

Handout from  
Population Results W.G.  
March 1, 2013 meeting

# Connecting Population Results to Outcome Measures – DMHAS' Progress

Governor's Cabinet on Nonprofit Health and Human Services  
Population Results Workgroup

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# About DMHAS

**MISSION:** The mission of the Department of Mental Health and Addiction Services is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

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# About DMHAS

DMHAS' mandate is to serve adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own.

Collaborate with other agencies and providers to serve people with special needs, such as:

- HIV/AIDS
- Criminal Justice
- Problem Gambling
- Pregnant Women
- Acquired/Traumatic Brain Injury (ABI/TBI)
- Deaf and Hard-of-Hearing
- Co-Occurring Addiction and Mental Illness
- DCF Clients Transitioning to Adult System

# DMHAS Contracting

- 144 Private Non-Profit (PNP) Providers
  - 839 Programs Funded through Human Services Agreements
  - 51 Levels of Care
  - 20 Performance Measures (total; actual # varies by level of care)
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# Performance Measure Examples

- **Process Measures:** time elapsed between request for Mobile Crisis Team and team arrival; # of days between initial evaluation and first outpatient session
  - **Quality Measures:** % of timely data submissions; % of data without missing/unknown values
  - **Outcome Measures:** % employed, % improved functioning (GAF score) since last assessment, % living independently; consumer satisfaction. Most of these are federally required National Outcome Measures (NOMs) for the Substance Abuse and Mental Health Services Administration (SAMHSA)
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# **DMHAS Provider Quality Dashboard Sections**

- Dashboard Header with basic provider information
  - Provider Utilization
  - Client Demographics
  - TCM (Targeted Case Management) Eligible Clients Receiving Services
  - Unique Clients by Level of Care
  - Consumer Satisfaction Survey
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### Provider Activity

12 Month Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	4,262	4,396	-3%
	Admits	2,479	2,213	10%
	Discharges	2,338	2,275	3%
	Service Hours	106,270	74,848	42% ▲
	Bed Days	38,697	42,271	-8%

▲ > 10% Over 1 Yr Ago    ▼ > 10% Under 1Yr Ago

### Consumer Satisfaction Survey (Based on 740 FY11 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Participation in Treatment		94%	80%	92%
✓ Quality and Appropriateness		93%	80%	93%
✓ Overall		93%	80%	91%
✓ Respect		93%	80%	91%
✓ General Satisfaction		91%	80%	92%
✓ Outcome		88%	80%	83%
✓ Recovery		83%	80%	79%
✓ Access		80%	80%	88%

Satisfied % | 
 Goal % | 
 0-80% | 
 80-100% | 
 Goal Met | 
 Under Goal

### Unique Clients by Level of Care

Program Type	Level of Care Type	#	%
<b>Addiction</b>	Medication Assisted Treatment	2,464	57.8%
	Outpatient	1,170	27.5%
	Residential Services	511	12.0%
	Employment Services	207	4.9%
<b>Mental Health</b>	Case Management	248	5.8%
	Employment Services	17	0.4%

### Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	708	17%	18%	Male	2,643	62%	61%
26-34	1,369	32% ▲	22%	Female	1,610	38%	30%
35-44	974	23%	21%				
45-54	875	21%	25%				
55-64	311	7%	12%				
65+	20	0%	3%				
Ethnicity	#	%	State Avg	Race	#	%	State Avg
Non-Hispanic	3,658	86% ▲	74%	White/Caucasian	2,978	70%	65%
Hispanic-Puerto Rican	382	9%	11%	Black/African American	788	18%	17%
Hispanic-Other	146	3%	7%	Other	440	10%	15%
Unknown	71	2%	7%	Am. Indian/Native Alaskan	19	0%	1%
Hispanic-Cuban	4	0%	0%	Unknown	15	0%	2%
Hispanic-Mexican	3	0%	0%	Multiple Races	11	0%	1%
				Hawaiian/Other Pacific Islander	6	0%	0%
				Asian	5	0%	1%

Unique Clients | 
 State Avg | 
 ▲ > 10% Over State Avg | 
 ▼ > 10% Under State Avg



