PROMOTING AN EFFICIENT AND EFFECTIVE SYSTEM OF CARE

NACM Conference Omaha, NE October 25, 2017

TODAY'S OBJECTIVES

- ♦ History
 - Who is Region V Systems
 - Cluster Based Planning Initiative
 - Functional Assessments for Consumers
- * Rationale
 - Why we are collecting outcome measures
 - Process of reporting data and aggregating information
- National Outcome Measures
- Identified functioning tools by provider
- Demonstrating progress-Multiple ways to show progress
- Communication process of sharing consumer outcomes
- Lessons Learned
- Next Steps

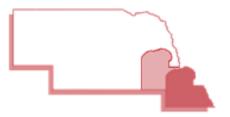


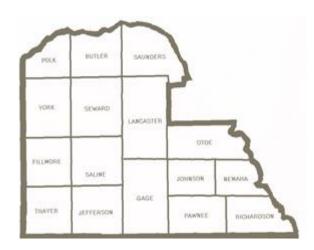
REGION V SYSTEMS BEHAVIORAL HEALTH AUTHORITY

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH.

http://www.region5systems.net/

- *One of six behavioral health regions. Created in 1974.
- *Coordinate & oversee the delivery of publicly funded mental health and substance use services.
- *Network of 13 Providers for MH & SUD services.
- *Levels of Care: Adult Community Integration; Adult Non-Residential; Adult Residential; Adult Inpatient; Adult Emergency; Youth Non-Residential.
- *Unique persons served MH: 5112 & SU: 5099. Total 9054
- *Behavioral Health Advisory Committee
- *Regional Governing Board
- *Approximately \$21 Million annual budget





HISTORY

- Cluster Based Planning: 2010 Implemented in Region V Systems.
- Creator, Bill Rubin, Synthesis, Inc.
- Cluster: A subgroup of a larger clinical population that shares common strengths, problems, treatment histories, social or environmental contexts, and/or life situations.
 - Adults with SPMI
 - Men & Women with Substance Use
 - Youth with Behavioral Health Issues
- *Discharge Status as a way to observe success. Results Based Accountability
- *Functional assessment tool for each provider to assess consumers progress.

