

DATA AND PLANNING FOR MENTAL HEALTH SERVICES

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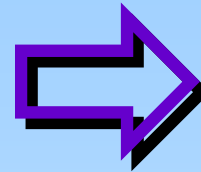
**Presentation at the annual Data Infrastructure Grant
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Washington, D.C.

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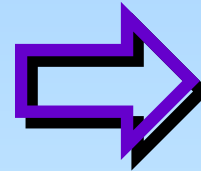
Planning Questions

What outcomes do we want to achieve?



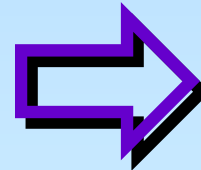
OUTCOMES

How do we achieve these outcomes?



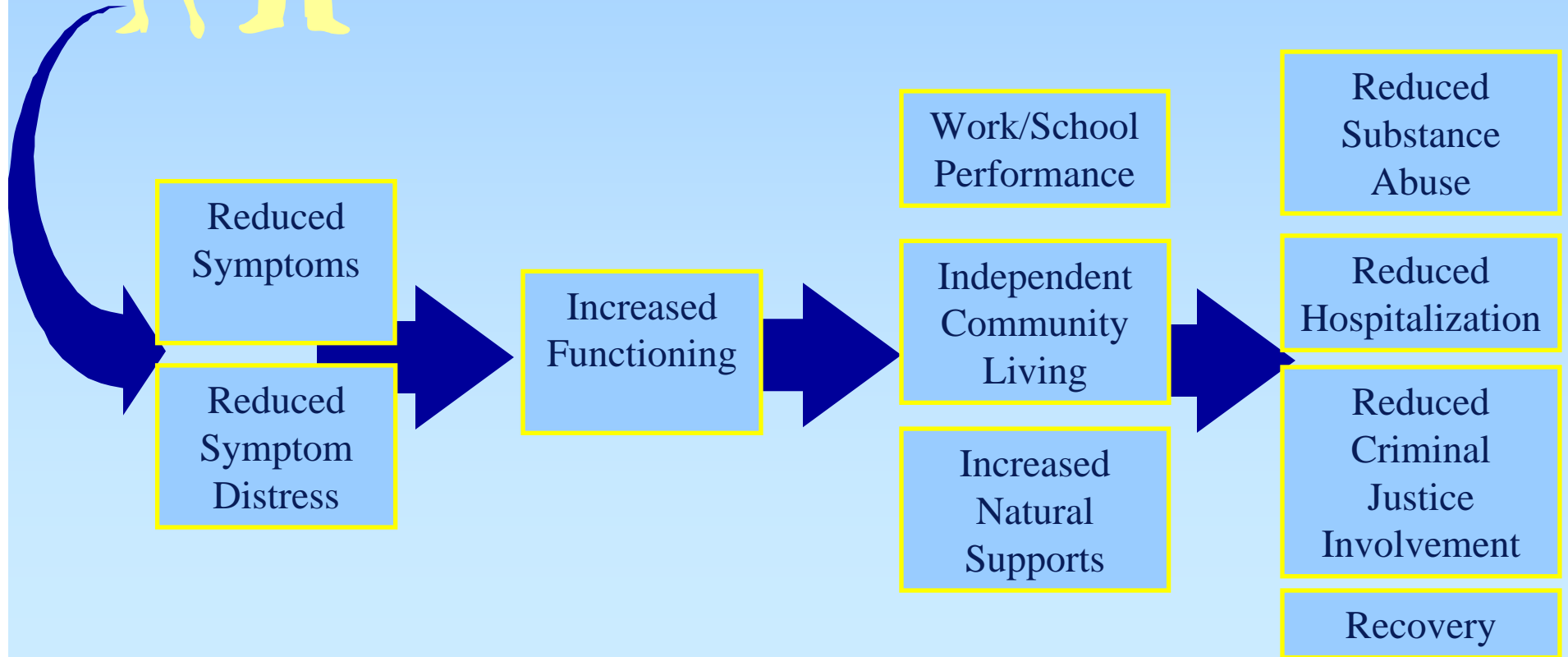
PROCESS

What resources, organizational supports are needed to make this happen?

