



How Colorado Uses Data for Planning

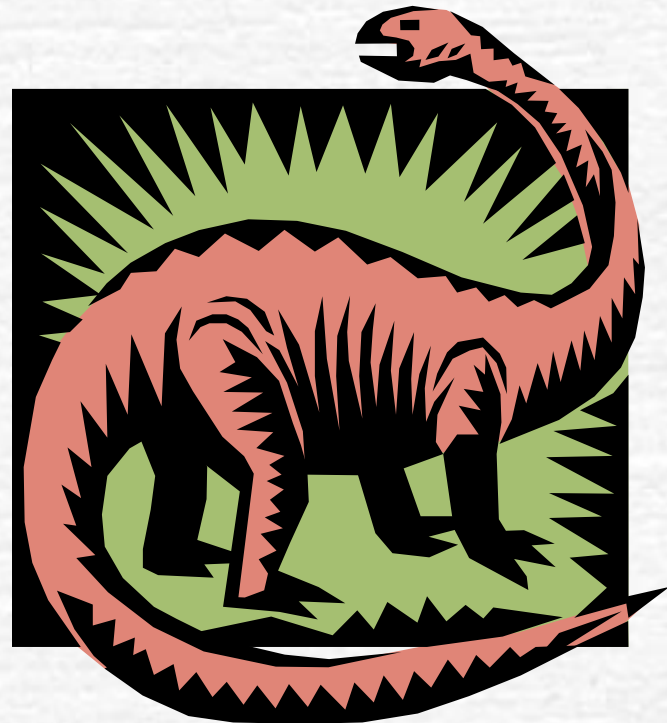
Debra Kupfer, M.M.H.S.

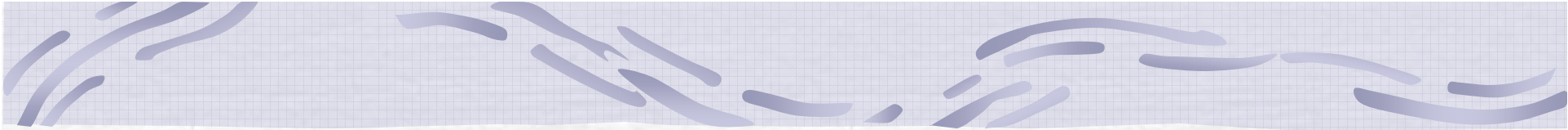
Nancy Johnson Nagel, Ph.D.

10/3/2002



Maybe it is adaptive to resist data as defining characteristics of people (and systems?) . . .





“It’s what we call a massive data-base tally. . . . I tap into your computer history. Your genetics, your personals, your medicals, your psychologicals, your police-and-hospitals. It comes back with [bracketed numbers with] pulsing stars. This doesn’t mean anything is going to happen to you as such, at least not today or tomorrow. It just means you are the sum total of your data. No man escapes that.”

- Don DeLillo, *White Noise*



Background of Initiating Indicators

- ✓ Performance Incentive Indicators: early 1990s
 - Director of Mental Health Services data orientation
- ✓ MH Block Grant Reporting

Background of Initiating Indicators

Performance Incentive Indicators: 1993-94 (proposed)

● Financial Viability

- 1. Private sources of revenue are maximized (Measures: Net Accounts Receivable/Net Service Revenue; Private resources/clients served)
- 2. Public sources of revenue are maximized (Measures: Public resources/Service area per capita income; Total resources/population)
- 3. Sufficient total revenues relative to expenses are maximized (Measures: Operating revenue/Assets)
- 4. Able to meet short and long-term obligations (Measures: Assets/Liabilities; Fund Balance/Total Assets)
- 5. Sources of funds are stable or increasing (Measures: Total MH Revenue from last audit/Total MH Revenue 5 yrs ago)

Background of Initiating Indicators

Performance Incentive Indicators: 1993-94 (proposed)

● Productivity/Efficiency

- 1. Sufficient units are delivered relative to effort, \$ and/or time invested (Measures: Units predicted from center revenue using regression; Units/FTE)
- 2. Sufficient number of targeted clients served (Measure: Predicted from Pop-in-Need and center revenue using regression)
- 3. Sufficient number of new clients admitted (Measure: same)
- 4. Sufficient number of new targeted clients admitted (Measure: same)

