



Care Predictor

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Supportive Care Predictor Index on
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Management**

Journal of Behavioral Health and Psychology:

Publish date June 15, 2026



REVIEW ARTICLE

Open Access

Quantifying the ROI of the Supportive Care Predictor Index on Behavioral Health Revenue Cycle Management

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ABSTRACT

Behavioral health organizations operate in environments where clinical effectiveness and financial sustainability are increasingly interconnected. While prior research has established that therapeutic alliance and provider relational characteristics influence treatment engagement and patient outcomes, limited research has examined whether these same relational capabilities of non-counseling supportive care roles affect operational and financial performance within behavioral health systems. This exploratory retrospective case study examined the relationship between relational capability, as measured by the Supportive Care Predictor Index (SCPI), and utilization review performance within a behavioral health organization. The SCPI is a psychometric assessment integrating measures of attachment style and personality characteristics to evaluate interpersonal effectiveness, emotional engagement and relational stability among healthcare professionals.

The study analyzed 2,851 utilization review cases managed by 10 utilization review representatives over a 12-month period. Representatives were grouped into SCPI performance segments (<70, 70–80, >80), and operational performance was evaluated using average treatment days authorized per case. Representatives with SCPI scores above 80 authorized substantially more treatment days per case (36.30 days) than representatives in the lower SCPI groups (32.99 and 32.48 days, respectively). Using estimated reimbursement values, these differences corresponded to substantial estimated increases in organizational revenue.

The findings suggest that relational capability may influence not only clinical outcomes but also operational processes directly tied to reimbursement and organizational performance. In particular, interpersonal competencies such as empathy, communication effectiveness, emotional regulation, and relational stability may play an important role in utilization review interactions with payer organizations. Although limited by its single-site, observational design, this study provides preliminary evidence that relational capability may represent an important workforce characteristic influencing both care delivery and financial sustainability in behavioral health systems. These findings support the need for larger, controlled, multi-site studies examining the relationship between relational capability and organizational performance outcomes.

Introduction

Behavioral health organizations operate in a complex environment in which clinical outcomes and financial sustainability are closely intertwined. Across the continuum of care—including detoxification, residential treatment, partial hospitalization, intensive outpatient, and outpatient services—organizations must maintain high-quality therapeutic engagement while managing significant operational and financial pressures. Workforce shortages, increasing demand

for behavioral health services, and tightening reimbursement structures have intensified the need for organizations to better understand what characteristics influence both patient outcomes and financial performance.

A growing body of research has demonstrated that relational factors play a central role in behavioral health outcomes. The ability of clinicians and care professionals to establish trust, communicate effectively, and sustain meaningful therapeutic

ARTICLE HISTORY

Received Date: 02 May 2026

Accepted Date: 03 Jun 2026

Published Date: 15 Jun 2026

KEYWORDS

Behavioral health, Therapeutic alliance, Relational capability, Supportive Care Predictor Index (SCPI), Utilization review, Financial performance, Workforce development, Empathy, Attachment theory, Revenue cycle management..

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relationships significantly influences patient engagement and treatment retention. These relational dynamics are commonly conceptualized through the construct of therapeutic alliance, which has consistently been shown to predict treatment outcomes across a range of behavioral health settings [1-5].

Recent research has further demonstrated that provider characteristics associated with therapeutic alliance can influence operational treatment outcomes. In particular, higher levels of relational effectiveness among providers have been associated with improved treatment completion rates and lower rates of discharge against medical advice (AMA) in behavioral health programs [6]. While these findings underscore the importance of relational dynamics for patient outcomes, less attention has been paid to how relational capability may influence organizational and financial performance of non-counseling supportive care roles.

Relational capability refers to the interpersonal and psychological characteristics that enable professionals to build trust, communicate effectively, regulate emotions, and sustain productive relationships in complex care environments. In behavioral health systems, relational capability is important not only in direct clinical care but also in operational roles that require interaction with multiple stakeholders, including patients, clinicians, and payer organizations. Empirical research in healthcare settings has shown that relational competencies such as empathy and communication effectiveness are associated with improved patient outcomes, satisfaction, and engagement [7-9].

