



Department of Alcohol &
Drug Addiction Services



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STATE PERFORMANCE MANAGEMENT FOR TREATMENT SERVICES

Understanding and Using the Information

for the BH Leadership Group Meeting

January 2012

Division of Planning, Outcomes and Research

Background

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- Substance Abuse Treatment and Prevention (SAPT) Block Grant requirement
 - ▣ Capacity and capability to make data-driven decisions based on performance measures
 - ▣ Enhancement of SSA's leadership role

- SAMHSA Technical Assistance
 - ▣ Review of other state approaches and systems



Definitions (continued)

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- “Quality Assurance” is performance management that is related to establishing, measuring and identifying and correcting minimal standards of acceptable performance and is completed by experts and staff
- “Quality Improvement” is performance management that defines quality according to the needs and preferences of clients and continuously improve services in real time as services are provided

Research vs. Performance Management

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Research

- ❑ Adds to knowledge and evidence-based practices
- ❑ Experimental and quasi-experimental designs
- ❑ Sophisticated techniques and analyses
- ❑ Led by health/ human services scientists
- ❑ Takes months to years

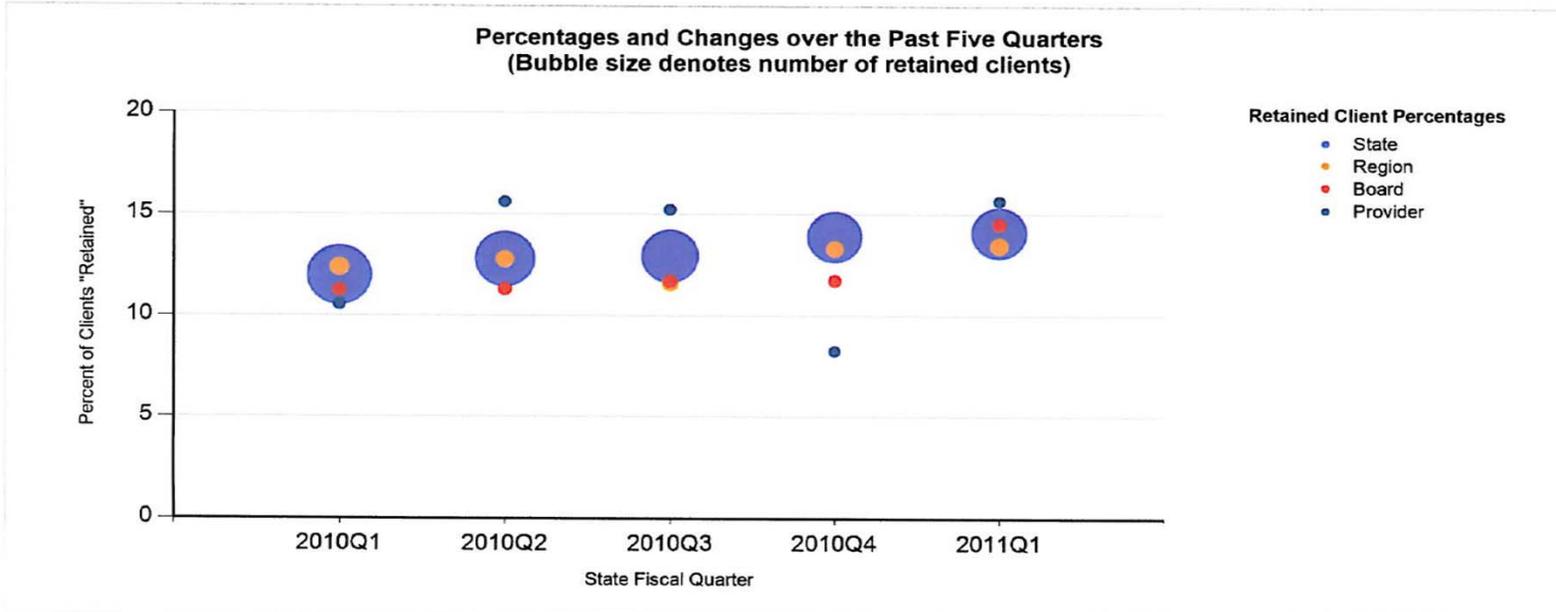
Performance Management

- ❑ Presents evidence of effectiveness and improved services
- ❑ Internal comparison of data over time
- ❑ Simple analyses of trends over time
- ❑ Led by clinical and program staff
- ❑ Takes a few months

