



Using Data for Planning: URS, PPG and Thee

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Division

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**“Long range planning isn’t my style.
I’m a fly-by-the-seat-of-your-pants kind of guy.”**



Continuous Quality Improvement

◆ PDCA

- Plan- for change
 - in some ways the easiest step
- Do- the change
 - something we are used to, sometimes planned
- Check- did the change have the desired effect
 - more difficult, question how to measure, how to interpret data
- Act- modify plan based on what was learned
 - many agencies don't ever get to this step

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**“I have no objection to creative problem solving
as long as it’s not too creative and
it’s not a real problem.”**



Tying It All Together

- ◆ How can URS data be used by states to improve their systems
- ◆ How can stakeholders be involved
- ◆ Can planners and data people actually communicate



Stakeholder Involvement

- ◆ Formation of Performance Indicator or Quality Improvement Workgroups
- ◆ Training on the use and interpretation of data
- ◆ Review of Uniform Reporting System data by Federal Block Grant Planning and Advisory Councils
- ◆ Publish and disseminate results



Guiding Principle

WHO *receives services*
(gets)

WHAT *types of services are delivered*
(of what)

QUALITY *evidence-based, consumer-based*
(at what)

COST *is efficient and fiscally viability*
(resulting in what)

OUTCOMES: *What are the results of the
mental health care individuals receive?*



Performance Indicator Report

- ◆ Indicators across 4 domains
 - Access
 - Penetration
 - Utilization
 - Quality/Appropriateness
 - Survey data
 - Location of Service, COD Services available
 - Continuity of care across system
 - Expenditures
 - Cost per person
 - Cost per service
 - Percent spent on direct services
 - Outcomes
 - Employment
 - Living Situation



URS Tables

- ◆ Table 3B. Profile of Persons Served in State Psychiatric Hospitals and Other Inpatient Settings.
- ◆ Table 4. Profile of Adult Clients by Employment Status
- ◆ Table 5A. Profile of Clients by Type of Funding Source.
- ◆ Table 11. Summary Profile of Client Evaluation of Care.

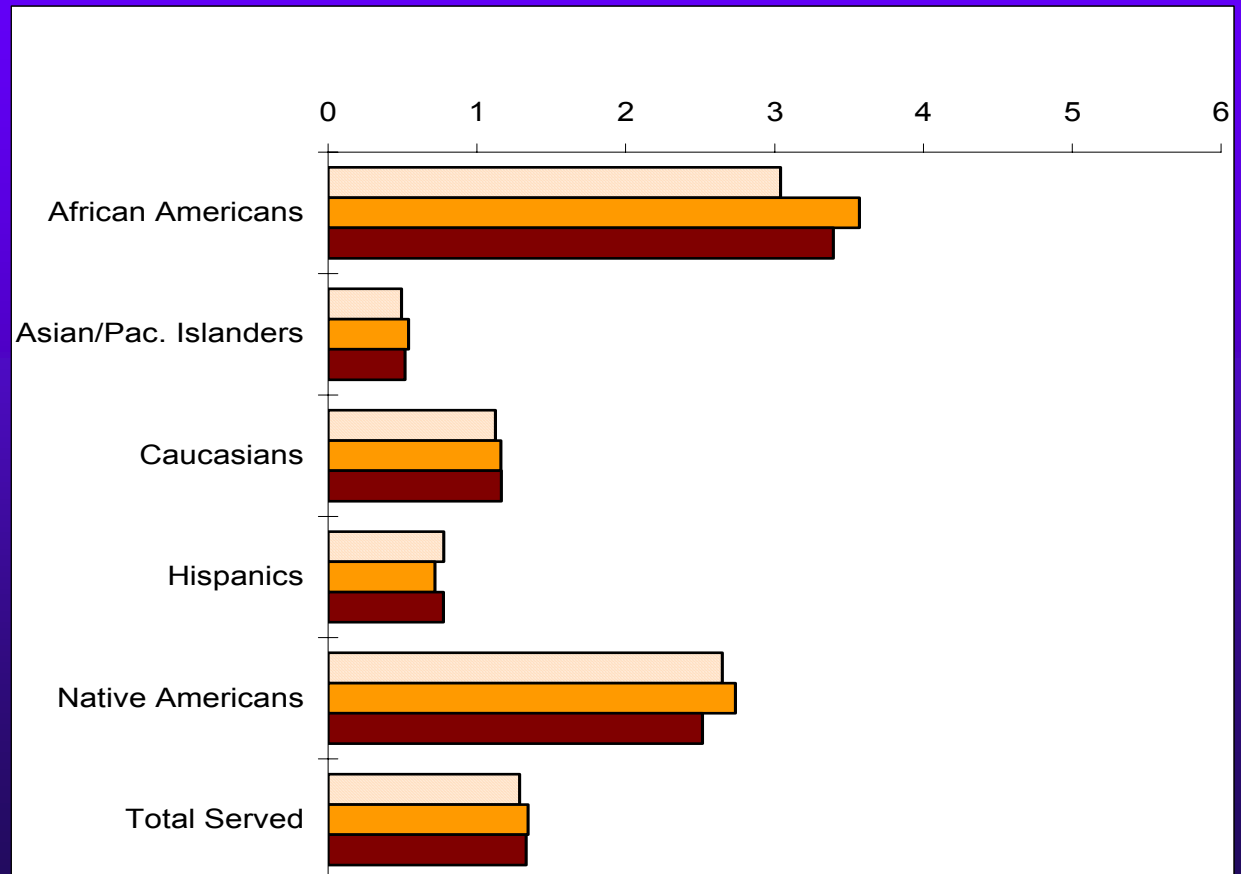
Penetration Rate: Community Inpatient by Race/Ethnicity per 1000

