

# 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

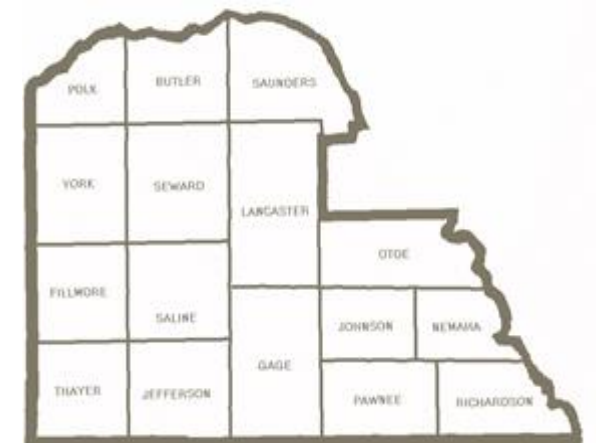


## REGION **V** SYSTEMS BEHAVIORAL HEALTH AUTHORITY

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH.

<http://www.region5systems.net/>

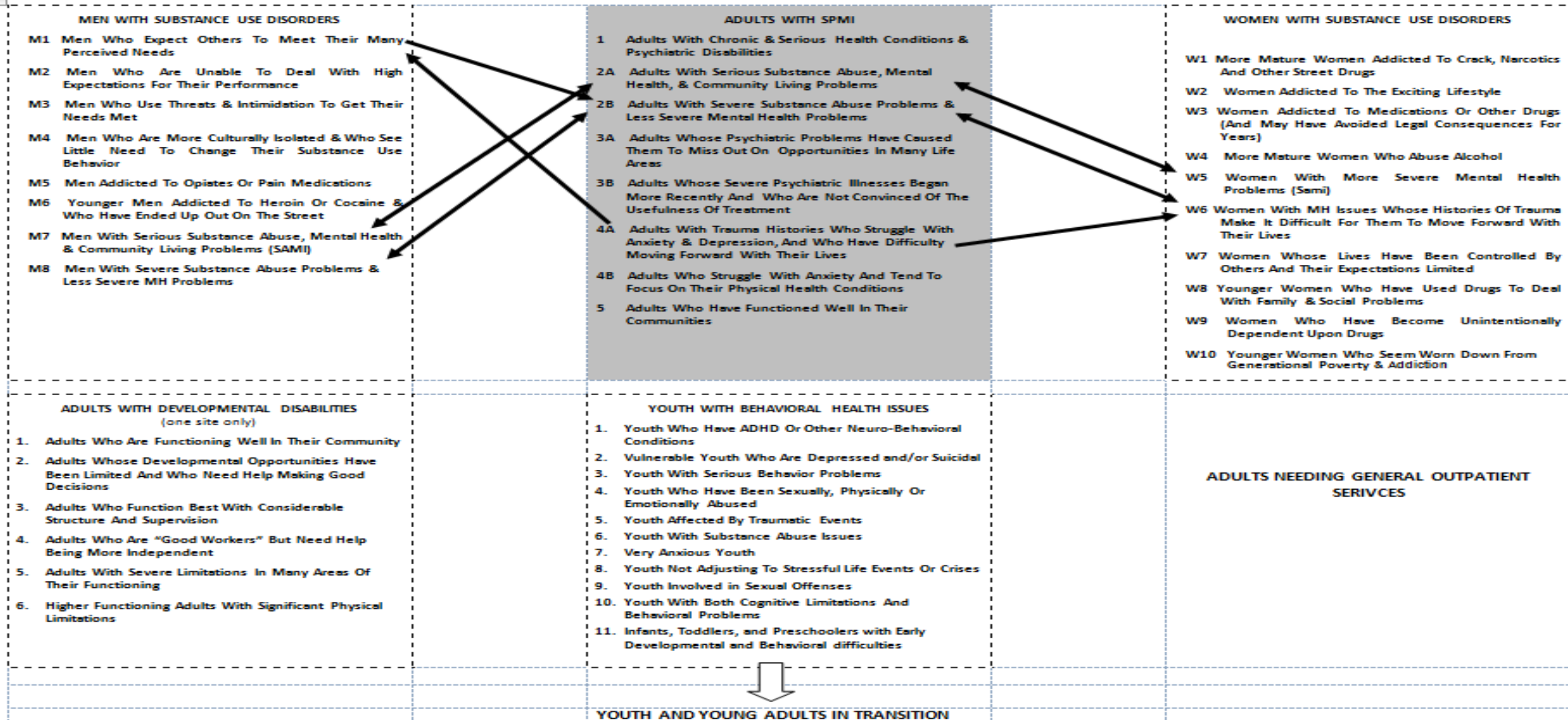
- \*One of six behavioral health regions. Created in 1974.
- \*Coordinate & oversee the delivery of publicly funded mental health and substance use services.
- \*Network of 13 Providers for MH & SUD services.
- \*Levels of Care: Adult Community Integration; Adult Non-Residential; Adult Residential; Adult 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



# 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 Questionnaire-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.