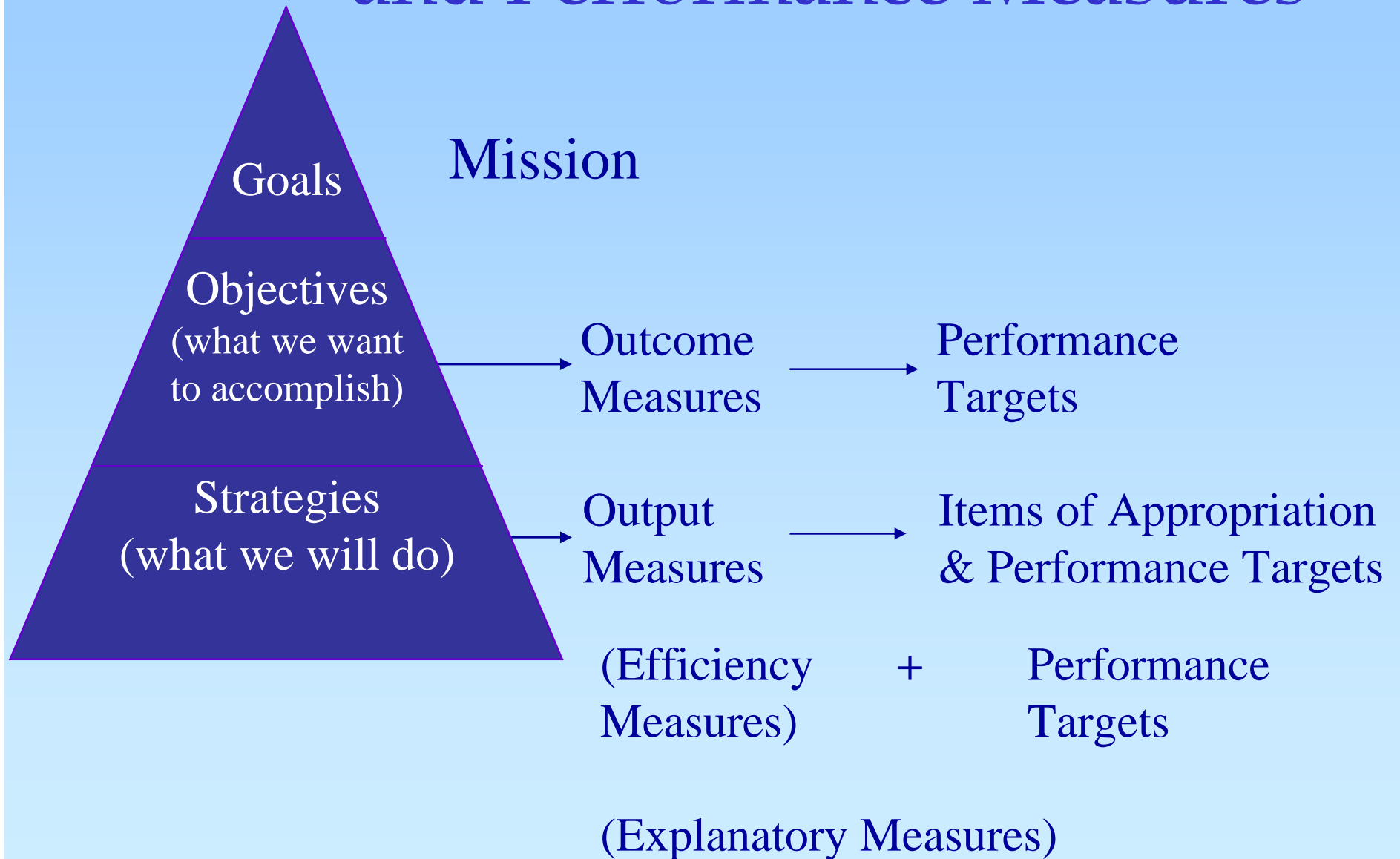


STRUCTURE

Outcomes of Mental Health Services



Strategic Planning and Performance Measures



GOAL ONE: Mental Health Community

To increase the abilities of persons with mental illness to lead successful lives in their communities

Operating Budget: \$328.3m

TXMHMR's goal for community mental health services is to unify individual, community, and support elements in order to maximize benefits. Within this approach, equal priority is given to managing the symptoms of mental illness, acquiring skills needed to cope with the environment, modifying the environment when necessary, and developing/strengthening social support networks. Toward this end, the agency is promoting a series of "best" practices in its performance contracts--methods of service delivery proven to be most effective for a majority of people. Strategies 01-01-01 through 01-01-05 are all segments of this goal.

