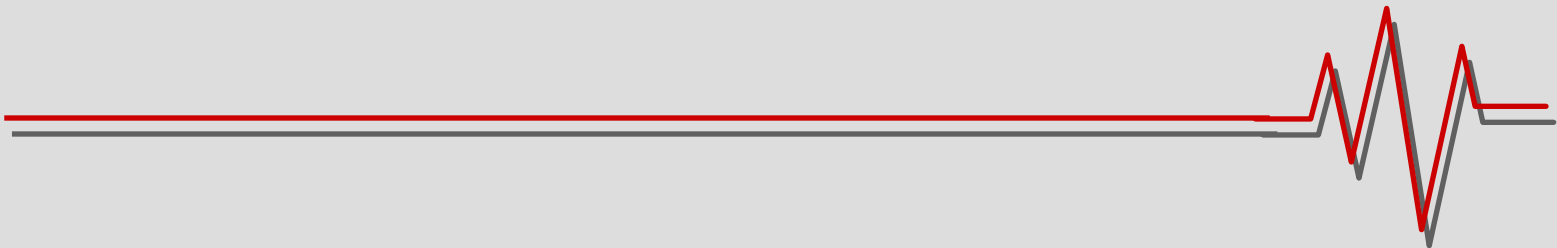


The Georgia DSS Model Status and Products

Rick Dunn

Alan Ziglin, Ph.D.

Edna Kamis-Gould, Ph.D.



The Georgia DSS Model

Status and Product

- Rationale for performance management
- Performance management; integration of data and applications
- Model and vision for GA data system
- Key issues/questions
- Consumer-specific outcome assessment
- Instrumentation
- Georgia MHDDAD performance management
- Georgia process
- Current data
- Summary

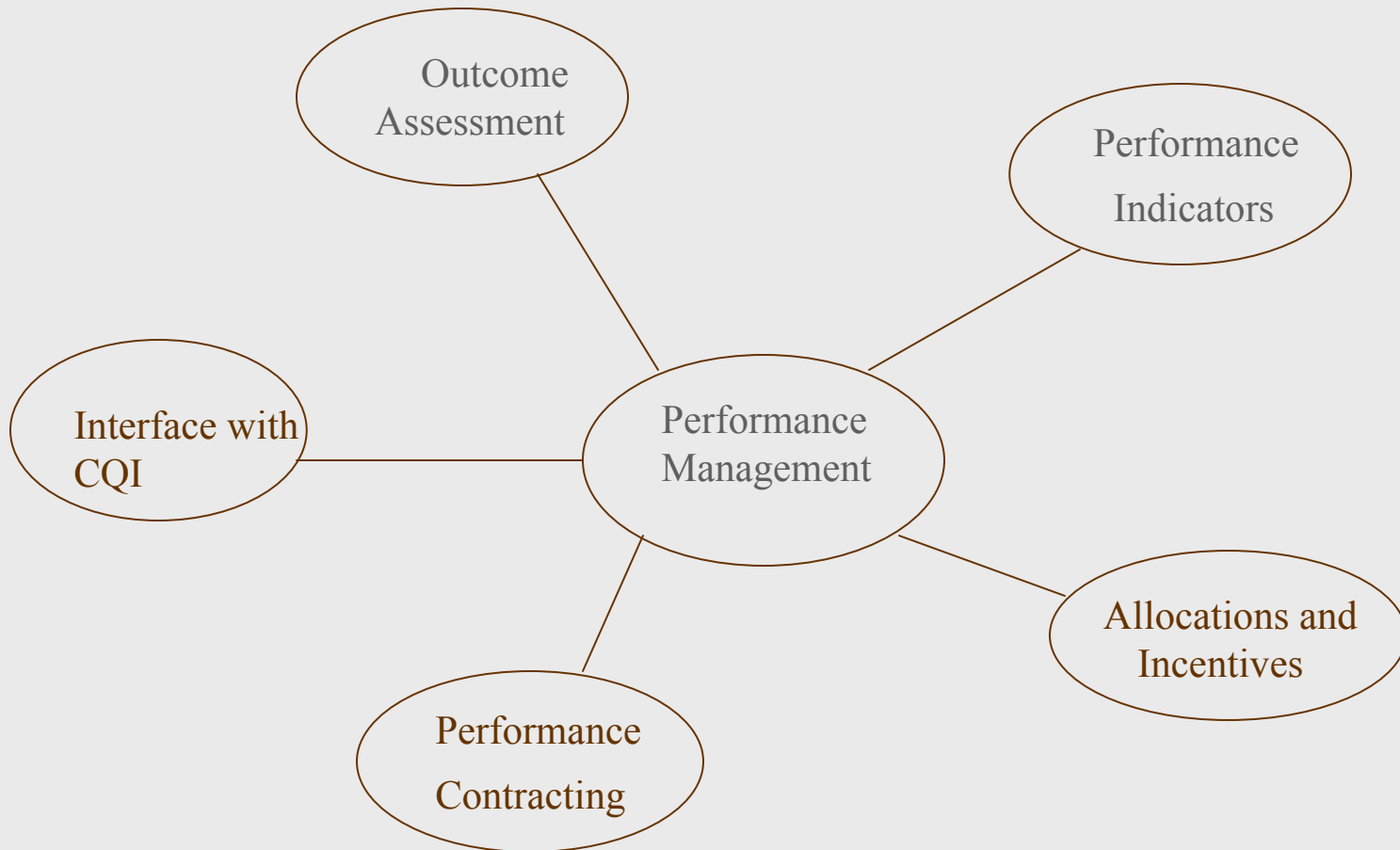


Rationale for Performance Management

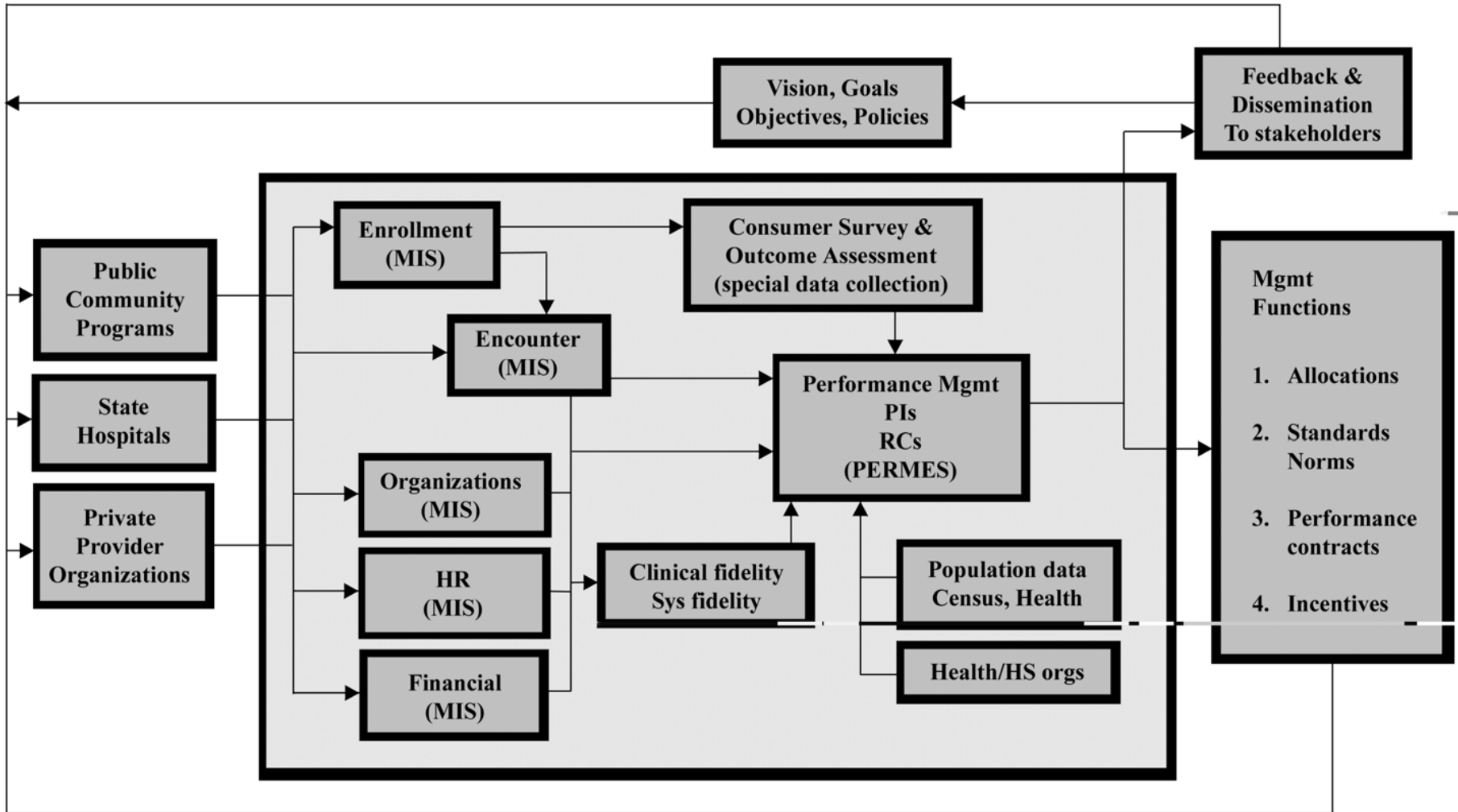
- Performance management provides essential information on what health care is effective, for whom and at what cost
- Good data on consumer outcomes, consumer satisfaction and system's performance empower managers to take proactive approach to service delivery, rather than being reactive to various stakeholders