STAR-SI Client Retention Report For The Period 7/1/2010 - 9/30/2010

Provider: ()
Board: ()
Region: Suburban

Fiscal Quarter	Provider Statistics				Retention Percentages			
	Retained Clients	All Clients	Board Retained	Region Retained	Provider	Board	Region	State
2010Q1	36	341	91	348	10.56%	11.25%	12.38%	11.99%
2010Q2	37	237	78	293	15.61%	11.30%	12.78%	12.79%
2010Q3	23	151	76	246	15.23%	11.71%	11.58%	12.94%
2010Q4	9	109	66	272	8.26%	11.72%	13.31%	13.89%
2011Q1	18	115	87	283	15.65%	14.50%	13.46%	14.09%



Retention in Treatment Measures

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- At least one clinical encounter* within the first 14 days post assessment and two additional encounters within the 30-day period (Washington Circle)
- At least four clinical encounters within the first 30 days post assessment (NIATx)
- Sixty or more days of services* per episode of care (ODADAS)

* Does not include case management



Levels of Measures*



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- Provider
 - ▣ Based on Unique Provider Identification (UPID)
- Board
 - ▣ 47 combined (ADAMHS) and 3 separate (ADAS)
- Region
 - Appalachian ▪ Rural, Non-Appalachian
 - Metropolitan ▪ Suburban
- State

* National data will be provided if applicable and available

Metropolitan (12)



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- Allen
- Butler
- Cuyahoga
- Franklin
- Hamilton
- Lorain
- Lucas
- Mahoning
- Montgomery
- Richland
- Stark
- Summit



Suburban (17)



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- Auglaize
- Clark
- Delaware
- Fairfield
- Fulton
- Geauga
- Greene
- Lake
- Licking
- Madison
- Medina
- Miami
- Pickaway
- Portage
- Trumbull*
- Union
- Wayne



Rural, Non-Appalachian (30)



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- Ashland
- Ashtabula*
- Champaign
- Clinton
- Crawford
- Darke
- Defiance
- Erie
- Fayette
- Hancock
- Hardin
- Henry
- Huron
- Knox
- Logan
- Marion
- Mercer
- Morrow
- Ottawa
- Paulding
- Preble
- Putnam
- Sandusky
- Seneca
- Shelby
- Van Wert
- Warren
- Wayne
- Williams
- Wyandot



Appalachian (29)



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- Adams
- Athens
- Belmont
- Brown
- Carroll
- Clermont
- Columbiana
- Coshocton
- Gallia
- Guernsey
- Harrison
- Highland
- Hocking
- Holmes
- Jackson
- Jefferson
- Lawrence
- Meigs
- Monroe
- Morgan
- Muskingum
- Noble
- Perry
- Pike
- Ross
- Scioto
- Tuscarawas
- Vinton
- Washington



Time Frame for Performance Analysis

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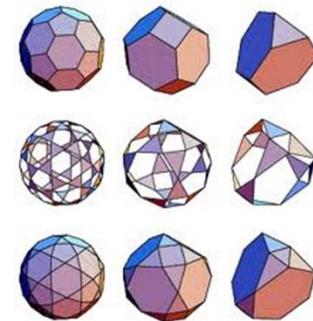
- Performance Management quarters are based and reported on State Fiscal Year (SFY) parameters
- SFY begins July 1 of each year and ends June 30 of the following year, e.g. SFY 2012 is July 1, 2011 to June 30, 2012
- There are four quarters per SFY:
 - 1st quarter (Q1) = July 1 to September 30
 - 2nd quarter (Q2) = October 1 to December 31
 - 3rd quarter (Q3) = January 1 to March 31
 - 4th quarter (Q4) = April 1 (no fooling) to June 30

Table Figures

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- “All Clients” represents the number of clients served* at a particular provider (UPID)
- “Retained” represents the number of clients who met that particular retention measure
- “Retention Percentages” represent the percent of clients who met that particular retention measure