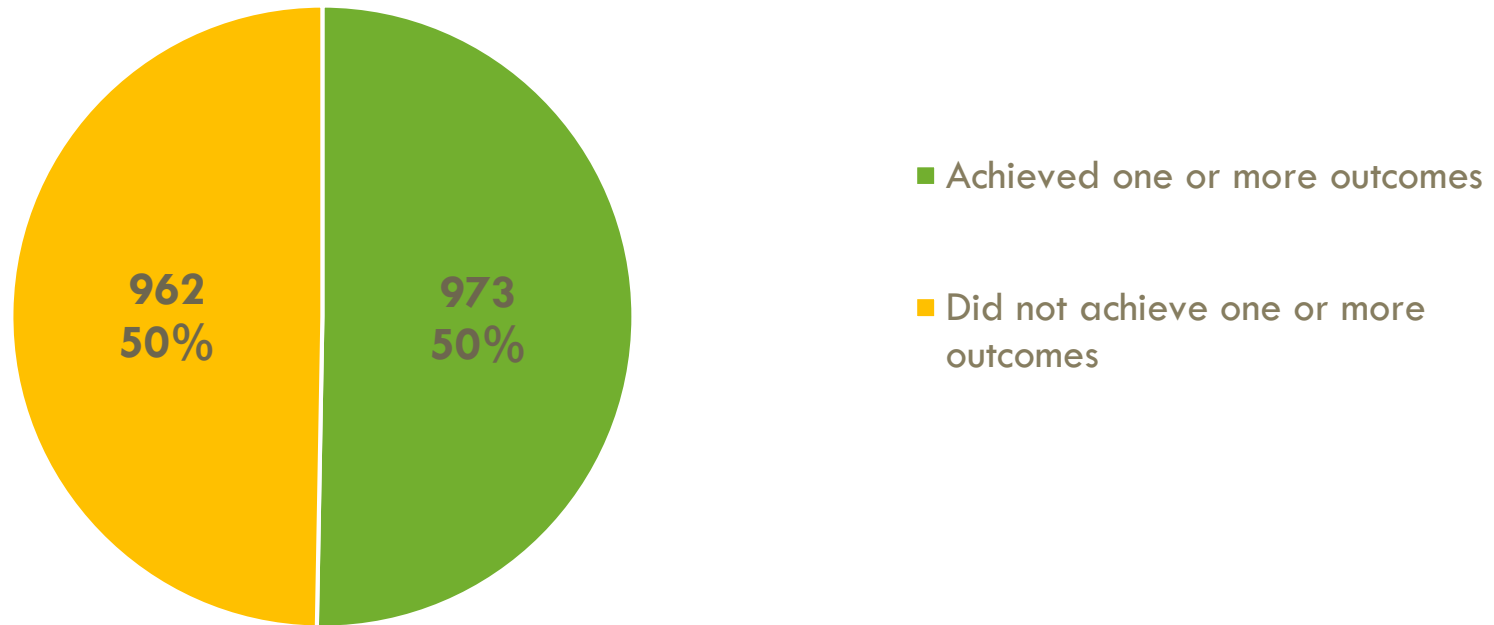


# DEMONSTRATING PROGRESS-OUTCOMES

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 $\geq .3$ points from admission to discharge	Average admission score $\leq 3.99$ & average discharge score $\geq 4$	Admission score $\leq 3$ on $\geq 1$ areas of concern & discharge score $> 3$ on all areas of concern	Improvement on One or More Outcome Indicators.
BASIS-24	Statistically Significant Change--Effect Size	Total admission score $\geq 2$ & total discharge score $\leq 1.99$	Admission score $\geq 2$ on $\geq 1$ areas of concern & discharge score $\leq 1.99$ on all areas of concern	Improvement on One or More Outcome Indicators.

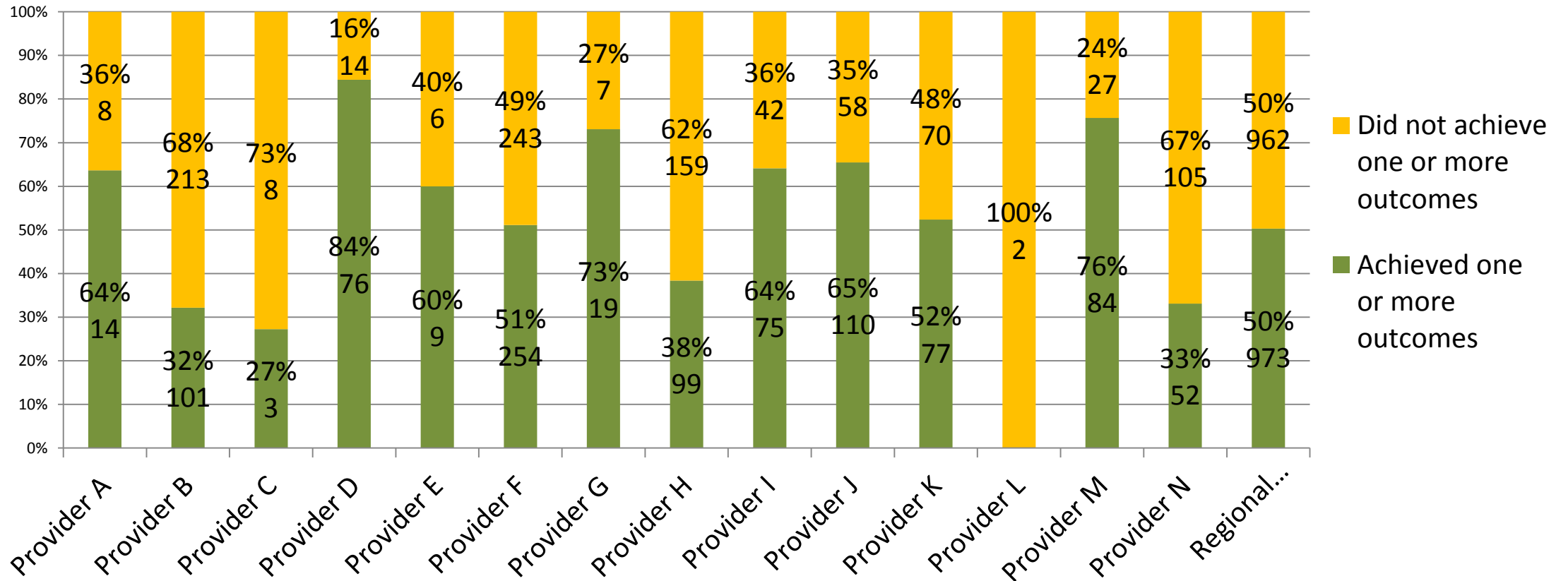
# 4<sup>TH</sup> OUTCOME-REGIONAL PERSPECTIVE FY 16-17

