



Consumer Outcomes Incentive Grant Report

The Ohio Mental Health Consumer Outcomes System

History of Consumer Outcomes

The Ohio Mental Health Consumer Outcomes System is an ongoing endeavor to evaluate how consumers are faring in Ohio's public mental health system. The purposes of the Consumer Outcomes System are to:

- Assist consumers and clinicians in developing treatment plan goals and measuring progress using the consumer's individual outcomes scores
- Promote quality improvement at the agency, board and state level using aggregate consumer outcomes scores
- Demonstrate accountability of the public mental health system for tax dollars expended

Success of Outcomes Incentive Grant

The Consumer Outcomes System began with planning efforts in the fall of 1996. As a direct result of incentive grant funds awarded in August 2000, forty-one out of fifty local board systems representing 168 provider agencies are now in the process of flowing data and using consumer outcomes information! Seven other board areas are in the planning stage of implementation.

- \$3M in federal Center for Mental Health Services (CMHS) Block Grant funds were awarded to forty-four local systems to support outcomes implementation in 192 agencies (\$15,625 per participating agency).
- \$420K in additional CMHS funds were used to develop a "toolkit" of training materials.

Results of the Incentive Grant

- In implementing the Ohio Mental Health Consumer Outcomes System, the majority of grant recipients indicated success in the following areas:
 - Improved board/agency collaboration (70%)
 - Use of Outcomes data to inform treatment planning (65%)
 - Involvement of consumers/families in Outcomes implementation (65%)
 - Report generation for use in treatment planning (58%)
 - Computer training/proficiency (56%)
 - Data flow to ODMH (51%)
- Over half of the grant recipients identified the following implementation challenges:
 - Difficulties with technology (e.g., vendor technologies, Template, local MIS resources) (86%)
 - Staffing (70%)
 - Funding (56%)
 - Preparing the culture to use Outcomes data (56%)
- In order to overcome implementation challenges, local systems employed a variety of strategies including:
 - Providing training on Outcomes data use
 - System-wide collaboration
 - Encouraging consumer involvement
 - Utilizing technology
 - Collaborating with consultants
 - Persistence!

- Local systems anticipate the following challenges in continuing to implement the Outcomes System:
 - Scarce resources
 - Data use
 - Difficulties with technology
 - Developing and maintaining support from clinical staff
 - Developing a method to track Outcomes administrations
- Nearly all grant recipients reported utilizing the Outcomes Website and Outcomes Implementation Toolkit materials, as well as attending statewide, regional or local trainings. Grant recipients rated the following sources of assistance as very helpful in the implementation process:
 - Incentive grant funds
 - Outcomes Website
 - Technical assistance provide via the phone/E-mail

Next Steps for the Consumer Outcomes System

Consumers, Families, Agencies, Boards and ODMH continue to collaborate for full implementation of the Ohio Mental Health Consumer Outcomes System.

- A Statewide Data Reports Workgroup is meeting monthly to decide the types, frequency, and format of state-level data reports to be generated from the statewide Outcomes database. The first report is scheduled to be available summer of 2002.
- Peer technical assistance is being planned to integrate consumer Outcomes measures with Recovery
- The Outcomes Users Group continues to meet biweekly via telephone conference call on alternate Thursdays from 1:30 to 3:00 P.M.
- ODMH continues to work toward increased access for all stakeholders to the statewide aggregate outcomes database, and for training in use of data

For more information, see the attached Final Report Summary developed by Emily Bunt, ODMH. You may also contact Dee Roth (614) 466-8651 or Leslie Brower (614) 466-7450 at ODMH, or see the Outcomes Initiative web site: <http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>

Consumer Outcomes Incentive Grant Board Final Report Summary

This report provides a summary of the final report responses of the 43 local systems that received Consumer Outcomes Incentive Grant funds.

Implementation Successes

Consumer Outcomes Incentive Grant recipients were asked to indicate the successes their local systems have achieved with regard to implementation of the Outcomes System. The following table includes the percentage of recipients who endorsed each of the listed items as a success:

SUCCESSSES	%
Improved board/agency collaboration	70
Using Outcomes data to inform treatment planning	65
Involving consumers/families in Outcomes implementation	65
Generating reports for use in treatment planning	58
Computer training/proficiency	56
Data flow to ODMH	51
Using Outcomes data for program development and/or QI	37
Integrating recovery into care management	37
Increasing data-driven decision-making	37
Integration of MIS	35
Agency re-engineering	28
Other (see below for details)	16

“Other” successes include: improved communication with clients, improved communication and coordination of care across county lines, best practice model development, increased collaboration around issues of integrating Outcomes data into treatment planning, and integrating recovery principles into care management.