Performance Management; Integration of Data and Applications



Model and Vision for GA Data



GA Service System

Data System

DSS & Utilites

All in context of mandates, legislation, political environment and funding

Key Issues/Questions

- Whose outcome?
- What outcome?
- For what audience?
- Data sources and quality
- Uses and integration with decision making
- Overcoming resistance



Consumer-Specific Outcome Assessment

- Clinical status
 - Mental health; functional levels, symptomatology
 - Substance use/abuse
 - General health
- Satisfaction
- Quality of life
 - Residential quality and stability
 - Community tenure
 - Employment and income
 - Recreation and leisure
 - No problems with the law



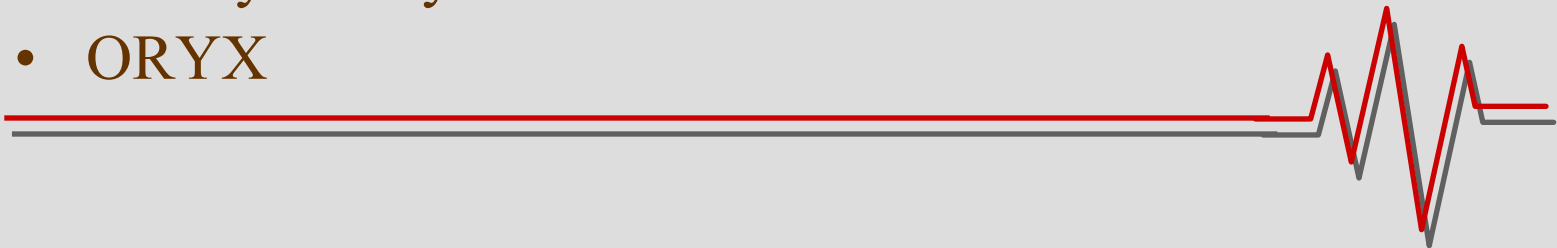
Assessment Instrumentation

- Consensus on domains to be assessed
- Scales vs. interview schedule
- Ratings vs. self report
- Data recording and transmission; scanning, use of web
- Intended uses
- Logistics
 - Norms and standards
 - Roles and responsibilities
 - Tickler system
 - Training



Georgia MHDDAD Performance Management

- A very large system; 180,000 consumers/year
- A Problematic MIS
- Committee structure
- A multi-domain set of performance indicators
- Consumer survey (CSQ8, plus locally developed)
- Consumer-specific outcome assessment
 - Basis32 (adult MH)
 - ASI (substance abuse)
 - CAFAS (children MH)
 - QOL-Q (MR)
- Family survey
- ORYX



GA Process

- An annual, very large consumer survey, using scannable forms
- A two-year pilot of outcome assessment, using scannable forms
- As of 7/1/01, 100% outcome assessment
 - Admission, 90 days, discharge, annually for remaining consumers
 - Reporting via web system
- *The Benchmark* project newsletter
- Project brochure
- Annual family surveys
- Annual PERMES, plus multiple related reports