**Achieved One or More Outcome Indicator  
Regional Perspective**



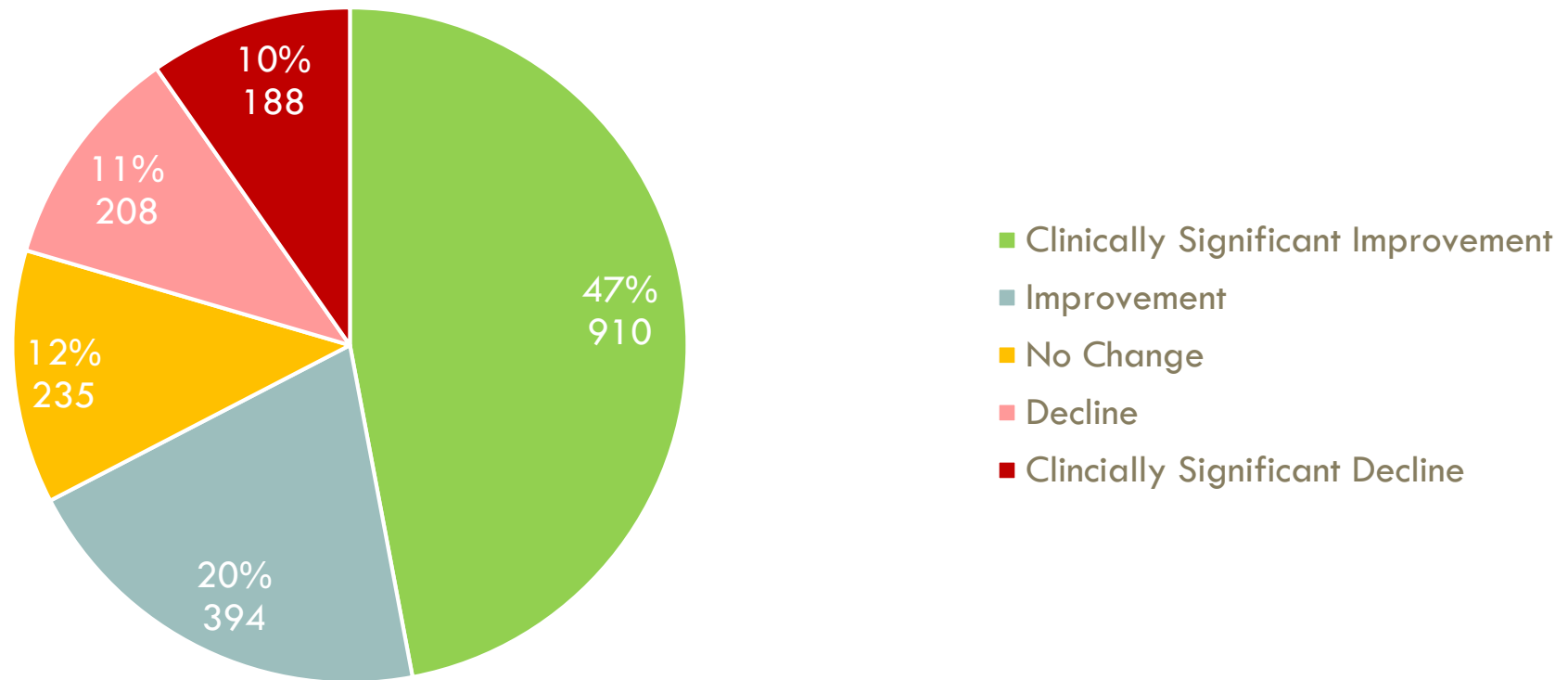
# 4<sup>TH</sup> OUTCOME--BY AGENCY

Achieved One or More Outcome Indicator  
FY 16-17



# FY 16-17 CONSUMER OUTCOMES IN THE NETWORK

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

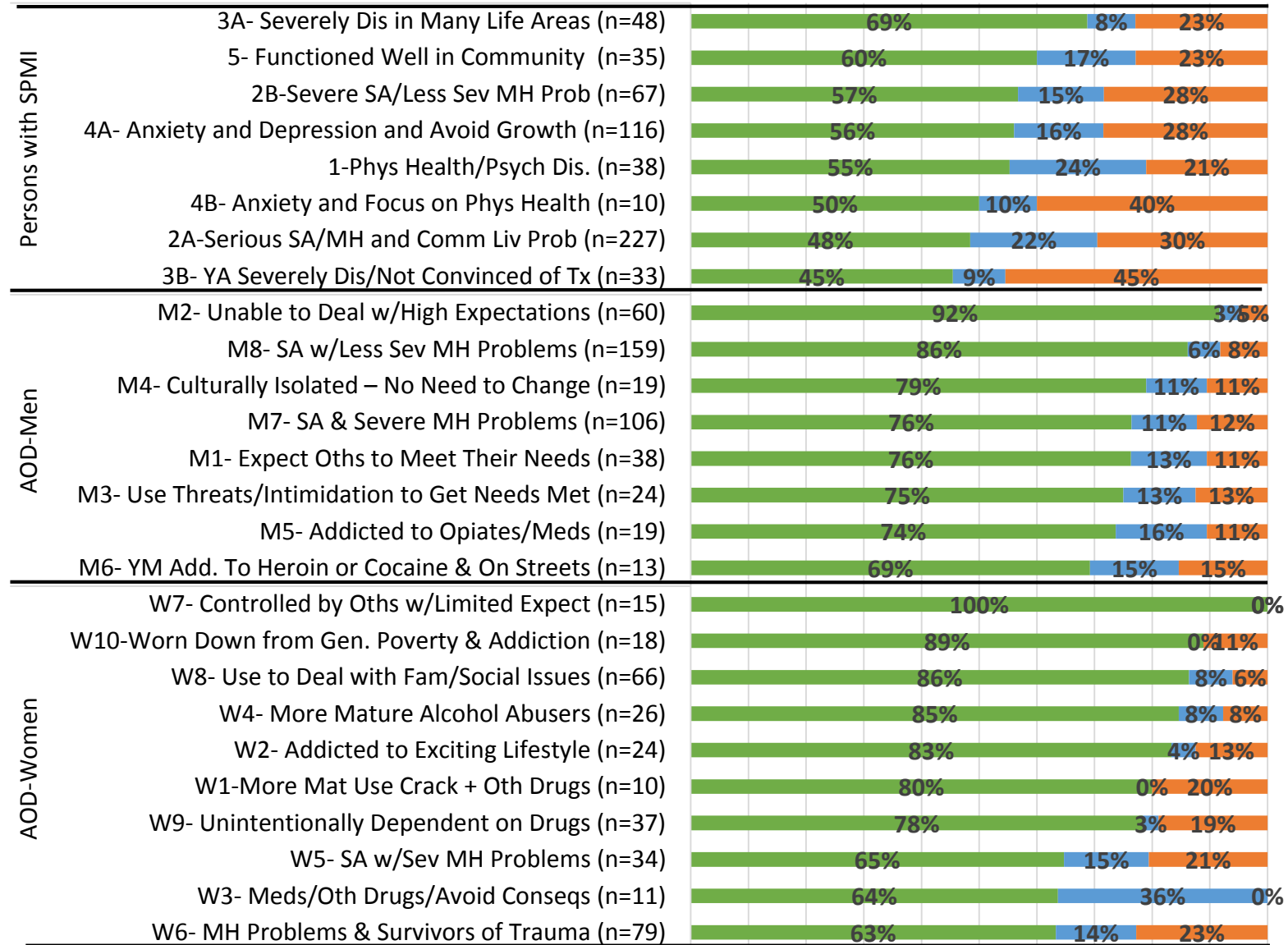


# Consumer Outcomes by Cluster Membership-ADULTS

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%

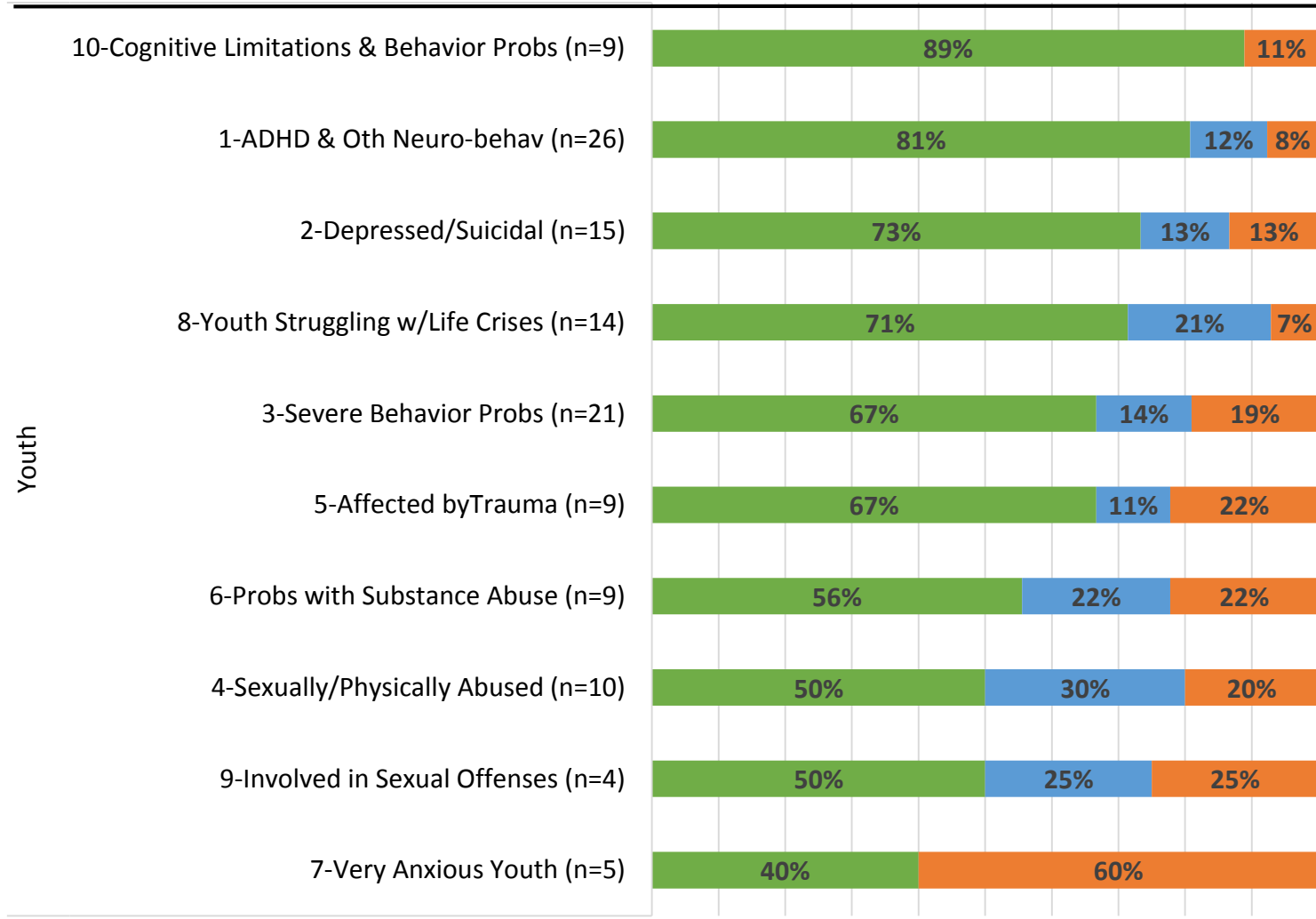