CLUSTER BASED PLANNING TITLES

MEN WITH SUBSTANCE USE DISORDERS ADULTS WITH SPMI WOMEN WITH SUBSTANCE USE DISORDERS Adults With Chronic & Serious Health Conditions & M1 Men Who Expect Others To Meet Their Many Perceived Needs Psychiatric Disabilities W1 More Mature Women Addicted To Crack, Narcotics M2 Men Who Are Unable To Deal With High 2A Adults With Serious Substance Abuse, Mental And Other Street Drugs Expectations For Their Performance Health, & Community Living Problems W2 Women Addicted To The Exciting Lifestyle M3 Men Who Use Threats & Intimidation To Get Their Adults With Severe Substance Abuse Problems 8 W3 Women Addicted To Medications Or Other Drugs Less Severe Mental Health Problems **Needs Met** (And May Have Avoided Legal Consequences For Adults Whose Psychiatric Problems Have Caused Years) M4 Men Who Are More Culturally Isolated & Who See Little Need To Change Their Substance Use Them To Miss Out On Opportunities In Many Life More Mature Women Who Abuse Alcohol Women With More Severe Mental Health M5 Men Addicted To Opiates Or Pain Medications 3B Adults Whose Severe Psychiatric Illnesses Began Problems (Sami) More Recently And Who Are Not Convinced Of The Younger Men Addicted To Heroin Or Cocaine **Usefulness Of Treatment** W6 Women With MH Issues Whose Histories Of Trauma Who Have Ended Up Out On The Street Make It Difficult For Them To Move Forward With Adults With Trauma Histories Who Struggle With M7 Men With Serious Substance Abuse, Mental Health Their Lives Anxiety & Depression, And Who Have Difficulty & Community Living Problems (SAMI) Moving Forward With Their Lives W7 Women Whose Lives Have Been Controlled By Others And Their Expectations Limited M8 Men With Severe Substance Abuse Problems & 4B Adults Who Struggle With Anxiety And Tend To Less Severe MH Problems Focus On Their Physical Health Conditions W8 Younger Women Who Have Used Drugs To Deal With Family & Social Problems Adults Who Have Functioned Well In Their Communities W9 Women Who Have Become Unintentionally Dependent Upon Drugs W10 Younger Women Who Seem Worn Down From Generational Poverty & Addiction ADULTS WITH DEVELOPMENTAL DISABILITIES YOUTH WITH BEHAVIORAL HEALTH ISSUES (one site only) 1. Youth Who Have ADHD Or Other Neuro-Behavioral 1. Adults Who Are Functioning Well In Their Community Conditions 2. Vulnerable Youth Who Are Depressed and/or Suicidal 2. Adults Whose Developmental Opportunities Have Youth With Serious Behavior Problems Been Limited And Who Need Help Making Good ADULTS NEEDING GENERAL OUTPATIENT Youth Who Have Been Sexually, Physically Or SERIVCES **Emotionally Abused** Adults Who Function Best With Considerable Structure And Supervision 5. Youth Affected By Traumatic Events 6. Youth With Substance Abuse Issues Adults Who Are "Good Workers" But Need Help Being More Independent Very Anxious Youth 8. Youth Not Adjusting To Stressful Life Events Or Crises 5. Adults With Severe Limitations In Many Areas Of Their Functioning 9. Youth Involved in Sexual Offenses 10. Youth With Both Cognitive Limitations And 6. Higher Functioning Adults With Significant Physical Behavioral Problems 11. Infants, Toddlers, and Preschoolers with Early Developmental and Behavioral difficulties YOUTH AND YOUNG ADULTS IN TRANSITION

RATIONALE-WHY FOCUS ON CONSUMER OUTCOMES

- Quality Improvement Activities/Efforts. Committed to continually improving the service delivery to persons served.
- Understanding who our consumer population is and how to affect positive change. Also known as "population management."
- Increase our knowledge of which services are getting positive outcomes and why.
- *Helps us tell the story of what is really going on.
- Ultimately we want the best possible outcomes for consumers.
- *Identify & review trends and emerging issues gleaned from data collected.
- Ensure Providers are given the opportunities to proactively engage in the collection and evaluation process.

ASSESSMENT TOOLS PROVIDER SELF SELECTED

Identified Tool	Measures	Providers Utilizing
Basis-24	Behavioral & Symptom Identification Scale. Measures 5 domains: Understanding of self, daily living skills/role functioning, depression, anxiety, suicidality	
Child Adolescent Functioning Assessment Scale	Measures 8 domains of youths functioning in the areas of school, home, substance use, thinking	
Daily Living Activities-20	Assesses 20 domains of daily living skills. For example: health practices, housing, communication, safety, money, nutrition	
Outcome Questionaire-45, Y-OQ & Y-OQ Self Report	Symptom distress, interpersonal relationships, social role performance, somatic critical items, behavioral dysfunction	
Quality of Life Scale	General categories: knowledge of resources, housing, transportation, health, safety, support, education	

DEMONSTRATING PROGRESS-OUTCOMES

3 OUTCOME INDICATORS:

OUTCOME #1: Meaningful & Reliable Change.

OUTCOME #2: Meaningful Change in "Severe Impairment."

OUTCOME #3: Meaningful Change in "Areas of Concern."

A consumer could be counted in one or all three outcomes.

OVERALL--UNDUPLICATED COUNT OF CONSUMERS MAKING IMPROVEMENT:

OUTCOME #4: Improvement on "one or more of the

3 outcome indicators" (above).

