

**THEME**

# Data and Outcomes

## RECOMMENDATION 9:

Ensure cross-system accountability with performance and outcome measures, and use the data to improve the system.

**Strategy 9.1:** Adopt a robust system of performance measures and ensure that the performance data is used to improve system effectiveness.

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**Strategy 9.2:** Seek information from other organizations about successful approaches to serving the mental health needs of children, youth, and adults.

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**Strategy 9.3:** Conduct periodic analyses of system functioning to identify points for improvement.

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# Data and Outcomes

## RECOMMENDATION 9:

Ensure cross-system accountability with performance and outcome measures, and use the data to improve the system.

As previously identified in this report, we believe the CSB collects a substantial amount of data but does not use it to drive performance. Consequently, we spent considerable time developing our recommendations related to measuring performance and outcomes.

We began by reviewing the National Outcome Measures (NOMs) developed by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services. To develop these measures, SAMHSA worked with state mental health authorities, individuals receiving mental health services, and family members. Example NOMs include increased access to services, employment, and stability in housing. To assure that we had the benefit of the latest research, we commissioned Mary Smith, Ph.D., to develop an up-to-date compendium of outcome and performance measures for mental health. This work, along with input provided by Ronald Manderscheid, Ph.D., served as a base for our recommended measures.

**Strategy 9.1:** Adopt a robust system of performance measures and ensure that the performance data is used to improve system effectiveness.

In developing this recommended strategy, we considered measures that have been broadly adopted and implemented in the public mental health sector, yet focused on some initial goals

and measures specific to the Fairfax-Falls Church area. This would enable the CSB to compare performance by benchmarking performance indicators of other comparison groups. Tracking

**OUR RECOMMENDED MEASURES FOCUS ON AVAILABILITY OF DATA FOR DECISIONS BY THOSE WHO DRIVE THE SYSTEM.**

or benchmarking indicators at regular intervals allows leaders to focus on those aspects of the organization that are critical to achieving the desired out-

comes. In addition to selecting indicators of performance that can be easily benchmarked, we believe it is critical to set realistic and achievable targets for each measure.

While there are multiple audiences for performance measures, our recommended measures focus on availability of data for decisions by those who drive the system (mental health leaders, members of the CSB board, the Deputy County Executive for Human Services, and the Fairfax County Board of Supervisors). We envision a “dashboard” of measures selected as indicators of system performance. The system will measure many aspects of performance (see Appendix E for a list of the larger universe of measures), but for this dashboard we recommend more selectivity in order to focus on those indicators of performance that are key to transforming the system, including measures related to evidenced-based practices.

This system of measures would be facile enough to provide timely input to system leaders and decision-makers. In keeping with the value of transparency, we recommend that these key indicators be publicized to system stakeholders.

The following measures are recommended for inclusion in the initial dashboard of measures. Status and tentative targets, provided by CSB staff, are listed below each recommended measure:

### INITIAL DASHBOARD OF MEASURES

1. Percentage of adults indicating they are participating in the design and implementation of their service plan  
**TARGET:** 100% by June 30, 2009
2. Percentage of adults actively participating in the annual review of their service plan  
**TARGET:** 100% by June 30, 2009
3. Percentage of adults reporting positively about social connectedness at admission and discharge  
**TARGET:** TBD
4. Percentage of individuals receiving services who are involved (incarcerated) with the criminal justice system at admission and at discharge  
**TARGET:** TBD
5. Percentage of individuals with a medical home (consistent provider of health care)  
**TARGET:** 100% of individuals served have a medical home, including access to general medical, vision, and dental services
6. Number of individuals served moving from housing waitlist to housing  
**TARGET:** TBD
7. Percentage of adults employed at admission and at discharge  
**TARGET:** by June 30, 2009: 22%
8. Percentage of adults receiving mental health services who receive an assessment appointment within ten business days of their first call for service  
**TARGET:** 100% by June 30, 2009 (last quarter of FY2008: 91%)
9. Percentage of youth who receive an assessment appointment within five business days of their first call for service  
**TARGET:** 100% by June 30, 2009 (last quarter of FY2008: 17% )

The CSB has initiatives under way that involve performance and outcome measures including, but not limited to, requirements in the State Performance Contract related to both process and data, the county performance measures required in the yearly budget process, and the county's recent balance scorecard initiative. We understand that work is already under way to integrate these initiatives with our recommended initial dashboard of measures. The first challenge to the CSB in utilizing this dashboard will be to define and test methods for collecting the measures.

**Strategy 9.2:** Seek information from other organizations about successful approaches to serving the mental health needs of children, youth, and adults.

We know that the CSB studies and compares its service practices with those of other organizations in the state. We would encourage expansion of such efforts as part of developing a learning culture in the organization.

As an example, the system may benefit by reviewing successful approaches in other jurisdictions to serving the needs of transitioning youth. "For most teenagers, turning 18 or 21 years old is a milestone of accomplishment and hope, ushering in the start of advanced education or a career. But for young adults with severe mental health conditions..., the transition from adolescence to adulthood can be much more difficult – the dangers of ending up jobless, homeless or even in jail loom large."<sup>1</sup> When employment, incarceration, and post-secondary education statistics are measured, youth with mental health conditions have the worst long-term outcomes across all disability groups. "Long-term, failing to help youth suc-

cessfully transition to adulthood can be costly to individuals as well as governments."<sup>2</sup>

**Strategy 9.3:** Conduct periodic analyses of system functioning to identify points for improvement.

In addition to routine outcome and performance measurement, we believe the CSB would benefit by implementing a continuous process improvement approach ensuring periodic analyses of its processes. As an example, earlier in this report we recommended analysis of processes associated with initial contact with the system. The goal of periodic analyses would be continuous improvement and maximized efficiency. In advance of implementing a continuous process improvement approach, it is recommended that a thorough process analysis of key customer service processes takes place. This analysis might include documenting current process steps; documenting timeframes such as cycle time (length of time to deliver a service from beginning to end), and touch time (actual amount of time spent working with or for the individual being served); looking for ways to reduce cycle time in relation to touch time by designing inefficiencies out of the process (rework loops, delays, unnecessary handoffs, and non-value-added steps) and by designing into the process value-added steps such as feedforward (providing information about the process before it happens) and feedback (gathering information about the process after it happens).