# Consumer Outcomes by Cluster Membership-YOUTH

## 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%

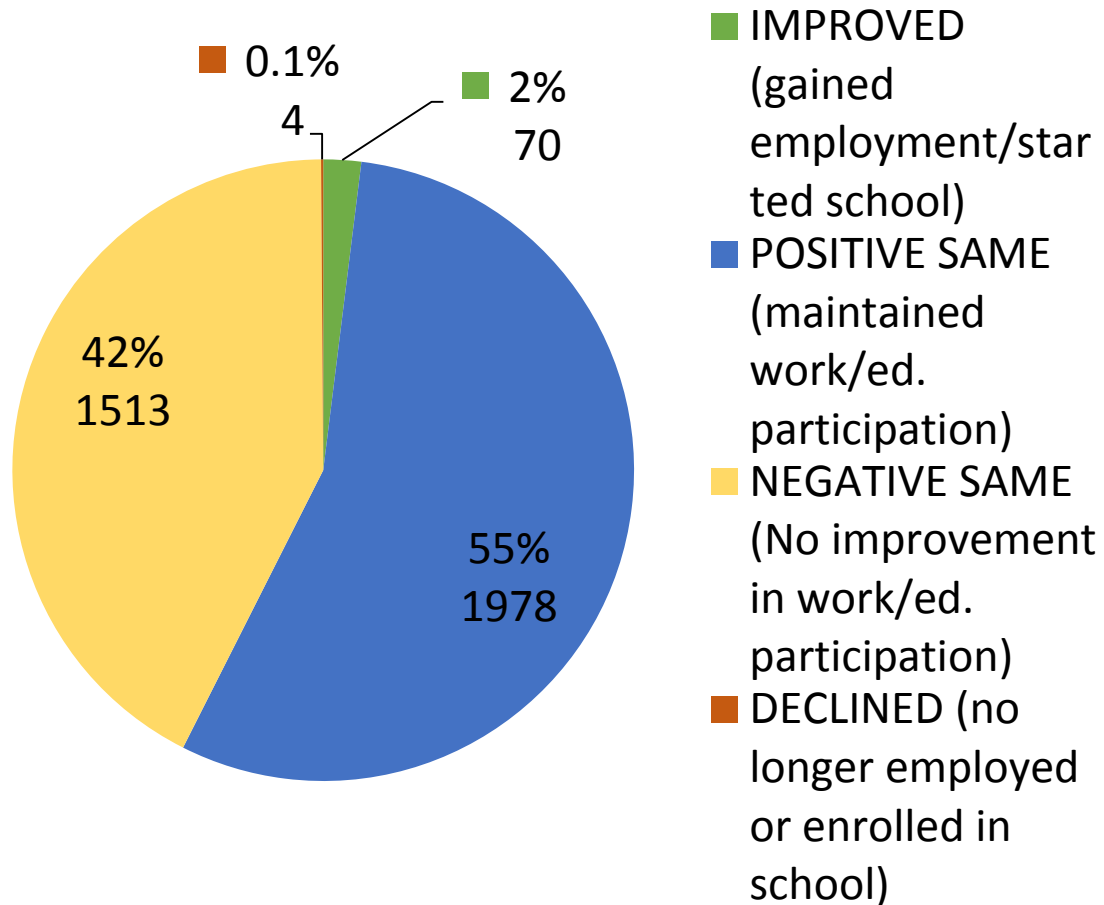


# NATIONAL OUTCOME MEASURES (NOMS)

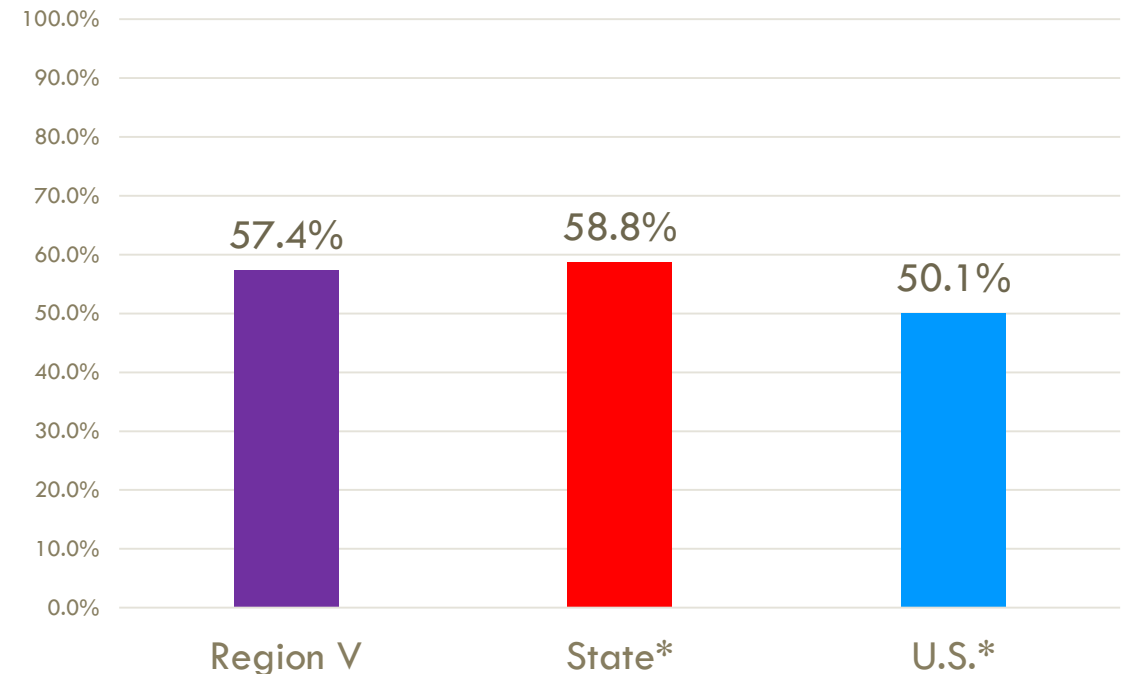
- ❖ Developed by Substance Abuse and Mental Health Services Administration (SAMHSA) with collaboration from States.
  - ❖ Employment/Education
  - ❖ Stable Housing
  - ❖ Criminal Justice
  - ❖ Alcohol Abstinence
  - ❖ Drug Abstinence