Operating Budget includes funding for:

- Community Outpatient MH Services
- Community Centers
- State Operated Community Services
- In Home and Family Support
- Rehabilitative Services
- Supported Housing
- Supported Employment
- Community Hospitals
- Children's MH
- Clozapine (80% of total)
- Mentally Ill Deaf
- Crisis Services
- Assertive Community Treatment

OBJECTIVE 01-01: ASSURE AVAILABILITY OF AND ACCESS TO APPROPRIATE SERVICES IN THE COMMUNITY.

OUTCOME MEASURES

State hospital and center campus re-admission rate	21%
Percent of customers served in the community out of total customers receiving MH services through the MHA	97%
Percent of children receiving MH community based services whose functional level is stabilized or increased	95%
Percent of adult customers receiving MH community services whose functional level stabilized or increased	83%
Percent of customers receiving In-Home and Family Support, who are not admitted to a state MH facility within 2 years	97%
Percent of children receiving MH services whose school behavior improved	60%
Percent of children and adolescents receiving MH services with a history of arrests who avoid rearrest	75%

Strategy 01-01-02: Provide supports and services so people with mental illness can live independently
 Operating Budget: \$74.0m

This strategy includes those community services designed to equip the person with mental illness to attain and maintain the most independent lifestyle available to them, thereby avoiding more restrictive, expensive hospitalization. Services in this strategy are planned to provide an adequate array of services to assure people have the supports they need to live in the community. These include "best practices" of Assertive Community Treatment (ACT), Supported Housing and Supported Employment, plus conventional Skills Training, In-Home and Family Support, and Residential Services, These services help to reduce waiting lists.

1997 Priorities
1. Maintain, at budgeted levels, those essential services targeted toward training and supports
2. Expand Supported Housing Services
3. Expand Supported Employment Services
4. Maximize Vocational Rehabilitation Services and other employment services by collaboration with other state agencies
5. Complete revisions in rate methodologies for rehabilitation services for MH

Performance Measures	Targets
Number of customers that received in Home and Family Support services per year	4,400
Number of customers that received MH Community Support services per year	95,000
Number of customers that received Supported Housing services per year	2,257
Number of customers that received Supported Employment services per year	1,861
Number of customers that received Assertive Community Treatment per year	1,470
Average monthly costs per customer receiving Supported Housing Services	\$425

**WHAT OUTCOMES DO WE WANT
TO PRODUCE?**

(WHAT DIFFERENCE CAN WE MAKE?)

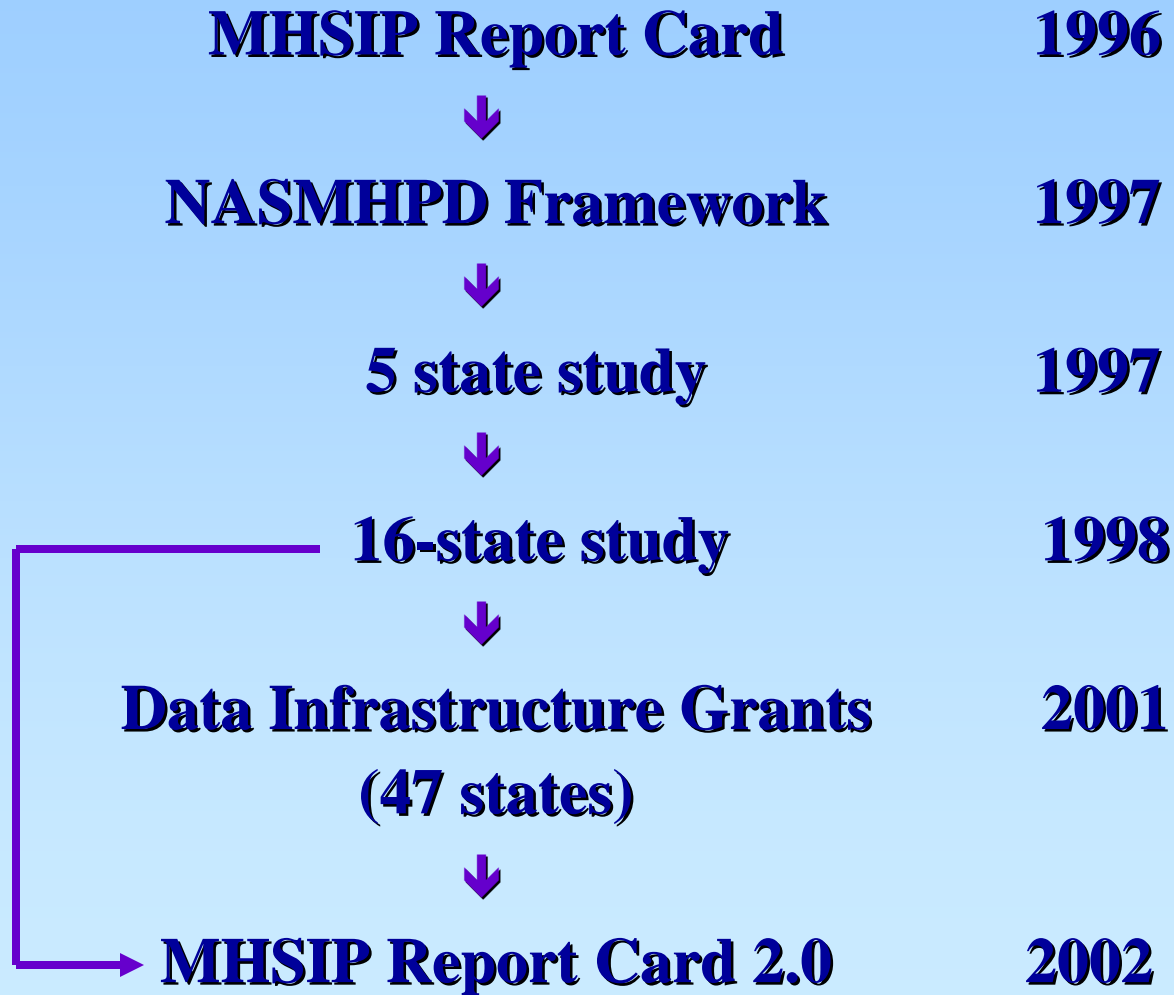
FOR WHOM?