One such operational context is utilization review (UR). Utilization review professionals are responsible for communicating with payer organizations to obtain authorization for treatment services. Their ability to present clinical information persuasively, advocate for patient needs, and maintain productive working relationships with payer representatives can influence the number of treatment days authorized for patients. Because authorized treatment days directly affect reimbursement and length of stay, relational capability in utilization review roles can have significant financial implications for behavioral health providers.

Despite the importance of relational capability in both clinical and operational contexts, most behavioral health organizations lack systematic methods for measuring and developing these capabilities within their workforce. Traditional workforce evaluation methods often rely on licensure, training credentials, or supervisor assessments, which may not fully capture the relational and interpersonal characteristics that contribute to high performance in complex care environments.

The Supportive Care Predictor Index (SCPI) represents a novel approach to measuring relational capability in behavioral health settings. The SCPI is a psychometric assessment designed to evaluate characteristics associated with attachment security, emotional engagement, communication effectiveness, and professional self-efficacy. By integrating measures of attachment style and personality traits, the SCPI generates multidimensional profiles that capture the relational capabilities of non-counseling

supportive professionals.

Building on prior research linking CPI scores to clinical outcomes [6], the present exploratory case study examines whether relational capability, as measured by the SCPI, is associated with utilization review performance and estimated financial outcomes. Using a site-specific retrospective design, the analysis evaluates how SCPI scores among utilization review representatives relate to the number of treatment days authorized for patients and to an illustrative estimate of associated revenue impact for behavioral health providers.

By linking relational capability to measurable estimated financial outcomes, this study contributes preliminary evidence about how interpersonal competencies within healthcare workforces may relate to organizational performance. The findings suggest that measuring and developing relational capability may represent a promising strategy for behavioral health organizations seeking to improve both care delivery and financial sustainability, while also underscoring the need for larger, controlled studies.

Literature Review

Relational Capability and Therapeutic Alliance

Relational dynamics are widely recognized as central to effective behavioral health treatment. One of the most extensively studied constructs in psychotherapy research is the therapeutic alliance, defined as the collaborative bond between provider and patient that includes agreement on treatment goals, therapeutic tasks, and the quality of the interpersonal relationship between the two parties [1]. Over several decades, research has consistently shown that therapeutic alliance is among the strongest predictors of treatment outcomes across a wide range of clinical settings and treatment modalities.

Meta-analytic research has repeatedly confirmed the importance of therapeutic alliance for treatment effectiveness. Early studies demonstrated a consistent relationship between alliance strength and psychotherapy outcomes [2], a finding later reinforced across diverse clinical populations [3]. More recent analyses continue to show that therapeutic alliance explains a meaningful proportion of treatment outcome variance across treatment modalities and patient populations [4,5]. These findings have led many scholars to conclude that relational processes represent a fundamental mechanism of change in psychotherapy and behavioral health treatment.

Attachment theory provides an important framework for understanding why relational dynamics influence treatment outcomes. Attachment-based perspectives suggest that providers who demonstrate emotional regulation, relational stability, and interpersonal responsiveness are better able to establish trust and maintain therapeutic engagement with patients [10,11]. Empirical research examining therapist attachment patterns supports this perspective, showing that clinicians' relational security influences their ability to develop and sustain productive therapeutic alliances with patients [12].

Recent empirical work has extended these insights to operational outcomes within behavioral health systems. For example, Fitch

et al. demonstrated that provider relational characteristics associated with therapeutic alliance significantly influenced treatment completion rates and discharge against medical advice (AMA) in behavioral health treatment programs [6]. These findings suggest that the interpersonal competencies underlying effective therapeutic alliance—here conceptualized as relational capability—may influence not only clinical outcomes but also operational performance within treatment organizations.

Relational Capability in Behavioral Health Workforces

Relational capability refers to the interpersonal and psychological competencies that enable individuals to build trust, communicate effectively, regulate emotions, and sustain productive relationships in complex care environments. In behavioral health systems, these capabilities extend beyond direct therapeutic encounters and influence interactions among clinicians, administrative staff, patients, families, and external stakeholders such as payer organizations.