Background of Initiating Indicators

Performance Incentive Indicators: 1993-94 (proposed)

■ Community Responsiveness

- 1. Good relationships with other agencies (Measures: #Agencies making one referral/#Referral sources; #Referrals from other agencies/#New referrals)
- 2. Community is knowledgeable about services provided by agency (Measures: # Self referrals/# New referrals; # Family/Friend referrals/# New referrals)

Background of Initiating Indicators

Performance Incentive Indicators: 1993-94 (proposed)

● Comprehensiveness

- 1. Agency caseload mirrors community demographics (Measures: regression using best available pop-in-need data to predict clients served)
- 2. Services available are appropriate for population (Measures: Clients served by county/zip; Scaled severity measure)
- 3. Adequate continuum of services including appropriate intensities for all ages (Measures: # Service types across age groups; #Adult residential alternative beds/# State hospital beds used; Hospitalization rates)

Background of Initiating Indicators

Performance Incentive Indicators: 1993-94 (proposed)

Client Outcomes

- 1. Higher functioning after treatment (CCAR)
- 2. Clients satisfied with services and are not harmed (Measures: Standardized Satisfaction Rating Scale Scores; Consumer-implemented survey system; Data from complaint database)

Background of Initiating Indicators

Performance Incentive Indicators: 1994-95

\$50,000 Award Total

- **Consumer Satisfaction Survey – 4 Questions**

- 1. To what extent has the agency met your needs?
- 2. Have the services you received helped you deal more effectively with your problems?
- 3. How satisfied are you with the services you received?
- 4. If you were to seek help again, would you come back to the agency?

Background of Initiating Indicators

- Performance Incentive Indicators: 1994-95
\$50,000 Award Total
 - **Community Agency Satisfaction Survey (via Phone)**
 - 1. General satisfaction
 - 2. Satisfaction with accessibility of services
 - 3. Satisfaction with interagency collaboration
 - 4. Satisfaction with responsiveness to community needs
 - 5. Satisfaction with quality of services

Background of Initiating Indicators

Performance Incentive Indicators: 1994-95

\$50,000 Award Total

Residential Alternatives versus Hospitalization Rate

- Measure: Number of residential alternative beds for adults/Average daily state hospital census for that agency

Background of Initiating Indicators

Performance Incentive Indicators: 1994-95

\$50,000 Award Total

● Treatment Outcome – Response to Treatment Measure

- Measure: Combination of 2 ratings – 1.) Difference in three lowest LOF's at admission and discharge, 2.) Rated change in LOF (Seven-point scale from Better to Worse)

Background of Initiating Indicators

Performance Incentive Indicators: 1995-96

\$50,000 Award Total to Centers

● **Consumer Satisfaction Survey – 4 Questions**

- 1. To what extent has the agency met your needs?
- 2. Have the services you received helped you deal more effectively with your problems?
- 3. How satisfied are you with the services you received?
- 4. If you were to seek help again, would you come back to the agency?

Background of Initiating Indicators

Performance Incentive Indicators: 1995-96

- **Residential Alternatives versus Hospitalization Rate**

- Measure: Number of residential alternative beds for adults/Average daily state hospital census for that agency

Background of Initiating Indicators

Performance Incentive Indicators: 1995-96

● Treatment Outcome – Response to Treatment Measure

- Measure: Combination of 2 ratings – 1.) Difference in three lowest LOF's at admission and discharge, 2.) Rated change in LOF (Seven-point scale from Better to Worse)

Background of Initiating Indicators

- Performance Incentive Indicators: 1996-97
 - \$50,000 Award Total for Centers
 - **Treatment Outcome – Response to Treatment Measure**
 - **Client Satisfaction (4 questions)**
 - **Community Agency Satisfaction**

Background of Initiating Indicators

Performance Incentive Indicators: 1997-98

- \$50,000 Award Total for Centers

- **Treatment Outcome – Response to Treatment Measure**
- **Client Satisfaction (4 questions)**
- **Community Agency Satisfaction**
- **Change in Employment Status**

