

# **Information framework for governance/oversight bodies**

## **General outline**

### **Purpose:**

**Several questions require input and ongoing engagement of ALL Boards implementing VBP**

# Assessing 'value'

As we've discussed, value = quality/cost

- How do we assess value when thinking about the various services we fund across the region?
- Do we find any **natural groupings into which we might classify our grantees** — groupings that assist us in understanding which of the key process indicators (KPIs) are comparable?

# Sample categories

Agency name	Type	Started VBP
ReStart	Adult & Family Homeless Shelter	2020
CAPA	Child-Family-Foster Care	2020
Foster Adopt Connect	Child-Family-Foster Care	2020
Cornerstone	Child-Family-Foster Care	2020
The Family Conservancy	Child-Family-Foster Care	2020
The Children's Place	Child-Family-Foster Care	2021
Salvation Army	Children's Crisis and Shelter	2020
Crittenton Children's	Children's Medical Center	2021
ReDiscover	CMHC	2020
Swope	CMHC	2020
Comprehensive MHS	CMHC	2021
Truman	CMHC	2021
KC Cares	CMHC	2022
Samuel Rodgers	CMHC	2022
Rose Brooks	Domestic Violence	2020
Hope House	Domestic Violence	2021
Newhouse	Domestic Violence	2021
Sheffield Place	Recovery (family parent and children)	2020
Matti Rhodes	Broad set of community Services	2020
Jewish Family Services	Broad set of community Services	2021
Steppingstone	YOUTH	2020

Year started VBP	Count
2020	12
2021	7
2022	2

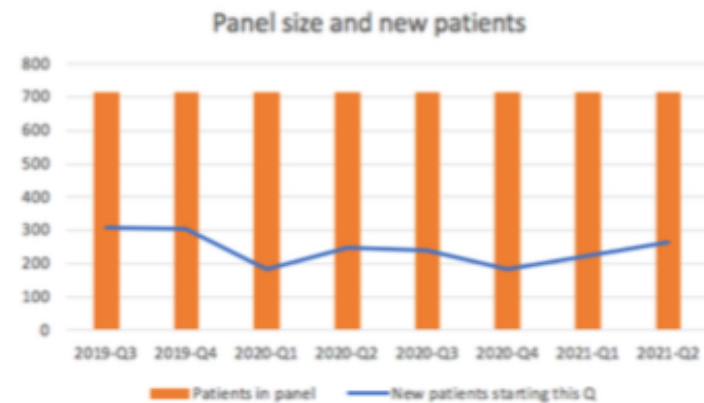
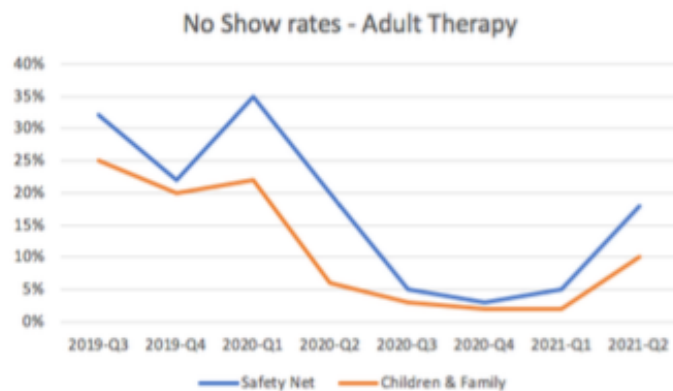
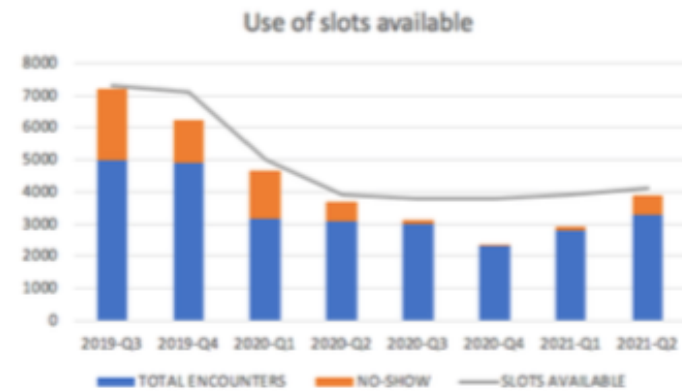
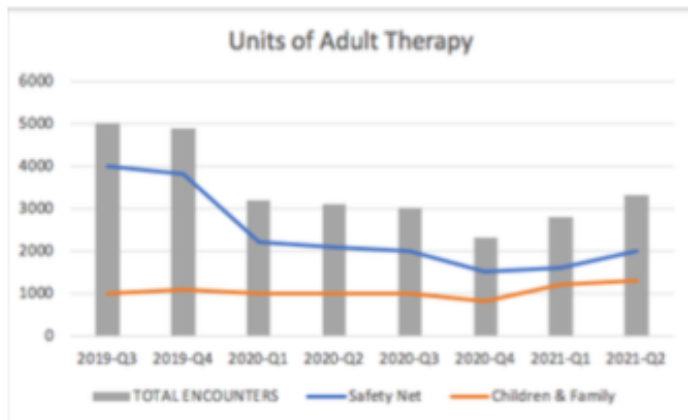
# Types of dashboards