Behavioral health professionals routinely operate in emotionally demanding environments characterized by high patient acuity, uncertainty, and frequent interaction with multiple stakeholders. As a result, relational competencies such as empathy, emotional engagement, interpersonal sensitivity, and confidence in communication are widely recognized as core professional attributes.

Research examining therapist characteristics has consistently demonstrated that provider interpersonal style influences treatment processes and outcomes [13]. In addition, empirical research has shown that empathy among healthcare professionals is associated with improved patient outcomes, satisfaction, and adherence to care [7]. Systematic reviews further indicate that empathy is a key determinant of effective healthcare delivery and patient engagement across clinical settings [8].

Relational capability also plays an important role in professional roles that extend beyond direct clinical care. Behavioral health organizations rely on a range of workforce roles—including care coordinators, admissions specialists, case managers, and utilization review professionals—that require sustained relational engagement with both internal and external stakeholders. Research examining compassionate communication and empathic interactions in healthcare settings demonstrates that relational engagement improves both patient experiences and overall care quality [9].

Despite its recognized importance, relational capability remains difficult for organizations to measure systematically. Workforce evaluation systems often emphasize licensure, training credentials, and technical competencies, while interpersonal characteristics are typically assessed informally through supervisory observation. This creates a gap between the recognized importance of relational capability and the ability of organizations to evaluate and develop it in a systematic way.

Relational Capability and Organizational Performance

Although the clinical implications of relational capability have been extensively studied, its potential impact on organizational

and financial outcomes has received comparatively limited attention. Behavioral health organizations operate within reimbursement systems in which revenue is closely tied to treatment authorization, length of stay, and patient retention. As a result, workforce performance may influence both patient outcomes and organizational financial sustainability.

One operational context in which relational capability may have particularly strong financial implications is utilization review (UR). Utilization review professionals communicate with payer organizations to obtain authorization for treatment services. These interactions require the ability to present clinical information clearly, advocate effectively for patient needs, and maintain productive working relationships with payer representatives.

Because payer authorization decisions directly influence the number of treatment days reimbursed, utilization review performance can affect both program revenue and patient length of stay. Professionals with stronger relational capabilities may therefore be better positioned to communicate persuasively, navigate complex payer interactions, and advocate successfully for appropriate levels of care. In this way, relational capability may function as an operational performance driver within behavioral health organizations.

Recent studies examining empathy and relational engagement in healthcare systems have demonstrated that stronger interpersonal capabilities among providers are associated with improved patient outcomes and system-level performance indicators [7,14,15]. However, empirical research directly linking relational capability of non-counseling supportive care roles to financial outcomes in behavioral health organizations remains limited. Most existing studies focus on clinical outcomes rather than operational or financial performance.

Measuring Relational Capability

Addressing this gap requires reliable methods for assessing relational capability within behavioral health workforces. Psychometric assessment tools provide one approach for measuring the interpersonal and psychological characteristics associated with effective professional performance.

The Supportive Care Predictor Index (SCPI) represents a multidimensional assessment designed to evaluate relational capability in behavioral health professionals. The SCPI integrates validated measures of attachment style and personality characteristics to generate comprehensive profiles of relational competencies. These profiles capture attributes such as empathy, emotional engagement, interpersonal confidence, and relational stability.

Prior research has demonstrated that higher SCPI scores are associated with improved treatment outcomes, including increased treatment completion rates and reduced AMA discharges within behavioral health treatment programs [6]. Building on this foundation, the present study examines whether relational capability of non-counseling supportive care roles—as measured by the SCPI—also influences organizational financial outcomes.

Specifically, this study evaluates the relationship between SCPI scores among utilization review representatives and the number of treatment days authorized for behavioral health patients. By linking relational capability to operational and financial performance metrics, this case study extends existing research on therapeutic alliance and workforce capability and explores the broader organizational implications of relational competencies in behavioral health systems.