Background of Initiating Indicators

Performance Incentive Indicators: 1998-99

- \$50,000 Award Total for Centers

- **Treatment Outcome: Change in Problem severity**
- **Client Perception of Services: MHSIP 4 domains combined**
- **Community Agency Satisfaction**
- **Change in Employment Status**

Background of Initiating Indicators

Performance Incentive Indicators: 1999-00

- \$50,000 Award Total for Centers

- **Treatment Outcome: Change in Problem severity**
- **Client Perception of Services: MHSIP 4 domains combined**
- **Community Agency Satisfaction**
- **Change in Employment Status**

Background of Initiating Indicators

Performance Incentive Indicators: 2000-01

- \$50,000 Award Total for Centers

- **Treatment Outcome: Change in Problem severity**
- **Client Perception of Services: MHSIP 4 domains combined**
- **Community Agency Satisfaction**
- **Change in Employment Status**

Background of Initiating Indicators

- Performance Incentive Indicators: 2000-01
 - \$750,000 Total Award for MHASA's
 - **Treatment Outcome: Change in Problem severity (Adults and Children)**
 - **Client Perception of Services: MHSIP 4 domains**
 - **Change in Employment Status**
 - **Penetration Rate (Adults and Children)**

Background of Initiating Indicators

Performance Incentive Indicators: 2001-02

- \$ Total Award for MHASA's
 - **Treatment Outcome: Change in Problem severity (Adults and Children)**
 - **Client Perception of Services: MHSIP 4 domains**
 - **Change in Employment Status**
 - **Penetration Rate (Adults and Children)**
 - **Adults Living Independently**
 - **Children in a Family-like Setting**
 - **Consumers Linked to Primary Care**
 - **Participation in Treatment Planning**

Background of Initiating Indicators

- Performance Incentive Indicators: 2001-02
 - \$50,000 Total Award for Centers
 - Treatment Outcome: Change in Problem severity (Adults and Children)**
 - Client Perception of Services: MHSIP 4 domains**
 - Change in Employment Status**
 - Penetration Rate (Adults and Children)**
 - Adults Living Independently**
 - Children in a Family-like Setting**
 - Community Agency Satisfaction**
 - Consumers Linked to Primary Care**
 - Participation in Treatment Planning**

Relevance to Planning Activities

What impact does the Performance Incentive Program have?

Increased accountability, which results in system enhancements

Identifying system improvements that are in response to indicator trends

Additional fiscal resource impact on consumers

Who is benefiting from what?

Are the rich getting richer?

Background of Initiating Indicators

➤ MH Block Grant Reporting

- Process Focused
- Outcome Focus
- Uniform Reporting



Relevance to Planning Activities

Mental Health Block Grant Reporting

- ☞ Focus innovative services/special initiatives
- ☞ Support for a dynamic process
 - May need to modify targets
- ☞ Maximize limited resources
 - Special populations
 - Service needs
 - Evidence-based practices

Uses of Data for Planning

Performance Incentives & Reporting

Mental Health Block Grant

Formula for Resource Distribution

Budget/Legislative Initiatives

Basis for Inpatient Bed Allocation

MHPAC Initiatives



Data to Support Un-met Needs



Data to Support Un-met Needs

Medicaid/non-Medicaid Funding Issues

Quarterly Wait List Data

Access to Inpatient Beds

Inpatient Backlog

Population-in-Need Study

Determine MHBG Targets



Using PIN Data for Planning **FAP**

Focus!