Access III. C.

/ Calc. 6 /2002 SAS /

African Americans
Asian/Pac. Islanders
Caucasians
Hispanics
Native Americans
Total Served

	FY99			FY00			FY01		
	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
African Americans	591	194,345	3.0	694	194,345	3.6	660	194,345	3.4
Asian/Pac. Islanders	166	337,141	0.5	182	337,141	0.5	174	337,141	0.5
Caucasians	5,440	4,838,378	1.1	5,617	4,838,378	1.2	5,637	4,838,378	1.2
Hispanics	286	367,290	0.8	264	367,290	0.7	285	367,290	0.8
Native Americans	238	89,860	2.6	246	89,860	2.7	226	89,860	2.5
Total Served	7,370	5,722,532	1.3	7,684	5,722,532	1.3	7,622	5,722,532	1.3

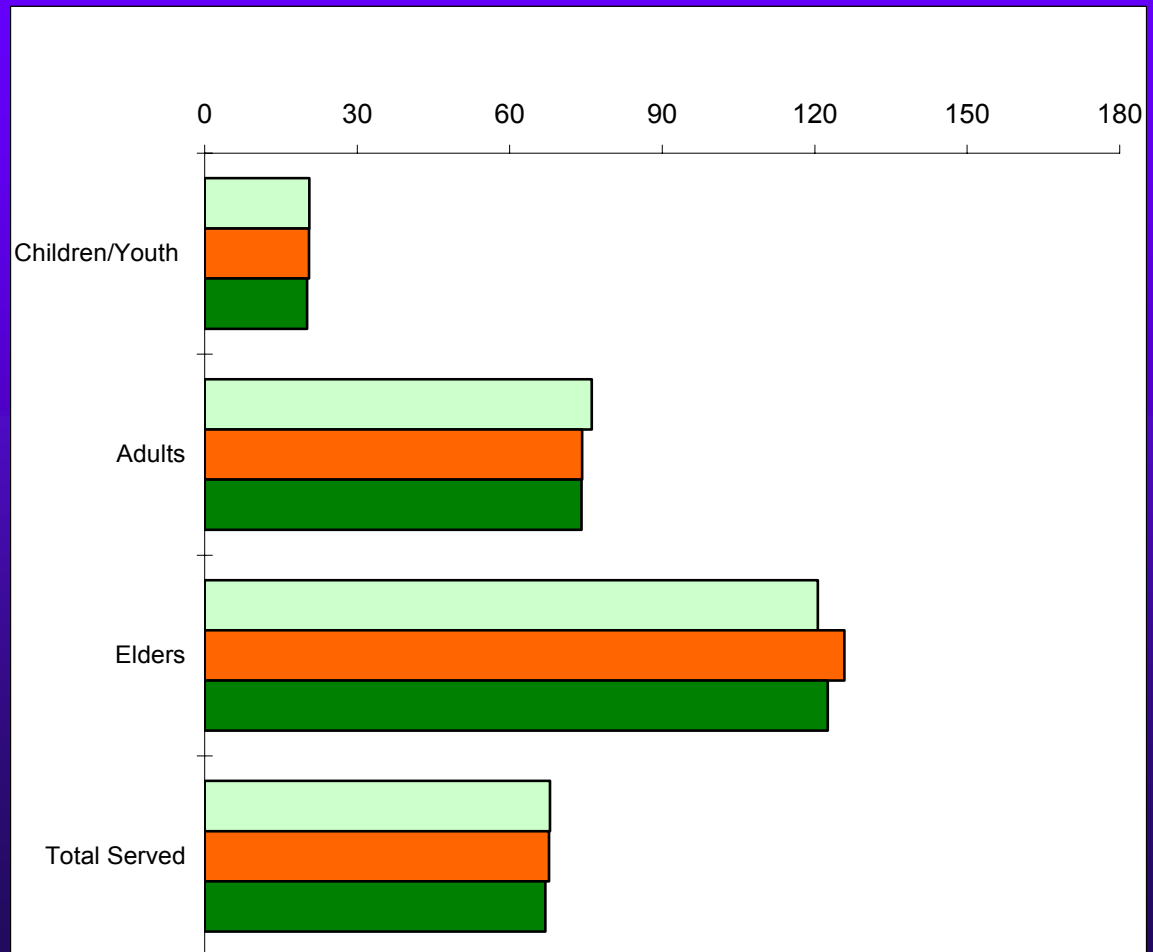


Inpatient Utilization Rates: State Hospitals/CLIP Facilities by Age Group per 1000

Access VI. D.

/ Calc. 5/2002 SAS /

	FY99			FY00			FY01		
	Population	Days	Rate	Population	Days	Rate	Population	Days	Rate
Children/Youth	1,527,079	31,412	20.6	1,535,898	31,514	20.5	1,535,898	30,907	20.1
Adults	3,341,230	254,310	76.1	3,390,392	251,597	74.2	3,390,392	251,206	74.1
Elders	854,223	103,027	120.6	867,096	109,098	125.8	867,096	106,264	122.6
Total Served	5,722,532	388,749	67.9	5,793,386	392,209	67.7	5,793,386	388,377	67.0