# **DMHAS Program Quality Dashboard Sections**

- Dashboard Header with basic program information
  - Program Activity
  - Data Submission Quality
  - Data Submitted to DMHAS by Month
  - Discharge Outcomes
  - Recovery (National Outcomes Measures (NOMs))
  - Service Engagement (Washington Circle measures)
  - Service Utilization
  - Bed Utilization
  - Evaluations - Crisis/Jail Diversion
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### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	148	126	17%
Admits	139	99	40%
Discharges	131	115	14%
Bed Days	10,028	13,871	-28%

▲ > 10% Over ▼ < 10% Under

### Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	99%	96%
Valid TEDS Data	100%	100%

On-Time Periodic	Actual	State Avg
6 Month Updates	76%	44%

Co-occurring	Actual	State Avg
MH Screen Complete	96%	97%
SA Screen Complete	96%	90%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	99%
Valid Axis V GAF Score	100%	99%

### Discharge Outcomes

Measure	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		49	37%	70%	63%	-33%
No Re-admit within 30 Days of Discharge		102	78%	85%	88%	-7%
Follow-up within 30 Days of Discharge		25	51%	90%	50%	-39%

### Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		105	71%	70%	71%	1%
Improved/Maintained Axis V GAF Score		56	41%	95%	42%	-54%

### Bed Utilization

12 Month Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
	40	1.15 days	1.0	68%	90%	91%	-22%

▒ < 90% ▒ 90-110% ▒ > 110%

### Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

▒ Actual | ▒ Goal 🏆 Goal Met 🚩 Below Goal

\* State Avg based on 40 Active Intermediate/Long Term Res.Tx 3.5 Progr

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	558	614	-9%
Admits	42	13	223% ▲
Discharges	55	94	-41% ▼
Service Hours	4,661	5,094	-9%

▲ > 10% Over ▼ < 10% Under

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	90%
Valid TEDS Data	100%	97%
<b>On-Time Periodic</b>		
6 Month Updates	96%	48%
<b>Cooccurring</b>		
MH Screen Complete	98%	78%
SA Screen Complete	98%	75%
<b>Diagnosis</b>		
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	73%	89%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■		■			■	■	■	■	■	■	■	75%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%
Services	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully	■	18	38%	50%	27%	-12% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Social Support	■	474	85%	60%	43%	25% ▲
Self Help	■	462	83%	60%	10%	23% ▲
Stable Living Situation	■	550	99%	95%	71%	4%
Employed	■	99	18%	30%	16%	-12% ▼
Improved/Maintained Axis V GAF Score	■	48	9%	75%	20%	-66% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services	■	536	96%	90%	82%	6%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
2 or more Services within 30 days	■	25	60%	75%	60%	-15% ▼

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ▲ Goal Met ✖ Below Goal

\* State Avg based on 89 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	77	77	0%
Admits	77	81	-5%
Discharges	74	81	-9%
Bed Days	3,056	2,164	41%

< 10% Over > 10% Under

Discharge Outcomes

Measure	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		71	96%	95%	71%	1%
✓ No Re-admit within 30 Days of Discharge		65	88%	85%	76%	3%
✗ Follow-up within 30 Days of Discharge		33	46%	90%	39%	-44%

Bed Utilization

Measure	12 Month Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		2	342 days	0.1	417%	90%	108%	327%

< 90% 90-110% >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%

1 or more Records Submitted to DMHAS

< 10% Over > 10% Under

Actual | Goal ✓ Goal Met ✗ Below Goal

\* State Avg based on 29 Active Acute Psychiatric Programs

# Feedback Loop

- Quality Reports emailed to provider staff (typically upper management/data quality)
  - Provider forums held at Connecticut Valley Hospital for report “walk through” and fielding questions/comments
  - Providers have one month review period; may submit issues for review by EQMI staff, which are logged and discussed frequently.
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# Feedback Loop

- In past, reports have been reissued if major bugs found; otherwise, providers wait till next quarter to see improvements
  - Future goal: post provider and program reports to DMHAS internet website (end of FY13?)
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# Lessons Learned

- Less is more – previous versions of provider reports were information-dense with small print; long reports tend not to be read
  - Do not underestimate the power of color – strong negative reactions to the use of red in previous versions
  - Provider staff can and will identify issues/quirks that you've never even considered
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# Lessons Learned

