Department of Public Health

HEALTH COMMISSION FINANCE AND PLANNING COMMITTEE

JULY 5, 2016

Presentation Goals

Third in series of presentations to provide an understanding of DPH's current processes and structures related to community-based organization (CBO) contractors.

Today's presentation will:

- Complete the segment, begun on June 7, 2016, to provide an overview of the <u>processes </u>to develop outcome and performance metrics for contracts, *as well as other processes utilized to assess outcomes*;

- Provide examples of actual metrics and tools utilized

- Provide actual findings/data and what DPH does with data

Developing Contractor Outcome and Performance Objectives:

Defining the Process

The DPH Business Office of Contract Development and Technical Assistance(CDTA) coordinates the development of outcome and performance objectives. The process includes the following steps:

1. Define the process
   ◦ Determine timeframe for development – set due date for finalized objectives
   ◦ Convene meetings
     ◦ Determine number of meetings
     ◦ Identify stakeholders
     ◦ Determine format(s)
   ◦ Standardize across sections where possible – language, format

Developing Outcome and Performance Objectives:

Evaluating Objectives

2. Convene DPH stake holders

Evaluate performance from prior year: Were objectives met?
- Annual compliance monitoring results
- Quality Management assessment

Determine adjustments needed – Are the objectives appropriate for the program?
- Language, level of effort, measurability, appropriateness

3. Identify changes to the environment
- New programs (MHSA)
- New funder mandates (HHS – COE)
- New target populations (BAAHI)
- New research, changes to practice standards (abstinence vs. harm reduction)
- Obtain feedback from community providers and clients

Developing Outcome and Performance Objectives:

Soliciting Community Input

Robust community process to address the needs of unserved and underserved populations (MHSA, HIV).

- HIV Health Services planning engages many views
  - Bi-annual Needs Assessments
  - Focus groups with affected communities
  - Feedback from constituent caucus as standing committee of community planning body

- Mental Health Services Act (MHSA)
  - Central principle is collaboration at all levels - consumers, providers and DPH
  - Listen to community program staff about the needs of the population
    - Cultural understanding of wellness and illness
    - Social and economic demands that affect client participation
    - Concerns about privacy and identity

Providers participate in development of objectives in real time – give feedback on congruence between service delivery and data collection expectations

Developing Outcome and Performance Objectives:

Developing New Objectives

Structure of Objectives:
- ◦ Some objectives are standardized
- ◦ Some contracts have individualized
- ◦ SMART - Specific, Measurable, Achievable, Realistic, Timely

Confirm availability of data sources: AVATAR, CalOMS

Revise/eliminate/confirm objectives from prior year

Review and incorporate feedback from providers

Finalization of objectives

Analysis across sections for consistency (residential programs)

Monitoring Contract Performance

Every program receives an annual monitoring visit or desk audit and monitoring report based on:

- **Compliance** (measures compliance with federal, state, and local regulations; see Declaration of Compliance)
- **Deliverables** (measures units of service delivered)
- **Performance** (measures achievement of performance objectives including clinical outcomes)
- **Client Satisfaction** (clients' self-report on services)

Review handout with examples of performance across programs.

Sample Agency:

Instituto Familiar de la Raza (IFR)

Instituto Familiar de la Raza:

Multiple Programs for Families, Individuals

Mid-sized agency serving primarily Latinos in the Mission and Excelsior

Multiple DPH-funded programs, including:
- HIV Mental Health Services and HIV Health Services
- Si a la Vida (HIV Prevention Services)
- Early Childhood Mental Health Consultation Initiative
- Behavioral Health Services (Adult & Child, Youth and Family)
- Trauma Recovery & Healing Services (MHSA)
- Health and Wellness Collaborative (MHSA)
- Primary Care Integration

DPH spending totaled $4.2M in FY 2014-2015.

IFR Performance Objectives

◦ Each **program** has performance objectives

◦ Sample performance objectives for **one program** (Si a la Vida):

  ◦ 90% of males who have sex with males will be offered HIV test annually

  ◦ 90% of people testing HIV-positive will be offered partner services

  ◦ Agency will distribute at least 10,000 condoms

  ◦ Agency will conduct at least 850 HIV tests

  ◦ 60% of negative or unknown-status clients will report having HIV test in prior 6 months

  ◦ 90% of HIV-positive clients who have not seen HIV primary care doctor in prior 6 months will be offered linkage to care

Instituto Familiar de la Raza:

Overall Monitoring Results for Agency

◦ In the past year, BOCC staff conducted site visits and desk audits and produced monitoring reports for each IFR program

◦ Instituto received favorable monitoring scores for **all programs**

◦ For most programs, it received the **highest** rating, indicating that it has met all contractual obligations and exceeded standards

  ◦ For example, for Si a la Vida, IFR met all performance objectives

◦ For one program, Primary Care Integration, BOCC determined Instituto was not meeting an objective around use of psychological screening tool; Instituto submitted Plan of Action (POA) as to how it would meet objective in the future

◦ Fiscal monitoring found adequate resources, governance practices

Drill Down into Example of Clinical Outcome Objectives:

Performance on CANS and ANSA

For Behavioral Health Services (BHS), two standardized outcome objectives are performance as measured by standardized assessment tools:

- Child and Adolescent Needs and Strengths(CANS)
- Adult Needs and Strengths Assessment (ANSA)

BHS requires all clinicians to use the CANS or ANSA for initial and subsequent assessments. Clinicians must be certified to use these tools before completing their first client assessment.