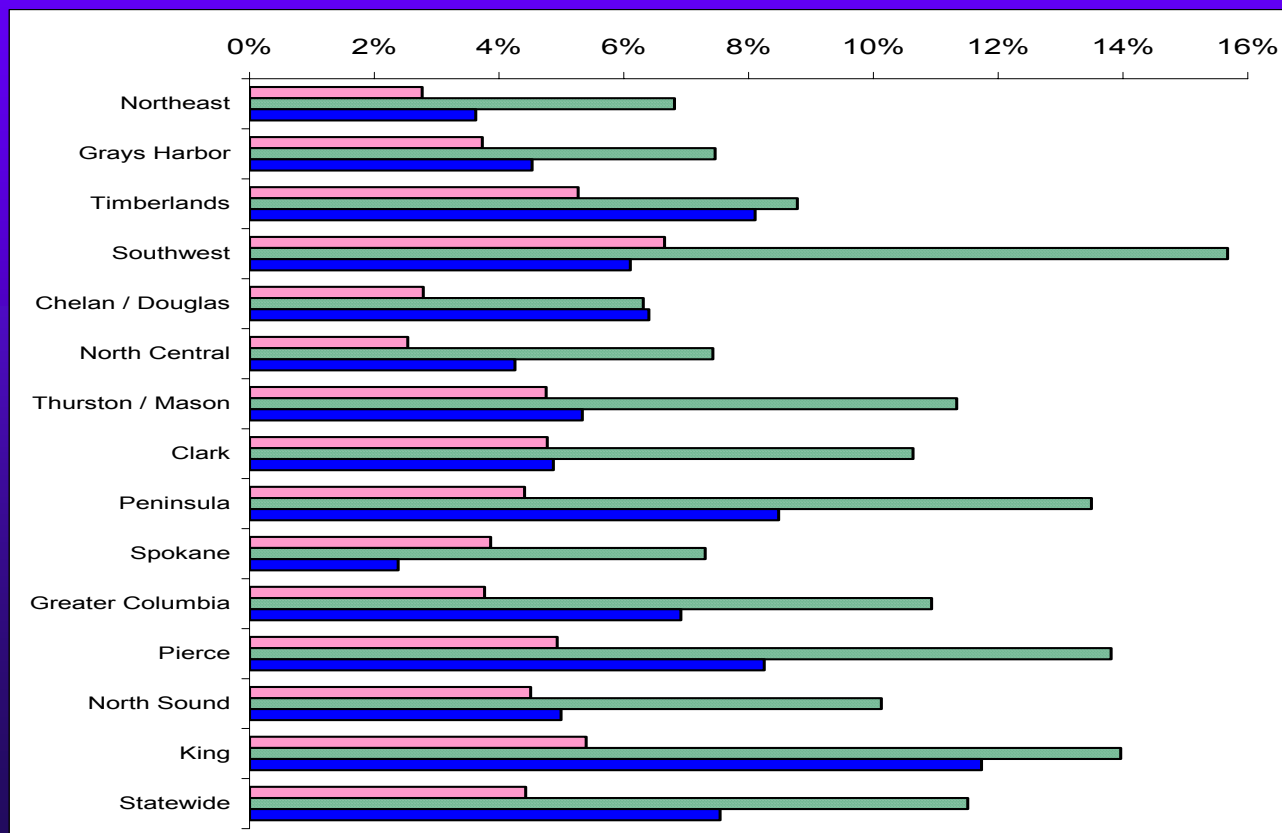


Penetration Rate: Medicaid Population by Age Group

Access II. B.

