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# Achieving Performance Outcomes CARF Sections M&N



# Today's Agenda

- Welcome
- Brief CARF International Overview
- Performance Outcomes Management
- **WHY** Measure?
- **WHAT** to Measure?
- Workshop: Site Measures
- Break
- **HOW** to Measure
- Next Steps: Choosing organizational indicators
- Wrap-Up

# CARF International Overview

**Mission:** *The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. Founded in 1966. Alcohol and other drug programs started to be covered in 1986.*

**Regions served:** North and South America, Europe, Asia, and Oceania

**Accredited providers:** Over 8,000 service providers with more than 64,000 accredited programs and services at 30,000+ locations

**Persons served:** More than 15 million persons served annually by CARF-accredited service providers

**Surveyors:** More than 1,500 around the world. Peer review model.

See more information at <http://www.carf.org/>.

# What is Outcomes Management?

**Outcomes Management Definition:**

**Outcomes management is the use of outcomes evaluation to improve the quality of services, and ultimately, the lives of the persons served.**



# Goals of Outcomes Management

1. **Discover Patterns**
  - a. *Turning data into information*
2. **Discover Data Roots**
  - a. *Turning information into knowledge*
3. **Plan, Collect, Study, Act**
  - a. *Turning knowledge into action*

**MAIN GOAL: TO BETTER SERVE CLIENTS  
& IMPROVE THEIR LIVES**



# Why should we measure?

**“Without data you’re just another person with an opinion.”**

**- W. Edwards Deming**

# Why Do We Measure?

## Use of Measurement/Outcomes Data

- Establish baseline status (starting point for future)
- Prove the need for services to all stakeholders
- Justify reimbursement by payers / insurers
- Provide comparable information for provider selection
  - *Support the story of why your organization is the **BEST!***
- Inform clients and family of progress quantitatively
- Support accreditation surveys
- Provide data for program evaluation
- Ensure the four CARF organizational domains...

# Why Do We Measure?

**Effectiveness** - Results achieved and outcomes observed for persons served. Can apply to different points in time (during, at the end of, or at point in time following services). Can apply to different various services (related to the organization's mission).

**Satisfaction** - Opinion of persons served and other stakeholders on services

**Efficiency** - Relationship between resources used and results or outcome obtained. Resources can include, for example, time, money, or staff/FTEs. Can apply at the level of the person served, program, or groups of persons served, or at the level of the organization.

**Access** - Barriers for persons in obtaining services. May apply at the level of the individual persons served (timeliness or other barriers) or the target population for the organization.

Source: 2022 CARF International Transforming Outcomes Data into Management Information



# What Do We Measure?

**Effectiveness** - Results achieved for the persons served

*Examples include...*

- Obtain employment, education, other training
- Reach treatment goals
- Avoid bad or costly things
- Self-reported well-being
- Participate in community of choice
- Achieve sobriety/abstinence
- Reduction of mental health or substance use disorder symptoms
- Obtain stable housing

# What Do We Measure?

**Satisfaction** - Experience of services that met expectations - persons served and other stakeholders

*Examples include...*

- My treatment goals were appropriate for me.
- I waited less than 30 minutes in the waiting room.
- Someone greeted me warmly in the waiting room.
- I'm satisfied with the amount of information I received to make a choice.
- I felt respected by the program staff.
- Overall, I am satisfied with the program.

# What Do We Measure?

**Efficiency** - Resources used to achieve results for the persons served

*Examples include...*

- Average Length of Stay (LOS)
- Treatment cost per client
- # clients served/staff Full Time Equivalents (FTEs)
- % of claims paid
- Staff utilization