Identify geographic areas and populations with greater public mental health system needs

Advocacy/**A**ccountability

Planning - Estimate numbers for contracting

Colorado Estimated Persons < 300% FPL with SED/SMI Not Receiving Any Public Services

	AGES < 21	AGES 21+	TOTAL
Colorado Prevalence of SED/SMI for <300%FPL (1)	67,822	101,056	168,878
Persons Served in the Public MH System in CO (2)	27,987	49,151	77,138
Estimated Persons with SED/SMI Served in Other Sectors (2)	9,794	15,493	25,287
Estimate of Persons with SED/SMI Not Served	30,041	36,412	66,453

(1) Synthetic Estimation Models based on NCS and ECA and applied to Colorado census data

(2) Probabalistic Population Estimation Procedure (Banks & Pandiani, 2001) using anonymous data from:

- ✓Mental Health Services – Enrolled FY 99, Medicaid and Non-Medicaid, Inpatient and Community
- ✓Medicaid MIS – Medicaid Fee-for-Service, Community and Inpatient with MH diagnosis
- ✓CDHS, CYF, Child Welfare
- ✓CDHS, CYF, Division of Youth Corrections
- ✓CDHS, OHR, Developmental Disability Services
- ✓CDHS, OBHH, Alcohol and Drug Abuse Division
- ✓Special Education
- ✓Department of Veterans' Affairs

Using Colorado's Performance Report (CPR) Data - FAPI

Focus!!

Accountability

Planning - Identify geographic areas and populations with greater public mental health system needs

Identify Best Practices

CPR

FY9899

Proportions of Clients Served and Service Area Populations by Age Group

Figure 1A: Number of Clients Served by Age Group

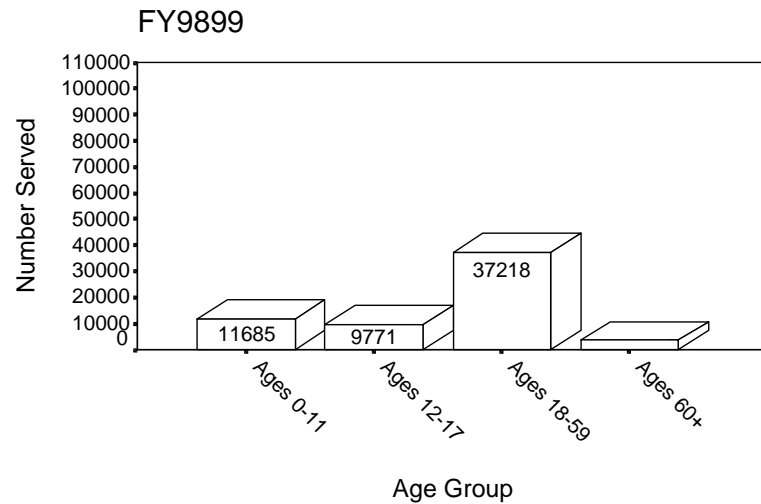
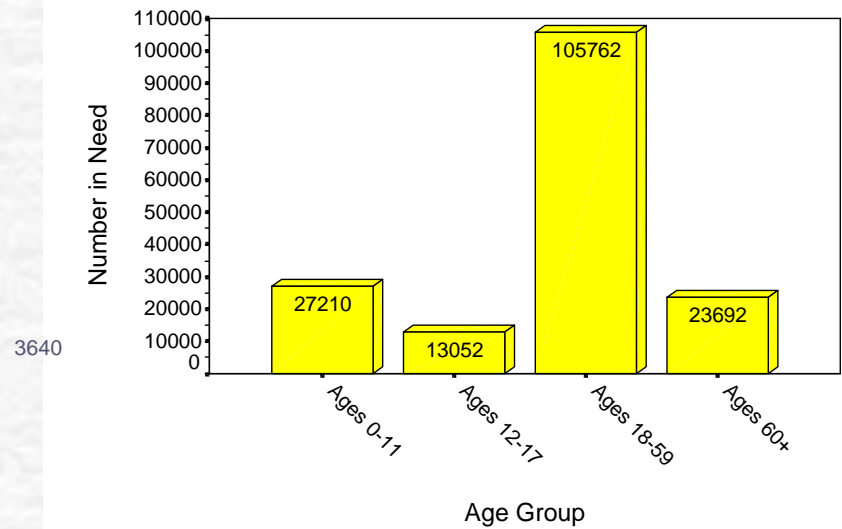