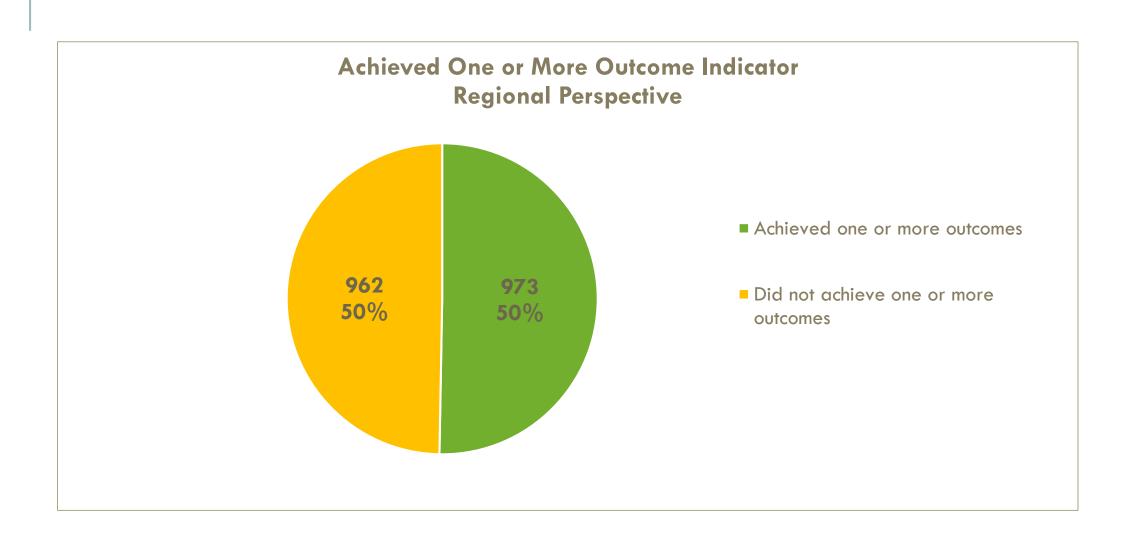
A consumer can only be

Counted one time.

DEMONSTRATING PROGRESS-OUTCOMES

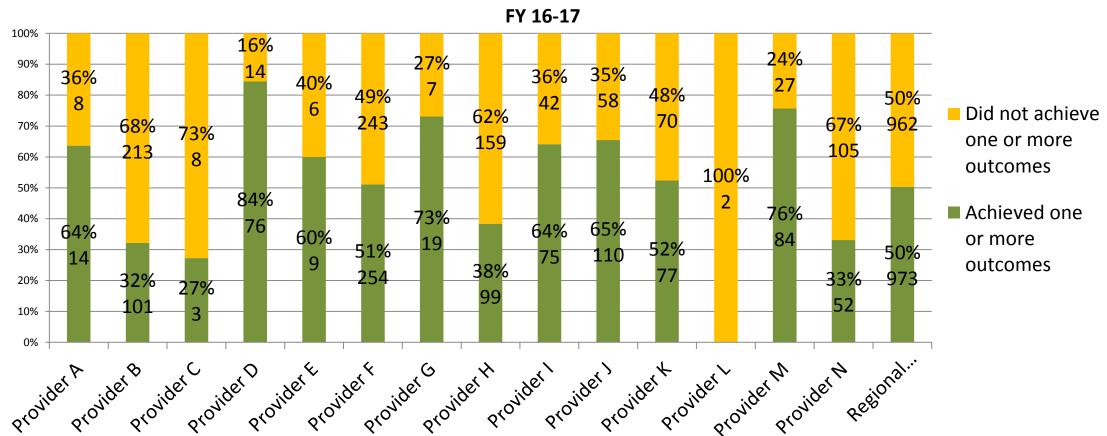
Tool	Outcome 1 Meaningful & Reliable Change	Outcome 2 Meaningful Change in <u>Severe Impairment</u>	Outcome 3 Meaningful Change in <u>Areas of Concern</u>	Outcome 4 Unduplicated Number
DLA-20	Change of ≥.3 points from admission to discharge	Average admission score ≤3.99 & average discharge score ≥4	Admission score ≤3 on ≥1 areas of concern & discharge score >3 on all areas of concern	Improvement on One or More Outcome Indicators.
BASIS-24	Statistically Significant ChangeEffect Size	Total admission score ≥2 & total discharge score ≤1.99	Admission score ≥2 on ≥1 areas of concern & discharge score ≤1.99 on all areas of concern	Improvement on One or More Outcome Indicators.