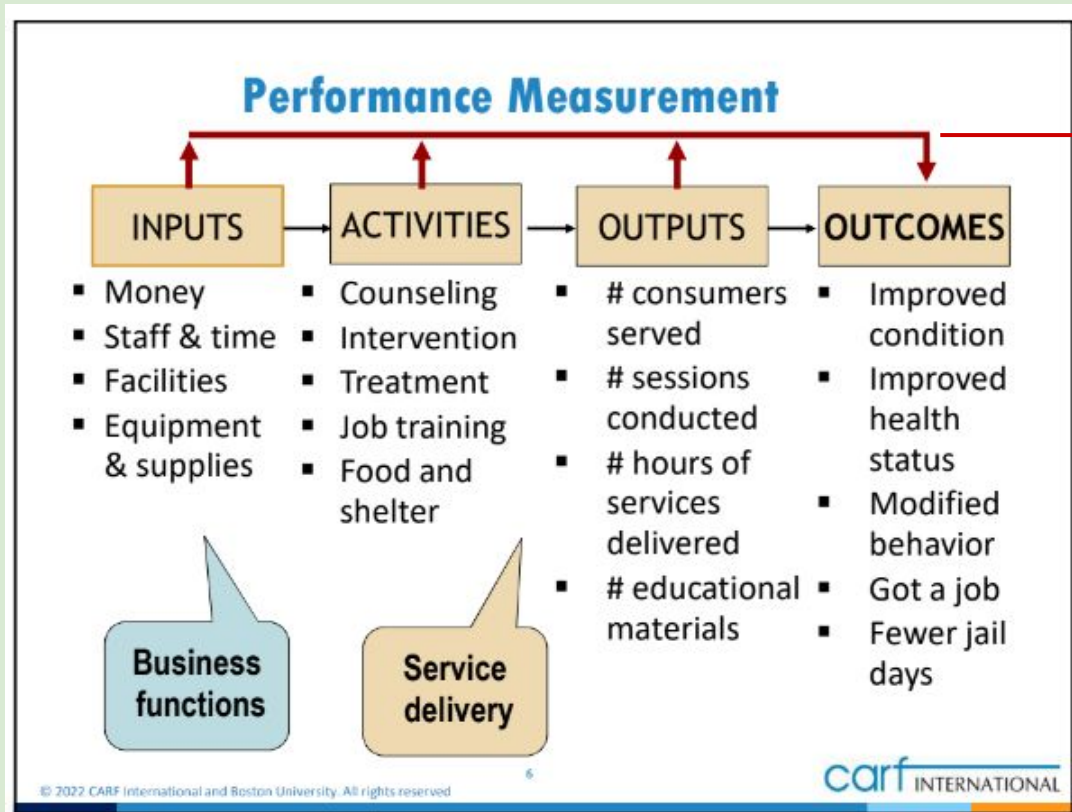
# What Do We Measure?

**Access** - *Service access*

*Potential barriers [to access] include...*

- Timeliness (phone response times, scheduling of assessment, wait list, follow-up conducted timely)
- Financial (Medicaid accepted, self-pay sliding scale)
- Distance/transportation (convenience of service hours and location)
- Architectural/physical (building appropriate for population needs)
- Language (including appropriate access for those with disabilities)
- Client census

# What Do We Measure?



# What should we measure?

## Common Stakeholder Concerns

- Clients: Quality of life - achieving sobriety!
- Family members: Access
- Funders: Cost, access, efficiency, and satisfaction
- Public officials: Getting people employed
- Employers: Work productivity
- Hospital system: Less overdoses to ER
- Medicare: Less long-term physical effects from reduced/halted use
- Medicaid: Best use of financial resources

# 1. M. Performance Measurement & Management

*CARF-accredited organizations demonstrate a **culture of accountability** by developing and implementing performance measurement and management plans that produce information an organization can **act on to improve results** for the persons served, other stakeholders, and the organization itself.*



# 1. N. Performance Improvement

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to **proactive and ongoing review, analysis, reflection on their results** in both service delivery and business functions, and transparency. The results of performance analysis are used to **identify and implement data-driven actions to improve the quality of programs and services and to inform decision making**. Performance information that is accurate and understandable to the target audience is **shared** with persons served, personnel, and other stakeholders in accordance with their interests and needs.





# CARF M&N Themes

## *Section M*

- Performance measurement and management plan to guide activities
- **Data integrity (validity & reliability)**
- **Mission-driven measurement**
- Understand factors that influence performance
- Personnel education and training in accordance with roles and responsibilities

## *Section N*

- Analysis of service delivery and business function performance
- Action plans for improvement
- Use of analysis to improve quality and make decisions
- Communication of performance information