AT WHAT COST?

DID WE?

IF NO, WHY NOT?

“We’ve come a long way, baby...”



“...but we have miles to go before
we sleep”

MENTAL HEALTH PERFORMANCE MEASURES

Areas of Concern

CONCERN

DOMAIN

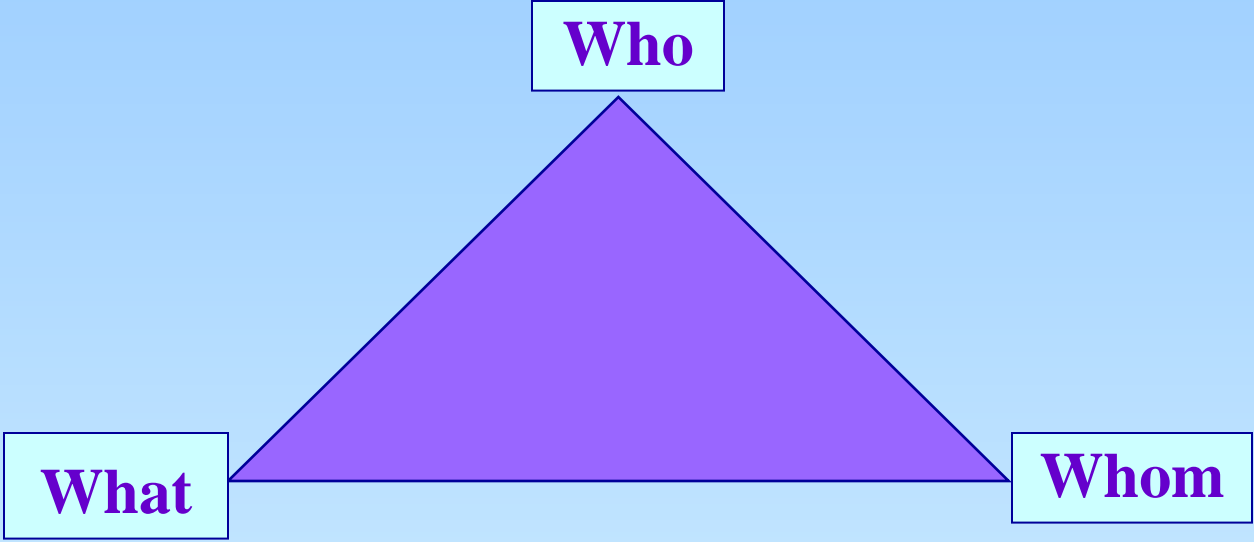
- | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. Who is (and who is not) getting services? (Or put another way: Are people who need services getting services?) | Access |
| 2. Are people who need services getting them easily and conveniently? | Access |
| 3. Are a range of appropriate services available and easily accessible? | Access;Quality/
Appropriateness |
| 4. Are people getting services appropriate to their need? (Consistent with the state-of-the-art?) | Quality/Appropriateness |
| 5. Do consumers have choice? (Provider, plan, treatment, location, etc.) | Quality/Appropriateness |
| 6. Are people recovering or improving (or getting worse) as a result of services? | Outcomes |
| 7. Are resources being used efficiently? | |
| 8. Are efforts taking place to prevent or lessen problems that result in consumers seeking services? | Structure/Plan Management |
| | Early Intervention/Prevention |