Figure 3
Consumer Perception of Service Availability
FY2002 Consumer Survey

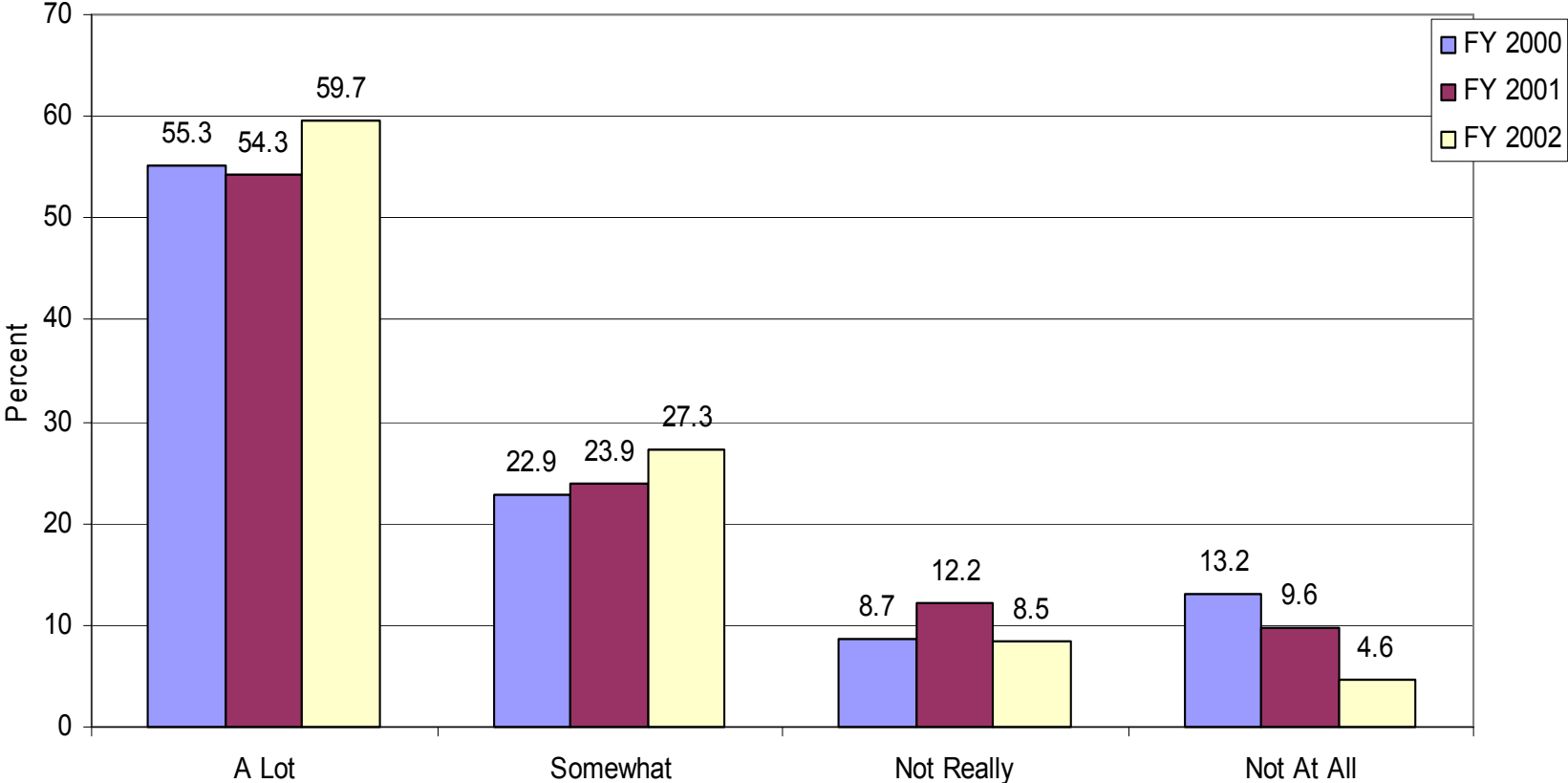


Figure 5
Consumer Perception of Being Treated with Respect
FY 2002

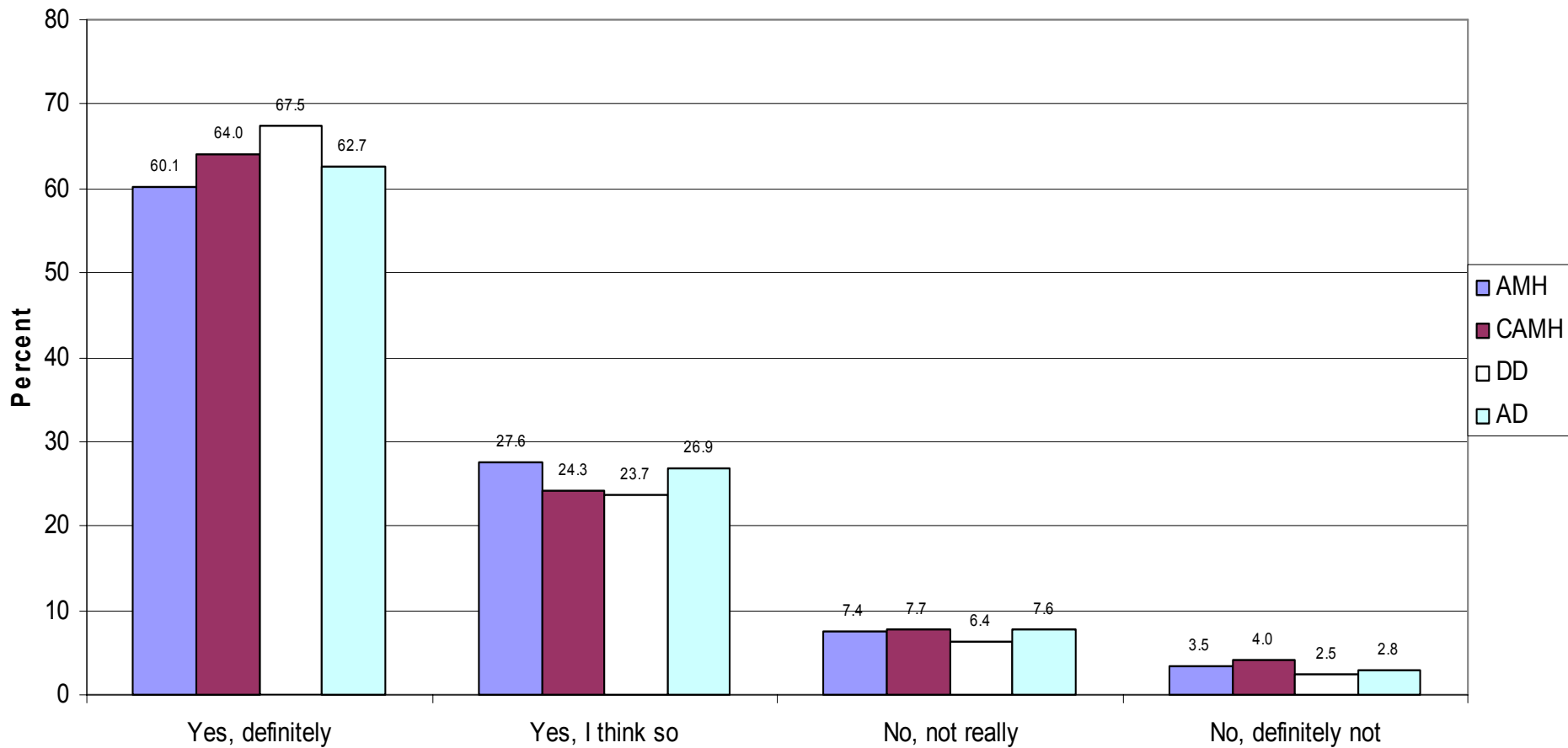


Figure 4
Reported Satisfaction with Services Using CSQ-8 Questionnaire
FY 2002 Consumer Survey