Figure 1B: Estimated Population in Need by Age Group



Proportions of Clients Served and Service Area Populations by Ethnic Group

Figure 2A: Percents of White and Minority Clients Served

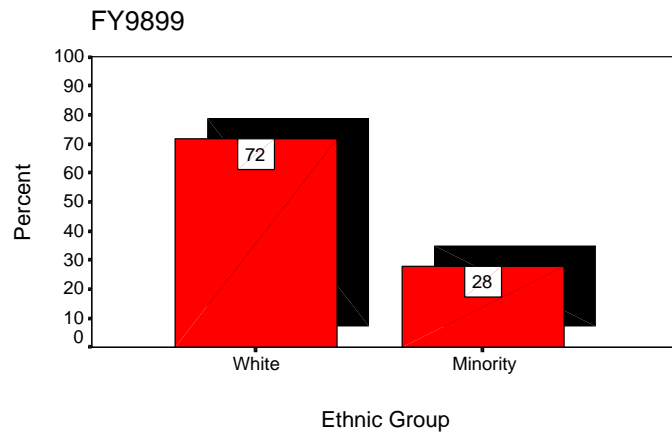


Figure 2B: Percents of White and Minorities in State Population

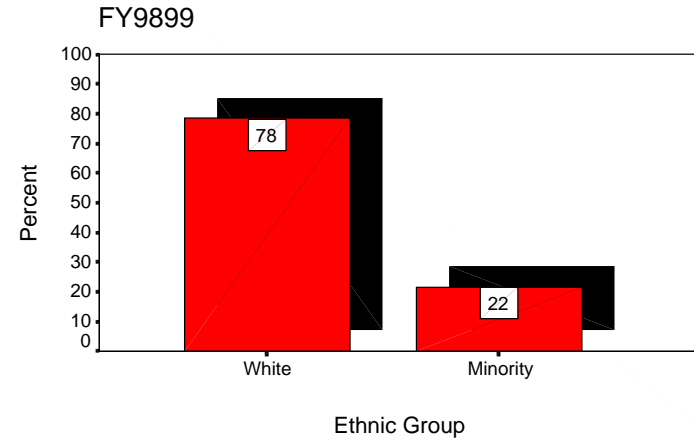


Figure 3A: Minority Clients: Percent of Total Served

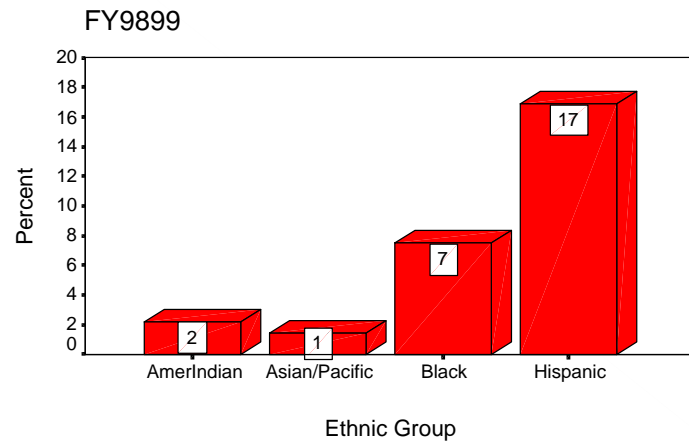
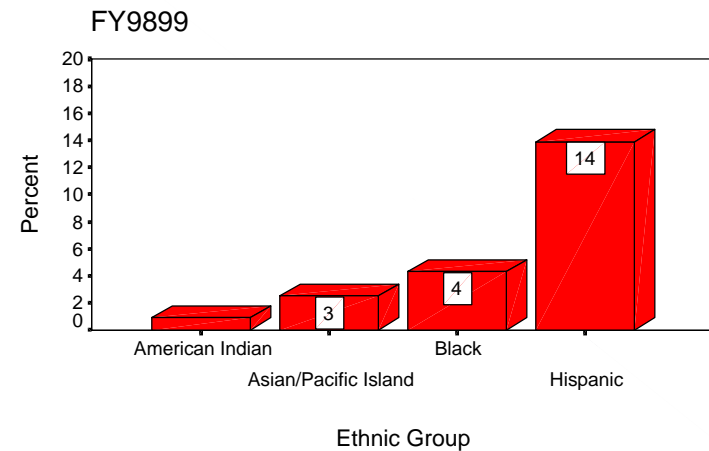


