Greene County Educational Service Center - Mental Health Services

Performance Measurement, Management, and Improvement Plan

Mental Health Services Mission
Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

Mental Health Services Vision
GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.

Mental Health Services Strategic Goals
1. *Actively Promote Health, Well-being and Dignity in our Community*
2. *Enhance Clinical Effectiveness*
3. *Develop Sustainable Business Practices*
4. *Ensure a Healthy & Safe Environment for all Stakeholders*

Goal
The Greene County Educational Service Center – Mental Health Services (GCESC-MHS) Performance Measurement, Management, and Improvement Plan (PI) establishes expectations and accountability for agency business practices, service delivery and outcomes across all program and service areas. Our mission, vision, and goals reflect the value we place on providing high quality care for persons served and contributing to the greater collective impact of mental health services on families, stakeholders, and the community at large. To ensure quality, effectiveness, efficiency, and access requires continuous collection, monitoring and analysis of both service delivery data and the business practices that support the work of our agency.

Objectives

- Deliver data-driven, evidenced-based and strengths-based prevention and intervention strategies.
- Provide clinical interventions within the context of the youth's natural environments that enhance the learning and practice of life skills.
- Deliver comprehensive prevention programs and training that promote resilience, safety, and well-being of persons served by addressing mental health, substance use and trauma.
- Ensure services are anchored to the needs of persons served that are identified in assessments and individualized service plans.

- Maintain strong inter-agency collaboration throughout all prevention and intervention activities.
- Maintain system benchmarks and target   markers that identify and track positive and negative outcomes.
- Provide increased accessibility within schools, homes, neighborhoods, and the community to quality mental health treatment & prevention services.

Structure

The PI Plan is the responsibility of the GCESC-MHS Leadership Team and Quality Assurance/Performance Improvement Committee (QA/PI) to develop, monitor, review, and revise. Collection and analysis of data is done on a continuous basis. Depending on the type of data this may be daily (i.e., monitoring claims and billing activity), weekly (i.e., clinical services), monthly (i.e., productivity), or quarterly (i.e., referrals, case openings, MUI's, staffing reports). Formal reporting of all relevant data is done on a quarterly basis in QA/PI Committee meetings. QA/PI and MHS Leadership maintain three dynamic tracking grids to capture areas of focus, targeted practices, benchmarks/targets, timelines, results, and extenuating factors that may impact outcomes or business function.

- The Walker Business Function Grid spreadsheet is organized around CARF ASPIRE business practice areas. CARF standards are utilized and integrated into our agency methods for data collection and analysis.
- The Walker Clinical Outcomes Grid spreadsheet looks specifically at service effectiveness, efficiency, experience of persons served, and stakeholder feedback related to clinical services and outcomes.
- The Accessibility Grid spreadsheet is organized around the CARF Accessibility standard's identified potential barriers relevant to our service delivery model.

Data Collection Considerations

Relevant information and data are collected and used to manage and improve service delivery and business practices. The data reflects the needs of persons served, needs of other stakeholders and the business needs of the GCESC-MHS. GCESC-MHS looks at various aspects of data in the performance measurement and management. These include:

- Reliability: capturing data in using consistent methodology and timeframes so that comparisons to benchmarks and content are the same over time.

- Validity: ensuring data is meaningful and reflects the experience of services, interventions provided, needs being addressed and expected outcomes.
- Value: ensuring service quality is balanced with the time, energy and expense put into services by persons served, providers and stakeholders.
- Realistic Performance Indicators & Targets: setting benchmarks that take into consideration the populations served, environment, setting, clinical target of interventions, workforce and types of interventions and business practices used.

Data Collection Tools

Clinical Services data is collected at the beginning of treatment, regular intervals during treatment, at the end of services and following services. Data measurement tools include, but are not limited to the following:

- Referrals for services by concern and community
- Numbers of persons served
- Characteristics of persons served include age, gender, ethnicity, linguistic needs, locations, and severity of disability/disorder
- Trauma and high-risk indicators in both assessment & occurring during treatment
- Standardized outcome measures that track changes in functioning, symptom reduction and satisfaction with services
- Clinical case record reviews
- Length of Stay reports
- Disposition/outcomes at discharge
- Satisfaction Surveys from key stakeholders
- GCESC-MHS Staff Surveys on Leadership and programming
- Suggestion Boxes

Business data is collected monthly, quarterly, and annually. Data measurement tools include, but are not limited to the following:

- Monthly billing reports by payer
- Monthly productivity reports
- Late progress notes, treatment plans and diagnostic assessments monitored for potential pay-back
- Financial and compliance audits
- Staff absence reporting
- Major Unusual and Critical Incidents
- Health & Safety drills, emergency tests and inspections data
- Grant outcome and process measures

- Inspection data
- Facility Committee meetings & reports

Reporting

GCESC-MHS Leadership Team members are responsible for gathering data on different measures from internal reporting processes, those connected to the Electronic Health Record and those linked to the larger ESC organization sources. Data are discussed regularly in MHS Leadership team meetings, and added dynamically, as appropriate, to the Walker Business Function, Walker Clinical Outcome and Accessibility Grids. Data is formally presented to the QA/PI committee on a quarterly basis for analysis and recommendations. Quarterly data points, recommendations from the QA/PI committee, actions steps taken to address areas of concern, progress toward goals and results are tracked at least quarterly in the grids.

An Annual Summary of Performance Measurement, Management and Improvement report is completed as part of our annual funding and allocation process with our Mental Health and Recovery Board. This report summarizes agency performance against benchmarks, previous year(s) performance and an examination of extenuating circumstances. Targets, benchmarks, and timelines will be established for the coming year using the analysis of this complete data set. Substantive changes needed to business or clinical practices will be integrated into the agency Strategic Plan as appropriate.