

Vermont Care Partners FY15 Outcomes and Data Report

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Goals for today

1. Overview of FY15 report
2. Review some current initiatives at VCP
 - Data consolidation and coordination
 - Data quality
 - Data repository
 - Quality improvement
 - Health care reform and integration
4. Highlight innovations and pressure points
5. Recommendations

Data Sources

- Vermont Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System Report (FY14)
- Department of Mental Health
- Department of Aging and Independent Living
- Preliminary data from the NCI Adult Consumer Survey
- Department of Health, Alcohol and Drug Abuse Prevention Program (VCP Network Agencies who provide ADAP funded substance abuse services only)
- Annual VCP Satisfaction Survey
- VCP Network Agency Data Survey – Fall 2015
- Vermont Department of Labor
- Department for Children and Families Child Development Division Children's Integrated Services Semi-Annual Report second half of 2015
- VocRehab Vermont JOBS Master Statistical Report (FY14)

How Much Did We Do?

- Overall system – **35,000+**
- Children, Youth and Families – **10,585**
- Community Rehabilitation and Treatment – **2,654**
- Crisis Programs – **9,642**
- Substance Use Disorders and Prevention Programs – **5,363**

How Well Did We Do It?

92%

"I received the services I needed"

92%

"I received the services that
were right for me"

94%

"Staff treated me with respect"

How Well Did We Do It?

People can access our services

- Our **services are located in 66% of schools** within Agency catchment areas
- 99.5% of inquiries for Developmental Services are responded to within 48 hours

How Well Did
We Do It?

Our Services Help Prevent Costly Hospitalizations

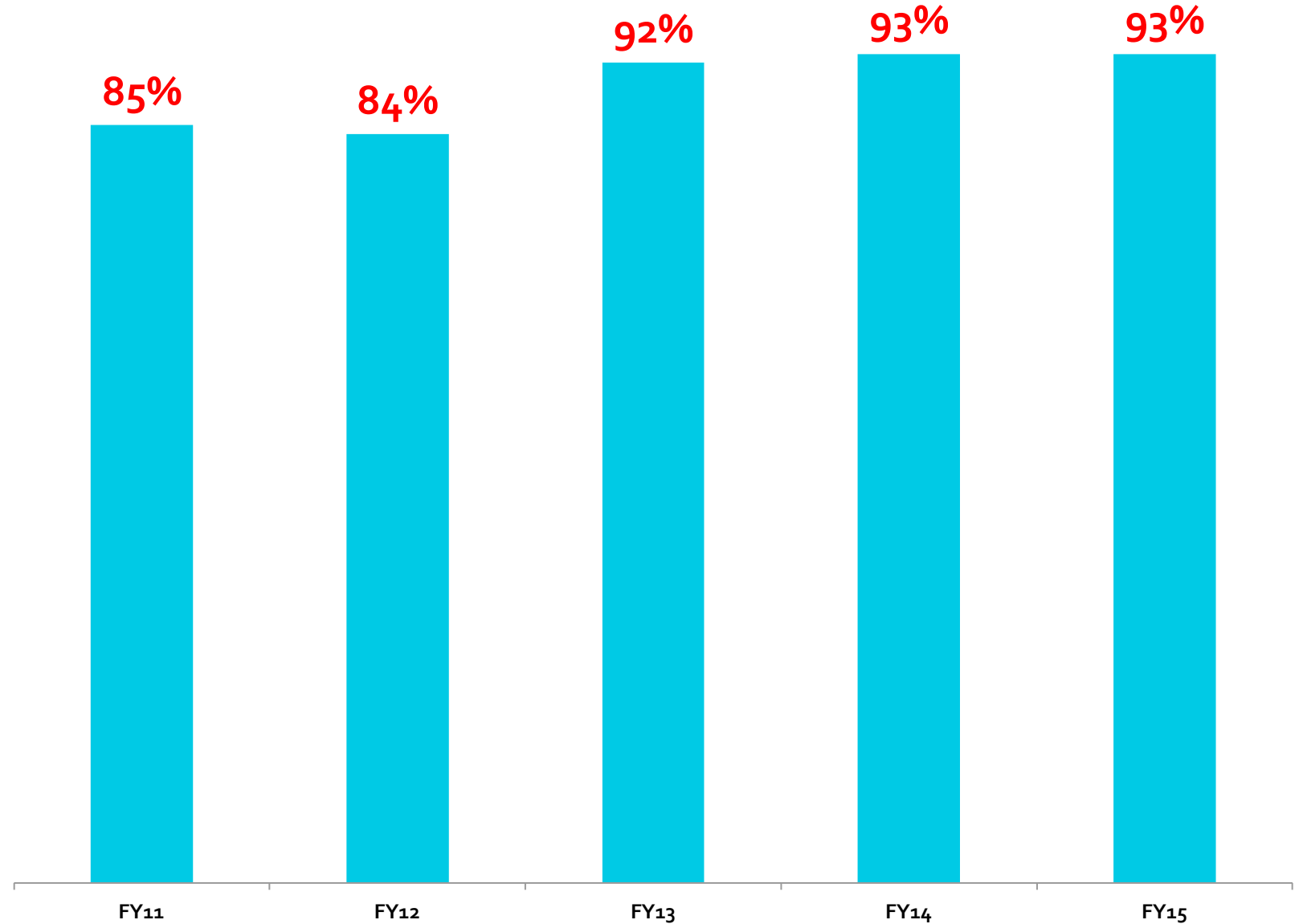
- **100% of agencies provide community crisis beds** providing an effective alternative to costly hospitalizations for CRT and non-CRT clients



