

How PDG is Stabilizing High-Risk Populations: The Financial Impact of Measurement-Based Care



480

Clients Supported

~35%

Relative reduction in
psychiatric ED inpatient
incidents YOY

4,705

Assessments
Completed



Reduced Acute Incidents: ~35% reduction in psychiatric ED/inpatient incidents (from ~2.3% to 1.5%) following MBC implementation.



Strong Engagement: Across all 480 clients, 4,700+ assessments were completed for an average of 9 assessments per client.



Enhanced Risk Detection: Improved identification and monitoring of suicide risk, with increased documentation and visibility into client needs.



Improved Outcomes: Stability in overall acuity, demonstrating more effective, data-informed care delivery.

The Challenge: Measuring Success In High-Risk, Community-Based Care

Psychiatric Rehabilitation Programs (PRPs) serve individuals with serious and persistent mental illness who often require long-term, community-based support. Unlike traditional outpatient therapy where success is focused on measurable symptom improvement, success in PRP settings is defined by stability, functional improvement, and prevention of crisis escalation.



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For some of the folks we serve, just maintaining stability in the community is the highest achievement. Fifty years ago, many of these individuals would have spent their lives in institutions. Being able to live in the community and maintain that stability—that is progress for us.

Victoria Morgan

LCSW-C, Vice President at PDG

Partnership Development Group, Inc (PDG) provides psychiatric rehabilitation, case management, and related behavioral health supports across Maryland. Their staff (largely bachelor-level direct care providers) work independently in the field, often meeting with clients multiple times per month to support normal daily activities, medication adherence, benefits navigation, and coordination with community providers.

Working with this population and delivering care through this model presents several challenges:

- ✗ Limited real-time visibility into client risk, including psychiatric escalation between visits.
- ✗ High variability in documentation results in inconsistent visibility into client status, especially across a distributed, field-based workforce.
- ✗ Difficulty reporting objective outcomes when success is focused on preventing crises.
- ✗ Persistent risk of high-cost psychiatric ED visits and inpatient admissions, resulting in care disruption, instability, and increased system burden.

Like many PRP providers, PDG needed a way to identify risk earlier, consistently monitor client symptoms throughout care, and demonstrate the value of their services, without adding clinical burden or forcing a traditional therapy model onto PRP care.

The Approach: Embedding Measurement-Based Care Into a Non-Traditional Clinical Model

In September 2023, PDG implemented Greenspace's Measurement-Based Care (MBC) platform across its PRP services to bring structure, consistency, and visibility into client progress and risk. Rather than forcing a traditional therapy model onto PRP care, PDG tailored MBC to fit their setting by:

- ✓ Using brief, validated assessments appropriate for community-based care, including PHQ-9, GAD-7, WSAS, and the BR-WAI.
- ✓ Empowering direct care staff to collect and review outcome data during routine field visits to support care conversations.



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- ✓ Using Greenspace to standardize monitoring across clients, regardless of role or location.

- ✓ Enabling providers and supervisors to use real-time data to inform care decisions, identify emerging risk, and intervene earlier.

PDG's implementation goal was not to reduce acuity overnight. Instead, they wanted to drive greater client stability and ensure clinical outcomes were measurable and reportable. Their implementation focused on improving visibility, consistency, and clinical decision-making in a high-risk population, with stability as the primary indicator of success.



We're not traditional therapists or psychiatrists—we're out in the field working with people in their homes and community spaces. Measurement-Based Care gave us a structured way to monitor how people are doing, even when we're not sitting in a traditional clinical setting.

Victoria Morgan
LCSW-C, Vice President at PDG

Adoption & Engagement: Consistent Measurement at Scale

Since launch, PDG has demonstrated strong and sustained engagement with MBC:

480

Clients supported

4,705

Assessments completed

9

Average assessments completed per client

This level of engagement reflects PDG's ability to operationalize MBC within a community-based model, ensuring that it helped strengthen clinical decision-making by providing objective structure and visibility into client progress.

The Impact: From Visibility to Early Intervention

For PDG, Greenspace enabled:

- 🔍 Earlier identification of risk across a distributed workforce
- 📊 Consistent monitoring without increasing the documentation burden
- 🤝 Stronger supervision and care coordination
- 🛡️ A defensible way to demonstrate value in a setting where stability, not discharge, is success



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Rather than replacing clinical judgment, MBC helped to strengthen clinical judgement by providing the structure and objective insights to inform clinical discussions and decisions in a setting where traditional models have fallen short.