* Performance Management information is based on unduplicated clients



Looking at the Results

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- Figures and percentage can be examined by quarter or over quarters, i.e. over time
- Actual provider and board numbers can be reviewed and the number of retained clients can be seen at the different levels via the graph
- Performance based on percentage of retained clients can be viewed at the different levels of measure*

* Caution should be used in comparing performance within and across levels



How the Results Can be Used

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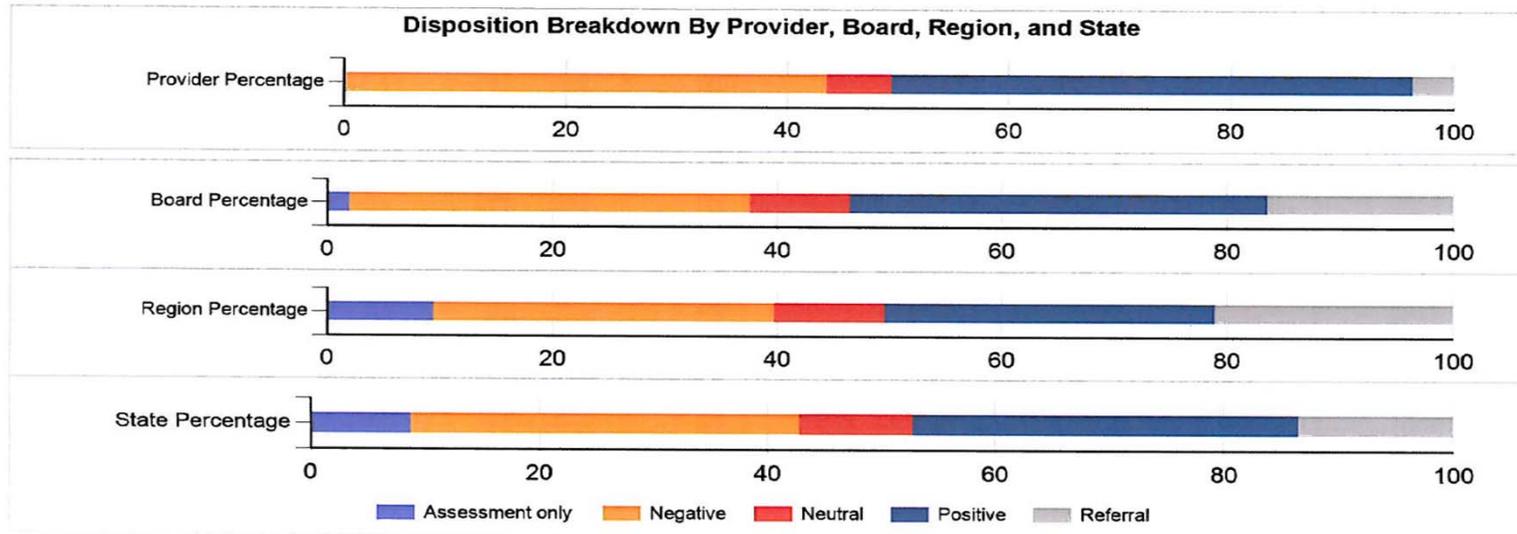
- To better understand retention; the longer a client is in treatment the more likely he or she will have better outcomes
 - What is the direction of change; how do the numbers increase, decrease or remain the same over time?
 - What are the differences among levels?
 - Were the figures expected?
 - Are these the desired results?



Disposition At Discharge Report For The Period 7/1/2010 - 9/30/2010

Provider: \
Board: \
Region: Metropolitan

Category	Provider Episodes	Provider Total	Provider Percent	Provider Percentile	Board Episodes	Board Total	Board Percent	Board Percentile	Region Percent	Region Percentile	State Percent
Assessment only	0	271	0.00%	0.50	21	1064	1.97%	14.29	9.42%	50.00	8.77%
Negative	118	271	43.54%	66.00	379	1064	35.62%	44.90	30.32%	20.00	34.07%
Neutral	16	271	5.90%	32.00	95	1064	8.93%	34.69	9.88%	40.00	9.94%
Positive	127	271	46.86%	71.78	394	1064	37.03%	48.98	29.35%	20.00	33.79%
Referral	10	271	3.69%	54.50	175	1064	16.45%	93.88	21.03%	100.00	13.43%