Research Gap and Study Objective

Although a substantial body of research has established the importance of therapeutic alliance and provider relational characteristics in predicting behavioral health outcomes, most existing studies focus on clinical endpoints, such as symptom reduction, treatment adherence, and patient retention. Relational capability of non-counseling supportive care roles — encompassing empathy, attachment security, emotional regulation and interpersonal effectiveness — has been consistently linked to stronger therapeutic alliances and improved patient outcomes. However, far less attention has been paid to how these same relational capabilities may influence organizational and financial performance within behavioral health systems. In particular, there is a lack of empirical research examining whether measurable characteristics of non-counseling supportive care roles associated with relational capability can predict operational outcomes that directly affect reimbursement, such as utilization review decisions and authorized length of stay.

This gap is especially relevant in the context of utilization review, where professionals must engage in complex, high-stakes interactions with payer organizations to secure authorization for treatment services. These interactions rely heavily on relational skills, including communication effectiveness, persuasion, and the ability to build trust with external stakeholders. Yet, despite the clear theoretical link between relational capability and these operational processes, few studies have systematically measured relational capability or evaluated its association with financial outcomes in behavioral health settings. The present study addresses this gap by examining whether relational capability, as measured by the Supportive Care Predictor Index (SCPI), is associated with differences in authorized treatment days and resulting estimated revenue impact within a behavioral health utilization review organization. By linking a psychometrically derived measure of relational capability to operational and financial performance metrics, this case study aims to extend existing research beyond clinical outcomes and generate preliminary evidence regarding the organizational value of relational capability in behavioral health care.

Study Design and Setting

This study used a retrospective, single-site case study design to examine associations between utilization review representatives' SCPI scores and authorized treatment days. The analysis was intended as exploratory program evaluation rather than causal inference. Operational cases were nested within representatives, and representative-level results should therefore be interpreted with caution.

Assessment Tool

Supportive Care Predictor Index

Relational capability was measured using the Supportive Care Predictor Index (SCPI), a validated, predictive behavioral assessment designed specifically for non-counseling supportive care roles within behavioral healthcare environments. Moving beyond traditional resume credentials, the SCPI measures 21 distinct psychological and behavioral attributes; including empathy, resilience, and emotional intelligence to evaluate an individual's capacity to establish a strong working alliance with others.

For practitioners and organizations, the resulting SCPI profile delivers a data-driven, personalized analysis of the interpersonal strengths and growth areas that define an individual's approach to working with others. By illustrating how these unique behavioral traits shape staff dynamics, the report provides actionable insights to optimize relationship-building, enhance staff engagement and improve overall clinical outcomes.

The SCPI integrates items from two validated instruments:

Adult Attachment Questionnaire (AAQ), which assesses attachment style and relational security. **Analog to Multi-Broadband Inventories (AMBI)**, a personality assessment capturing traits associated with interpersonal functioning and emotional regulation.

For the SCPI, responses are scored across 21 domains and integrated through a proprietary algorithm that generates a composite SCPI score representing overall relational capability. The assessment identifies strengths in non-counseling supportive care roles and areas for growth across domains such as empathy, communication effectiveness, emotional regulation, and relational stability. To support validation, SCPI scores are linked with metrics such as length of stay, treatment completion rate and AMA rates.

Participants and Data Sources

The study included 10 utilization review representatives employed at the study site. SCPI scores were obtained for all participants and linked to operational performance data. Because SCPI was measured at the representative level, the effective sample size for representative-level association analyses was 10, even though the operational dataset contained 2,851 case-level observations. Operational data were collected over a 12-month period from April 2024 through April 2025. For each case, the number of treatment days authorized by payer organizations was recorded.

Participants were grouped into three SCPI performance segments based on composite SCPI scores:

SCPI < 70

SCPI 70–80

SCPI > 80

The thresholds for these groupings were arbitrarily determined to improve the practical application of the SCPI index. These groupings were then used to compare operational outcomes across levels of relational capability. The SCPI segment thresholds were treated as exploratory cut points.