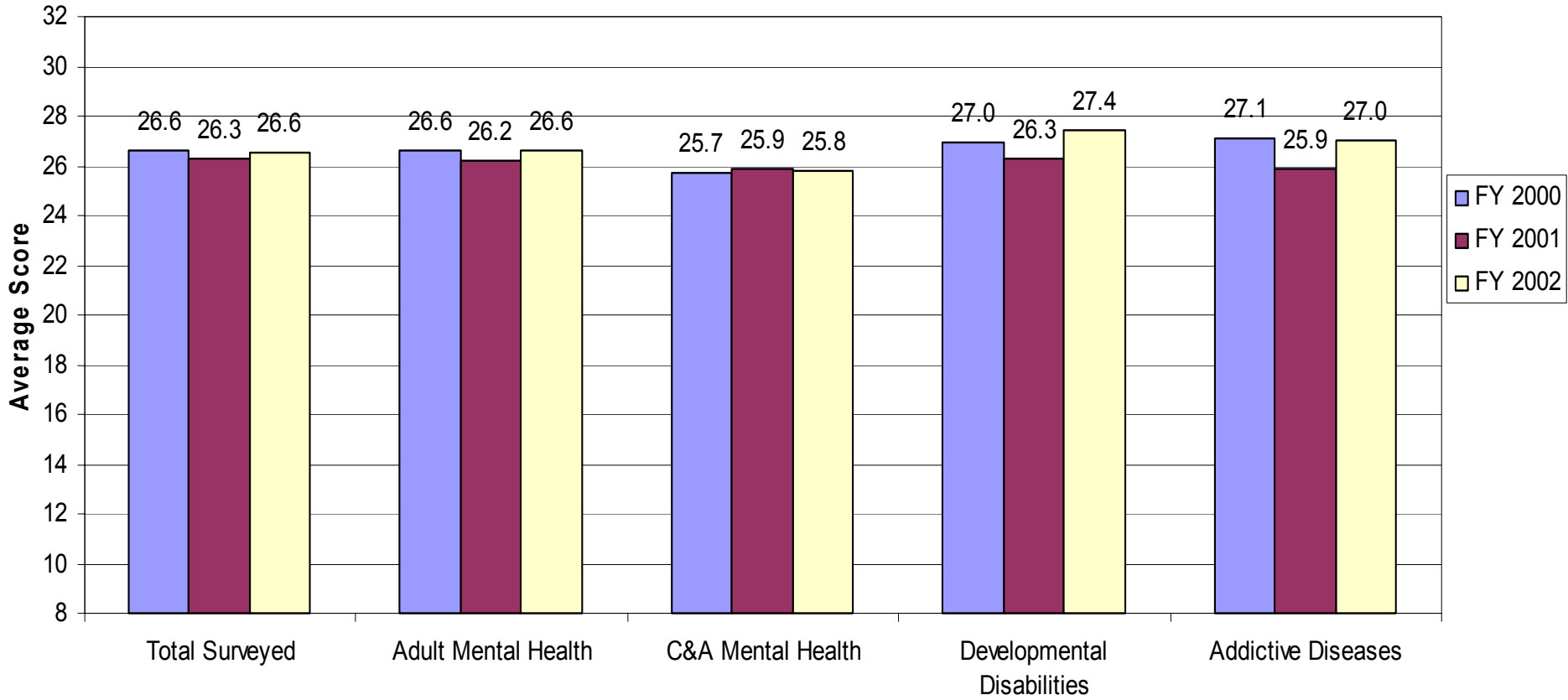


Figure 7
Consumer Self Reported General/Physical Health
FY2002 Consumer Survey

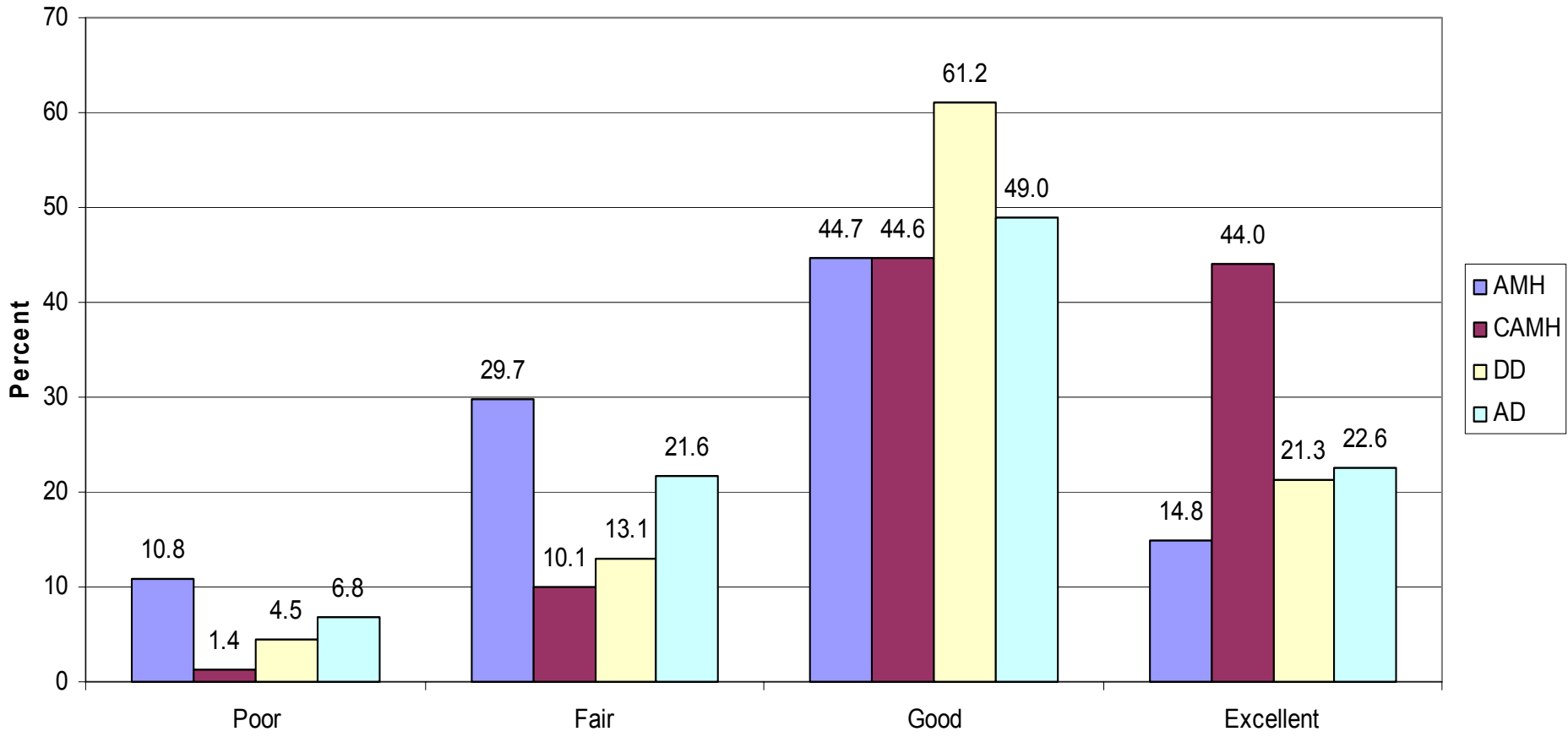
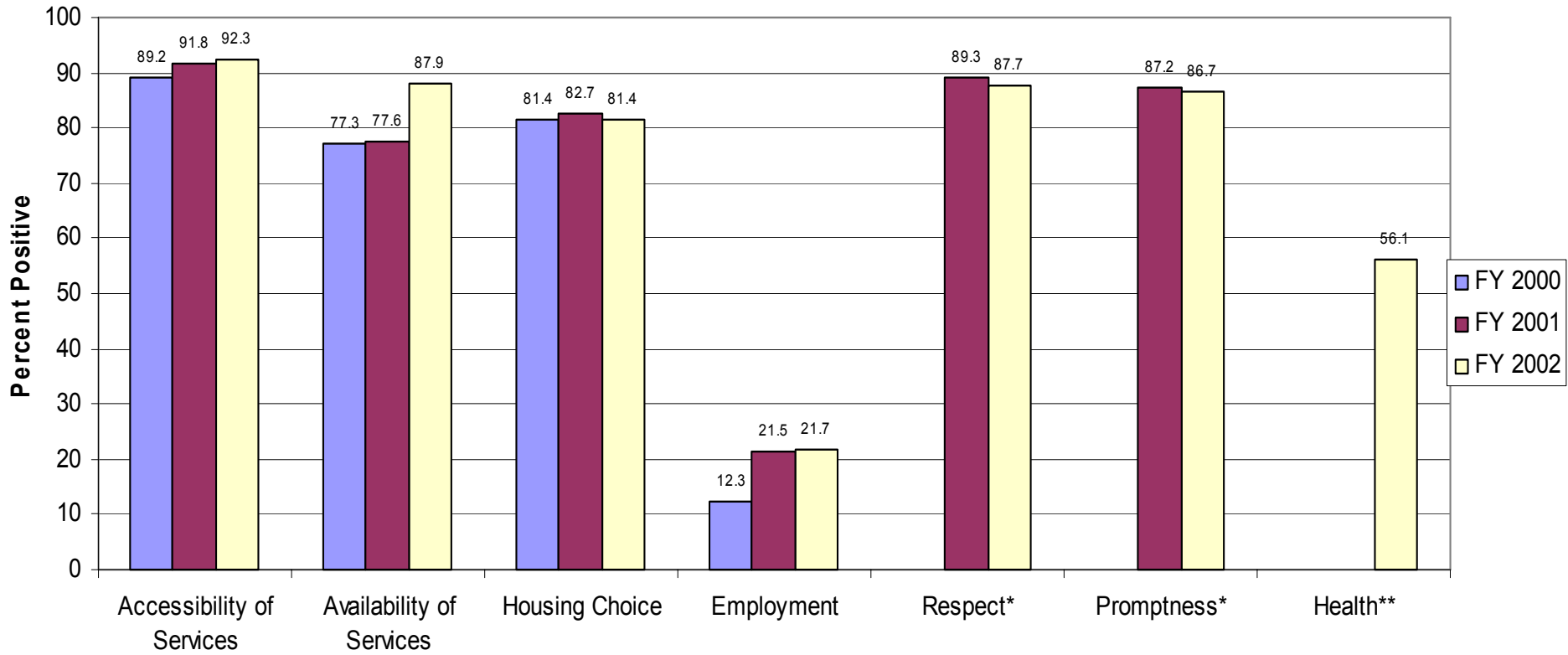


