Using Data Well

How to Develop Useful Reports That Can Guide Quality Improvement Efforts and Management Decision Making
How a CCBHC Needs Assessment Activity Triggered a Clinical PIP in Napa County

An Example of How Consumer Perception Survey Data Can Support Focused Improvement Efforts
Topics

- Background (Karin Kalk)
- Analyzing CPS Data with eBHS (Rikke Addis)
- The Napa Story of a PIP (Harry Collamore)

- Elected to join the CCBHC project
- Conducted a required Needs Assessment using Consumer Perception Survey data (among other things)
- Discovered a Key Need
- Used the CPS Data to Establish Problem and Aim Statements for a Clinical PIP
Background

Karin Kalk
CCBHCs represented an opportunity for states to improve the behavioral health of their citizens by:

- Providing community-based BH services
- Advancing integration of BH and physical health care
- Assimilating and utilizing evidence-based practices on a more consistent basis
- Promoting improved access to high quality care
California’s Participation in CCBHC-Related Activity

DHCS applied to be a CCBHC Planning Grantee
• August 2015

DHCS was awarded a 1 year Planning Grant (along with 24 other states)
• November 2015

Candidate sites were recruited to pursue CCBHC status and join the application
• May-June 2016

Candidates counties (Sacramento and Napa) undertook ‘readiness’ activities
• June – October 2016

DHCS submitted an application to be one of 8 demonstrate states
• October 2016

California was NOT selected for the demonstration
• January 2017

Napa continues with a PIP that had origins in CCBHC readiness activities
• Ongoing

Greater social connected for Napa County clients
• The new norm.....
# More About the CCBHC Opportunity

<table>
<thead>
<tr>
<th><strong>Federal Authority</strong></th>
<th>An optional state pilot opportunity authorized under the Protecting Access to Medicare Act (PAMA – 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope</strong></td>
<td>2 year / 8 state demonstration</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Creates criteria for CCBHCs as entities designed to serve individuals with SMI / SED and SUD. This includes 24/7 crisis response and peer support services.</td>
</tr>
<tr>
<td><strong>Target Population</strong></td>
<td>Populations to be served are adults with SMI, children with SED, and those with long term and serious SUDs.</td>
</tr>
<tr>
<td><strong>Quality Focus</strong></td>
<td>Emphasis on evidence-based practices and performance measurement / quality improvement</td>
</tr>
<tr>
<td><strong>Reimbursement Model</strong></td>
<td>Tests alternative reimbursement model (prospective payment system - PPS) and provides enhanced federal matching funds</td>
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</tbody>
</table>
CCBHC Required Services

- Crisis mental health services, including 24-mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment, and diagnosis, including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor serves and family supports
- Services for members of the armed forces and veterans
- Connections with other providers and systems
Key Readiness Activity

Needs Assessment
### Needs Assessment Requirements

**Criteria 1.a.1.** As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input. The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.

<table>
<thead>
<tr>
<th>Criteria 1.a.2</th>
<th>The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. Note: See criteria 4.K relating to required staffing of services for veterans.</th>
</tr>
</thead>
</table>
How to Rapidly Assess cultural, linguistic and treatment needs?

Mine Existing Consumer Perception Survey Data
Using eBHS to Study CPS Data

Rikke Addis
Consumer Perception Data Collection in California

• Goal of the survey: To collect data for reporting on the federally determined National Outcomes Measures (NOMs)
• The Substance Abuse and Mental Health Services administration (SAMHSA) requires reporting on NOMs
• Receipt of federal Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission CPS data
• CIBHS oversees the data processing of the CPS data for the state of California.
• Recently initiated a pilot to test the use of eBHS for CPS survey data

Reference: DHCS MHSUDS Information Notice 15-045
electronic Behavioral Health Solutions (eBHS)

• eBHS is a flexible platform that enables custom development to support unique organizational needs for data gathering, data management, and organizational work flow application development, individual and aggregate statistical reports with dynamic graphing and custom reporting

• Platform developed by Steve Weatherbee, Ph. D., founder of eCenter Research, Inc. – specializing exclusively in Software as a Service for mental health and addictions treatment providers
CPS Data - eBHS

Two different types of analyses 1) Domain scores (Likert scale), 2) Percentage of clients who answered ‘agree’ or ‘strongly agree’

Ability to filter data based on data fields from the survey
Ability to drill down to each question that falls in the domains by clicking directly in the graph
Satisfaction Rates Adult MHSIP Consumer Survey
Perception of Social Connectedness- % of respondents who responded either “Agree” or “Strongly Agree”

The following aggregate report was generated using the following parameters

Completed Surveys For The Following Counties:

<table>
<thead>
<tr>
<th>Perception</th>
<th>Spring 2014 (n=83)</th>
<th>Fall 2014 (n=101)</th>
<th>Spring 2015 (n=109)</th>
<th>Fall 2015 (n=99)</th>
<th>Spring 2016 (n=101)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with the knowledge I have.</td>
<td>94.4%</td>
<td>84.7%</td>
<td>93.1%</td>
<td>95.2%</td>
<td>93.2%</td>
</tr>
<tr>
<td>I feel I belong in my community.</td>
<td>76.7%</td>
<td>69.0%</td>
<td>74.2%</td>
<td>74.2%</td>
<td>75.9%</td>
</tr>
<tr>
<td>I have people with whom I can do enjoyable things.</td>
<td>76.2%</td>
<td>71.2%</td>
<td>75.2%</td>
<td>74.2%</td>
<td>76.2%</td>
</tr>
<tr>
<td>In a crisis, would have the support I need from family or friends.</td>
<td>70.3%</td>
<td>70.3%</td>
<td>75.9%</td>
<td>75.9%</td>
<td>75.9%</td>
</tr>
</tbody>
</table>

% of Population

0 25 50 75 100
The Napa Story

Harry Collamore

- Elected to join the CCBHC project
- Conducted a required Needs Assessment using Consumer Perception Survey data (among other things)
- Discovered a Key Need
- Used the CPS Data to Establish Problem and Aim Statements for a Clinical PIP
Using Data Well: Napa County Mental Health Social Engagement Performance Improvement Project
Mental Health Plans (MHPs), like Managed Care Plans, are required to engage in **Performance Improvement Projects (PIPs)**. CA Department of Healthcare Services (DHCS) mandates 1 active Clinical and 1 Non-clinical PIP per MHP. Napa County has been successful executing Non-clinical PIPs related to customer wait times to access services. Napa maintains a data dashboard of key indicators and has had a long commitment to utilizing data to monitor utilization and clinical effectiveness. MHPs administer the Mental Health Statistics Improvement Program (MHSIP) Consumer Perception Survey (CPS) biannually. Historically, CPS results data was raw, late and difficult to meaningfully analyze.
Perfect storm (n): A confluence of factors which, together, significantly potentiate the eventual outcome (from meteorology)
Confluence

- CCBHC
- PIP requirement
- Agency requirement to implement Results Based Accountability (RBA) measures
- Community needs
- CQI interest in continuously improving clinical outcomes
Identifying the Need/ Selecting the Topic
Consumer Perception Survey
Satisfaction Rates Perception of Social Connectedness Domain

<table>
<thead>
<tr>
<th>Statement</th>
<th>Spring 2014</th>
<th>Fall 2014</th>
<th>Spring 2015</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with the friendships I have</td>
<td>78.3</td>
<td>74.3</td>
<td>72.5</td>
<td>66.7</td>
<td>71.7</td>
</tr>
<tr>
<td>I feel I belong in my community</td>
<td>73.5</td>
<td>70.3</td>
<td>71.6</td>
<td>65.6</td>
<td>67.3</td>
</tr>
<tr>
<td>I have people with whom I can do enjoyable things</td>
<td>68.7</td>
<td>76.2</td>
<td>78</td>
<td>68.9</td>
<td>72.3</td>
</tr>
<tr>
<td>In a crisis, I would have the support I need from family or friends</td>
<td>71.1</td>
<td>72.3</td>
<td>77.1</td>
<td>65.6</td>
<td>72.3</td>
</tr>
</tbody>
</table>

% of Population
Building a PIP

- Identify area of focus - What does the data tell us?
- Identify Project team leader(s)
- Identify and Gather stakeholders - Convene Kick-off meeting
Social Engagement Performance Improvement Project PIP

Kick-off meeting Agenda – November 2, 2016

Introductions

Housekeeping

Review of Agenda and Goals for the meeting

Introduction to Results Based Accountability (RBA) Key Concepts - Sandy

Introduction to key Quality and Performance Improvement Project Concepts - Harry

- What is the problem? (Overview, mountaintop level—NOT weeds!)
  - How does it negatively impact our customers?
  - How does it negatively impact our work?
  - What do we do that contributes to the problem?

- What is our desired outcome?
  - How would this positively impact our customers?
  - How would this positively impact our work?

- What changes shall we make (interventions) that might lead us to our desired outcome? (Plan)

PDSA’s:

Plan –→ Do –→ Study –→ Act

Plan
- Objectives
- Questions & predictions
- Plan to carry out: Who? When? How? Where?

Do
- Carry out plan
- Document problems
- Spot new ideas

Study
- Analyse data
- Compare to predictions
- Summarise

Act
- Ready to implement?
- Next cycle

‘What’s next?’

‘Did it work?’

‘What will happen if we try something different?’

‘Let’s try it!’
How will we know that a change is real and sustainable? (Measurable Objectives, Reliable Data Mapping and Analysis)

SMART Objectives:

Where we begin – What is the current state of affairs?

Data from the Consumer Perception Survey

Activity: What are the problems? Written stickies.