- **25% decrease in AOP hospitalizations** since Q4FY13

% of CRT Clients Seen within 7 Days of Discharge from Psychiatric Hospitalizations

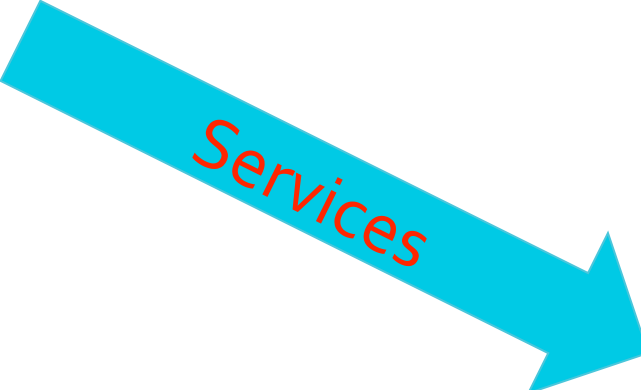
How Well Did
We Do It?



How Well Did
We Do It?

Services For Our Most Acute Clients Decrease Over Time

- Top 100 CRT utilizing clients (10 from each agency) **decreased services by 28%** from FY12 to FY14



Services

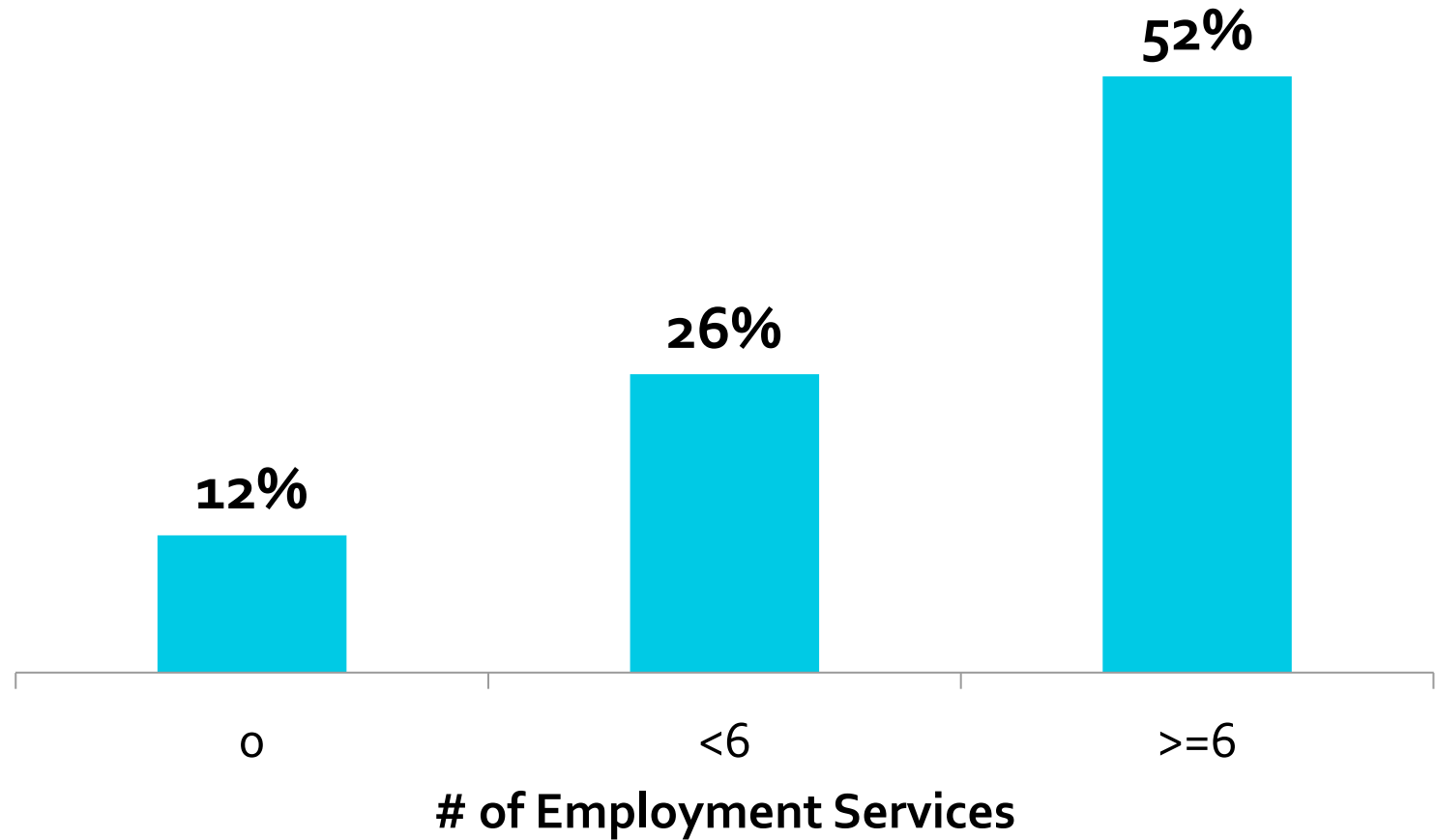
People are
Better Off

Our Services for People with Intellectual Disabilities Improve Their Lives