4TH OUTCOME-REGIONAL PERSPECTIVE FY 16-17



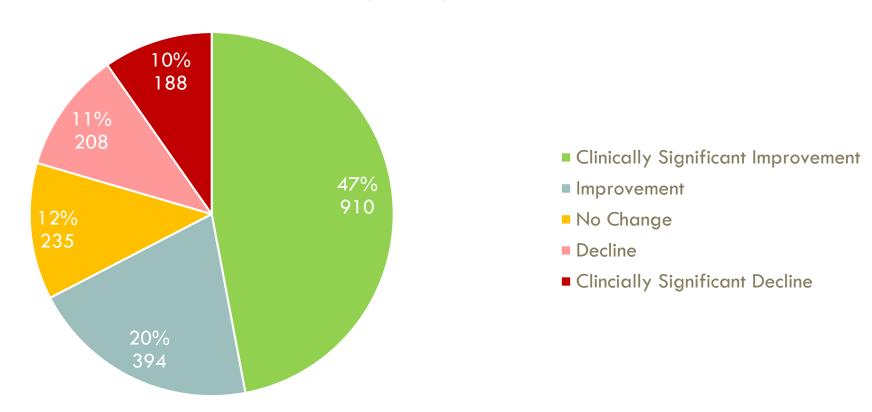
4TH OUTCOME--BY AGENCY





FY 16-17 CONSUMER OUTCOMES IN THE NETWORK

Outcome #1: Meaningful & Reliable Change FY 16-17 (n=1935)



Consumer Outcomes by Cluster Membership-ADULTS FY 16-17 (n=1332)

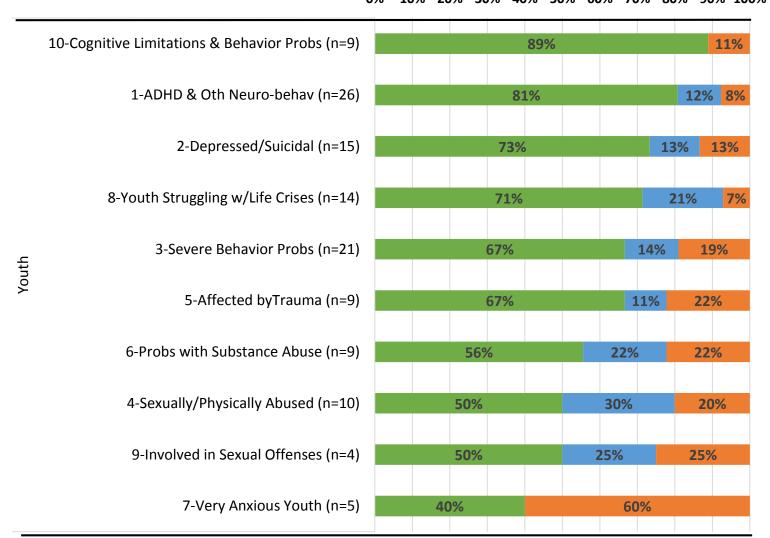
■ Improved and Clinically Significant Improvement ■ No Change ■ Declined and Clinically Significant Decline 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



Consumer Outcomes by Cluster Membership-YOUTH FY 16-17 (n=122)

■ Improved and Clinically Significant Improvement ■ No Change ■ Declined and Clinically Significant Decline