Outcome Measures

The primary outcome measure was the average number of treatment days authorized per case, which served as an operational proxy for utilization review performance and potential financial impact. Authorized treatment days represent the number of inpatient or residential treatment days approved by payer organizations following utilization review evaluation. Because reimbursement in behavioral health settings is directly tied to authorized days, this measure provides a meaningful indicator of financial performance.

However, as higher authorized treatment days are only financially relevant when ultimately billed and collected, this outcome should not be interpreted as a direct measure of care quality or realized revenue.

To estimate financial impact, the study site applied an average reimbursement value of \$950 per authorized treatment day. Differences in authorized days across SCPI segments were used to calculate an illustrative revenue-impact scenario.

Analytical Approach

Descriptive analyses were conducted to compare average authorized treatment days across SCPI segments. Mean values were calculated for each segment to assess descriptive differences in utilization review performance. Standard error of the mean (SEM) was also calculated for each segment. Because cases were nested within representatives, case counts were not treated as independent observations for representative-level inference.

To estimate financial impact, differences in average authorized days between SCPI groups were multiplied by the number of cases processed and the estimated reimbursement value per day. This approach provided an illustrative estimate of incremental revenue associated with higher SCPI segments.

Results

SCPI Distribution and Case Volume

A total of 2,851 utilization review cases were analyzed across 10 utilization review representatives during the study period (April 2024–April 2025). Representatives were distributed across three SCPI segments: SCPI > 80 (n = 3), SCPI 70–80 (n = 3), and SCPI < 70 (n = 4).

Table 1: SCPI Segment Distribution and Case Volume.

SCPI Segment	Number of UR Representatives	Total Cases Reviewed	Average Cases Reviewed	Average Days Authorized
80+	3	749	249.7	36.30
70–80	3	993	331.0	32.99
<70	4	1109	277.3	32.48
Total	10	2851		

Data collected April 2024 – April 2025.

Case volume varied across SCPI segments, with representatives in the SCPI < 70 group handling the largest number of cases (n = 1,109), followed by the SCPI 70–80 group (n = 993) and the SCPI > 80 group (n = 749). Descriptive statistics for SCPI distribution, case volume, and average authorized treatment days are presented in Table 1.

Authorized Treatment Days by SCPI Segment

Differences in utilization review performance were observed across SCPI segments. Despite possible confounding by payer mix, level of care, case complexity, tenure, and assignment process, representatives with higher SCPI scores authorized a greater number of treatment days per case.

Representatives in the SCPI > 80 group authorized an average of 36.30 treatment days per case, compared with 32.99 days for the SCPI 70–80 group and 32.48 days for the SCPI < 70 group. This represents an approximate difference of 3.3–3.8 additional authorized days per case for the highest SCPI group relative to lower-scoring groups. These differences are illustrated in Figure 1.

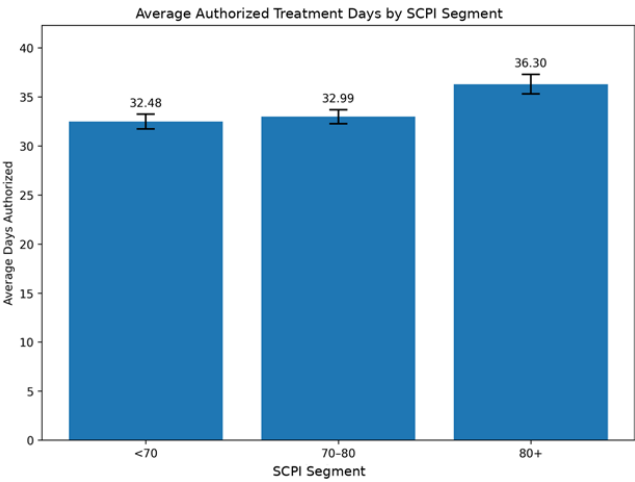


Figure 1: Average authorized treatment days by SCPI segment. Utilization review representatives with higher SCPI scores authorized more treatment days per case, indicating improved operational performance and associated financial impact. Error bars depict standard error of the mean.