- High level dashboards for oversight (grantee Boards, the CMHF Board and other funders)
- Dashboards supporting active quality improvement and management at the provider level

# High level dashboards

- Suitable for an oversight Board (e.g. JCMHF) or a governing Board of a grantee
  - What characteristics make this a high-level dashboard?
    - Display reveals changes over time
    - Display reveals differences across meaningful categories or providers
    - Sophisticated indicators require careful checking to ensure we are comparing 'apples-to-apples'

# High level dashboards



# High level dashboards

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Agency	Group	Access Adult Therapy	Therapy CaseLoad	% next appt <30 days	Total Unique clients last 12 mo	JCMHF unique clients last 12 mo	Outcome: goals set	Outcome: goals met	Client Perspective: goals met or exceeded	Client Perspective: exit questionnaire completed?	Staff Perspective: Turnover Rate	Staff Perspective: Professional satisfaction	Staff: Current Total Therapists in Pool (FTE)
Agency #1	CMHC	21	120	40%	2583	60							9
Agency #2	CMHC	7		85%									10
Agency #3	CMHC	34											
Agency #4	CMHC	28											
Agency #5	CMHC	26	150	36%	3800	200							8
Agency #6	CMHC	120	50										
Definition		days from first request to first appt (post intake)	unique clients seen in last 3 months	when scheduling f/u therapy, how many in <30 days	Total Unique clients last 12 mo	JCMHF unique clients last 12 mo	% unique cases in which goals established by 3rd session	% of unique cases meeting goals at discharge	From client questionnaire: % of responses indicating goals were met	% of completed exit questionnaires out of total clients discharged in last 12 mo	Running 12mo % turnover in Therapist pool	% therapists responding positively in questionnaire	Total FTE count in Therapist pool in most recent quarter

This is a different style of dashboard, focusing on most recent reported values.

Here, the emphasis is on providing comparisons between entities that are performing similar services, such that the KPIs measured can allow us to see the variation among providers

# High level dashboards

- Sophisticated indicators require careful checking to ensure we are comparing ‘apples-to-apples’ — so not useful to simply call an indicator by the same name in two organizations that are fundamentally different, and expect this to yield useful information
- We want to design dashboards that appropriately compare indicators, so likely that the high level dashboards of large CMHCs (SafetyNet) do not correspond very well to those of entities that handle domestic violence