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

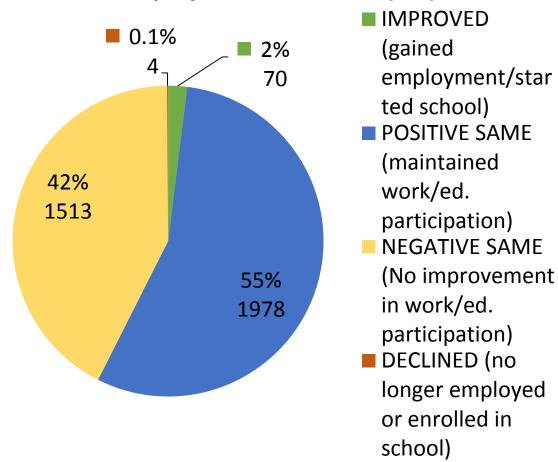


NATIONAL OUTCOME MEASURES (NOMS)

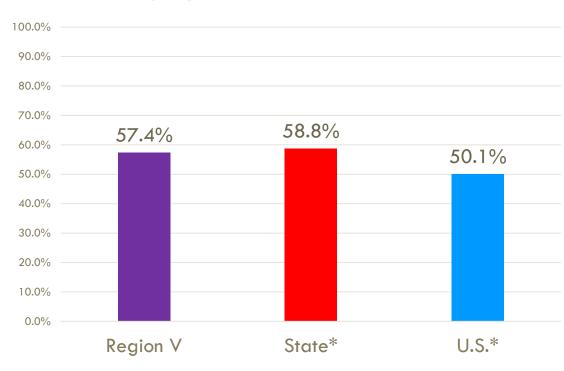
- Developed by Substance Abuse and Mental Health Services Administration (SAMHSA) with collaboration from States.
 - Employment/Education
 - Stable Housing
 - Criminal Justice
 - Alcohol Abstinence
 - Drug Abstinence

REGION V SYSTEMS NOMS - EMPLOYMENT/EDUCATION



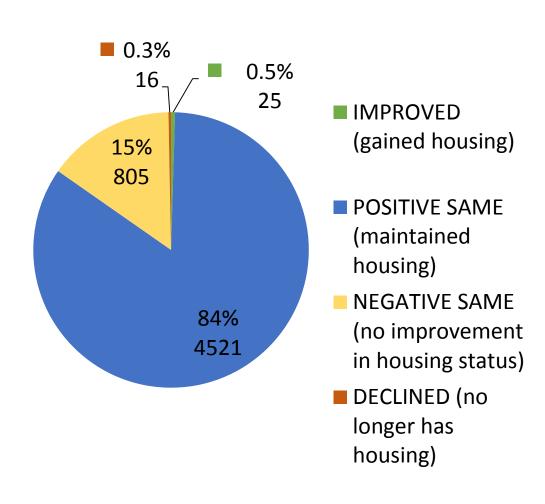


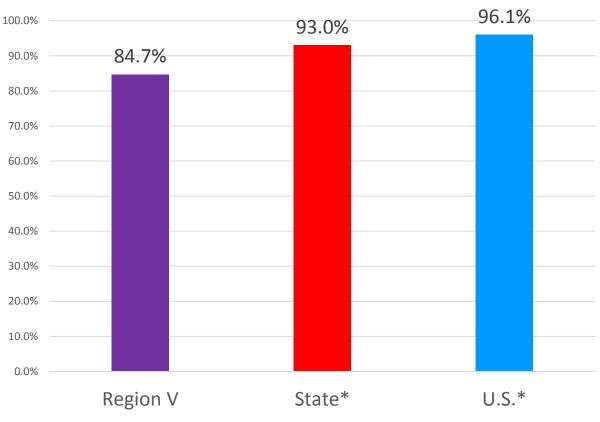
Employed (% in Labor Force)



Region V=combined Improved and Positive Same categories *Nebraska and U.S. figures are for FY 2016. Nebraska reported on individuals served in a mental health or dual service.

