symptoms.</p>			
<p><b>PHYSICAL HEALTH</b></p> <p>US Average for same Gender &amp; Age Range: 51.07                      Your physical health score is <u>below average</u> compared to a person of the same age and gender from the US General Population.</p>			<p><b>EMOTIONAL HEALTH</b></p> <p>US Average for same Gender &amp; Age Range: 48.01                      Your emotional health score is <u>below average</u> compared to a person of the same age and gender from the US General Population.</p>		
<p><b>WORK - SCHOOL PARTICIPATION</b></p> <p>The number of days missed from work/school or regularly scheduled activities in the past 4 weeks due to health-related problems: 3</p> <p>Physical Health &amp; Productivity <b>less than 30</b></p> <p>Your physical health has <u>more</u> adverse impact on productivity compared to a person of the same age and gender from the US General Population.</p> <p>Emotional Health &amp; Productivity <b>less than 30</b></p> <p>Your emotional health has <u>more</u> adverse impact on productivity compared to a person of the same age and gender from the US General Population.</p>			<p><b>SELF-EVALUATED HEALTH QUESTION</b></p> <p>Compared to 3 months ago, you rated your health in general as: <u>Somewhat better now</u></p>		
<p><b>PROVIDER RELATIONSHIP</b></p>					

This report reflects information provided through patient-self report. It is not intended to replace clinical judgment or treatment.