# High level dashboards

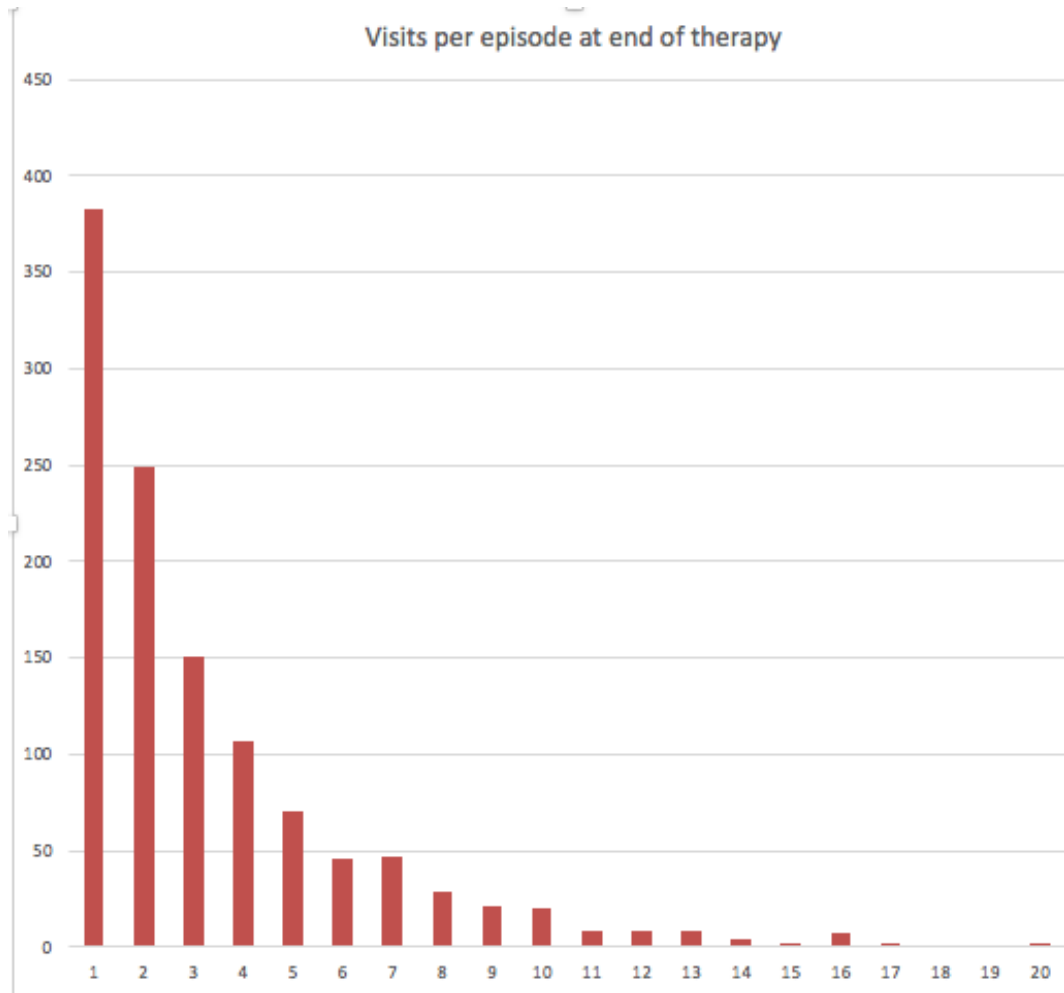
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Agency	Group	Access Shelter	Active case count	Access Case Management	Total Shelter residents in last 12 mo	JCMHF unique clients last 12 mo	Outcome: discharged with safety plan	Outcome: trauma score at discharge	Client Perspective: goals met or exceeded	Perspective: exit questionnaire completed?	Staff Perspective: Turnover Rate	Staff Perspective: Professional satisfaction	Total Available shelter rooms
Rose Brooks	DV												
Hope House	DV												
Newhouse	DV												
		% of clients who qualify for shelter are turned away ?	Total cases in shelter plus discharged cases with active f/u	when needing CM services, how many in <3 days from request?	Unique clients in resident last 12 mo	JCMHF unique clients last 12 mo	% cases in which client compelled safety plan prior to discharge	% cases in which trauma score decreased by discharge	From client questionnaire: % of responses indicating goals were met	% of completed exit questionnaires out of total clients discharged in last 12 mo	Running 12mo turnover in key shelter staff with patient contact	% key shelter staff responding positively in questionnaire	Total FTE count in key shelter staff pool in most recent quarter