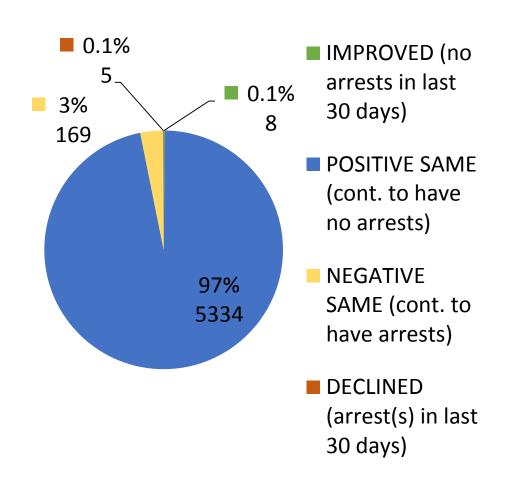
REGION V SYSTEMS NOMS - STABLE HOUSING

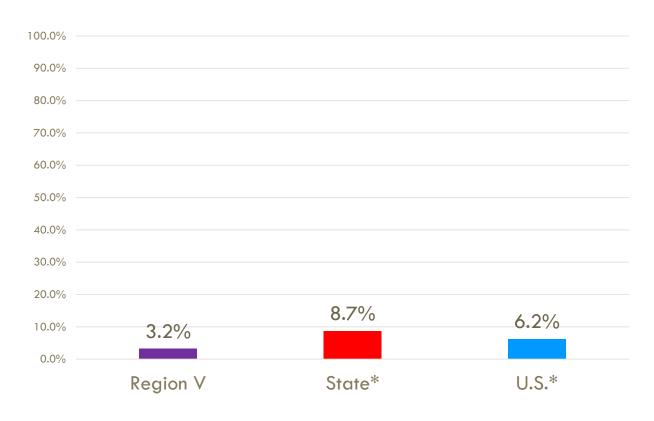




Region V=combined Improved and Positive Same categories *Nebraska and U.S. figures are for FY 2016. Nebraska reported on individuals served in a mental health or dual service.

REGION V SYSTEMS NOMS — CRIMINAL JUSTICE





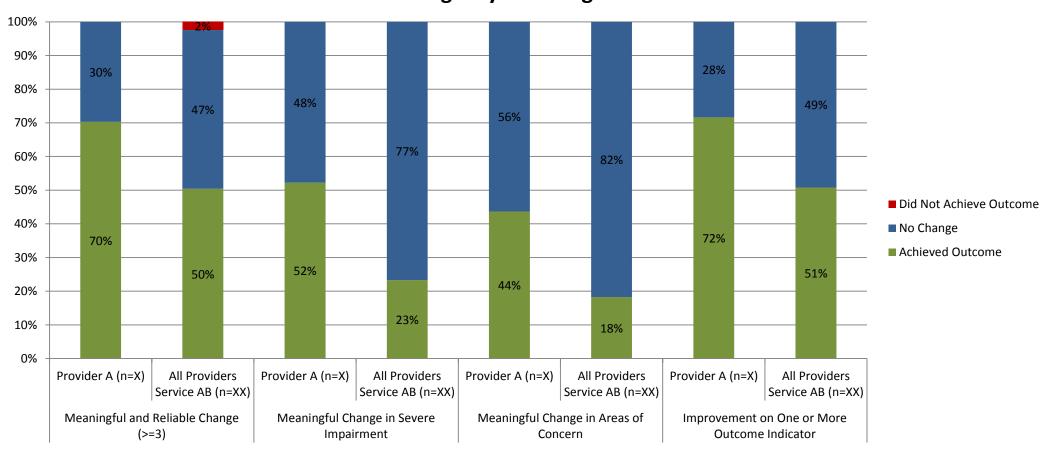
Region V=combined Negative Same and Declined categories *Nebraska and U.S. figures are for FY 2016. Nebraska reported on individuals served in a mental health or dual service.