- Collaborative, respectful approach is key
  - Try to involve as many of your colleagues as possible (sometimes, people leave)
  - Be flexible with deadlines
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# Implementing Results Based Accountability at the Department of Children and Families

Connecting Population Indicators to POS  
Performance Measures



How  
Population  
&  
Performance  
Accountability  
**FIT TOGETHER**

# THE LINKAGE Between POPULATION and PERFORMANCE

## POPULATION ACCOUNTABILITY

### Healthy Births

Rate of low birth-weight babies

### Children are Safe

Rate of child abuse and neglect

### Children Ready for Future Success

Percent fully ready per K-entry assessment

POPULATION  
RESULTS

## PERFORMANCE ACCOUNTABILITY

Child Welfare Program

# of families served by community provider agencies	% of identified needs met
# of families with new reports to Careline	% of families with new reports to Careline CUSTOMER RESULTS

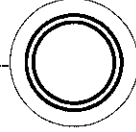
Contribution relationship

Alignment of measures

Appropriate responsibility

Adapted from Mark Friedman:  
RBA101

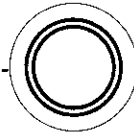
**Connecticut's Children live in stable environments,  
are safe, healthy, and ready for future success**



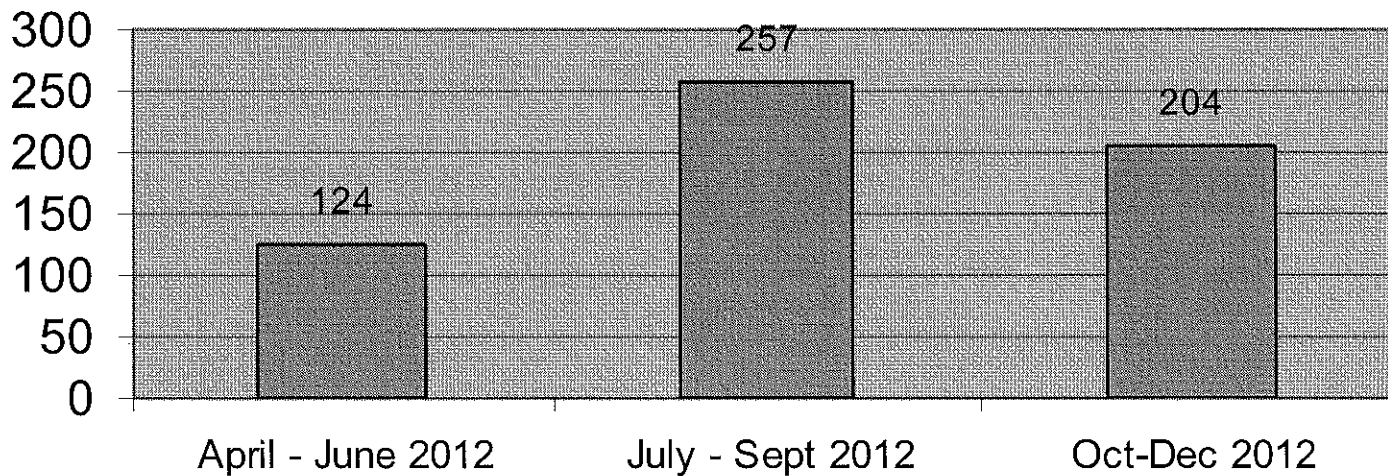
**Strategy #2. Apply strength-based, family-centered  
policy, practice and programs agency-wide**

- 2.1 Fully implement Child and Family Teaming
- 2.2 **Support and evaluate the DCF Family  
Assessment Response**
- 2.3 Assure sibling connections
- 2.4 Expand and support kinship foster family care
- 2.5 Expand the DCF Fatherhood Initiative
- 2.6 Meet Juan F. Consent Decree case planning requirements

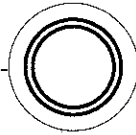
# Families Served by Community Partner Agencies April 2012 through December 2012