# REGION V SYSTEMS NOMS - EMPLOYMENT/EDUCATION

## Employment/Education (ed.)



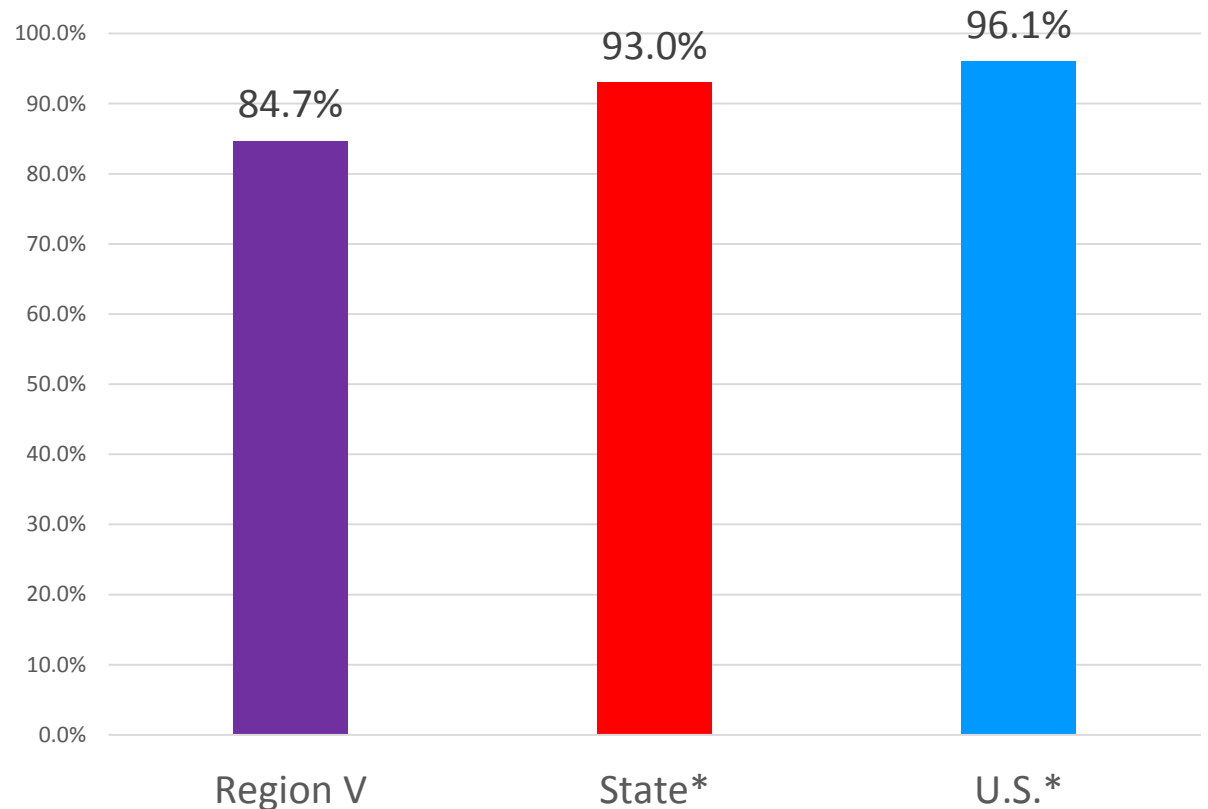
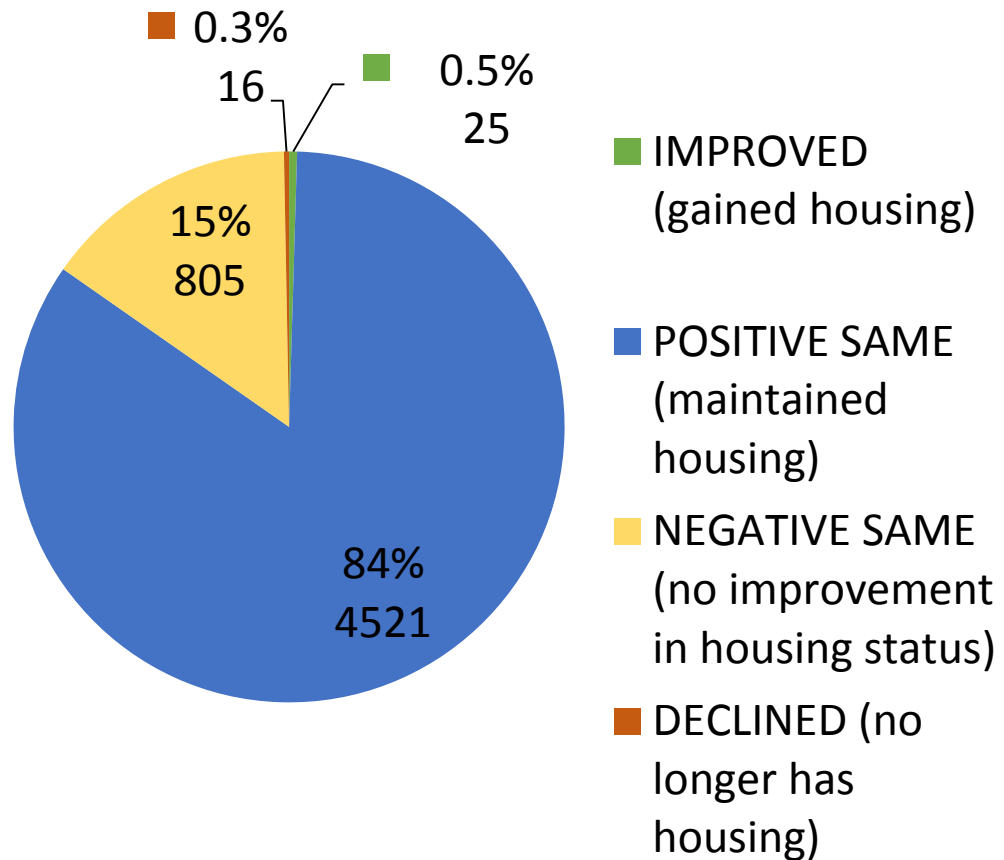
## Employed (% in Labor Force)



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.