# Dashboards supporting active QI

- Example of a dashboard suitable to support an active QI project
  - what characteristics make this useful to the members of an improvement team?
- Getting the data right at the 'front end'
  - Similarity to financial data (only more complex)

# Real preliminary dashboard elements

## Grantee working on Adult Therapy Access



# Real preliminary dashboard elements

## Grantee working on Adult Therapy Access

Count of Kept Appointments							
Staff ID	Jan	Feb	Mar	Apr	May	Jun	Grand Total
1012	44	49	53	14	38	48	246
1300	105	92	89	113	100	100	599
2328	2	2	5				9
2435	1	9	7	2	2	1	22
2612	117	131	133	120	111	111	723
2646	79	56	76	40			251
2776	34	49	55	33	41	49	261
2862	91	93	118	96	83	100	581
3003	73	64	106	77	69	52	441
3302	48	51	23				122
3303	59	23	89	116	99	98	484
3350		30	71	84	123	111	419
3376		1	5				6
4031	40	33	61	51	35	48	268
<b>Grand Total</b>	<b>693</b>	<b>683</b>	<b>891</b>	<b>746</b>	<b>701</b>	<b>718</b>	<b>4432</b>

Client cancelled <24 hours notice	4.55%
Client cancelled >24 hours notice	5.00%
Client was discharged	0.03%
Kept	63.60%
No show	12.74%
Provider cancelled appointment	6.99%
Rescheduled appointment	2.10%
Unresolved	4.98%

# Supporting information needs across grantees

- JCMHF will need to provide some support for the information needs of its grantees, particularly the small niche providers
  - What form does this support take?
    - Coaching on Quality Improvement, Data Collection
      - Rochelle DePriest, Susan Jones
    - Data Extraction, Use of Analytic tools
      - Taryn Lichty
  - Support is critical ACROSS grantees, large and small — examples of typical pot holes

# Changing the manner in which we collect information

- JCMHF currently receives lots of data from grantees:
  - application
  - audits
  - annual report
- But the data remains currently trapped in the text-oriented documents in which they are reported

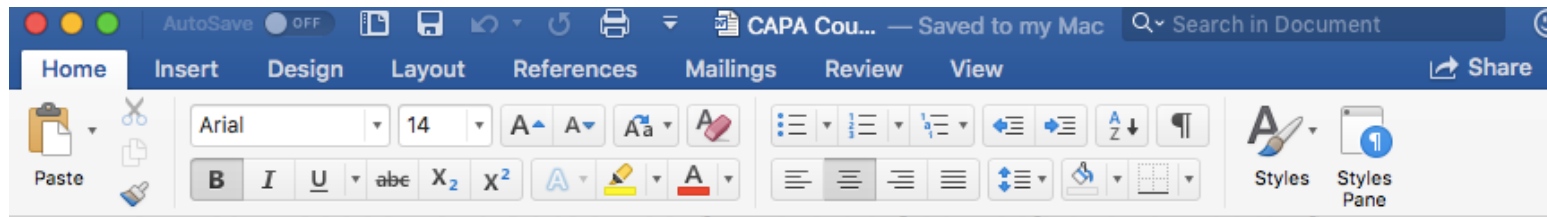
# Sample report in which we receive data from grantee