/ Calc. 6/2002 SAS /

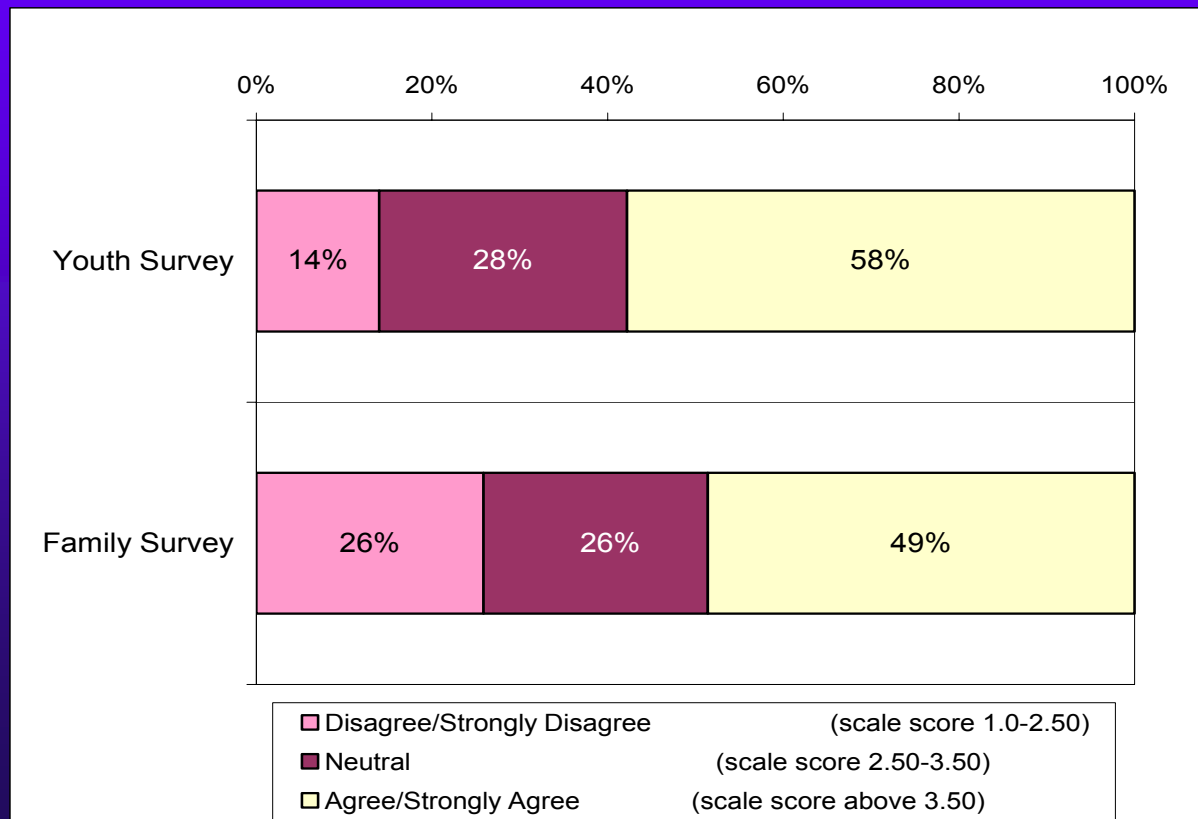
	<u>Youth (0-17 yrs)</u>			<u>Adults (18-59 yrs)</u>			<u>Elders (60+ yrs)</u>		
	Served	Eligible	Rate	Served	Eligible	Rate	Served	Eligible	Rate
Northeast	298	10,767	2.8%	435	6,386	6.8%	53	1,462	3.6%
Grays Harbor	360	9,650	3.7%	469	6,282	7.5%	85	1,876	4.5%
Timberlands	701	13,309	5.3%	684	7,792	8.8%	142	1,752	8.1%
Southwest	814	12,240	6.7%	1,260	8,038	15.7%	89	1,458	6.1%
Chelan / Douglas	381	13,666	2.8%	366	5,798	6.3%	91	1,421	6.4%
North Central	631	24,904	2.5%	845	11,382	7.4%	111	2,609	4.3%
Thurston / Mason	1,207	25,370	4.8%	1,714	15,120	11.3%	166	3,113	5.3%
Clark	1,804	37,798	4.8%	2,193	20,617	10.6%	206	4,226	4.9%
Peninsula	1,247	28,274	4.4%	2,395	17,747	13.5%	355	4,186	8.5%
Spokane	1,907	49,354	3.9%	2,304	31,545	7.3%	165	6,913	2.4%
Greater Columbia	3,560	94,440	3.8%	4,955	45,318	10.9%	703	10,163	6.9%
Pierce	3,618	73,367	4.9%	6,153	44,547	13.8%	811	9,831	8.2%
North Sound	3,762	83,530	4.5%	4,553	44,962	10.1%	585	11,719	5.0%
King	6,514	120,711	5.4%	10,450	74,842	14.0%	2,947	25,120	11.7%
Statewide	26,448	597,380	4.4%	39,178	340,376	11.5%	6,477	85,849	7.5%