REGION V SYSTEMS NOMS

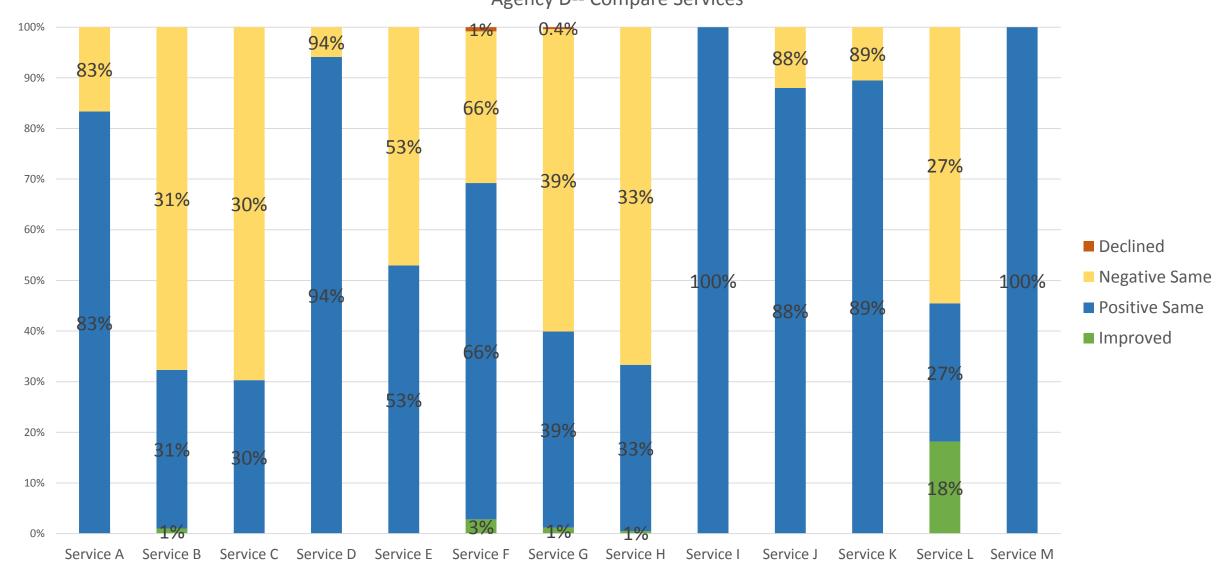


INDIVIDUAL PROVIDER MEETINGS

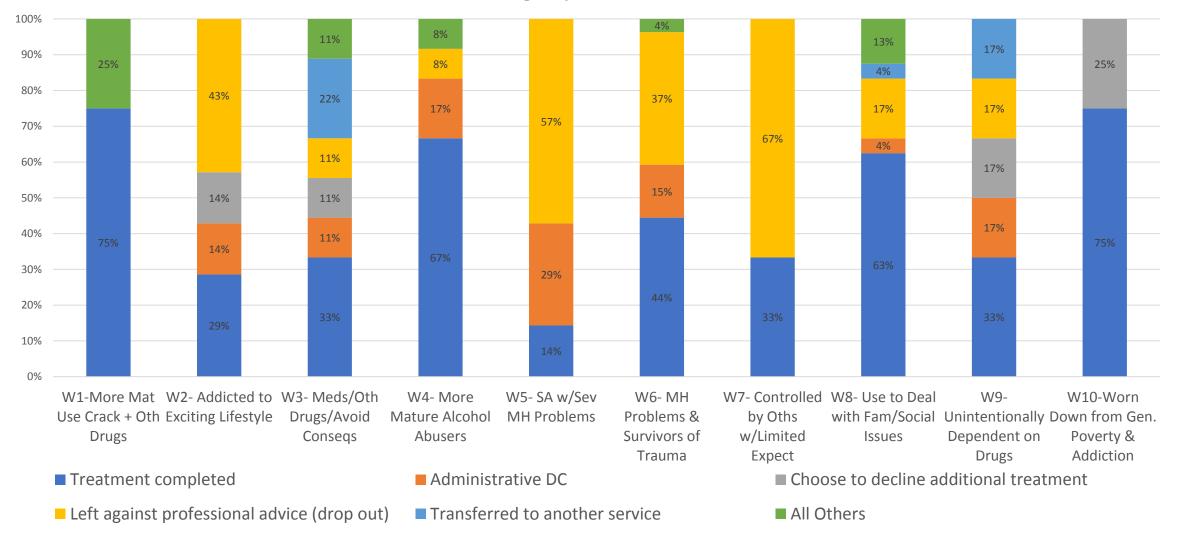
Comparing Performance on Outcomes 1-4 on Specific Service Agency A vs. Region