Figure 34
AMH Disability Group Profile
FY 2000 thru FY 2002



*- available 2001,2002

**-available 2002 only

Figure 10
Average AMH BASIS-32 Scores* by Subscale and Status
FY2002

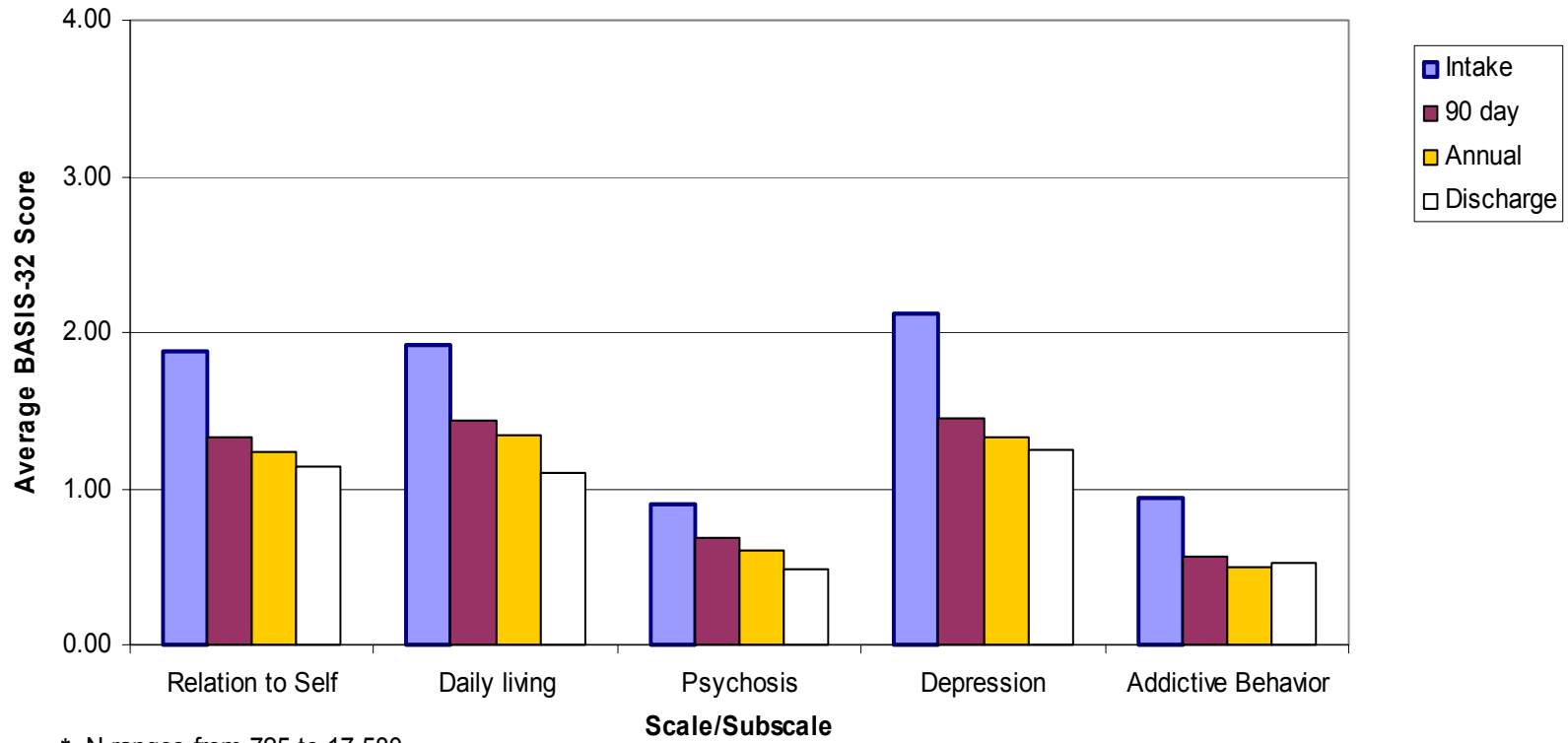
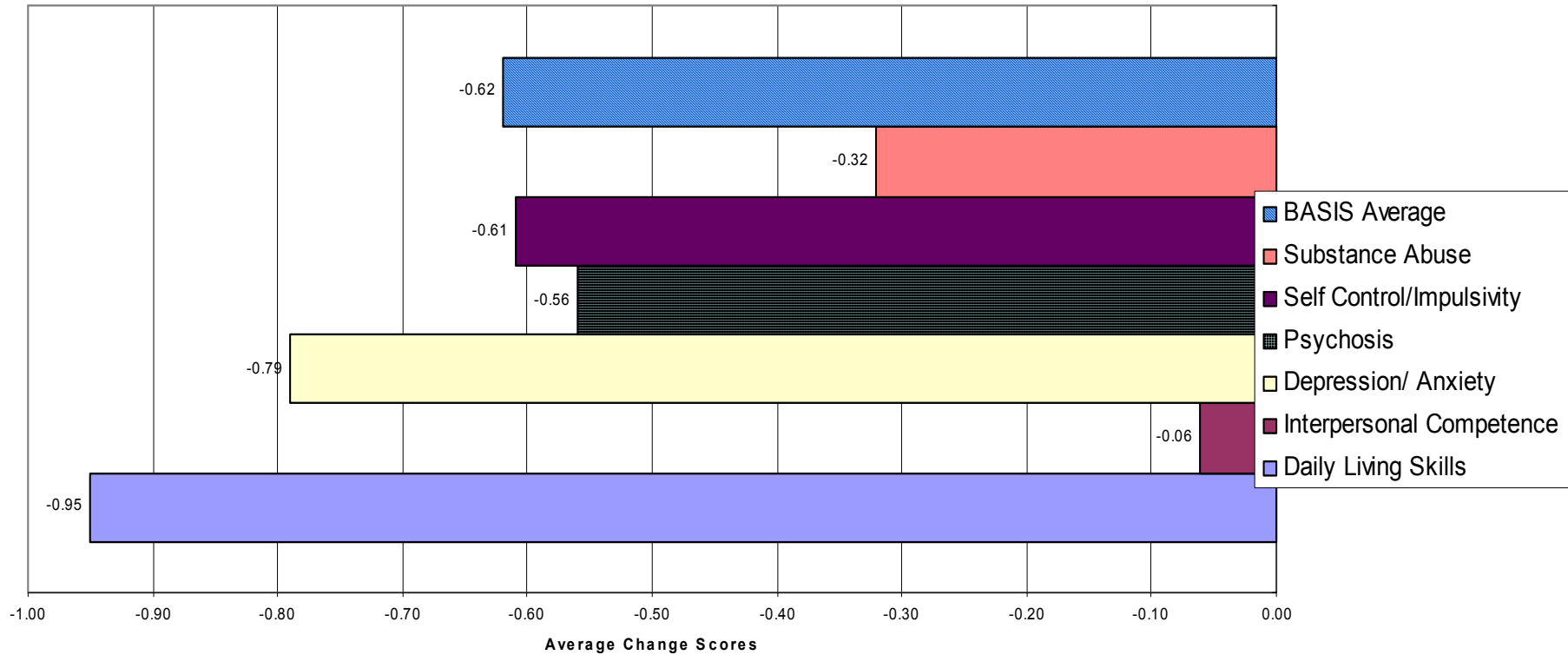


Figure 12
Average Hospital BASIS Revision Change Scores by Subscale*



* Matched pairs only; based upon difference between intake and last follow-up assessment

AMH Profile

- Of survey-derived measures, accessibility was the highest, health was low and employment the lowest. Housing choice was in between, meeting DMHDDAD's performance commitment
- There were only minor changes from last year, except 10% higher perception of service availability
- Employment rates remained low
- Average level of satisfaction slightly increased
- There was a significant improvement in functioning between admission and follow-up
- The rate of hospitalization went up, possibly due to more forensic admissions