Implementation Challenges

Consumer Outcomes Incentive Grant recipients were also asked to identify the challenges their local systems have faced in the implementation of the Outcomes System. The following table includes the percentage of recipients who endorsed each of the listed items as a challenge:

CHALLENGES	%
Difficulties with technology (e.g., vendor technologies, Template, local MIS resources)	86
Staffing	70
Funding	56
Preparing culture to use Outcomes data	56
Overcoming resistance to measuring Outcomes	40
Gaining consumer/family involvement	35
Achieving local system buy-in	35
Involving consumers in treatment planning	9
Other (see below for details)	9

Recipients identified the following “other” challenges: consumers having trouble understanding some of the survey questions, scarce financial and human resources, changing data file specifications, and how to handle Outcomes data for individuals who receive services outside of their county of residence.

Overcoming Implementation Challenges

Local systems employed a variety of strategies to overcome these challenges.

➤ **Provide Training on Outcomes Data Use**

As illustrated by the following comments, one strategy used by several local systems (n=12) was to provide training on Outcomes data use to agency staff.

Staff of the Board and provider administration has emphasized the clinical usefulness of the outcomes system. Much training was conducted regarding the incorporation of outcomes, recovery, and treatment planning. (Columbiana)

Staff and consumer training have been offered to prepare the culture for using Outcomes. The focus of training has centered on improving quality of care and the relationship between consumer and clinician. (Delaware/Morrow)

From the very beginning of the outcomes pilot, emphasis has been placed on the use of data at the agency level, with a lot of emphasis on developing computer skills for people to integrate data at the agency level... (Lake)

➤ **System-Wide Collaboration**

Nine local systems have used system-wide collaboration as a method to overcome implementation challenges. This focus on teamwork is highlighted by the following comments:

Through our local workgroup we continue to work on techniques and approaches to getting more buy-in from workers and consumers. Sharing ideas among providers has helped a lot, but we still have much to do. (Eastern Miami Valley)

Our collaboration with the two pilot agencies has been fantastic. Many agency staff members and members of the board staff attended the regional trainings, tuned into conference calls, held regular meetings during the entire implementation process, and most importantly provided support for each other. (Geauga)

We plan to continue working to create acceptance of outcomes by working with executive, QA, and clinical leadership groups to promote the initiative, to use its fruits constructively and to assist agencies in the solution of implementation problems. (Hamilton)

This process has also increased dialogue between agencies about streamlining paperwork, sharing and using the same forms, etc. and increased cooperation in "handing off" clients from one agency to another... (Miami/Darke/Shelby)

➤ **Encourage Consumer Involvement**

Eight systems have overcome challenges related to implementation by encouraging consumer involvement.

In November 2001, board staff produced a consumer-facilitated training for clinicians on the integration of the outcomes framework in ISP development and treatment. In addition, board staff has collaborated with local consumers who have been trained to train other consumers in the use of outcomes in treatment. (Hamilton)

The agency is in the process of training consumers to act as mentors to help other consumers to learn how to complete the survey. (Huron & Seneca/Sandusky/Wyandot)

➤ **Utilize Technology**

Utilizing technology has been one of the ways several (n=7) local systems have overcome implementation challenges.

The time needed to complete the survey has been reduced with the use of Point-of-View (POV) technology... (Delaware/Morrow)

When the board presented the Outcomes project to the agencies, each director chose a different technology for capturing the data. Our challenge was to find a way to let each agency do what they thought was best for the consumer, but in a way that the data could flow to the board into one SQL database. We've accomplished that by writing software in-house... (Medina)

➤ **Collaborate with Consultants**

However, grant recipients (n=6) have found it necessary to work closely with consultants to overcome difficulties with technology.

➤ **Persistence**

Several systems (n=6) stress the importance of persistence in overcoming the challenges they have faced in implementing the Outcomes System.

We have attempted to employ a steady, relentless approach to overcoming staffing problems and difficulties with technology. (Brown)

Pressure from the Outcomes initiative led one of our agencies to persist in finding a consumer representative, despite great reluctance by consumers to become involved. (Clermont)

Future Challenges

Grant recipients were asked to consider what their biggest challenges would be in continuing to implement the Outcomes System. In reviewing their responses, several common challenges were apparent.

➤ **Scarce Resources**

As illustrated by the following comments, more than half of the grant recipients (n=22) indicated that scarce resources, both in terms of staffing and funding, is one of their biggest challenges in continuing to implement the Outcomes System.