- For the individual
- System issues

> Ranking the barriers- Which barriers are:
  a.) Most impactful? (1)
  b.) Moderately impactful? (2)
  c.) Least impactful? (3)

Discussion:

> What are the outcomes we seek?
  - For the individual
  - For the system

> What can we do? Preliminary identification of interventions/solutions

1. Find the easy to identify interventions/solutions
2. Determine the complexity and cost of implementing the interventions/solutions
3. Weigh the scope of the problem against the complexity of the intervention/solution

Stickies allow everyone to have a voice
3. Consider the cost/benefit and choose ones where it is most beneficial for the least cost (cost can be any resource allocation: money, time, effort, complex change, etc.

Test brainstormed intervention/solution ideas.

- Ease of implementation
- Cost of implementation
- Speed of implementation
- Do we predict the intervention/solution provide a measurable effect?

Pick one for initial PDSA.

Mock up initial PDSA.


Who is on the standing PIP Committee for this PIP? (meetings as needed to review progress and set new objectives as needed.

Review and check out.

Post meeting:
- Charter written and submitted to QuEST.
- Meeting minutes written and distributed.
- Initial PDSA form completed fully.
- Accurate Baseline of data taken. Methodology written up.
- BHC PIP Roadmap completed and reviewed with BHC.
- Follow up meetings with core PIP Committee scheduled and convened.

This created a pause to seek more information.
Multiple focus groups* with consumers solicited input on a variety of key questions:

1. Is social connection important to you? (Scale 1-5: 5 = very important, 1 = not important at all).
2. I feel happy when….
3. What helps you feel socially connected? When do you feel most connected?
4. I like to ____, but I can’t because _________?
5. What stops you from feelings socially connected?
6. What are the barriers that prevent you from having more or better social connections?
7. What could remove those barriers?
8. What can others do to help you with social connections?
9. Who is your support system?
10. What are some things and or activities that make you feel happy and or joy?

*Focus Group Feedback: Accounted for those who already had social engagement and those who reported low levels of engagement.
Team: Adult Social Engagement
Cycle Number: 2
Date: 3/9/17

Change or Idea Being Tested
Study Question
What can be done to improve social engagement and consumer satisfaction for adult Full Service Partnership consumers of Napa County Mental Health Services?

Objectives for this PDSA Cycle:
• The number of attendees at the ICC “Programming (Activities) Group” meetings will increase
• Planned social activities will be attended, particularly by individuals not currently participating in ICC activities

What question(s) do we want to answer with this PDSA cycle?
• Will individuals representing residential programs and housing attend and participate in the meetings?
• Will the group successfully come up with ideas for planned activities and successfully execute them?
• What barriers to success can we identify?

Plan
Plan to answer questions (test the change): What, Who, When, Where

Plan for collection of data needed to answer questions: What, Who, When, Where

Predictions (For each question listed above, what will happen when plan is carried out? Discuss theories):

Implement & Test the change

Main goal of the project

Project sub-objectives

Implement & Test the change
### Development of RBA Performance Measure (and Clinical PIP...)

- **Where we are now...**

<table>
<thead>
<tr>
<th>HOW MUCH DID WE DO?</th>
<th>HOW WELL DID WE DO IT?</th>
</tr>
</thead>
<tbody>
<tr>
<td># of clients that attend the ICC bimonthly Planning meeting</td>
<td># of planned activities that actually occurred</td>
</tr>
<tr>
<td># of activities planned</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS ANYONE BETTER OFF?</th>
<th>IS ANYONE BETTER OFF?</th>
</tr>
</thead>
<tbody>
<tr>
<td># of adults that respond agree or strongly agree to the Consumer Perception Survey domain questions related to Perception of Social Connectedness</td>
<td>% of adults that respond agree or strongly agree to the Consumer Perception Survey domain questions related to Perception of Social Connectedness</td>
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Lessons Learned

- Always need buy in from Leadership and Administrative staff – time and resources must be committed
- New/creative ways of collecting and analyzing data: EBHS, RBA
- When stakeholder staff are genuinely engaged they become interested in learning about CQI and committed to making changes to “Turn the curve”
- Let the process happen. Don’t go into it with preconceived ideas of what you think your measures are going to be
- Be flexible and open to trying new ideas
Next Steps

• Follow through on PDSA cycles
• Track and analyze RBA project measures
• Identify and address barriers as they arise
• Make intervention adjustments as needed
• May, 2017 and November, 2017: Readminister CPS and analyze results in social engagement domain:
• Did we “turn the curve?”
What is next for eBHS?

- CPS data analyses in eBHS were developed based on user feedback
- As Napa county proceeds with their PIP project, more questions (data report needs) will arise
- eBHS is continually developed to meet changing data needs

Examples of future CPS reports:
1. Matched Pairs – What did clients who responded to the survey previously respond this time?
2. Individual question drill-down – What are the population characteristics of clients who had lower scores for the various questions?
When Thomas Edison invented the light bulb, he tried over 2000 experiments before he got it to work. A young reporter asked him how it felt to fail so many times. He said, "I never failed once. I invented the light bulb. It just happened to be a 2000-step process."

“Failure is an option here. If things are not failing, you are not innovating enough.”

— Elon Musk

by justadandak.com
Wrap-Up and Summary of Learning

Karin Kalk