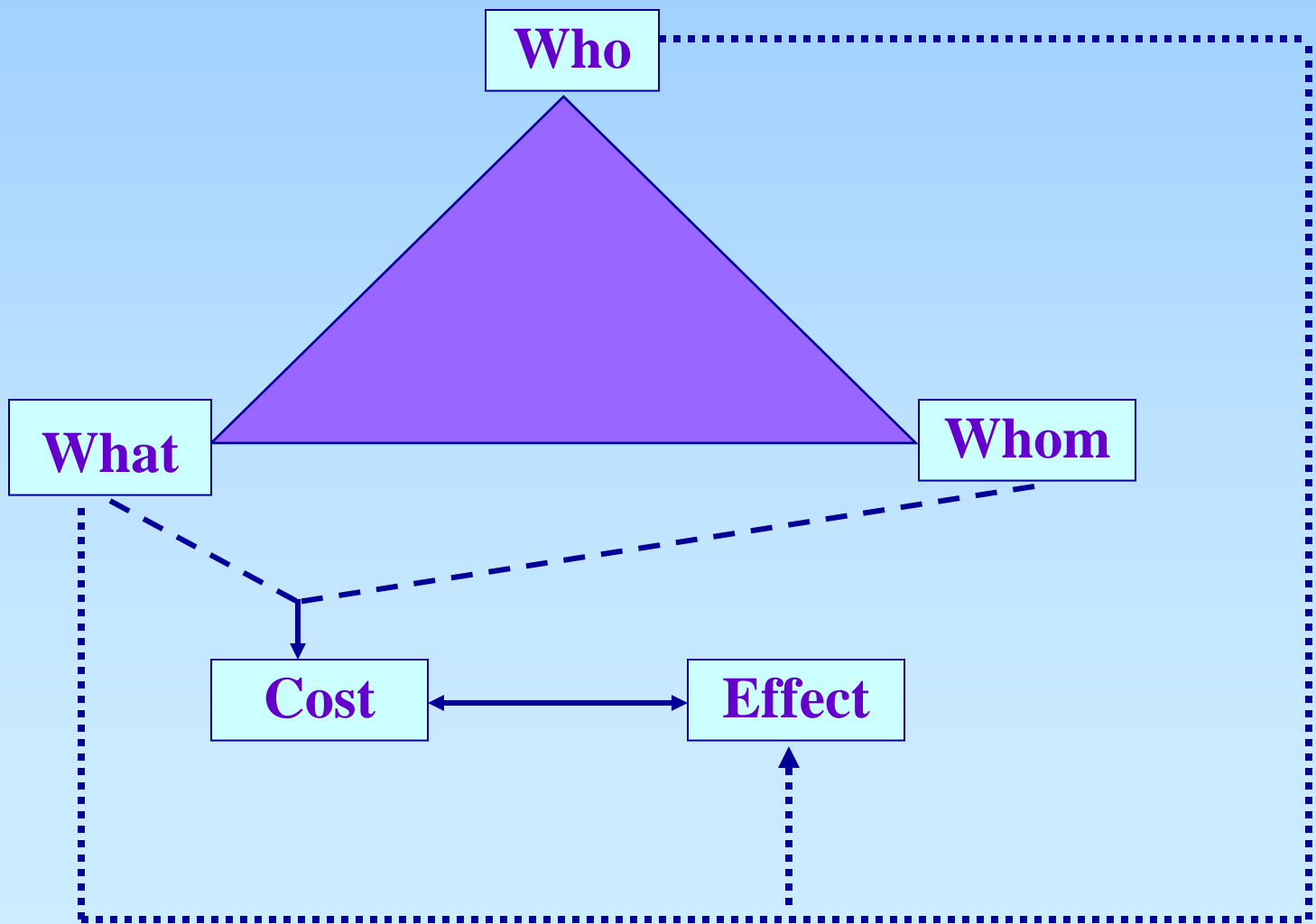
MENTAL HEALTH SYSTEMS CONCERNS

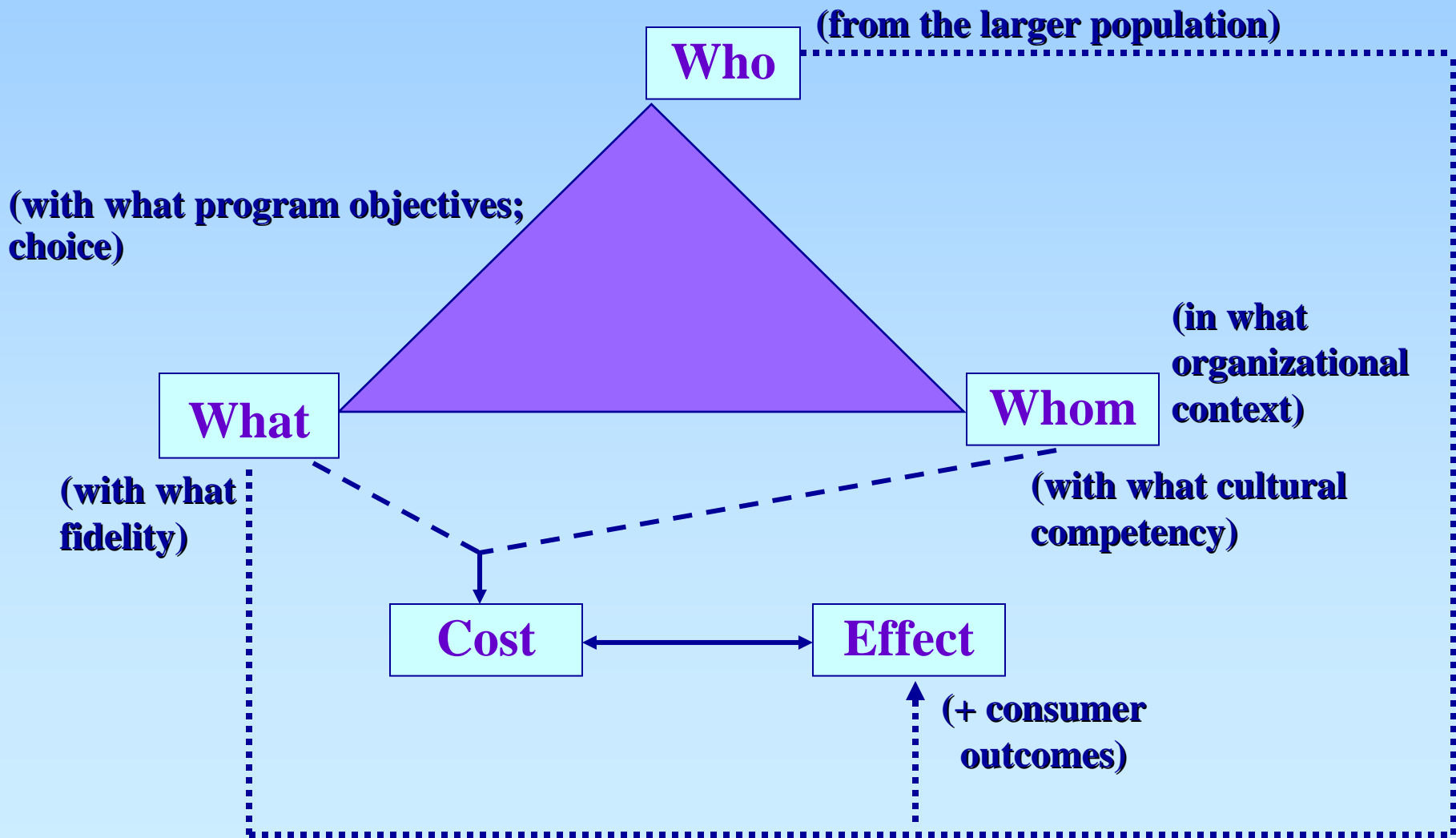
<u>CONCERN</u>	<u>DATA SOURCE</u>	<u>RELATED DIG TABLE</u>
1. Who is (and who is not) getting services? (Or put another way: Are people who need services getting services?)	<ul style="list-style-type: none"> ■ Prevalence Studies ■ Utilization/ penetration rates ■ Waiting lists 	B-1, 2, 3, 6 D-13, 14A, 14B, 15
2. Are people who need services getting them easily and conveniently?	<ul style="list-style-type: none"> ■ Consumer and family member surveys 	B-11
3. Are a range of appropriate services available and easily accessible?	<ul style="list-style-type: none"> ■ Service arrays; utilization; consumer surveys 	B-9
4. Are people getting services appropriate to their need? (Consistent with the state-of-the-art?)	<ul style="list-style-type: none"> ■ Utilization; consumer surveys; quality management 	B-11 D-16A, 16B, 17, 18
5. Do consumers have choice? (Provider, plan, treatment, location, etc.)	<ul style="list-style-type: none"> ■ Consumer surveys ■ Forums; key informants 	B-11
6. Are people recovering or improving (or getting worse) as a result of services?	<ul style="list-style-type: none"> ■ Outcomes measures ■ Consumer surveys 	B-4, 11 D-19
7. Are resources being used efficiently?	<ul style="list-style-type: none"> ■ Cost-utilization ■ Cost-benefit 	B-5, 7
8. Are efforts taking place to prevent or lessen problems that result in consumers seeking services?	—	—