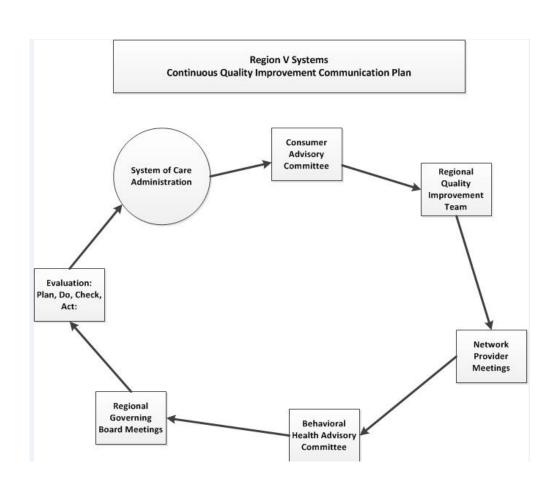
National Outcome Measures (NOMS)--Stable Housing Agency D-- Compare Services



Discharge Type by Cluster Agency Z FY 16-17



REGION V SYSTEMS COMMUNICATION PROCESS



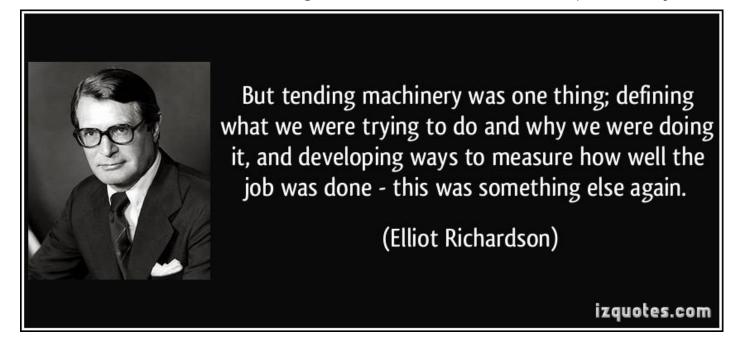
LESSONS LEARNED



- Explain the process and rationale
- Create an environment to learn vs. hold accountable
- Repeat, repeat, repeat....

LESSONS LEARNED

- ❖Go Slow
- *Bring in other funding entities.
- *National Trends of observing consumer outcomes (Quality vs. Quantity)



NEXT STEPS-OUTCOME MEASURES

- Continue to make observations of trends/emerging issues and recommendations at Regional Quality Improvement Team (RQIT) and with individual meetings with providers. (i.e. what does it mean, drill down in areas that we have questions about, make changes to the way we do business, initiate quality improvement activities).
- Look at individual services, cluster memberships and determine targetsrange, thresholds.
- ❖Up to 2 years of baseline data will assist us in establishing targets and thresholds for FY 17-18.
- *Make changes for improvement to programming at an organization level.

KEEP CALY WEARE DOING IT AGAIN NEXTYEAR

CONTACT INFORMATION--FOR QUESTIONS

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