Figure 17
C&A Days of Out-of-Home Placement

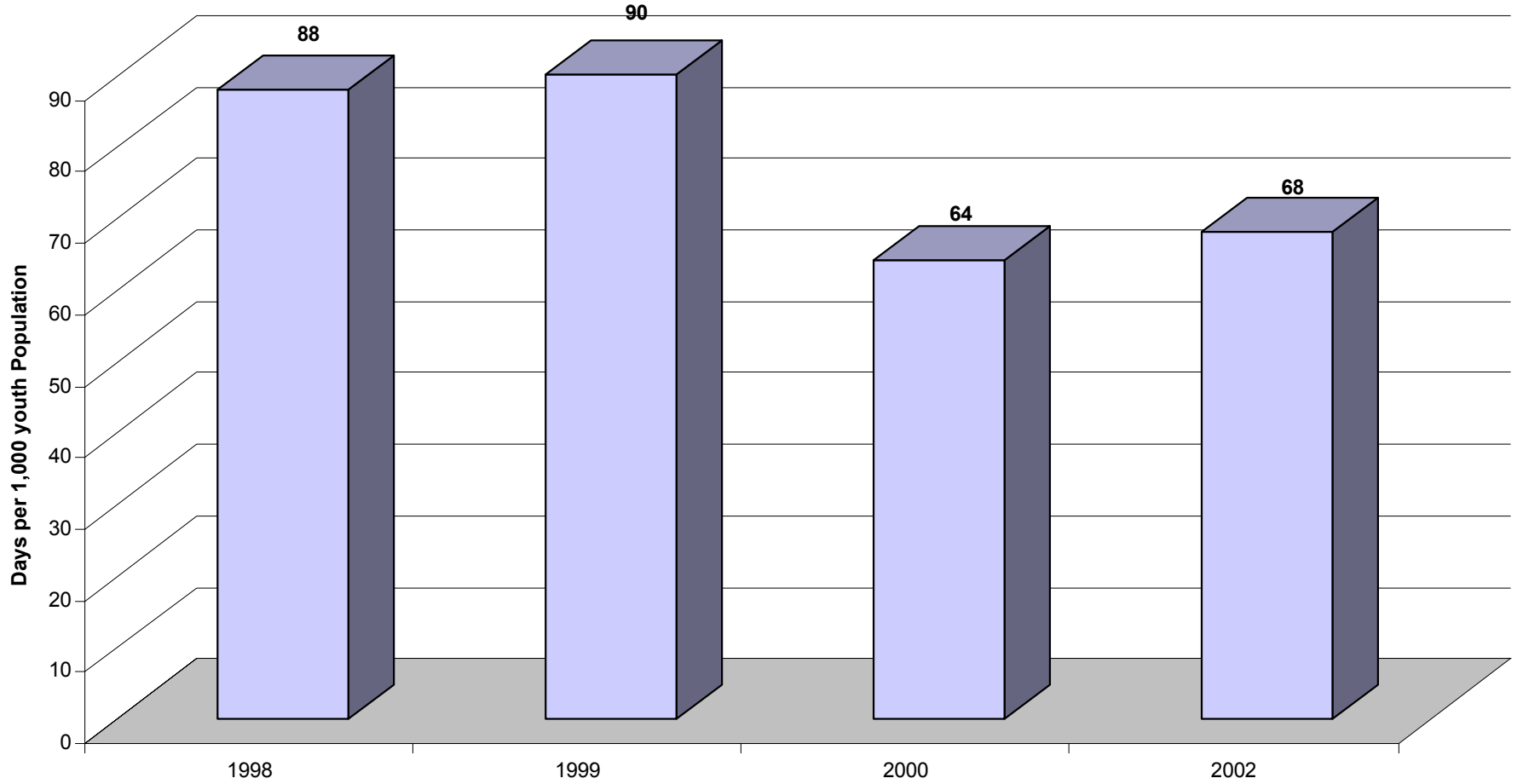
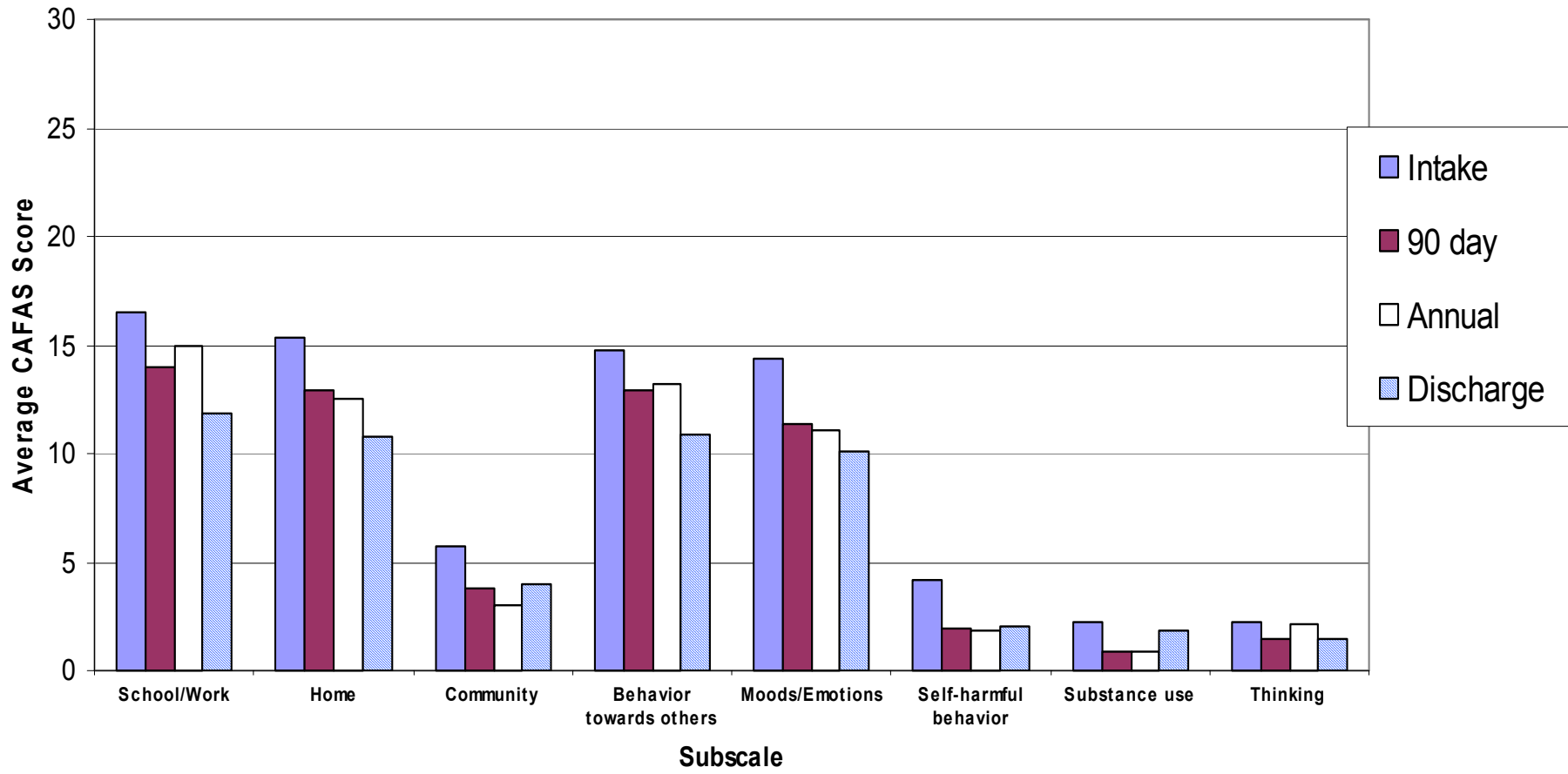