Youth and Parent/Caregiver Perception of Participation in Treatment

MHSIP Youth/Family Survey - Participation in Treatment Scale

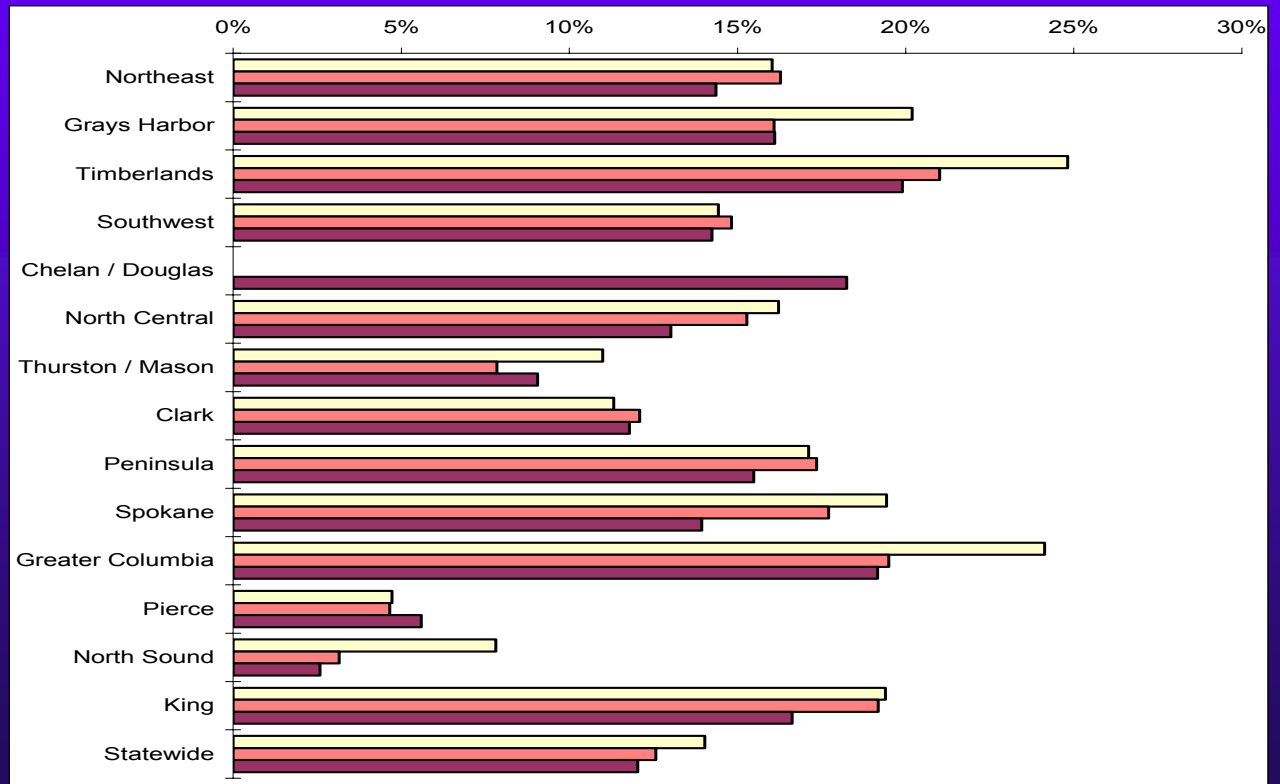
Quality II. A.	<u>Youth Survey</u>			<u>Family Survey</u>		
	# Youth	Total Youth	% of Youth	# Families	Total Families	% of Families
Disagree/Strongly Disagree (scale score 1.0-2.50)	61	436	14%	157	607	26%
Neutral (scale score 2.50-3.50)	123	436	28%	155	607	26%
Agree/Strongly Agree (scale score above 3.50)	252	436	58%	295	607	49%



Percentage of Adults (18-64) Employed at Any Time During a Fiscal Year
Outcome 1. A.

/ Calc. 6/2002 SAS /

	FY99 - Adults			FY00 - Adults			FY01 - Adults		
	<i>Employed</i>	<i>Served</i>	<i>%</i>	<i>Employed</i>	<i>Served</i>	<i>%</i>	<i>Employed</i>	<i>Served</i>	<i>%</i>
Northeast	148	923	16.0%	173	1,063	16.3%	137	954	14.4%
Grays Harbor	247	1,223	20.2%	206	1,281	16.1%	216	1,341	16.1%
Timberlands	378	1,523	24.8%	333	1,585	21.0%	354	1,779	19.9%
Southwest	239	1,656	14.4%	287	1,937	14.8%	368	2,585	14.2%
Chelan / Douglas							278	1,524	18.2%
North Central	258	1,591	16.2%	260	1,702	15.3%	230	1,766	13.0%
Thurston / Mason	278	2,529	11.0%	209	2,664	7.8%	266	2,937	9.1%
Clark	383	3,385	11.3%	423	3,499	12.1%	463	3,928	11.8%
Peninsula	605	3,534	17.1%	639	3,684	17.3%	649	4,193	15.5%
Spokane	1,095	5,634	19.4%	909	5,134	17.7%	804	5,770	13.9%
Greater Columbia	1,724	7,145	24.1%	1,443	7,400	19.5%	1,553	8,102	19.2%
Pierce	513	10,854	4.7%	515	11,055	4.7%	670	11,974	5.6%
North Sound	852	10,911	7.8%	404	12,793	3.2%	305	11,810	2.6%
King	2,465	12,705	19.4%	2,792	14,552	19.2%	2,791	16,794	16.6%
Statewide	8,173	58,288	14.0%	8,593	68,349	12.6%	9,084	75,457	12.0%