Estimated Financial Impact

Differences in authorized treatment days across SCPI segments translated into substantial estimated financial impact. Using the study site’s estimated reimbursement value of \$950 per authorized treatment day, the additional days authorized by representatives in the SCPI > 80 group correspond to meaningful increases in revenue.

Based on the observed difference of approximately 3 additional authorized days per case and the 749 cases handled by the SCPI > 80 group, this corresponds to an estimated \$2,134,650 in additional gross revenue. Applying the study site’s billing rate of 7%, this results in an estimated \$149,425 in additional revenue attributable to higher relational capability within this segment. These calculations are summarized in Table 2.

Table 2: Estimated Financial Impact of Higher SCPI Capability.

Metric	Value
Additional authorized days per patient	3
Cases handled by SCPI >80 segment	749
Estimated reimbursement per day	\$950
Estimated additional revenue generated	\$2,134,650
Organizational billing rate	7%
Estimated additional revenue to study site	\$149,425

Financial estimates based on average reimbursement assumptions.

Relationship Between SCPI and Operational Performance

Across the descriptive segment comparisons and representative-level correlations, a generally positive pattern emerged between SCPI-related measures and authorized treatment days. However, given the small number of representatives and the absence of covariate adjustment, the results should be interpreted as preliminary evidence of association rather than evidence that SCPI caused differences in authorization outcomes.

Although differences between the SCPI < 70 and SCPI 70-80 groups were modest, the SCPI > 80 group demonstrated higher average authorized days. This pattern is consistent with the study hypothesis, but alternative explanations such as payer mix, case complexity, role assignment, and representative experience should be examined in future controlled analyses.

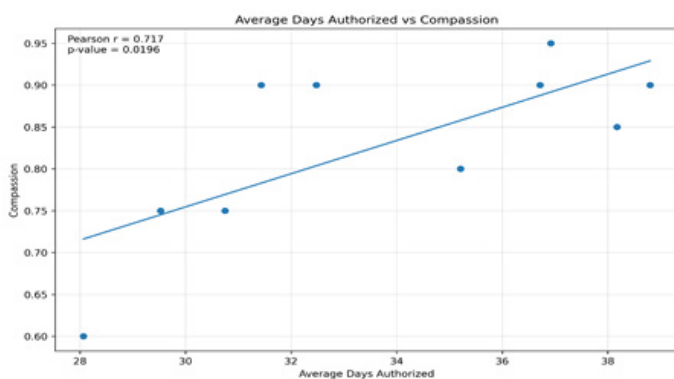


Figure 2: Scatter plot showing the relationship between the Compassion domain of the SCPI Index and Average Days Authorized.

Summary of Findings

Overall, the results suggest an association between relational capability, as measured by the SCPI, and operational outcomes in this behavioral health utilization review setting. Representatives with higher SCPI scores authorized more treatment days per case, resulting in stronger estimated financial outcomes.

These findings provide preliminary evidence that relational capability may be associated with utilization review performance and estimated financial outcomes in behavioral health organizations. Larger, controlled, multi-site studies are needed to confirm these results, but this concept paper demonstrates the potential power of the SCPI to improve an operating metric that has direct financial benefits to behavioral health organizations.

Discussion

This study examined the relationship between relational capability, as measured by the Care Predictor Index (SCPI), and operational and estimated financial outcomes within a behavioral health utilization review setting. The findings suggest an association between higher SCPI scores and greater average treatment days authorized per case. These differences translated into substantial estimated revenue gains, suggesting that relational capability may function not only as a determinant of clinical outcomes but also as a measurable driver of organizational financial performance.

Alignment with Existing Literature

The present findings are consistent with a large body of research demonstrating the importance of relational processes in behavioral health care. Consistent with prior work on therapeutic alliance, which has been shown to predict treatment outcomes across modalities and settings (1-4), this study suggests that the interpersonal competencies underlying effective alliance formation may also be relevant to operational processes that shape care delivery. In particular, the observed relationship between SCPI scores and authorized treatment days aligns conceptually with prior evidence that provider relational characteristics influence patient engagement, treatment retention, and discharge patterns [9].