Figure 15
Average CAMH CAFAS Scores by Subscale and Status



* N range from 804 to 8,950

Figure 35
CAMH Disability Group Profile
FY 2000 thru 2002

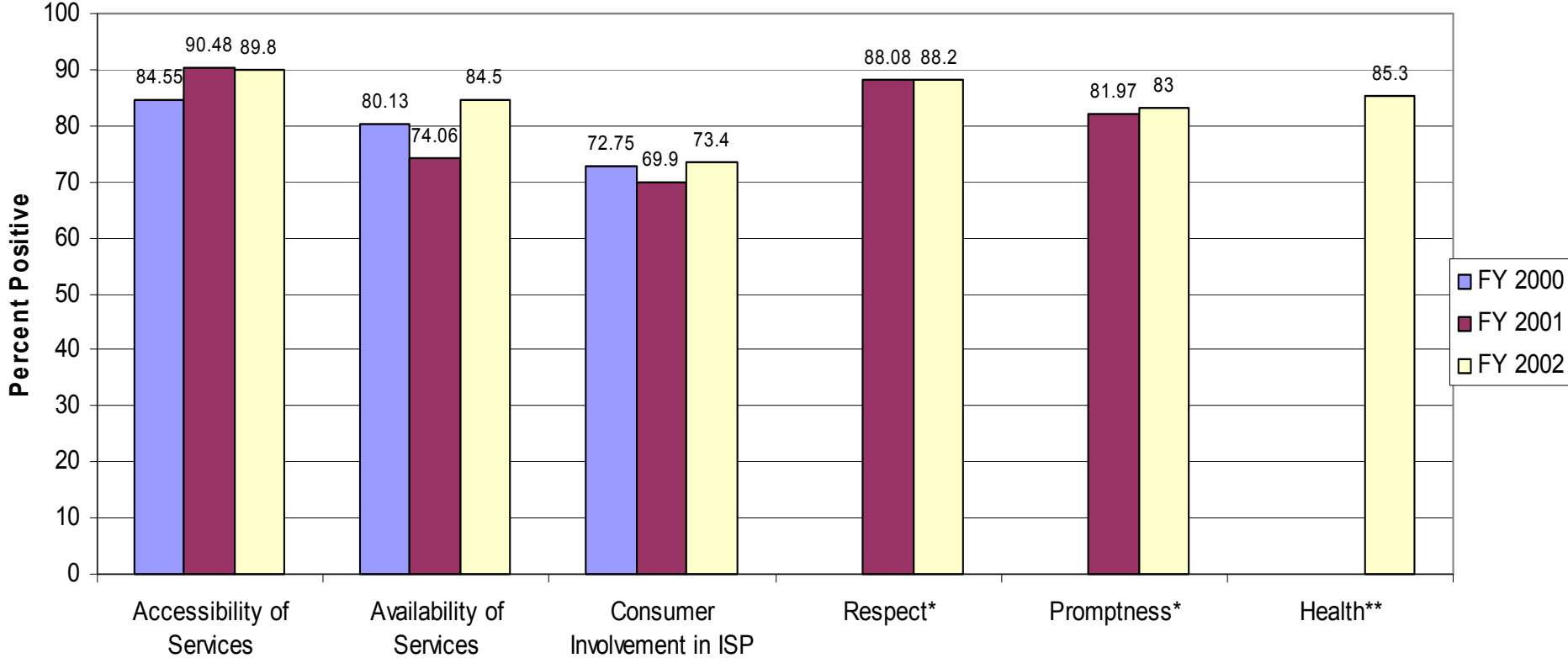
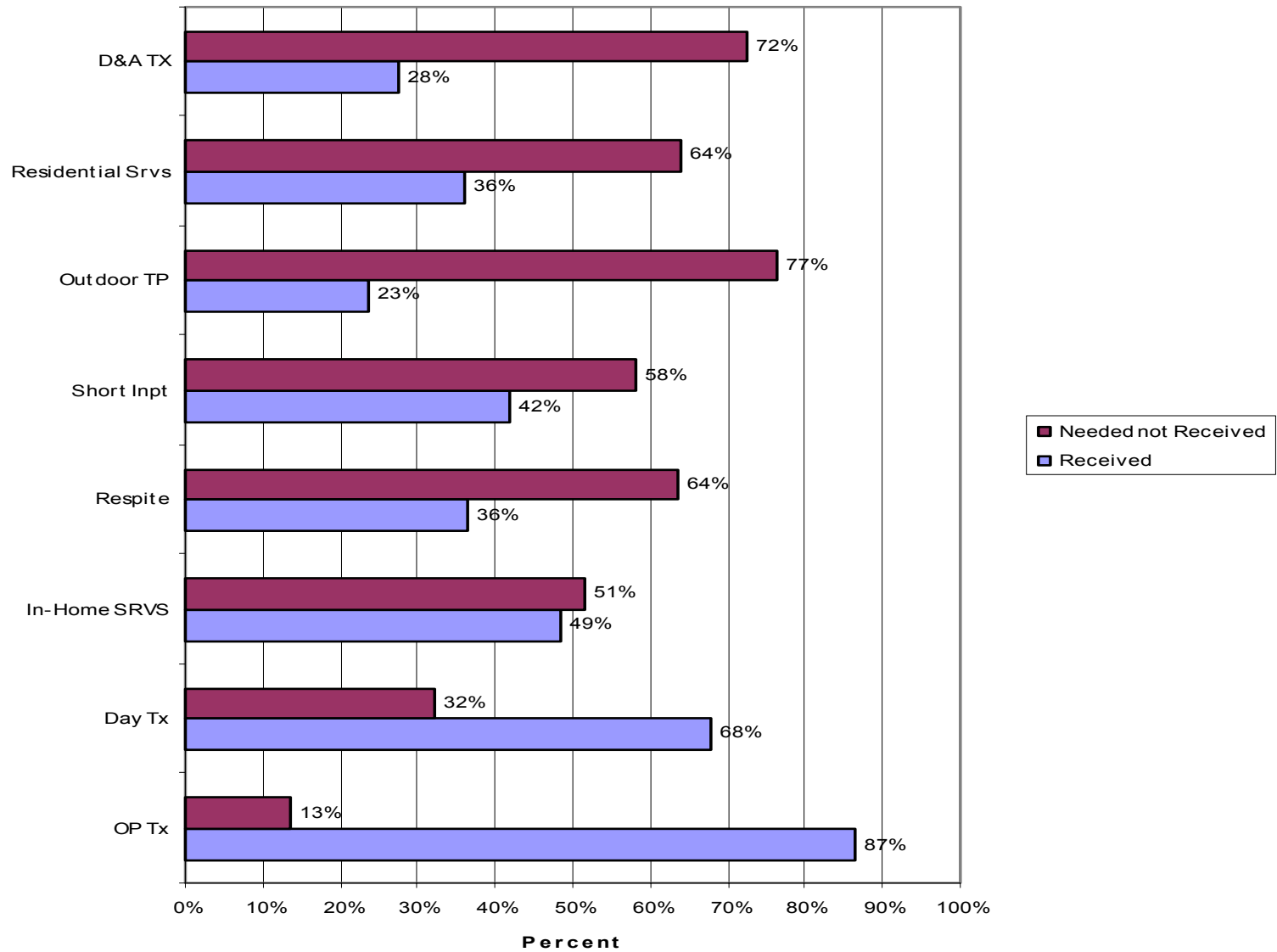


