Summary
Performance Improvement and Evaluation Workgroup Meeting
June 28, 2016 2:00 – 3:30 p.m.
ADAMHS Board Cuyahoga Room

2016 Six Month Outcomes Reports: Dr. Garrity reminded the group that their agency's 6 month outcomes report for 2016 is due by August 1st. A four-part handout was provided regarding the revised format for this reporting period.

It was noted that this format applies only to MH, AOD and wraparound/supportive services. Prevention programs will continue to report using the Prevention Workbook.

Part I was an example of the 2015 format, which used the categories of Services Provided with ADAMHSCC Funding, Agency Defined Outcome Measures, and Results. Dr. Garrity explained that in order to award funding, the members of the ADAMHS Board have begun requesting outcomes in a more standardized and detailed format.

Part II of the handout was a detailed example of a program reporting on the measures now requested by the ADAMHS Board of Directors: Metrics, Benchmarks and Evaluation/ Outcome Measures (MBO). Dr. Garrity explained that these items do not vary greatly from 2015 requirements. However, agencies should be sure to report on each separate program they operate with non-Medicaid, non-pass through Board funding.

The Metrics section should identify and briefly define the measures or instruments used in that program.

Benchmarks are industry standards for success or achievement of goals. Agencies should set reasonable, "stretch" goals for a program. At the same time, setting the bar too low should be avoided.

The Evaluation section should report on actual results specifically for that Board-funded program. Agencies should avoid providing results across all agency programs as an aggregate gauge of client outcomes. The measures reported here should reflect the Benchmarks identified for that program. While client satisfaction data is valuable, it was stressed that Board members are looking for specific data regarding client outcomes by program.

Part III of the handout provided a draft of the template to be completed by August 1st. The sections of the draft include: Services Provided with Board Funding, Agency Defined Outcome Measures, Results Section/Metrics, Benchmarks, and Evaluation/Outcome Data. This draft shows how the old format and the "MBO" format align. The Results and Evaluation sections may be collapsed in the final version. Dr. Garrity will send out the final version within the week. It will also be posted on the Board's website.

Part IV of the handout provided the exact language in the contract executed between every agency and the ADAMHSCC which spells out the reporting requirements.

Dr. Garrity stressed again that the members of the ADAMHS Board will require this information to be reported in this format before passing any funding resolutions.

In addition, agencies were advised that Board members are asking for this information even when the money is being passed through the ADAMHSBCC to agencies from other funders, such as OMHAS. Board members believe it is their responsibility to ensure that programs on which they pass funding resolutions should report some outcome measures, regardless of the original source of funding.

However, for the August 1st reporting deadline, agencies should *only* report on Board funded programs at their agencies.

SHARES Update: Extensive testing of the SHARES system has been conducted with the help of four pilot agencies. Progress is being made slowly, with efforts being concentrated on the claims processing function of SHARES, since MACSIS is no longer being supported, and may be shut down at any time.

Outcomes functions (the Ohio Scales instruments and the Brief Addiction Monitor) will be built into SHARES, so that clinicians may enter the data either directly by individual, or through a batch loading process. SHARES will be able to score the instruments. At this time, the ADAMHSBCC is planning intensive training for agencies in August, with agencies beginning to use the system in September. Training will be conducted in waves, with Prevention providers trained first, followed by large agencies, and then smaller agencies and those providing specialized services.

Some agencies prefer other instruments and may use them in their operations. However, it was explained that the decision to use Ohio Scales and the BAM was arrived at with Franklin and Hamilton Counties, Cuyahoga's partners in the SHARES project. The use of these instruments is required in order for providers to receive funding through the ADAMHSBCC. This will ultimately enable both the Board and individual providers to compare their outcomes to similar populations in the other urban counties. It's hoped that outcomes data entry into SHARES will be more than a compliance tool, but will help Boards and providers analyze and improve performance.