Clinical Outcomes:

IFR Performance on the CANS

Objective for Children, Youth, and Families Programs:

At least 50% of children or youth will show improvement in at least one of the following CANS domains: Presentation, Impact on Functioning, Risk Behaviors, or Child Strengths; if not met, the program must demonstrate at least a 10 percentage point improvement from the prior year's score on this objective.

Result:

IFR passed this objective with 56 out of 82 CYF clients (68.3%) demonstrating improvement on the CANS during FY14-15.

Clinical Outcomes:

IFR Performance on the ANSA

Objective for Adult/Older Adult Programs:

At least 50% of clients will show improvement in at least one of the following ANSA domains: Behavioral Health Needs, Life Domain Functioning, Risk Behaviors or Strengths; if not met, the program must demonstrate at least a 10 percentage point improvement from the prior year's score on this objective.

Result:

IFR passed this objective with 47 out of 78 adult clients (60.3%) demonstrating improvement on the ANSA during FY14-15.
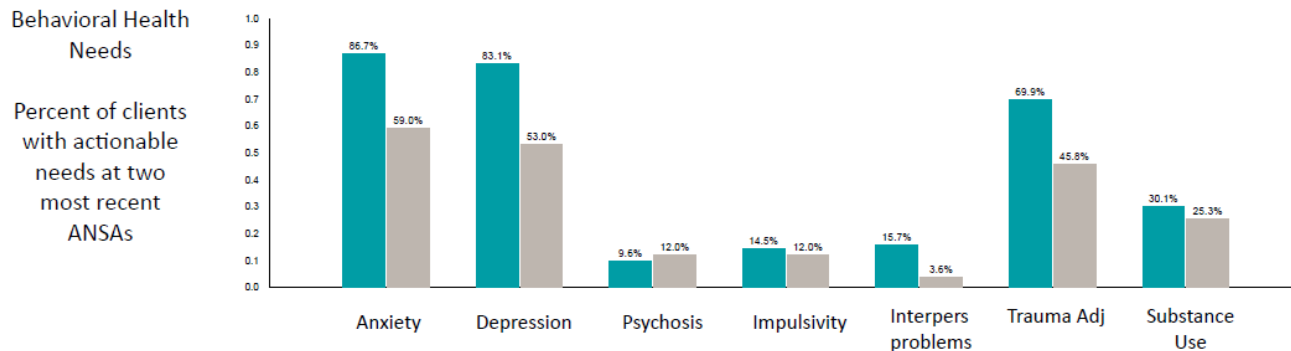
Improvement scores were calculated by Quality Management using the Reliable Change Index for clients with at least 2 assessments, one of which occurred during FY14-15.

IFR Performance on the ANSA: Detail

Below is a graph from FY14-15 ANSA Outcomes Report for IFR

The bars represent the number of clients with "actionable" items in the Behavioral Health Needs domain at the most recent and the previous ANSA

Instituto Fam DeLaRaza (38183)   FY 2014-15

		Average days bet assessments	# episodes w/ (at least) 2 ANSAs	# with reliable positive change in domain				# and % with reliable change in at least 1 domain	
Most recent ANSA	Next most recent ANSA			Beh Hlth	Life Func	Risks	Strengths		
		245.8	78	34	21	6	20	47	60.3% (= 47/78)

Behavioral Health Needs

Percent of clients with actionable needs at two most recent ANSAs

Category	Next most recent ANSA	Most recent ANSA
Anxiety	86.7%	59.0%
Depression	83.1%	53.0%
Psychosis	9.6%	12.0%
Impulsivity	14.5%	12.0%
Interpers problems	15.7%	3.6%
Trauma Adj	69.9%	45.8%
Substance Use	30.1%	25.3%

IFR Client Satisfaction Results

Fall 2014	Overall Satisfaction	Return Rate
IFR Child Youth & Families	84.6%	100.0%
IFR Adults	90.6%	77.3%

Spring 2015	Overall Satisfaction	Return Rate
IFR Child Youth & Families	88.2%	75.0%
IFR Adults	100.0%	94.7%

Quality Management administers the Client Satisfaction surveys twice a year. Detailed program-level reports are posted online at:
https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp

Quality Management Disseminates Outcome Reports for Learning and Sharing Environment

- Quarterly program-level outcome reports are generated by Quality Management, and posted on the CBHS Quality Management section of DPH public website: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp

- Each program identified ANSA or CANS "Super-User"

- Quality Management facilitates a quarterly Super-User Call, when performance outcome reports are available to discuss

- Super-User calls create a learning and sharing environment in which program representatives discuss their ANSA or CANS outcomes, identify and share best practices, and address scoring or certification issues

What Happens with Findings?

- BOCC review findings with programs and discuss ways to improve services or data collection

- System of Care staff use findings to communicate with programs about areas for improvement or ways to improve standardized performance measures

- System of Care and Quality Management staff review findings to identify system-wide needs

What Are We Working to Strengthen?

- Improve information available for programs to review their performance during the year (via AVATAR, etc.)

- Increase opportunities for System of Care staff to use findings to work with programs on areas of improvement

- Next time, we will present on the follow-up process in more detail, including Technical Assistance and Corrective Action Plans