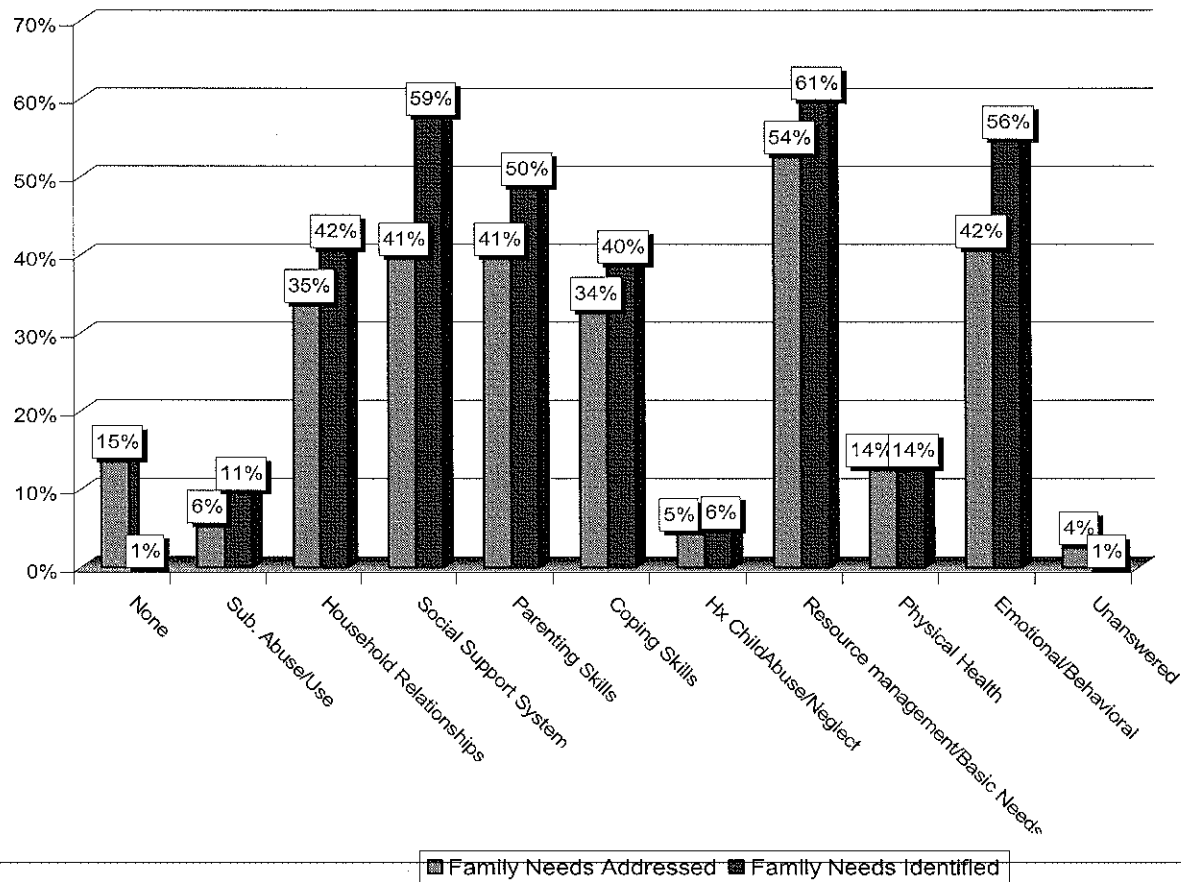
**Admissions to Community Partner Agencies by  
Quarter  
n=585**