Figure 3B: State Minority Population Percentages



CPR: FY9899 & FY9900

Trends Over Time

Figure 1: Numbers Served by Age Group and Fiscal Year

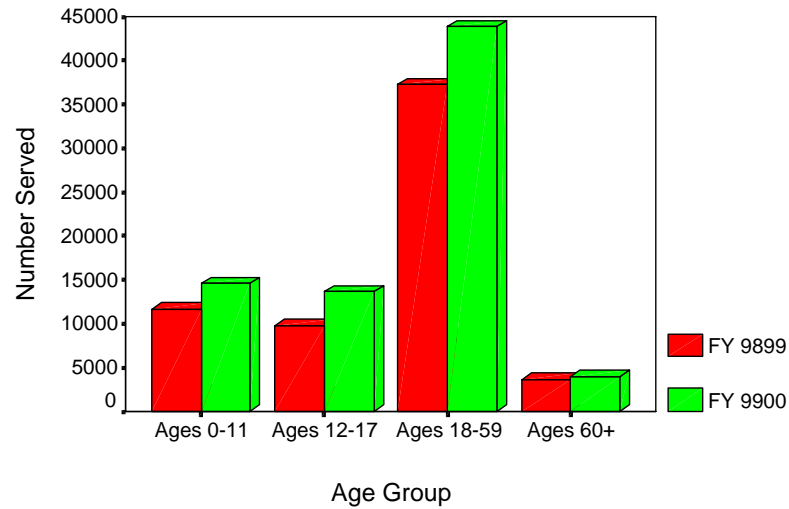
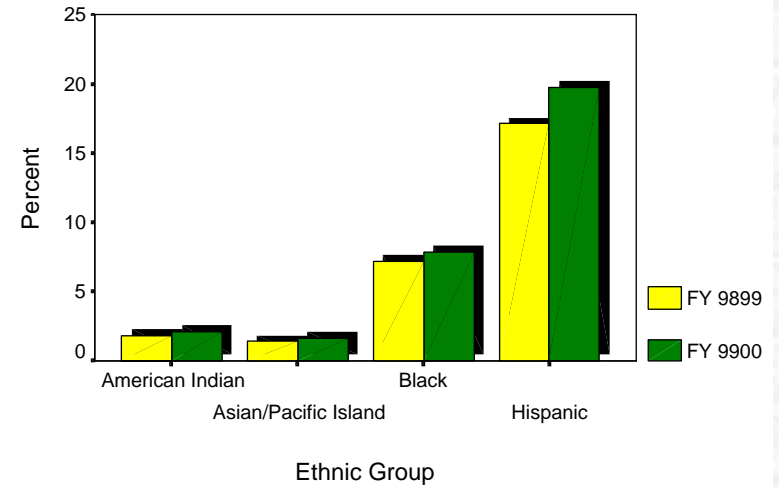