# What should we measure?

SAMPLE MISSION HERE

# How to measure?

## Data are...

1. *Planned*
2. *Collected*
3. *Analyzed*
4. *Reported*
5. *Shared*
6. *Used*



# How to measure?



## Measurement Tools

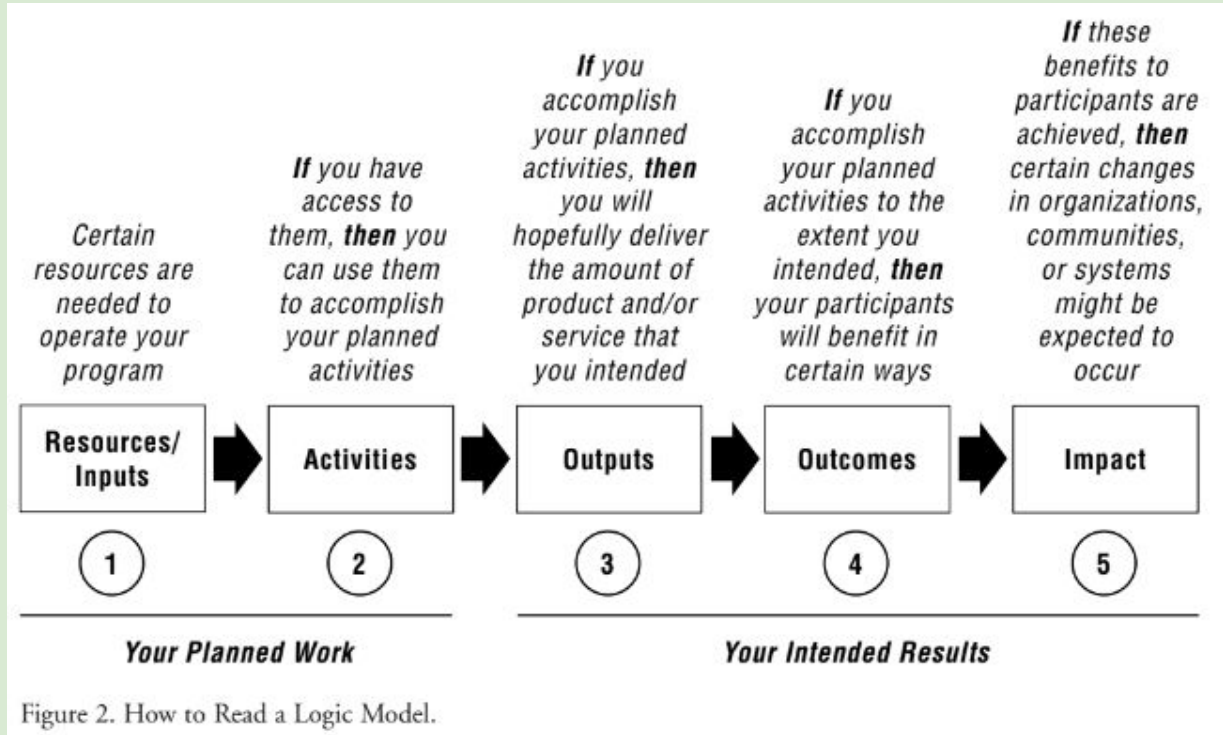
- *Walker Grid*
- *Logic Models*
- *Sampling, data collection*
- *Benchmarks*
- *S.M.A.R.T. Goals*



# Walker Grid Example

<b>Objective in priority areas determined by the organization</b>
Statement related to values that are of interest to stakeholders.
<b>Performance indicator (Check definitions)</b>
Statement that summarizes and quantifies the objective. Used to evaluate key performance areas and often expressed as a rate or ratio.
<b>To "whom or what" the indicator will be applied</b>
Applied to all persons served, or a specific subset?
<b>Identification of relevant timeframes for data collection (indicate intervals)</b>
State the time period assessed: before, during, after, and follow-up
<b>The source(s) from which the data will be collected</b>
Specify the data source
<b>The person(s) or position(s) responsible for collecting the data</b>
Specify who will collect the data
<b>A Performance target that is based on:</b>
[ ] performance history, or [ ] established by the organization, or [ ] an industry standard.
Benchmark that can be adjusted as performance changes over time to reflect changes and improvement in the organization and/or environment

# Logic Model



# Logic Model

The Table below describes the relationship between a successful program and the benefits derived from the use of logic models.

<b>Program Elements</b>	<b>Criteria for Program Success<sup>1</sup></b>	<b>Benefits of Program Logic Models<sup>2</sup></b>
Planning and Design	Program goals and objectives, and important side effects are well defined ahead of time.	Finds “gaps” in the theory or logic of a program and work to resolve them.
	Program goals and objectives are both plausible and possible.	Builds a shared understanding of what the program is all about and how the parts work together.
Program Implementation and Management	Relevant, credible, and useful performance data can be obtained.	Focuses attention of management on the most important connections between action and results.
Evaluation, Communication, and Marketing	The intended users of the evaluation results have agreed on how they will use the information.	Provides a way to involve and engage stakeholders in the design, processes, and use of evaluation.



# Sampling and Data Collection

**Data Collection**

**Sample  
Demographics**

**Reliability &  
Validity**

**Sample Size**

# Benchmarks

## Outside Stakeholders/Industry

- SAMHSA's National Survey on Drug Use and Health (NSDUH)
- Expectations from funders, Paint County ADAMH, OhioMHAS, etc.

## Organization

- Last year's data
- Last 3 years data



# SMART Goals

**S**pecific: Detailed, focused, well-defined, and uses action-oriented verbs.

**M**easurable: Identify data sources that are valid and represent the construct to be assessed

**A**mbitious: Performance indicators should be “just right” (not too hard or too easy).

**R**ealistic: Is the indicator reasonable? Do you have necessary resources to accomplish it?

**T**imely: Identify meaningful timeframes; set appropriate accountability deadlines.

# Next Steps

- **Decide Indicators (...THE HOW)**
  - *Time of Measurement*
  - *Collected by*
  - *Collection Frequency*
  - *Source*
  - *Target*



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# Thank you!

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