

The Ohio Mental Health Consumer Outcomes Initiative

An Overview



The ODMH Quality Agenda

- A key piece of the ODMH Quality Agenda



Outcomes Task Force (OTF)

● Origin

- Convened in September 1996 by Michael F. Hogan, Ph.D., Director of ODMH

● Charge

- Developing a statewide approach to measuring consumer outcomes in Ohio's publicly-supported mental health system



Outcomes Task Force (OTF)

● Membership

- A culturally diverse group of 42 consumers, families, providers, boards, researchers and evaluators and ODMH and ODADAS staff

● Tenure

- Met two days per month for 16 months



OTF Values

- Recovery philosophy drives service provision
- Providers and consumers share responsibility for environment of hope and for service planning
- Services driven by consumer-identified needs and preferences



OTF Values

- Accurate information needed for continuous improvement of outcomes and for accountability
- Methodologically sound and cost effective outcomes measurement
- Balance between improved information and reasonable implementation



ODMH LONGITUDINAL RESEARCH

- Finding: Consumers' perceptions of the degree to which their needs were being met was the strongest predictor of positive mental health outcomes.



ODMH LONGITUDINAL RESEARCH

- Finding: Consumers' perceptions of their level of service empowerment (e.g., their involvement in treatment planning and decisions about services) was the variable most highly correlated with the degree to which they felt their needs were being met.



ODMH LONGITUDINAL RESEARCH

- Finding: Consumers and case manager have different perceptions of met needs. Consumers' perceptions were better predictors of good outcomes.



Culture Changes In Providing Good Clinical Care

- Valuing outcomes data, including empowerment and recovery
- Valuing data-driven decision-making
- Using data in partnership with consumers, families and direct care staff
- Commitment to ongoing performance improvement processes



What's an Outcome?

- Indicators of health or well being for an individual or family, measured by statements or observed characteristics of the consumer/family, not characteristics of the service system.



Ohio Mental Health Outcomes System

● Clinical Status

- Level of symptom distress
- Ability to understand, recognize and manage/seek help for symptoms, both physical and psychiatric



Ohio Mental Health Outcomes System

● Quality of Life

- Satisfaction with areas of life
- Feeling a sense of overall fulfillment, purpose, hope and personal empowerment



Ohio Mental Health Outcomes System

● Functioning

- Using community resources to fulfill needs
- Developing and managing interpersonal relationships
- Activities of daily living
- Maintaining oneself independently
- Managing money



Ohio Mental Health Outcomes System

● Functioning

- Remaining in a home or family like environment
- Engaging in meaningful activity
- Avoiding justice system involvement
- Role functioning
- Addictive/compulsive behaviors



Ohio Mental Health Outcomes System

● Safety and Health

- Self-harm or suicide attempts
- Harm or neglect in person's environment
- Harm to others
- Physical health



Ohio Mental Health Outcomes System

● Safety and Health

- Medication concerns addressed
- Safety and health not threatened by disabilities, discrimination or being treated with lack of dignity



Instrument Review Criteria

- The OTF used the following criteria to screen and select outcome instruments:
 - Direct and Indirect Cost
 - Psychometric Properties
 - Cultural Sensitivity
 - Consistency with OTF Outcomes
 - Consistency with Principles of CASSP
(Child and Adolescent Service System Program: NIMH)
 - Consistency with Principles of Consumer Recovery



Ohio Outcomes Implementation Pilot Coordinating Group (OIPCG)

● Membership

- Collaboration of 40 individuals representing consumers, families, providers, local community mental health/addiction boards, ODMH, others

● Tenure

- Met 15 months in both plenary sessions and workgroups



Guiding Principles

● Direct Care Staff Orientation

- The key to Outcomes Initiative success lies in its ability to provide agency direct care staff with timely and relevant information that can be helpful in their work with consumers and families



Guiding Principles

● Clarity and Consistency

- Good data are facilitated by good data collection procedures and sources
- All materials produced for the Outcomes Initiative should be clear, consistent and packaged for ease of use



Guiding Principles

● Technological Achievability

- The Outcomes System should not require computer technology beyond that already available in most provider organizations for existing uses (e.g., MACSIS)



Implementation Evaluation

- OTF/OIPCG endorsed process to address:
 - Feelings of Consumers
 - Feelings of Providers and Administrators
 - Direct and Indirect Costs
 - Content Validity of the Instruments
 - Reliability of the Instruments
 - Cultural Sensitivity of the Instruments
 - Timely Availability of Data



Evaluation Results Highlights

● Consumer & Family Evaluations

■ Useful

- Consumers and families were very clear and emphatic about a number of ways in which outcomes data can and should be used

■ Very Understandable

- 70% of all respondents (n = 2,353) said the questions were “always” or “usually easy to understand”
- 8% said questions were “sometimes” or “never easy to understand”



Evaluation Results Highlights

● Consumer & Family Evaluations

■ Good Comfort Level

- 60% of all respondents (n = 2,353) said they felt “very comfortable” or “somewhat comfortable” answering the questions
- 9% said they were “somewhat uncomfortable” or “very uncomfortable”