**1. Using your agency's data explain the long-term impact of Levy-funded services for participants.**

From 2014-2018, MRC has served 4,200 individuals (average 1,050/ year) with 34,600 hours of service (average 8,650/ year). Mental health programming acts as a safety net, assisting primarily Spanish-speaking persons who are not eligible for many forms of benefits. Without MHL funding, they would not receive necessary and often life-saving support. In 2018, 75% of participants experienced a decrease in depressive symptoms, 74% aggregately improved by treatment end, 98.8% gained improved access to community services

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# Sample report in which we receive data from grantee



Target Population	Description of Process or Outcome Measure	Target	Achievement Status
Therapy Services/ Children	Child demonstration of treatment progress through increase in CYRM score, measured at intake & quarterly.	75%	<b>91.1%</b> (31/34) of current participants had demonstrated progress as evidenced by an increase in CYRM score.
Therapy Services/ Children	Participant demonstration of progress in one behavioral or learning goal in treatment plan as documented by quarterly completion of 5 point progress scale by child, parent (if appropriate) and clinician. Measured quarterly.	80%	<b>83.9%</b> (52/62) of current participants with active treatment plans demonstrated progress during the referenced period.
Therapy Services/ Children	Participant is able to identify a safe place.	90%	<b>94.8%</b> (55/58) of current participants can identify a safe place.
Therapy Services/ Adults	Participant demonstration of treatment progress through increase in ARM scoring. Instrument administered at intake (baseline) and quarterly.	75%	<b>88.9%</b> (8/9) of current participants had demonstrated progress as evidenced by an increase in CYRM score.
Therapy Services/ Adults	Participant demonstration of progress in one behavioral or learning goal in treatment plan as documented by quarterly completion of 5 point progress scale by client and clinician. Findings confirmed by quality assurance review.	80%	<b>83.3%</b> (5/6) of participants with active treatment plans demonstrated progress during the referenced period.
Therapy Services/ Caregivers	Newly enrolled caregivers received information about common responses to child (sexual) abuse.	75%	<b>100%</b> (37/37) of caregivers received information on common responses to sexual abuse.
Therapy Services/ Caregivers	Newly enrolled caregivers received information about community resources.	75%	<b>100%</b> (37/37) of caregivers received information about community resources.



# Sample report in which we receive data from grantee

Program	Total Units Produced	Staff Produced Units	Intern Produced Units	Persons Served
Child Counseling	1,654.5	738.75	915.75	242
Adult Counseling	369.25	253.25	116	60
Family Counseling	61.5	35	26.5	31
Group Counseling	0	0	0	0
Resource Connections	0	0	0	0
Intake Contact	62.5	62.5	0	*62
<b>Totals</b>	<b>2,147.75</b>	<b>1,089.5</b>	<b>1,058.25</b>	<b>395</b>

\*- number is duplicated within other counseling services

# Sample report in which we receive data from grantee

- Documentation communicated support in social determinants and connection to community services (KPI)
- Demographics: Clients: 4 Hispanic, 5 White, 1 Biracial; 10 females, 1 male; Diagnosis: 3 Major Depression, 1 PTSD, 1 Dysthymic, 2 Gen. Anxiety, 3 Adjustment, 1 Social Phobia (some clients have been diagnosed with more than one diagnosis); 10/11 clients identified a traumatic life experience/victim of a crime; 5/11 clients have suicide concerns (demographics, KPI)
- Staffing- To handle the significant trauma history and mental health issues, TFC has 1 Certified Play therapist, 1 certified EMDR therapist, all therapists are clinically licensed, 3 therapists are trained in Conscious Discipline. TFC has added a Bilingual therapist to the Jackson County office (structural)