## MEMBER REPORT (SPANISH)



Fecha del Informe: 6/3/2008

## Informe sobre el participante

Participante N°: 18years

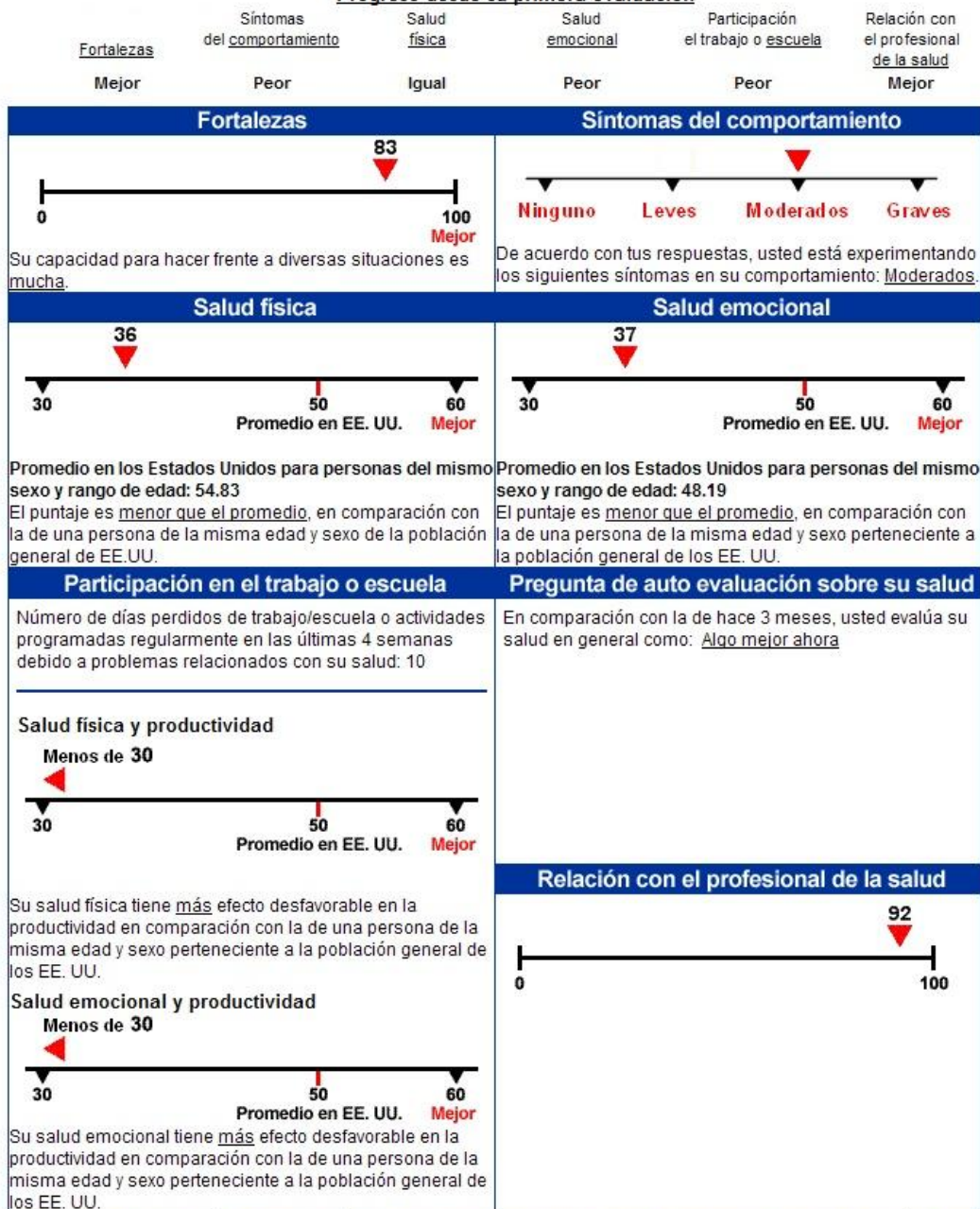
Edad: 19 Sexo: M

Fecha de la auto evaluación: 6/2/2008

Puntaje general: 33

Este puntaje representa el tu bienestar general. Lea a continuación para ver el progreso logrado en cada área de salud.

## Progreso desde su primera evaluación



Este informe refleja información obtenida a través de la auto-evaluación realizada por el paciente. No pretende reemplazar opinión ni tratamiento clínico.

## HISTORICAL ASSESSMENT OPTION

Note: Along with the standard Member and Provider reports, the user has an option to also print a historical rendering of the Member's assessments (as depicted below). This will display the first (intake) assessment and the last four assessments administered.



Report Date: 12/16/2008  
**Historical Member Responses**

Member: qmtest77  
 Age: 38 Gender: F  
 Assessment Date: 11/21/2008

Item	1	2	3	4	5
Date Taken (mm/dd/yyyy):	1/8/2007	8/21/2008	8/26/2008	10/23/2008	11/21/2008
What is your gender? <i>Male; Female</i>	Female	Female	Female	Female	Female
What is your date of birth?	1/1/1970	1/1/1970	1/1/1970	1/1/1970	1/1/1970
1) How strongly do you agree or disagree with the following statements:					
a. I deal effectively with daily problems. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
b. I adapt quickly, I'm good at bouncing back from difficulties. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
2) During the <u>past 4 weeks</u> , how often have you made a plan of action and followed it in response to physical health or emotional problems? <i>Always; Often; Sometimes; Rarely; Never</i>					
	Always	Sometimes	Always	Sometimes	Sometimes
3) In general, would you say your health is: <i>Excellent; Very Good; Good; Fair; Poor</i>					
	Excellent	Good	Excellent	Good	Good
4) The following questions are about activities you might do during a typical day. Does <u>your health now limit</u> you in these activities? If so, how much?					
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <i>Yes, limited a lot; Yes, limited a little; No, not limited at all</i>	No, not limited at all	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot
b. Climbing <u>several</u> flights of stairs <i>Yes, limited a lot; Yes, limited a little; No, not limited at all</i>	No, not limited at all	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot
5) During the <u>past 4 weeks</u> , how much of the time have you had any of the following problems with your work or other regular daily activities <u>because of your physical health</u> ?					
a. <u>Accomplished less</u> than you would like. <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	Most of the time	All of the time	All of the time	Most of the time
b. Were limited in the <u>kind</u> of work or other activities. <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	Most of the time	All of the time	All of the time	All of the time
6) During the <u>past 4 weeks</u> , how much of the time have you had any of the following problems with your work or other activities <u>because of your emotional health</u> ?					
a. <u>Accomplished less</u> than you would like. <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	Some of the time	All of the time	All of the time	All of the time
b. Did work or activities <u>less carefully than usual</u> . <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	Some of the time	All of the time	All of the time	Some of the time
7) During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)? <i>Not at all; A little bit; Moderately; Quite a bit; Extremely</i>					
	Quite a bit	A little bit	Not at all	Moderately	Moderately
8) These questions are about how you feel and how things have been with you during the <u>past 4 weeks</u> . For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u> ...					
a. Have you felt calm and peaceful? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	Most of the time	All of the time	All of the time	All of the time	All of the time
b. Did you have a lot of energy? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	All of the time	Some of the time	All of the time	All of the time	Some of the time
c. Have you felt downhearted and depressed? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	None of the time	All of the time	All of the time	All of the time
9) During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>					
	None of the time	Some of the time	All of the time	Some of the time	Some of the time