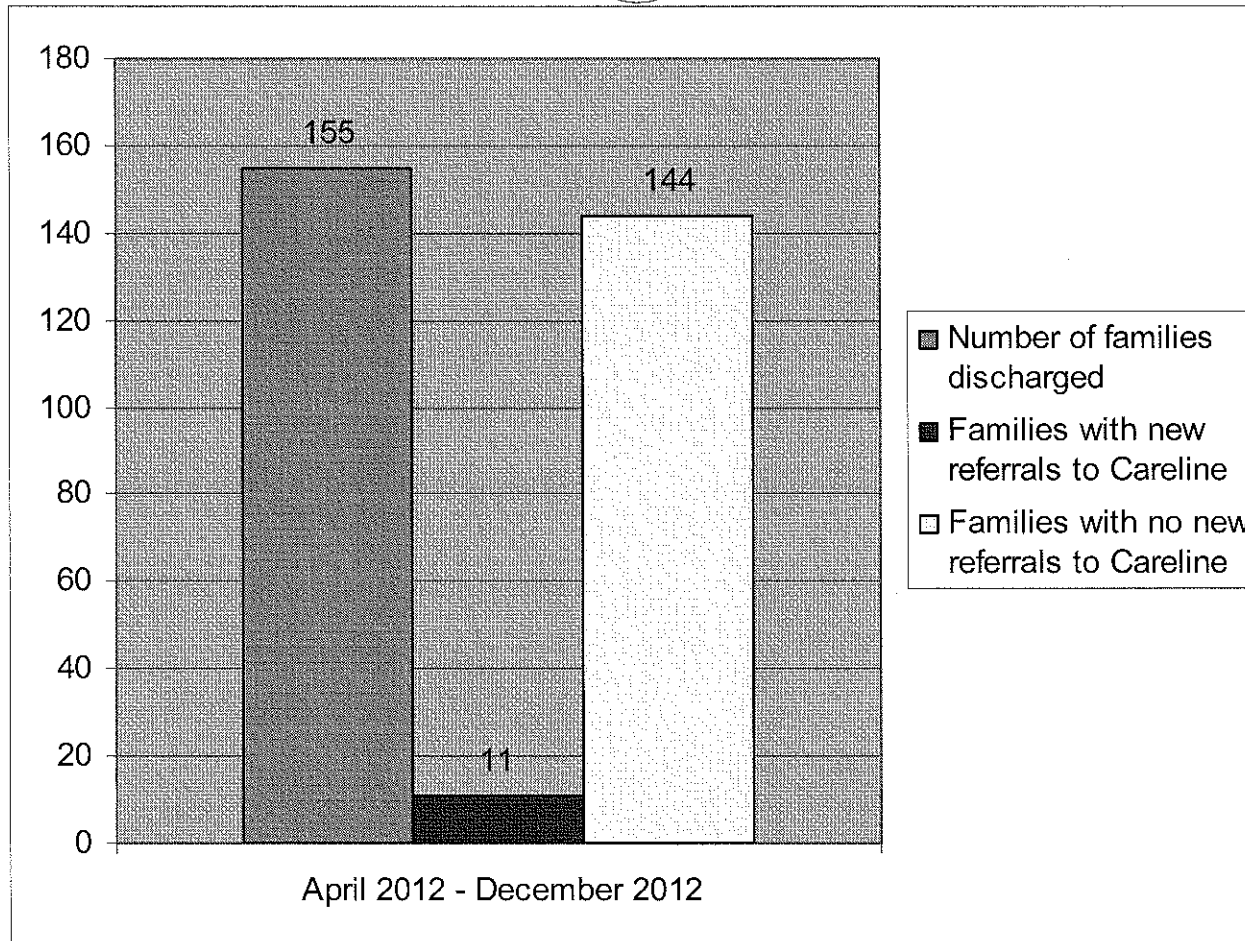
# Family Needs Identified and Addressed April 2012 through December 2012



Family Needs Identified and Addressed



# Families completing Services April 2012 through December 2012





## Key Components of DCF's RBA Implementation

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- ❑ Leadership Commitment
- ❑ **Strategic Plan**
- ❑ Staff Training
- ❑ Provider Outreach
- ❑ Ongoing Education and Awareness
- ❑ **Development of RBA Contract Performance Measures**
- ❑ Use of performance data and client outcomes to manage services
- ❑ Participation in inter-agency efforts





# Cross-Agency Results Statements

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- ❑ All Connecticut residents live in safe families and communities.
  - ❑ All Connecticut residents are economically secure.
  - ❑ All Connecticut residents are developmentally, physically, and mentally healthy across the life span.
  - ❑ All Connecticut residents succeed in education and are prepared for careers, citizenship and life.
  - ❑ All Connecticut residents who are elderly (65 +) or have disabilities live engaged lives in supportive environments of their choosing.
  - ❑ **All children grow up in a stable environment, safe, healthy and ready to succeed.**
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**DCF contribution to the CT Results Statement**  
**All children served by DCF grow up healthy, safe, smart and strong.**