The results also support theoretical perspectives grounded in attachment theory and relational competence, which emphasize

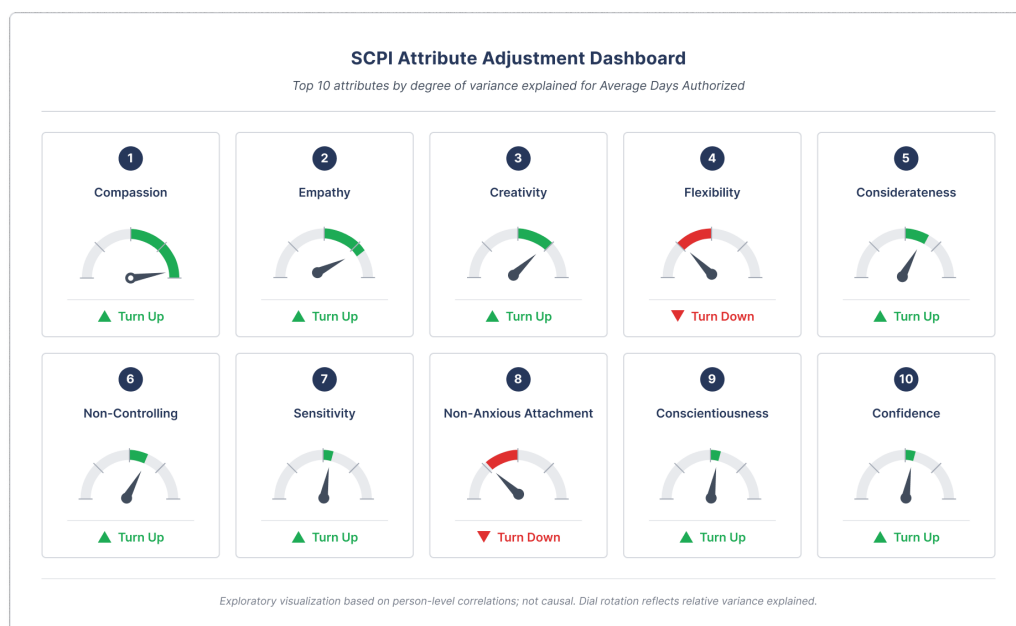


Figure 3: Dashboard demonstrating how the SCPI algorithm could hypothetically be adjusted based upon data inputs to improve its ability to predict behavioral or operational outcomes. The dashboard shows the actual degree of variance calculated for these 10 domains based upon the limited data used in this preliminary study.

the role of emotional regulation, interpersonal responsiveness, and communication effectiveness in shaping professional performance [6-8]. In the context of utilization review, these competencies may influence how effectively representatives communicate clinical information, respond to payer concerns, and advocate for appropriate levels of care. Recent empirical studies have similarly shown that empathy and relational engagement among healthcare professionals are associated with improved patient outcomes and system-level performance indicators [11,13-15].

Taken together, these findings suggest that relational capability may represent a cross-cutting construct relevant to both clinical and operational dimensions of behavioral health care. While prior research has primarily focused on patient-facing outcomes, the present exploratory study raises the possibility that relational capability also plays a role in processes that directly affect reimbursement and financial performance.

Relational Capability as a Potential Operational and Financial Lever

A central contribution of this study is the preliminary evidence that relational capability may function as an operationally relevant workforce characteristic within behavioral health organizations. In utilization review contexts, where authorization decisions may be influenced by communication quality, clarity of clinical presentation, and interpersonal dynamics, relational capability appears to be associated with measurable differences in performance outcomes.

The observed increase of approximately three additional authorized treatment days per case among higher-scoring SCPI representatives is modest at the individual level but becomes substantial when aggregated across large case volumes. When translated into financial terms, these differences correspond to meaningful revenue gains for treatment providers and service organizations. This pattern illustrates how relatively small improvements in relational performance can scale to significant organizational impact.

These findings highlight an important distinction: while technical knowledge and clinical expertise remain essential, relational capability may represent a key differentiator in roles that involve negotiation, advocacy, and cross-organizational communication. In this sense, relational capability can be understood as a form of applied professional competence that influences both care delivery and organizational outcomes.