The Outcome Survey has provided many positives in regards to greater collaboration and focused treatment goals, but the agencies find it difficult to increase the paperwork requirements for staff and the new clients entering our system. (Clermont)

Monitoring and managing additional costs brought on by a new initiative. The process of streamlining paperwork, etc. is hoped to offset this “new” expense in time and resources. (Miami/Darke/Shelby)

Staff seem overwhelmed with administrative work from MACSIS claims and BH and doing outcomes is just more thing to have to do when there has been no regulatory relief to offset using staff resources in a different way. (Wayne/Holmes)

We have fewer staff and more responsibilities at the board level than ever before. Grant management, MSPA, children’s services and safety net surveys, new roles in agency certification, client rights, Medicaid reviews, etc. in addition to MACSIS’s other two parts (claims and BH) have left little time for aggregate analysis and use of outcomes data by board staff in QI and related processes. (Trumbull)

➤ **Data Use**

An important challenge noted by many local systems (n=20) is the use of data from the Outcomes System both in the treatment planning process and for the purpose of quality improvement.

Ensuring relevance to the treatment process for client and clinician. The agencies look to ODMH, the board and SOQIC to obtain useful reports and helpful hints. (Clermont)

Making sense of outcome data collected—what are the limitations and uses. We plan to work with providers, our research staff, and other systems to explore avenues for outcomes management. (Franklin)

The agencies expressed a strong desire to utilize the data gleaned from the Outcomes data and subsequent reports to assist the clinicians and the clients. (Geauga)

The efficient integration of Consumer Outcomes System data such that it informs treatment quality. This will require the continuing struggle to build the system, but the data reports will be crucial. The time, technological and financial expenditures will be greater than anticipated, but are critical at this point in time. We must push forward and derive meaningful information. (Wood)

➤ **Difficulties with Technology**

Many systems (n=16) indicated that various difficulties with technology would be a challenge when looking to the future of Outcomes implementation.

The POV system had great potential, but we have struggled with issues around integrating data and merging data after the information is collected and removed from the POV box. (Ashtabula)

Integrating our outcomes in an easier fashion with our MIS function. This was a collaborative effort between POV and CMHC software vendors. (Four County)

The implementation of a new technology (POV) has produced some levels of resistance from users that will need to be overcome now and in an ongoing way. (Miami/Darke/Shelby)

There are incompatibilities between Telesage and the ODMH template. This has resulted in problems with obtaining reports for clinical use. (Paint Valley)

➤ **Develop and Maintain Support from Clinical Staff**

Developing and maintaining support from clinical staff is seen as necessary to the continued success of the Outcomes System by several local systems (n=10).

The success of the project heavily depends on the goodwill and enthusiasm of clinical staff. If it is not there, the client will not be the beneficiary of the creative engagement that leads to the outcomes process as a support for consumer recovery. Board staff will work with agency leadership to explore the potential for expanding and sustaining the base of clinician support. (Hamilton)

Gaining staff acceptance so that they use the data is still the biggest ongoing challenge. It will take time to educate staff and gain their acceptance. Producing high quality reports for the staff will also be helpful. (Montgomery)

➤ **Develop Method to Track Outcomes Administrations**

Developing an effective method to track the timely administration of the Outcomes surveys was mentioned as a challenge by several systems (n=9).

Completing 100% ongoing, constant diligent work in developing and implementing a tickler system. (Brown)

Another obstacle is that it is easy to get information at Intake, but much more difficult at six months. We are working on better tickler systems, etc. to access more people. (Crawford/Marion)

Outcomes Resources

For the purpose of shaping future resource planning, grant recipients were requested to indicate how helpful the following sources of assistance have been in the process of implementing the Outcomes System. The following table displays the percentage of local systems using each of the resources, as well as the average rating on a four-point scale, where 1=not at all helpful, 2=a little helpful, 3=quite a bit helpful, and 4=extremely helpful.

RESOURCES	MEAN (SD)	% USING
Outcomes Implementation Incentive Grant funds	3.7 (.63)	100
Outcomes Website	3.1 (.77)	100
Technical assistance provided via phone/E-mail	3.1 (.85)	65
On-site technical assistance	2.9 (.90)	17
Statewide, regional or local training	2.8 (.58)	98
Outcomes Data Entry and Reports Template	2.6 (.85)	51
Outcomes Implementation Toolkit materials	2.5 (.74)	98
Outcomes Users Group conference calls	2.5 (.71)	79