Figure 6
Services Received and Services Needed but not Received



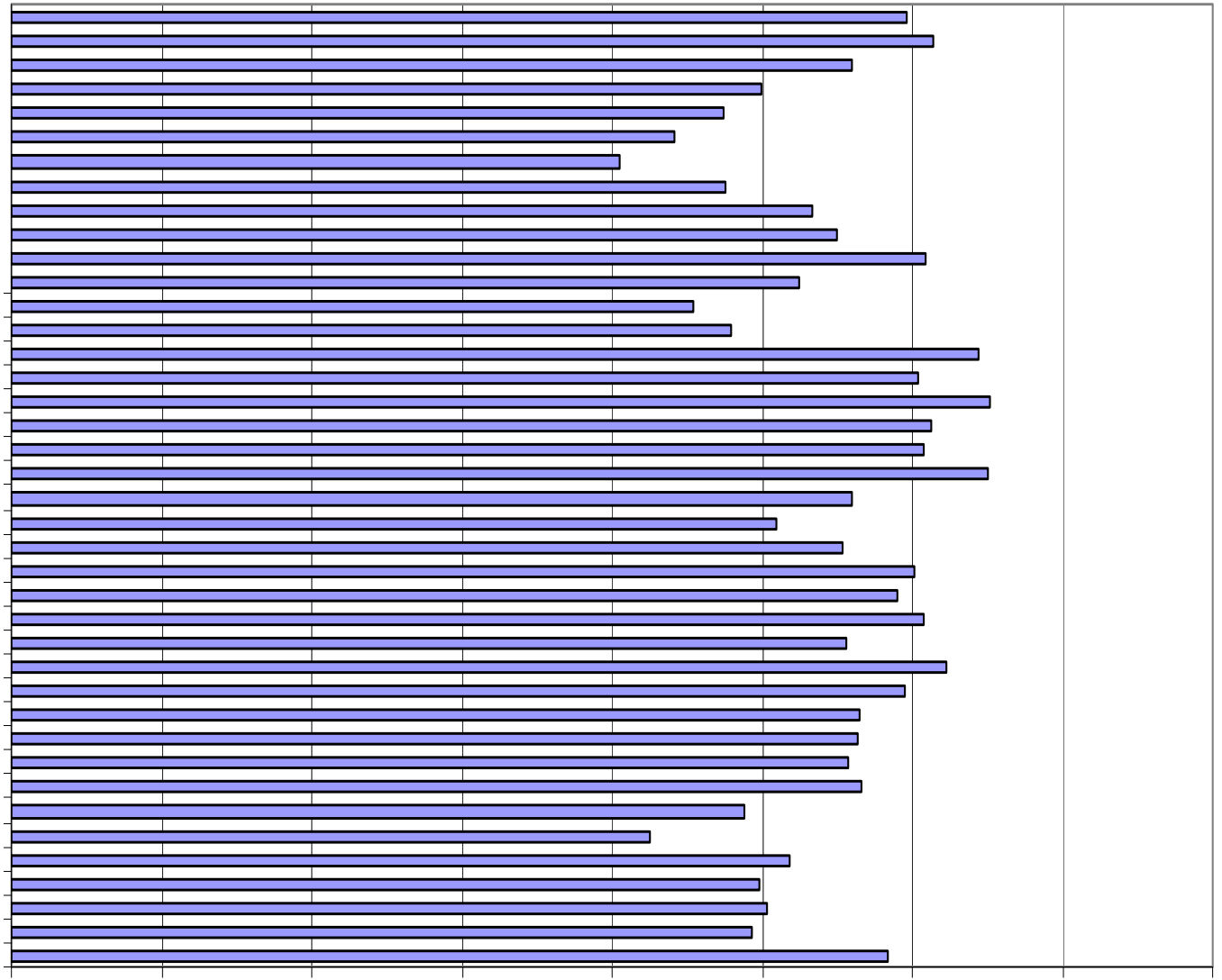
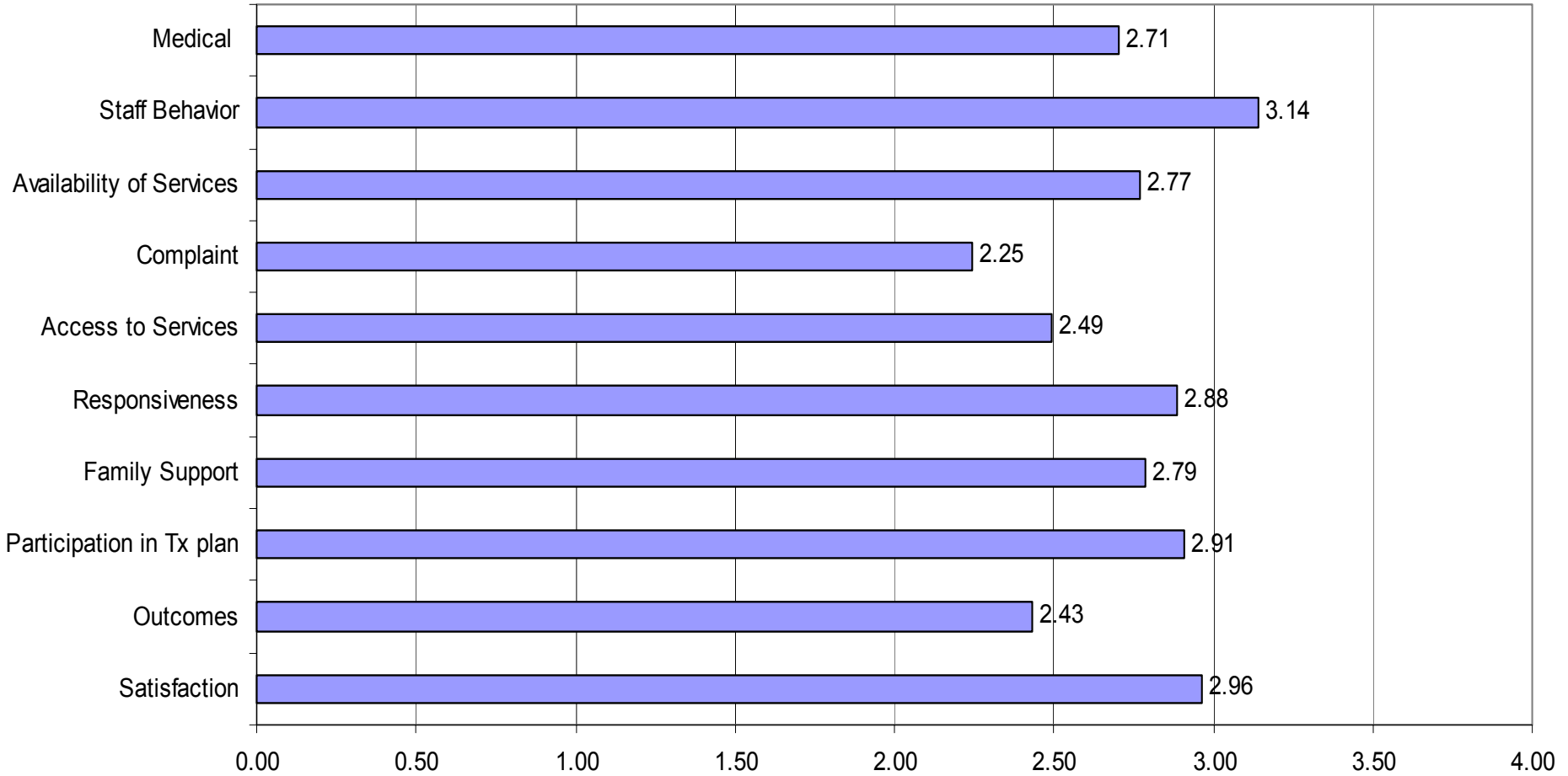
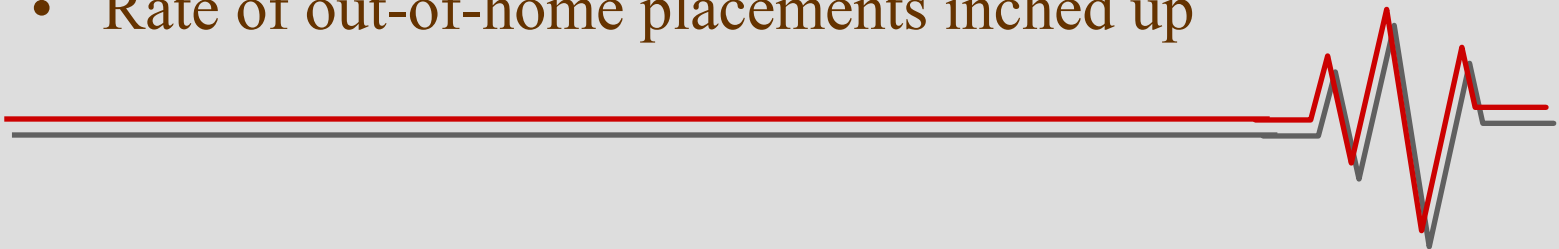


Figure 8
Average Composite Ratings by C&A Family Respondents



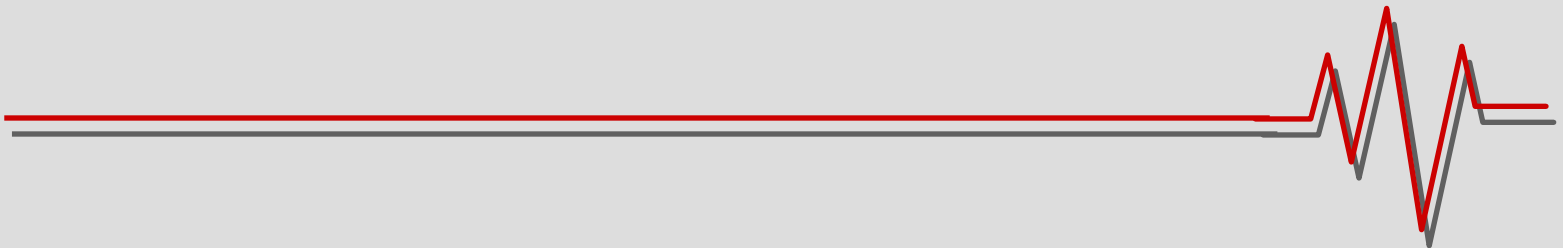
C&A Profile

- Most indicators were good and above the 80% mark
- Involvement in treatment planning was too low, but slightly better than last year
- Average level of satisfaction remained the same as last year
- Most CAFAS change scores represented significant improvement
- SED improvement was consistent with national expectation
- Rate of out-of-home placements inched up



C&A Profile (continued)

- Family members' input reflected
 - Good treatment participation
 - Below par satisfaction (77.6%) and family support (70.7%)
 - Low level of satisfaction (58.8%) with service outcomes



Summary

- Performance management is an essential component of service systems
- New technologies facilitate implementation
- Importance of
 - Sound design
 - Buy-in
 - Selection and use of instruments with established reliability and validity
 - Clarity and communication about intended uses
 - Step-wise implementation, plus safeguards
- Linking information to action
 - Data interpretation in context of vision/mission
 - Relating findings to management functions
 - Data-based decision making