Implications for Workforce Development and Organizational Practice

The findings of this study have several practical implications for behavioral health organizations. First, they suggest that measuring relational capability can provide actionable insights into workforce performance. Tools such as the SCPI offer a structured method for identifying strengths and areas for development across domains such as empathy, communication effectiveness, and emotional regulation.

Second, integrating relational capability assessment into workforce development processes may support targeted

interventions aimed at improving performance. Training programs focused on communication skills, relational awareness, and emotional regulation may enhance both clinical and operational effectiveness. Reflective supervision and coaching may also help professionals develop greater relational flexibility and consistency in high-stakes interactions.

Third, the results suggest that relational capability may be relevant not only for clinical roles but also for operational functions such as utilization review. Organizations may benefit from incorporating relational capability into hiring, training, and performance evaluation processes for roles that involve external communication and negotiation with payer organizations. By identifying staff below key SCPI thresholds and providing targeted development, organizations can proactively strengthen both clinical outcomes and operational results.

Finally, the integration of relational capability metrics into organizational performance monitoring may allow for closer alignment between workforce development strategies and financial outcomes. By tracking relational capability alongside operational metrics such as authorized treatment days, organizations may be better positioned to identify drivers of performance and allocate resources more effectively and pinpoint the workforce characteristics that drive stronger payer approvals and better treatment engagement.

Limitations and Future Research

Several limitations should be considered when interpreting the findings of this study. First, the study was conducted at a single site using a small sample of utilization review representatives. Although the findings were consistent across SCPI segments, the generalizability of the results may be limited.

Second, the study employed a retrospective, observational design. As a result, causal relationships between relational capability and financial outcomes cannot be definitively established. It is possible that other unmeasured factors, such as experience level, case complexity, or organizational processes, may have influenced the observed outcomes.

Third, financial impact estimates were based on average reimbursement assumptions rather than direct billing data. While these estimates provide a useful approximation of financial impact, future research using detailed financial data could provide more precise estimates.

Future research should extend this work by examining larger, multi-site samples and exploring the relationship between relational capability and financial outcomes across different organizational contexts. Prospective studies and intervention-based designs may also help to determine whether improvements in relational capability lead to measurable gains in operational and financial performance. In addition, further research is needed to explore how relational capability interacts with other workforce characteristics, such as experience, training, and organizational support, in shaping performance outcomes.

It should be noted that while these results demonstrate the

potential power of the SCPI in its present form, its real power exists in its ability to improve in predictability for specific behavioral and operational outcomes as it is fed more data. For example, correlational analyses between the domains of the SCPI and Average Days Authorized revealed that the domain of Compassion is the strongest driver of the overall observed relationship, explaining 51.4% of the variance (see Figure 2). As additional data is collected and these relationships are confirmed, the SCPI algorithm can be adjusted to better predict the specific operational outcome of authorization days. Similarly, SCPI algorithms will be developed for predicting other operational and behavioral outcomes. Such tailored use of the model will undoubtedly have a much more substantial impact on overall behavioral health outcomes than even the present observed benefits.

Conclusion

This study provides preliminary evidence that relational capability, as measured by the Supportive Care Predictor Index, is associated with operational performance that directly influences financial outcomes in a behavioral health utilization review setting. Representatives with higher SCPI scores authorized more treatment days per case, resulting in increased estimated revenue.

These findings extend existing research on therapeutic alliance and provider characteristics by suggesting that relational capability may be relevant not only to patient outcomes but also to organizational performance. As behavioral health organizations face pressure to improve both care quality and financial sustainability, the ability to measure and develop relational capability may represent a valuable strategy for aligning workforce development with organizational goals. By integrating SCPI results with utilization review data, organizations can build a new workforce strategy for behavioral health, which aligns hiring, development, and talent management with better patient outcomes and improved financial sustainability. In addition, the dynamic nature of the SCPI model allows its algorithms to adapt over time with more data inputs, thereby improving its predictive capabilities. Such continuous improvement ensures that the benefits of the SCPI will only expand over time.

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