DATA AVAILABLE FOR MENTAL HEALTH PLANNING

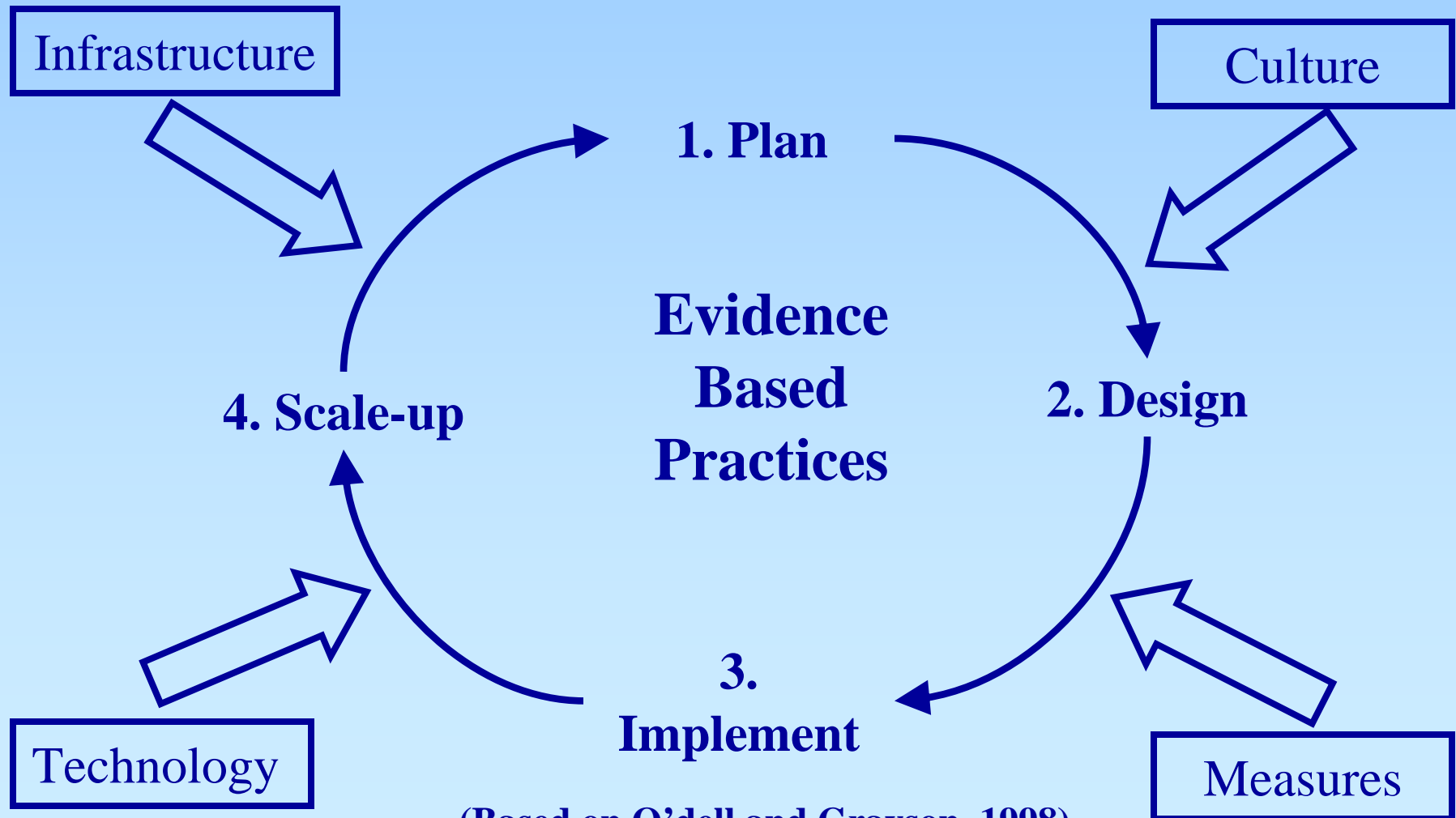
- **Quality Management** +/-
 - ◆ Standardized definitions +/-
 - ◆ Standardized outcomes
- **Needs and Preference Identification** +
 - ◆ Prevalence -
 - ◆ Demand +/-
 - ◆ Utilization -
 - ◆ Who should get what? (“Fit” for systems planning)
- **Contracting**
 - ◆ Benchmarking/performance targets -
 - ◆ Cost and benefits -
 - ◆ Sanctions -
- **Cultural Competence** -
- **Implementation of Evidence-Based Practices** -
 - ◆ Definitions +/-
 - ◆ Fidelity +/-
 - ◆ Implementation Monitoring -
- **Data Integration**
 - ◆ Health/mental health -
 - ◆ Private/public -
 - ◆ MH/Substance Abuse -
 - ◆ MH/Other social services -
 - ◆ MH/Criminal Justice -