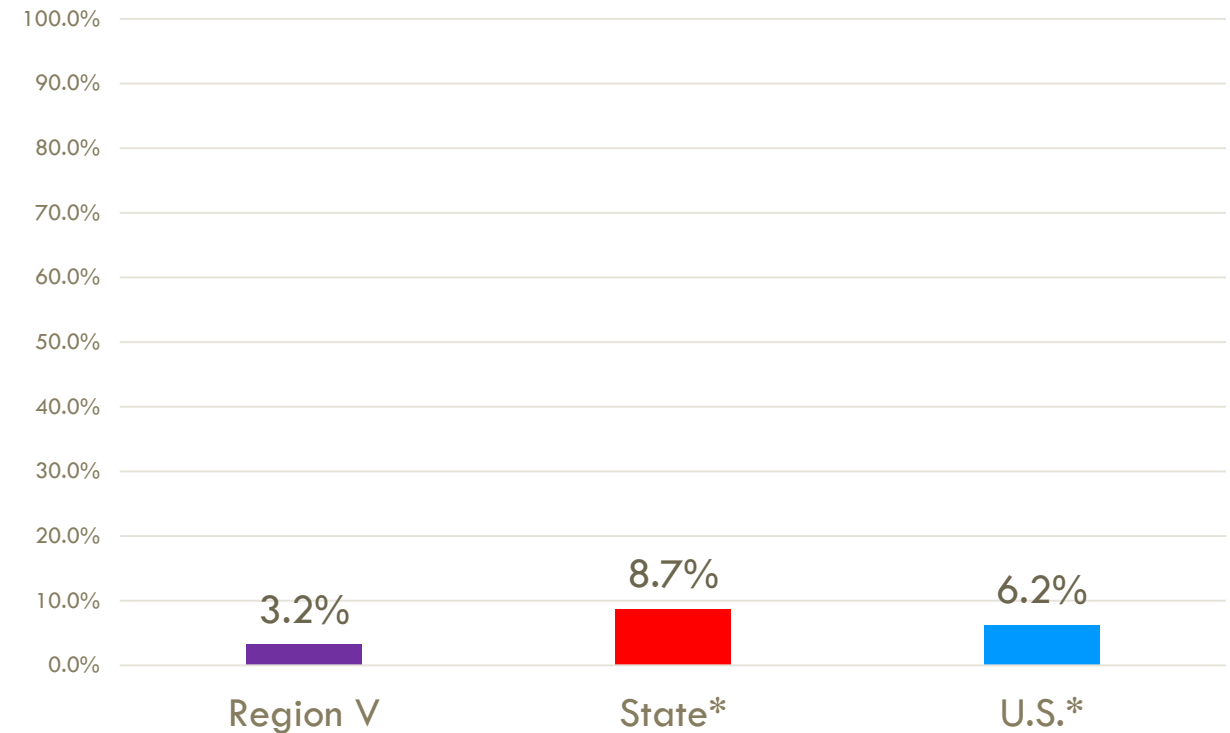
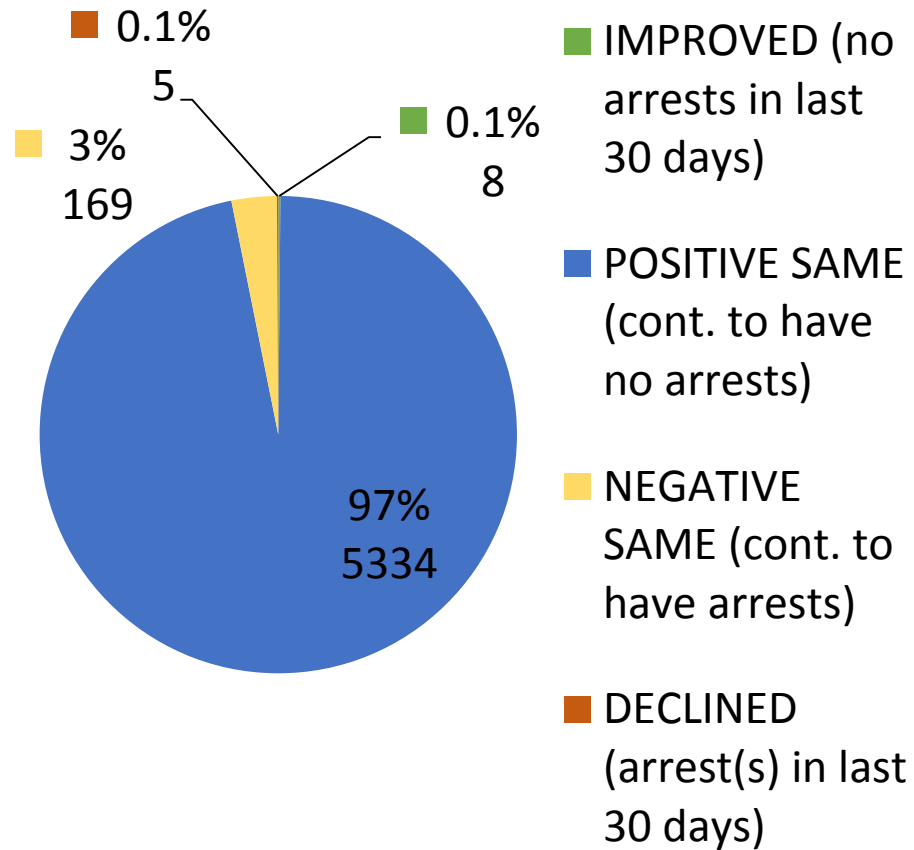


# REGION V SYSTEMS NOMS - STABLE HOUSING



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

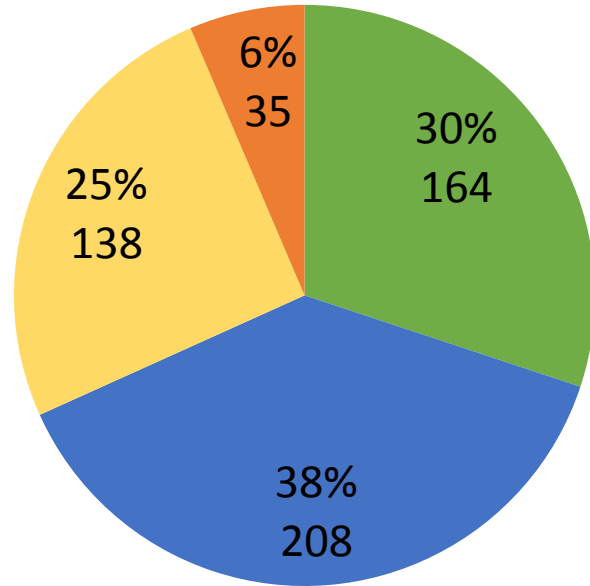


Region V=combined Negative Same and Declined categories

\*Nebraska and U.S. figures are for FY 2016. Nebraska reported on individuals served in a mental health or dual service.