Note: The first assessment will always be displayed. If more than 5 assessments have been taken, the last 4 will also be displayed along with the first.



Report Date: 12/16/2008

## Historical Member Responses

 Member: qmtest77  
 Age: 38 Gender: F  
 Assessment Date: 11/21/2008

Item	1	2	3	4	5
Date Taken (mm/dd/yyyy):	1/8/2007	8/21/2008	8/26/2008	10/23/2008	11/21/2008
10) Compared to 3 months ago, how would you rate your health in general now? Would you say it is... <i>Much better now; Somewhat better now; About the same; Somewhat worse now; Much worse now</i>	Much better now	Somewhat better now	Much better now	Somewhat better now	Somewhat better now
11) What is the number of days you have missed from work/school or regularly scheduled activities in the <u>past 4 weeks</u> due to your own <u>health-related</u> problems?	0	0	0	0	3
12) If you reported '1 or more' missed days due to <u>health-related</u> problems for Question 11, how many were due to being hospitalized?	0	0	0	0	1
13) During the <u>past 4 weeks</u> , about how often did you <u>usually</u> drink alcohol? <i>Every day; Almost every day; 3-4 days a week; 1-2 days a week; Less than once a week; Never; Prefer not to answer</i>	Less than once a week	1-2 days a week	Every day	3-4 days a week	3-4 days a week
14) During the <u>past 4 weeks</u> , about how many drinks of alcohol (a "drink" equals 12 ounces of beer, 4 ounces of wine, 1 1/2 ounces of hard liquor) did you drink on a <u>typical</u> day in which you drank? <i>8 or more drinks; 6-7 drinks; 4-5 drinks; 3 drinks; 2 drinks; 1 drink; 0 drinks; Prefer not to answer</i>	1 drink	3 drinks	8 or more drinks	3 drinks	3 drinks
15) During the <u>past 4 weeks</u> , how much of the time have you had thoughts or images that would not go away? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time; Prefer not to answer</i>	None of the time	Some of the time	All of the time	Some of the time	Some of the time
16) During the <u>past 4 weeks</u> , how much of the time have you been anxious or worried? <i>All of the time; Most of the time; Some of the time; A little of the time; None of the time</i>	None of the time	Some of the time	All of the time	Most of the time	Some of the time
17) How strongly do you agree or disagree with the following statement: I am confident that treatment/therapy can help me. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
18) If you are <u>currently in treatment/therapy</u> , please answer the following questions:					
a. I feel my provider is caring and has concern for me. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
b. I am confident in my provider's ability to help me. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Disagree
c. The problem that I came in for treatment/therapy for is resolved. <i>Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree</i>	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree

**Note:** The first assessment will always be displayed. If more than 5 assessments have been taken, the last 4 will also be displayed along with the first.