One of our staff members was able to look at a client’s assessment results and say, ‘Last time we met you were doing okay, but I see that your anxiety score spiked since then. Can you tell me what happened?’ That gave them insight they wouldn’t have had otherwise.

Victoria Morgan
LCSW-C, Vice President at PDG

ROI Through Prevention

Psychiatric emergency department visits and inpatient admissions are among the most resource-intensive events in behavioral health. A reduction in utilization in a population with elevated baseline risk reflects a meaningful decrease in high-cost acute care, even when overall acuity remains stable.

In high-risk community-based care, a key part of ROI is continuity of treatment. At PDG, more than 36% of clients completed ten or more assessments throughout care, surpassing the broader Greenspace average of 29%. In a PRP setting, that level of sustained measurement supports strong longitudinal visibility into client needs and helps to ensure early intervention before risk escalates into costly acute care and treatment interruptions.

Zooming out across all PRP programs that Greenspace provides MBC infrastructure for, outcome trends reflect this reality.

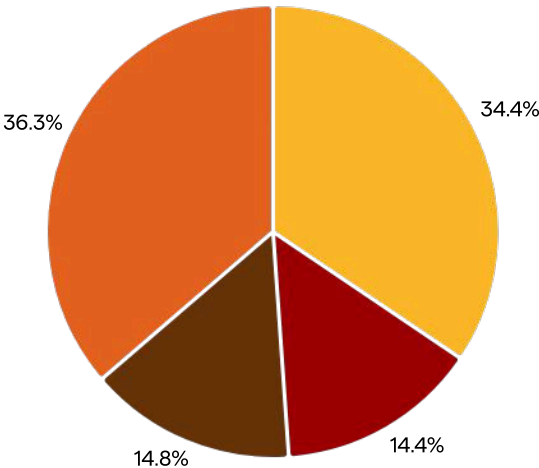
After five sessions of care, 95% of clients maintain stability or reliably improve on the PHQ-9 and 93% on the GAD-7. In a population where maintaining community stability is often the primary goal of care, this represents a meaningful indicator of high-quality, effective care.

Controlled Psychiatric Emergency Utilization in a High-Risk Population

To better understand system-level impact of MBC, PDG analyzed internal incident reports alongside

Patients by Assessments Completed

1 to 3 4 to 6 7 to 9 10+



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state-level utilization data, examining psychiatric emergency department visits and inpatient admissions before and after their implementation.

Following implementation in 2023, PDG observed a continued decline in psychiatric emergency department and inpatient incidents, from approximately 2.3% in 2023 to 1.5% in 2024. This represents a ~35% relative reduction in psychiatric ED and inpatient admissions year over year. Reports of suicidal ideation increased following implementation, reflecting improved identification and monitoring of risk through ongoing outcome measurement rather than an increase in crisis frequency.

Importantly, this trend occurred in a population with structurally elevated risk, where escalation is common and often difficult to prevent.

System-Level Financial Impact

Published benchmarks suggest:

- Psychiatric ED visits often cost hundreds of dollars per visit (commonly ~\$520–\$600+, depending on payer and setting).
- Inpatient stays for mental or substance-use diagnoses can average several thousand dollars per stay.

If a behavioral health organization serving 10,000 clients experienced a 35% relative reduction in psychiatric ED and inpatient events over the course of a year (for example, declining from 3.0% to ~2.0% of clients experiencing an event) that would equate to approximately 100–110 fewer high-acuity events annually.

Using conservative per-event cost proxies (e.g., \$600–\$700 per psychiatric ED visit and \$8,000–\$10,000 per inpatient admission), even modest reductions in utilization of this magnitude would represent meaningful reductions in healthcare costs, particularly when inpatient admissions are avoided.

At \$600 per ED visit, this would represent approximately \$60,000 annually in avoided ED visit costs alone, with materially higher impact if inpatient admissions are reduced.

Looking Ahead: A Model For PRP And Community-Based Care

PDG's experience demonstrates how MBC can be successfully adapted to non-traditional behavioral health settings, supporting stability, accountability, and cost containment without disrupting care delivery. As states and funders increasingly focus on outcomes, risk management, and efficient use of resources, MBC offers PRP providers a practical, scalable way to show the impact of their service across both client outcomes and reduced healthcare costs.



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