Enabling Environment for EBP Implementation



(Based on O'dell and Grayson, 1998)

Strategies for Change...

Change Strategies	PHASE I: Consensus Building	PHASE II: Enacting	PHASE III: Sustaining
<p>AWARENESS: Encouragement and collaboration with our stakeholders</p>	<p>Identify and use a network of champions from local government, stakeholders, and advising groups</p>	<p>Using formal consensus-building projects to create a set of evidence-based demonstrations throughout the state</p>	<p>Evaluate for widespread replication</p>
<p>EDUCATION: Introduction and development of new quality initiatives</p>	<p>Produce introductory materials, include national EBP toolkits and quality outcome measures</p>	<p>Develop several 'Centers for Excellence' for ongoing research and education</p>	<p>Secure permanent funding for 'Centers for Excellence'</p>
<p>STRUCTURAL & CLINICAL IMPROVEMENT: Incorporation of quality measures into both individual practitioner and provider performance</p>			
<p>CONTINUAL IMPROVEMENT & SUPPORT: Monitoring of the quality measures and means for continuous upgrading</p>	<p>Develop and test quality outcome measures using network of champions and demonstration sites</p>	<p>Develop fiscal and regulatory changes indicated during development and testing</p>	<p>Create a local level evaluative capacity to monitor performance against outcomes</p>
<p>Ongoing identification of new areas of promise, knowledge gaps and emerging EBPs</p>	<p>Use existing progress report structure to 'test' and initial series of performance reviews in selected EBP areas</p>	<p>Use performance data in selected EBP areas to make regulatory and funding decisions</p>	<p>Periodically revisit consensus building stages to identify and promote innovations</p>

Public Mental Health Authority

Provider Organization

- Leadership
- Organizational Culture
- Administrative Support
- Information Technology

- Leadership
- Policies
- Regulation
- Resources



Practitioner

- Knowledge
- Perceived advantage
- Feedback

EBP

- Cost
- Compatibility
- Payoffs
- Complexity

Consumer/Family Member

- Choice
- Commitment
- Perceived advantage

Data and Information Issues Related to EBP Implementation

- **Definitions of EBPs**
- **Fidelity monitoring and measurement**
- **Fit of EBP with consumer needs and program objectives (Authorization?)**
- **Feedback on outcomes to individual clinicians regarding treatment effectiveness for specific individual**
- **Access to information related to specific algorithms + adjustments**
- **Organizational readiness**
- **Workforce training (Certification?)**
- **Which outcomes?**
- **Fit of EBP with other services**

Systems Quality Improvement

From problem-faced to problem-solved

- Needs and Priorities
- Commitment
- Resources