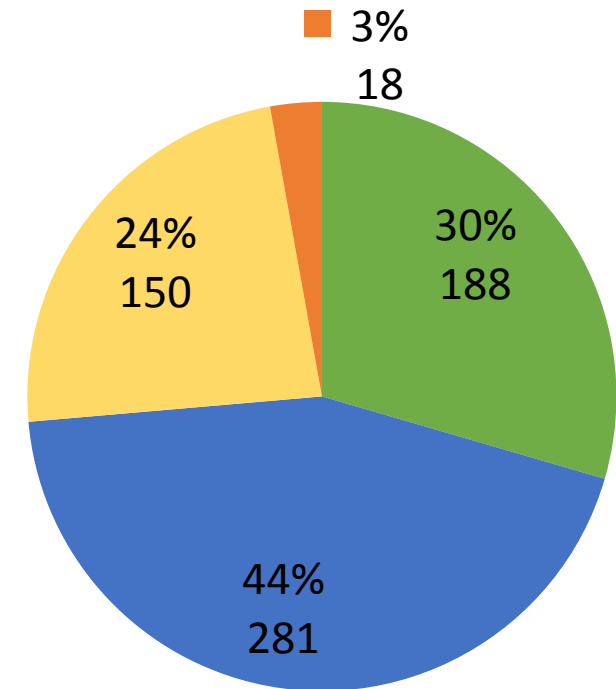
# REGION V SYSTEMS NOMS

Alcohol Abstinence



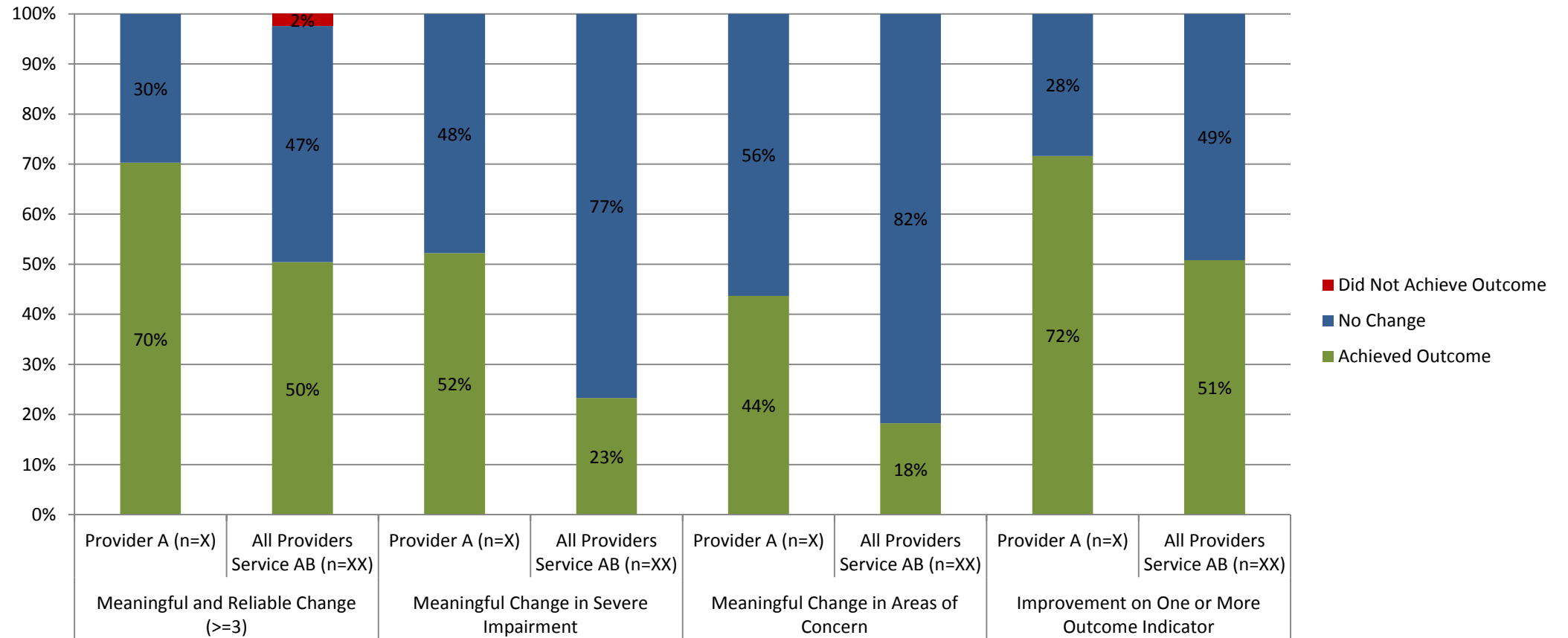
- IMPROVED (No Recent Use)
- POSITIVE SAME (Continued Abstinence)
- NEGATIVE SAME (Continued Use)
- DECLINED (New Use)