<p align="center"><b>HEALTHY</b></p> <p>Age-appropriate development          Healthy weight          Optimal receipt of health services from prevention through treatment          Good mental health</p>	<p align="center"><b>SAFE</b></p> <p>Child abuse/neglect numbers and rates          Re-entry numbers and rates          Parental functioning broadly defined          Abuse IDd by ER medical staff</p>
<p align="center"><b>SMART (Future Success)</b></p> <p>Entry to kindergarten readiness          Reading at “goal” in 3<sup>rd</sup> grade          Grade level school performance K-12          On-time high school graduation rate          Post-secondary training, education or employment</p>	<p align="center"><b>STRONG (Stable)</b></p> <p>School attendance          Multiple placements or family homelessness          Parental substance abuse, domestic violence or mental illness          Parental education level</p>



# DCF Strategic Plan

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- **Strategic Plan developed using RBA**
- **Aligned with CTKids Report Card**
- **Aligned with Cross-Agency Results Statements**
- **Nine Strategies**
  1. Increase investment in prevention and health promotion
  2. Apply strength-based, family-centered policy, practice and supports agency-wide
  3. Develop or expand regional networks of in-home and community services
  4. Congregate rightsizing and redesign
  5. Address the needs of specific populations
  6. Support collaborative partnerships with communities and other state agencies
  7. Support the public and private sector workforce
  - 8. Increase the capacity of DCF to manage change *and* ongoing operations**
  9. Improve revenue maximization and develop reinvestment priorities and methods



**Strategy 8:** Increase the operational capacity of the Department to effectively manage both change and ongoing operations

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- 8.1 Revise policies and practice guidance**
- 8.2 Improve management practices, including performance contracting**
- 8.3 Expand internal DCF data systems**
- 8.4 Expand the use of evidence-based and promising program models**
- 8.5 Utilize DCF Change Management and Communities of Practice**
- 8.6 Improve strategic communications**
- 8.7 Expand workforce development and training**



## **Community Based Services Outcomes Committee (CBSO)**

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- In order to improve system efficiency, accountability and outcomes for children and families, The CBSO develops, enhances, and monitors standard performance measures and client-based outcomes for all purchased services
- The CBSO meets regularly to ensure ongoing and systematic progress in developing contract performance measures, and to develop and support the role of DCF program leads



## **Community Based Services Outcomes Committee (CBSO)**

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- “Outcomes” catalogued and characterized into approximately 20 categories for all 70 service types
- Analysis of outcomes and categories as RBA performance measures versus
  - Program/model requirements
  - Contract compliance issues
- Establish RBA Pilot Project



# RBA Pilot Project

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- Target 10 program types for RBA program measure development project
  - Re-procurement
  - Re-design
  - RBA pilot group



# RBA Performance Measure Development

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- Creation of performance measure development worksheet
  - Review types of monitoring and performance measures
  - Review RBA performance measure types
  - Categorization of existing contract outcomes
  - Process to develop new RBA performance measures with a focus on client outcomes
  - Proposed RBA performance measures by type
- Meet with program leads for training and TA
- Program leads work with provider groups to develop proposed performance measures,
- Meet to review and revise (if necessary)





# RBA Performance Measure Development

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- Develop proposed performance measures:
  - How much did we do?
  - How well did we do it?
  - Is anyone better off?
- Develop items for exclusion:
  - What can providers stop reporting?
  - Model components or contract compliance items that should not be confused with outcomes
- Identification of data sources
  - Who will collect the data, and how?
  - Who will report the data; how and how often?
  - Who will analyze the data, and how will it be used?



# Ongoing Workplan

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- **System-wide Implementation**
  - All New Programs
  - All Re-designed Programs
  - All Re-procured Programs
  - Contract Renewals through prioritized schedule



# Lessons Learned

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- Know how you will utilize performance measures and outcome data
- Use of performance measures and outcomes to manage contracts
  - use data to understand program performance
  - don't be surprised by your RBA Report Card
- Program Leads
  - The CBSO supports the work of program leads in their oversight and collaboration roles



# Great Ideas

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*Nothing will ever be  
attempted if all  
possible objections  
must first be overcome*

*Samuel Johnson  
1709 – 1784, British Author*