Figure 2: Percents Served by Ethnicity for Minorities



CPR: Developmental Indicators

Figure 3: Percent of Persons with SMI who are Living Independently

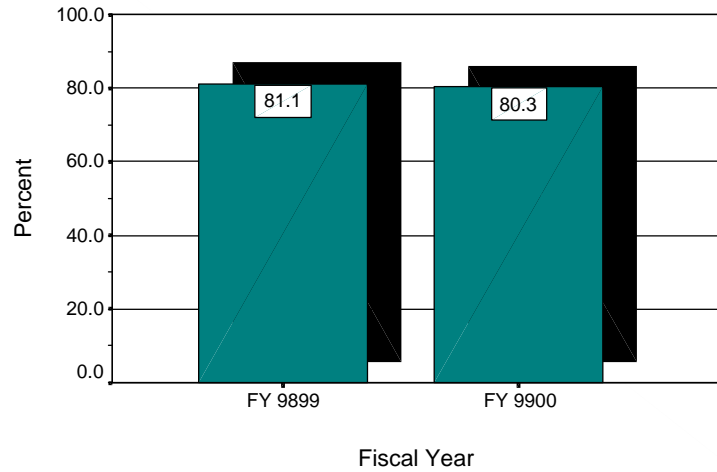


Figure 4: Percent of Persons with SMI who are Homeless

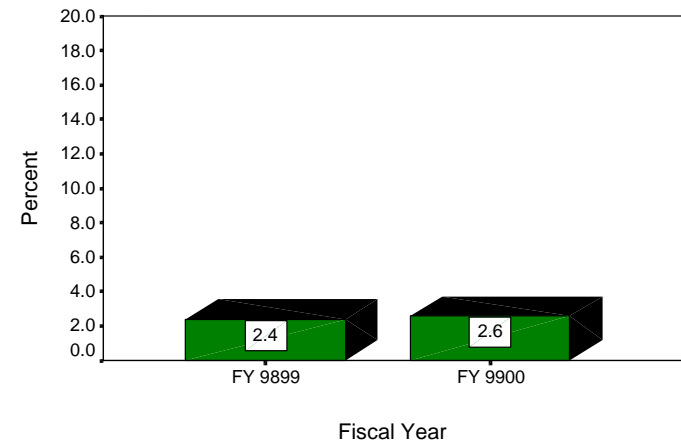
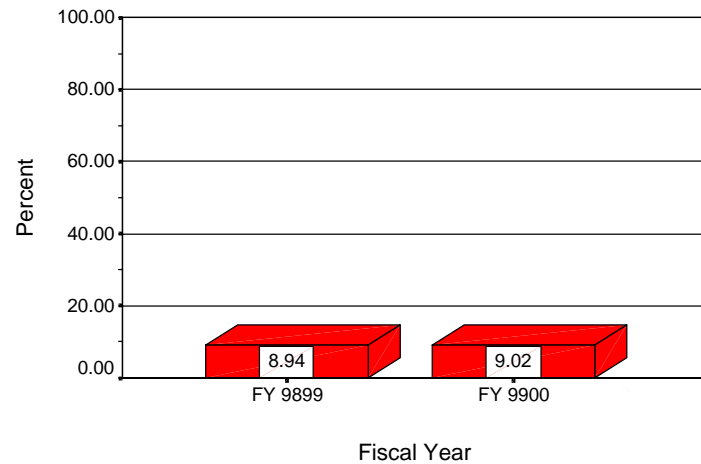


Figure 5: Percent of Persons with SMI/SED with Contact with Criminal Justice



On Yes, and ... Avoid Unmanageable Data Reports

“Feels unwieldy to
me!”



FAPI

Power of a Common Voice

Collaborative Endeavor – All
involve broad stakeholder
involvement

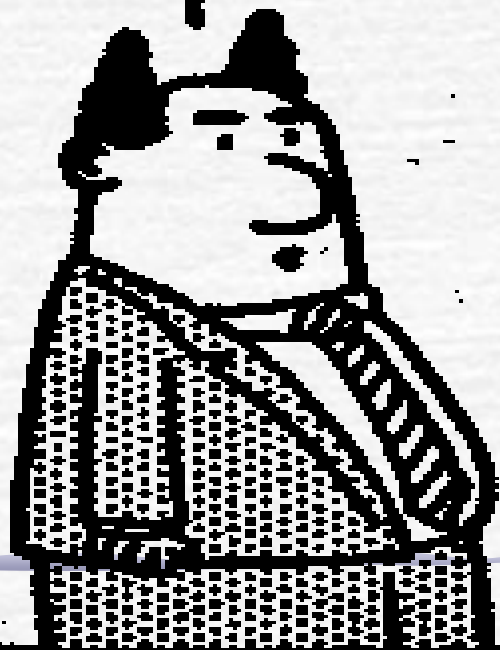
Let the Data Speak!



Refinement over time...to
avoid:



WALLY, DID YOU
FINISH THE
ANALYSIS FOR
TOMORROW?



NO.



I'M WAITING UNTIL
THE LAST MINUTE SO
YOU WON'T HAVE
TIME TO ASK FOR
UNNECESSARY
CHANGES.



I'M A STEP AHEAD
OF HIM — THE
ANALYSIS ITSELF
IS UNNECESSARY.