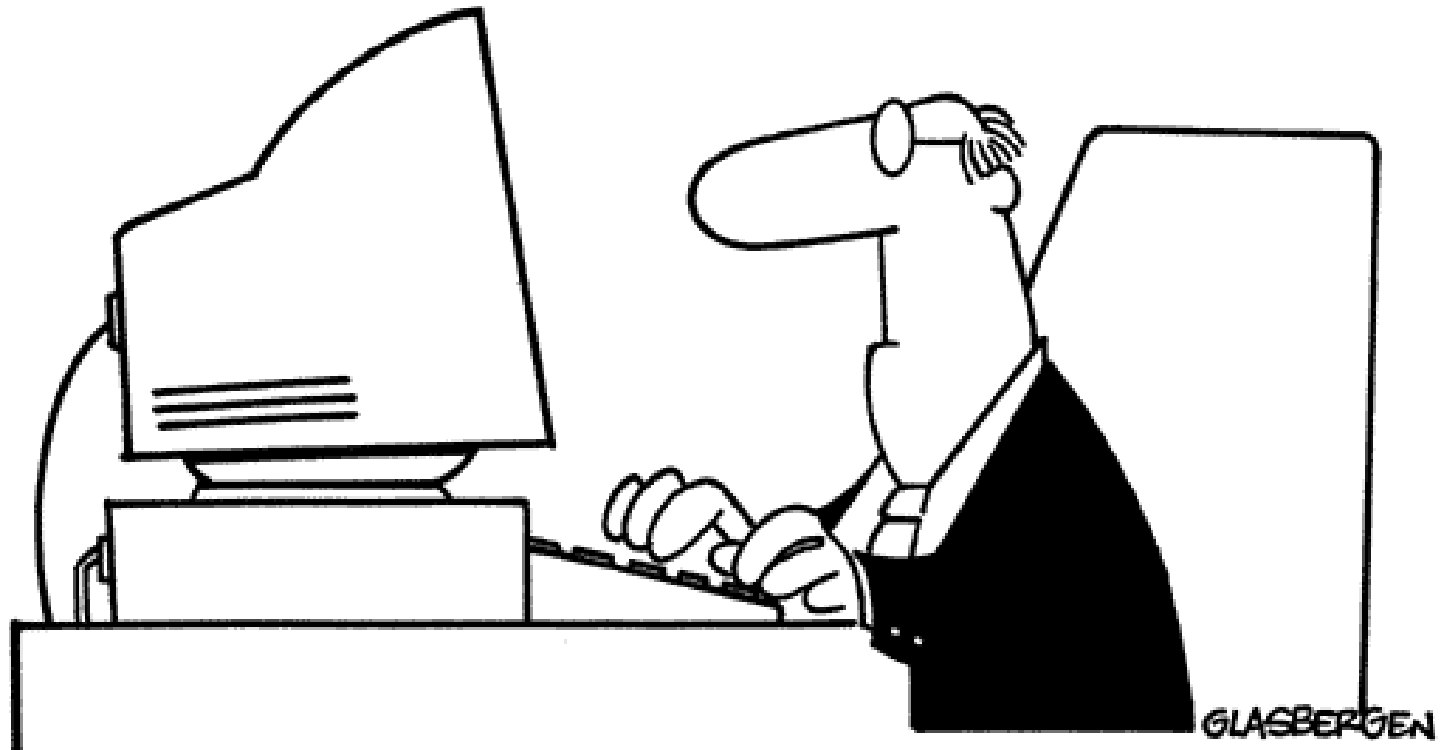




Benchmarking

- ◆ How do you want to drive the system?
- ◆ Pick targets, determine what improvement will look like
- ◆ Determine how benchmarks will be implemented
 - By increasing awareness of issues
 - By adding incentives
 - By adding corrective actions/sanctions/
performance-based contracting

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“MEMO: It has come to my attention that every time we solve one problem, we create two more. From now on, all problem solving is forbidden.”



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**“I got paid 50 million dollars this week.
Do you think it’s a mistake or did my boss
finally realize how valuable I am?”**