Drug Abstinence

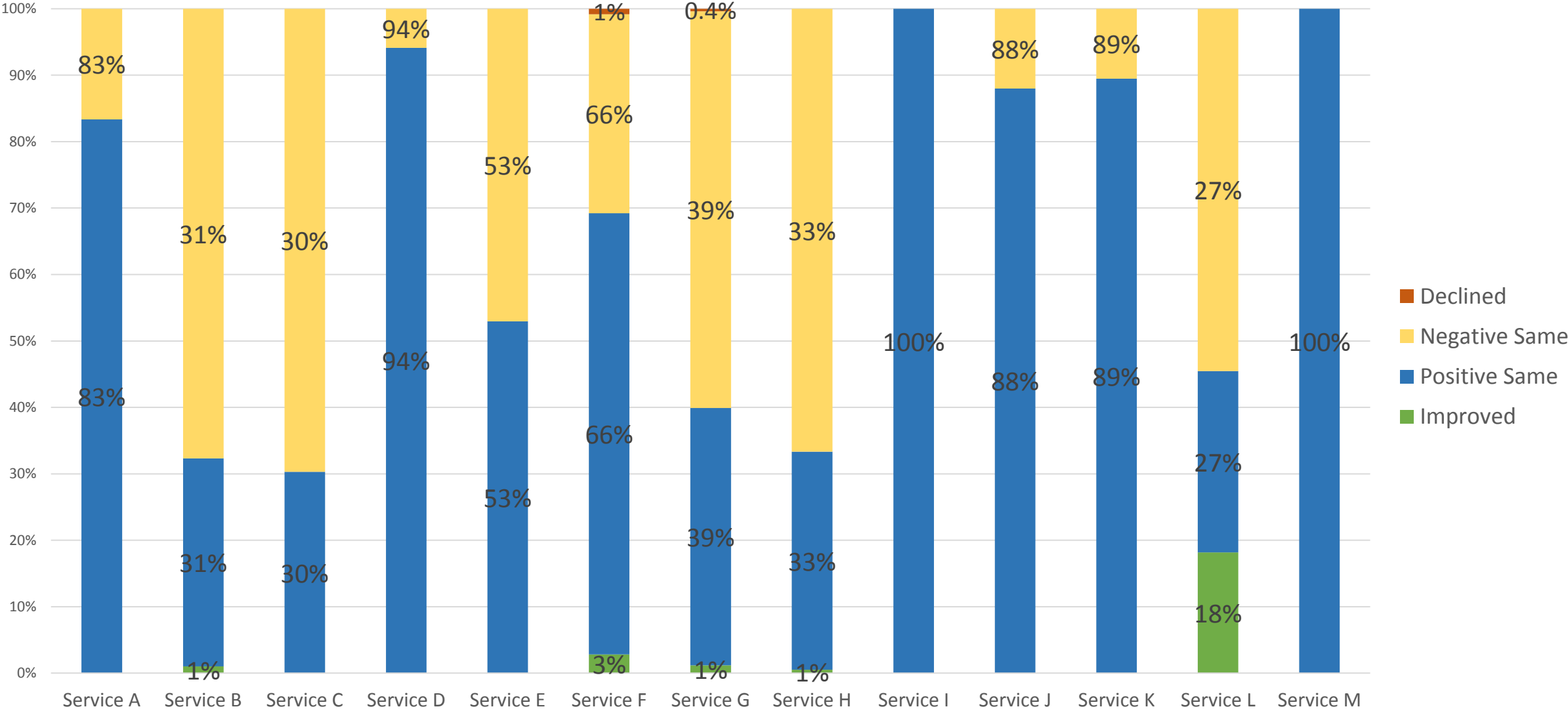


# INDIVIDUAL PROVIDER MEETINGS

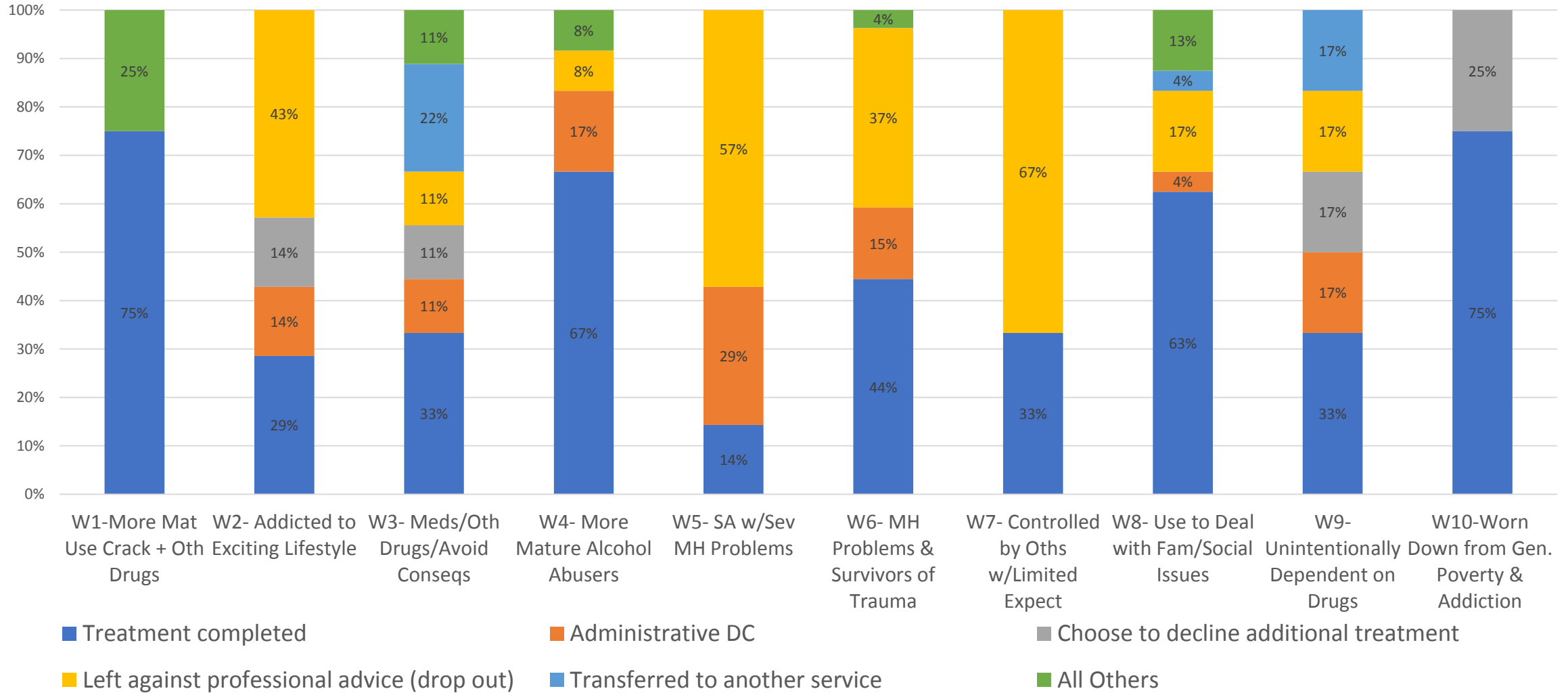
Comparing Performance on Outcomes 1-4 on Specific Service  
Agency A vs. Region



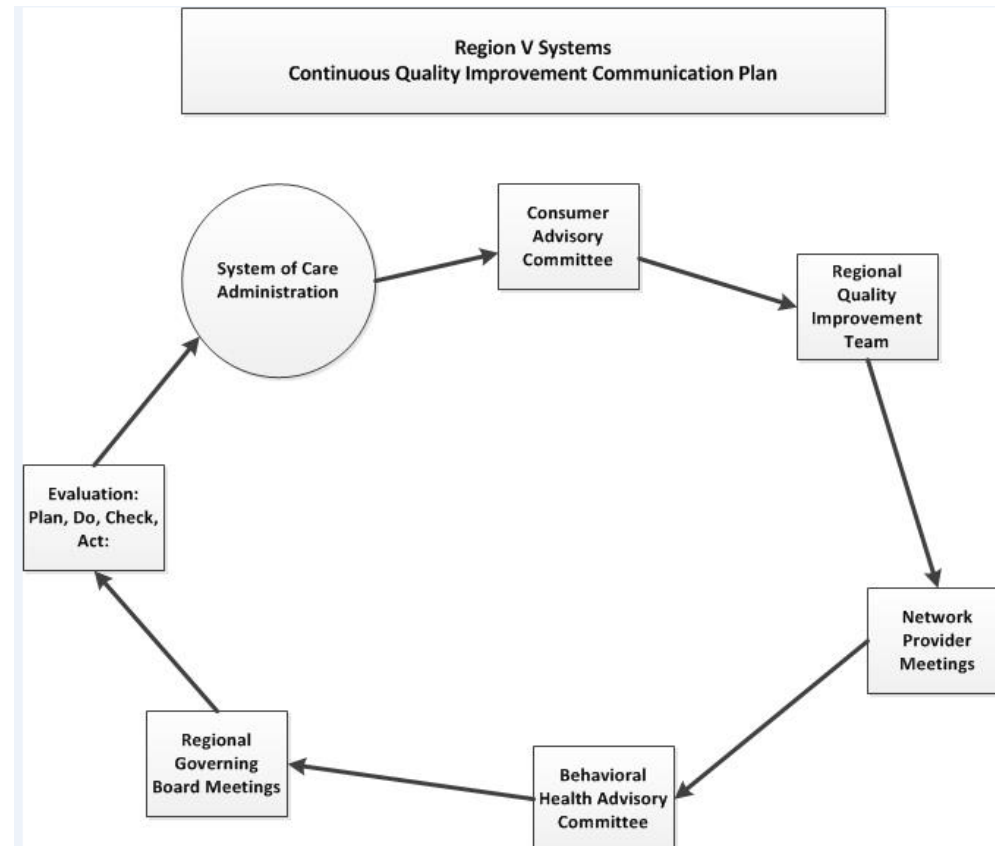
National Outcome Measures (NOMS)--Stable Housing  
Agency D-- Compare Services



## 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)



But tending machinery was one thing; defining what we were trying to do and why we were doing it, and developing ways to measure how well the job was done - this was something else again.

(Elliot Richardson)

## 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 targets-range, 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.

TF

KEEP CALM  
WE ARE  
DOING IT  
AGAIN  
NEXT YEAR

# CONTACT INFORMATION--FOR QUESTIONS

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