Disposition at Discharge Categories

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- Assessment and Evaluation Only
 - ▣ Successfully Completed no Further Services Recommended
 - ▣ Client Rejected Recommendations
- Negative
 - ▣ Left on Own Against Staff Advice WITHOUT Satisfactory Progress
 - ▣ Involuntarily Discharged Due to Non-Participation
 - ▣ Involuntarily Discharged Due to Violation of Rules
 - ▣ Incarcerated Due to Offense Committed While in Treatment/Recovery



Disposition at Discharge Categories

(continued)

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□ Neutral

- Left on Own Against Staff Advice WITH Satisfactory Progress
- Incarcerated Due to Old Warrant/Charge from Before Entering Treatment
- Transferred to Another Facility for Health Reasons
- Death
- Client Moved
- Needed Services Not Available
- Other



Disposition at Discharge Categories

(continued)

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- Positive

- ▣ Successful Completion/Graduate



- Referral

- ▣ Referred to Another Program or Service



Definitions of Categories

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- Number of Client Episodes
 - ▣ The period of time between the beginning of service (admission) and termination of services (discharge) for each level of care
 - ▣ The number of episodes for all discharge categories
- Percent
 - ▣ Percentage of episodes for each of the discharge categories
- Percentile
 - ▣ The dispersion of measures as related to zero—the 50th percentile equals the median

Looking at the Results

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- Provider and board levels
 - ▣ Numbers, percentages and percentiles based on episodes of care
- Region level
 - ▣ Percentage and percentile
- State level
 - ▣ Percent
- Dispositions at the different levels can be seen via the graph*



* Caution should be used in comparing performance within and across levels

How the Results Can be Used

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- To better understand disposition at discharge, which can help in identifying things to improve such as access, retention, culture, meeting client needs, staff morale, business practices and program efficiencies
- Large positive numbers look at what is working well
- Large negative numbers look at what needs improvement



Areas for Improvements

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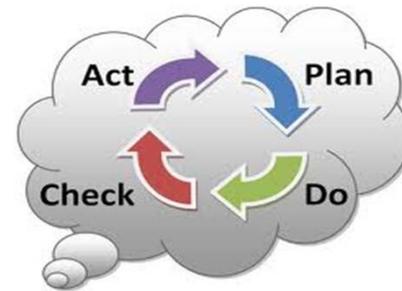
- Programmatic
 - ▣ Better serve needs of clients
 - ▣ Improve client outcomes
 - ▣ Improve program efficiencies
- Policy
 - ▣ Inconsistent
 - ▣ Missing
 - ▣ Unclear



Areas for Improvement (continued)

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- Procedural
 - ▣ Clinical
 - ▣ Administrative
- Human resource
 - ▣ Explore position descriptions, supervision, training and communication before aligning results with people; target improvements at organizational level
- Other
 - ▣ Combination of factors such as funding, staffing, facilities, operations



Interpretation Cautions

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- Small differences in numbers may not matter
 - ▣ Could be due to chance; may not indicate a true change – no tests of statistical significance
- Large percentage differences/changes may not be really that large
 - ▣ Could be due to having small numbers to begin with
- Explore possible explanations for performance before reaching a conclusion
 - ▣ Other factors may influence the results



Next Steps

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- ❑ Finalize report and method of distribution
- ❑ Establish web page on ODADAS site
- ❑ Hold regional webinars to introduce to field
- ❑ Determine utility
 - ▣ Make modifications (as applicable)
- ❑ Develop subgroup reports
- ❑ Continue webinars for networking, training and technical assistance purposes



Overall State Plan

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- ❑ Give back the data
- ❑ Look at the information to determine who appears to be doing well and who might not be
- ❑ Solicit input from and work with volunteer participants of programs doing well and not doing so well
- ❑ Feature successes and lessons learned
- ❑ Encourage peer support and networking
- ❑ Factor in sustainability and cost
- ❑ Continue training and technical assistance



Data Driven Decisions

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- Performance Management
- Outcomes
 - ▣ Post-Discharge Measurement
- Targeted Recovery Support Measures
 - ▣ Employment
 - ▣ Stable Housing
- Other Research
 - ▣ OSAM/SEOW
 - ▣ Other efforts