■ Very Low Offensiveness

- No question was described as offensive by more than two people



Evaluation Results Highlights

● Consumer & Family Evaluations

■ Little Consumer/Staff Interaction

- Over half the respondents (n = 866) said someone talked to them about outcomes “only a little” or “not at all”
- Adult consumers reported having the least amount of outcomes conversation with staff
- Individuals who experienced outcomes not being used by staff were more negative



Evaluation Results Highlights

- Clinician/Administrator Focus Groups
 - Value outcomes measurement
 - Timely feedback is important
 - Need specific data use training
 - Low utility vs. high burden for some instruments
 - Lack of integration between Outcomes and other requirements



Evaluation Results Highlights

● Costs

- Administration time varies by instrument from 5 minutes (Provider A) to 32 minutes (Consumer A)
- About half of adult SMD consumers need some assistance with filling out the survey
- Data entry costs vary by method used
- Adult instruments: copying costs only



Evaluation Results Highlights

● Adult Instrument Psychometrics

■ Reliability

● Reliabilities (Cronbach's α) for three sections of the Adult Consumer Instruments:

- Symptom Distress = .93
(n = 1,479)
- Quality of Life = .86
(n = 1,442)
- Making Decisions Empowerment Scale = .77
(n = 1,376)



Using Outcomes Data

● Consumer

- Recovery
- Advocacy

● Provider

- Care Management and Treatment Planning
- Agency Quality Improvement
- Clinical Supervision



Using Outcomes Data

● Board

- Service Utilization Review
- Board-Area Quality Improvement

● State

- Statewide Benchmarking
- Statewide Quality Improvement



Treatment/Recovery Planning

- Consumer completes Consumer Form A
- Provider completes Provider Form A
- ODMH Data Entry & Reports Template generates:
 - Red Flag Report
 - Strengths Report



Red Flag Reports

- Items which have been rated with the most negative score
- Items which have been rated with the next most negative score



Strengths Reports

- Items which have been rated with the most positive score
- Items which have been rated with the next most positive score





Adult Consumer Form A - Red Flag Report

MACSIS UCI:

Date of Birth: 02/08/1954

Admission Date: 06/12/2002

Provider ID:

Client Name: Mary X

Administration Date: 06/12/2002

Consumer's Priority *

Consumer responded most negatively to the following items:

Empowerment

Q47: When I make plans, I am almost certain to make them work.

Consumer responded negatively to the following items:

Quality of Life

Q1: How do you feel about the amount of friendship in your life?

Q2: How do you feel about the amount of money in your life?

Q3: How do you feel about how comfortable and well-off you are financially?

Q4: How do you feel about how much money you have to spend for fun?

Q5: How do you feel about the amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

Q8: How do you feel about your personal safety?

Physical/Stigma

Q14: Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

Symptom Distress

Q17: During the past 7 days, about how much were you distressed or bothered by nervousness or shakiness inside?

Q18: During the past 7 days, about how much were you distressed or bothered by being suddenly scared for no reason?

Q19: During the past 7 days, about how much were you distressed or bothered by feeling fearful?

Q24: During the past 7 days, about how much were you distressed or bothered by feeling afraid to go out of your home alone?

Empowerment

Q34: I can pretty much determine what will happen in my life.

Comments:

* Please mark "X" for the top three priority items on the report.





Adult Consumer Form A - Strengths Report

MACSIS UCI:

Date of Birth: 02/08/1954

Admission Date: 06/12/2002

Provider ID:

Client Name: Mary X

Administration Date: 06/12/2002

Consumer's Priority *

Consumer responded most positively to the following items:

Symptom Distress

Q21: During the past 7 days, about how much were you distressed or bothered by spells of terror or panic?

Q23: During the past 7 days, about how much were you distressed or bothered by heavy feelings in arms or legs?

Q27: During the past 7 days, about how much were you distressed or bothered by feeling weak in parts of your body?

Empowerment

Q35: People are only limited by what they think is possible.

Q57: I feel I am a person of worth, at least on an equal basis with others.

Consumer responded positively to the following items:

Quality of Life

Q6: How do you feel about the amount of freedom you have?

Q7: How do you feel about the way you and your family act toward each other?

Q9: How do you feel about the neighborhood in which you live?

Q10: How do you feel about your housing/living arrangements?

Q11: How do you feel about your health in general?

Physical/Stigma

Q15: I have been treated with dignity and respect at this agency.

Symptom Distress

Q20: During the past 7 days, about how much were you distressed or bothered by feeling tense or keyed up?

Q26: During the past 7 days, about how much were you distressed or bothered by feeling lonely even when you are with people?

Comments:

* Please mark "X" for the top three priority items on the report.



Point of View System

- Generates reports listing items receiving the most negative and most positive scores



Do-It-Yourself Option

- Scan the paper-and-pencil instruments for the most negative and most positive items
- (Difficult with Empowerment Scale since many items are reverse-scored)
- Lobby for getting Red Flag and Strengths Reports!



Then:

- Use these reports to sit down with the consumer and prioritize problems to work on. (More to come about this!)



To Learn More About Outcomes...

- Contact your local CMH/ADAMHS Board
- See “Resources” section in your training notebook!