# Sample report in which we receive data from grantee

<b>SIGNIFICANT FINDINGS:</b>
Questionnaire prepared and complete for review (required 3 days before visit): (regulatory, KPI)
Outcome Summary Data supports and justifies proposed services: (KPIs)
<p>Comments:</p> <p>Evidence provided. 71% of clients decreased scores in depression assessment (Goal 70%); 96% of clients decreased scores in anxiety assessment (Goal 70%); 88% of clients showed improved life functioning and overall well-being (Goal 80%); 96% of students showed improved life functioning and overall well-being (Goal 80%)</p>
Evidence of sound quality assurance/improvement practices (regulatory, KPIs)
<p>Comments:</p> <p>Evidence provided. Conducted June 2020: Thirteen (13) files were reviewed. 100% reviewed meet most Target Indicators (Goal 80%). Target Indicators: Suicide Risk; Duty to Warn; Substance Use Concern; Child Abuse/Neglect; Intimate Partner Violence. Improvement needed in the following areas: danger assessment, possible intervention identified, and signature by supervisor did not meet 80% goal</p>
Evidence of participant satisfaction data (KPI)
<p>Comments:</p> <p>Evidence not provided due to COVID-19. TFC has not been able to complete satisfaction surveys. TFC is exploring ways to administer surveys and keep them anonymous. Currently working through Engage. Engage Systems offers many solutions that allow customers to engage with ideas and information</p>

# Sample structured data table

We will gradually migrate to receiving the data in a structured manner  
This will enable trending over time

Grantee	Date	Measure	KPI	Goal	Tool — if applicable	Value	N	Target Population (denominator)	Comment
The Childrens Place	December 2018	Trauma	% kids in typical range	75%	TSCYC	58%	12	Graduated OP Tx	
The Childrens Place	December 2018	Growth in social relationships	% kids demonstrating social growth	75%	BDI-2	56%	18	Graduated Day Tx	
The Childrens Place	December 2018	Growth in self care skills	% demonstrating improvement	75%	BDI-2	89%	18	Graduated Day Tx	
The Childrens Place	December 2018	Satisfaction of Caregivers	% caregivers reporting our staff was helpful in understanding trauma	90%	Satisfaction survey	97%	50	???	
CMHS	Sept 2020	Adult & Youth Intake Wait List	# waiting for ???			144			4-5 weeks expected
CMHS	Sept 2020	Adult Substance use Residential	# waiting			40			2-4 weeks expected
CMHS	Sept 2020	Staff turnover SUD/Residential				50%	32		
CMHS	Sept 2020	Staff turnover SUD/OP				22%	18		
CMHS	Sept 2020	Staff turnover SUD / Community				18.0%	34		
CMHS	Sept 2020	No show - Med Review				22.1%			
CMHS	Sept 2020	No show - Therapy				19.4%			
CMHS	Sept 2020	No show - psych evals				15.5%			
CMHS	FY 2020	Supportive Care Pathway	% removed after improvement			92%	213		
CMHS	FY 2020	Supportive Care Pathway	died by suicide			2	213		?? are these available electronically
CMHS	FY 2020	Psych Hosp	Med recon in 30 days			638	819		
CMHS	FY 2020	Med Hosp	Med recon in 30 days			342	413		
CMHS	FY 2020	Psych Hosp	Face to face contact in 7 days			357	819		
CMHS	FY 2020	Med Hosp	Face to face contact in 7 days			152	413		
CMHS	2020 Q3	Consumer tracking self reporting	Critical Grade - Adult			76%			not calibrated tool?
CMHS	2020 Q3	Consumer tracking self	Critical Grade - Youth			78%			

# USE of information is key

- Culture — incorporate evidence-based practices and data driven management
- Skill set — must have skill sets or supportive coaching
- Processes — assistance in visualizing process flow (flowcharting)

# Next steps for Board

- Participation in VBP Committee — this Committee will meet once per month until November to support the adoption of policies that will dictate the structure of the Value Based Payment program that is implemented
  - Your participation creates —
    - A core group of Board members deeply focused on data use for oversight and accountability
    - Improved alignment between KPIs and Board values