- **84% of graduates** from post-secondary programs were **employed upon graduation**
- 99% live in independent community settings
- 93% report they decide or have help deciding how they spend their free time

People are
Better Off

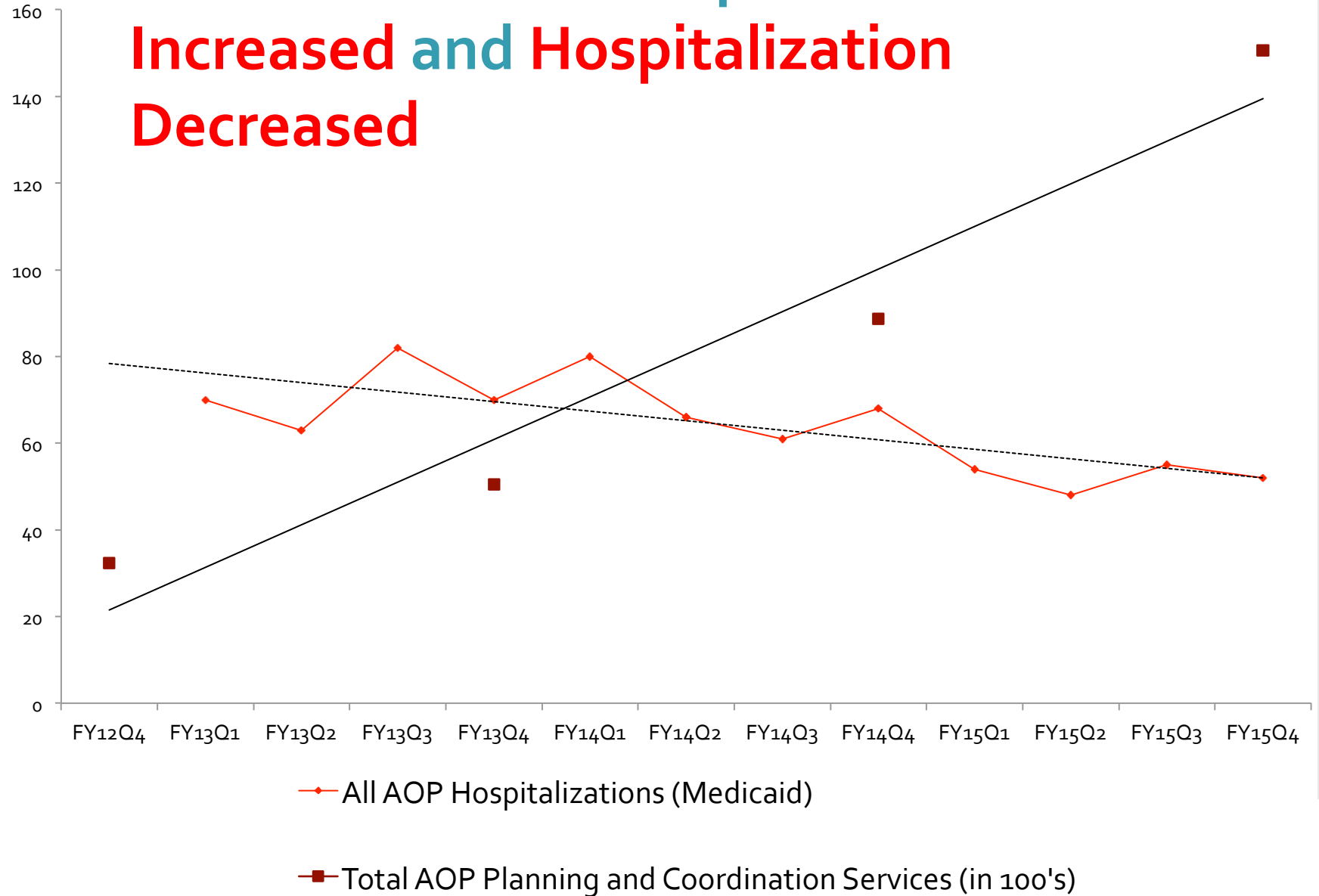
% CRT Clients Employed



Estimated employment of adults with SMI **20 – 25%** (Bond, 2011; Testimony to the US Equal Employment Opportunity Commission)

People are
Better Off

Services to Adult Outpatient Clients Increased and Hospitalization Decreased



People are
Better Off

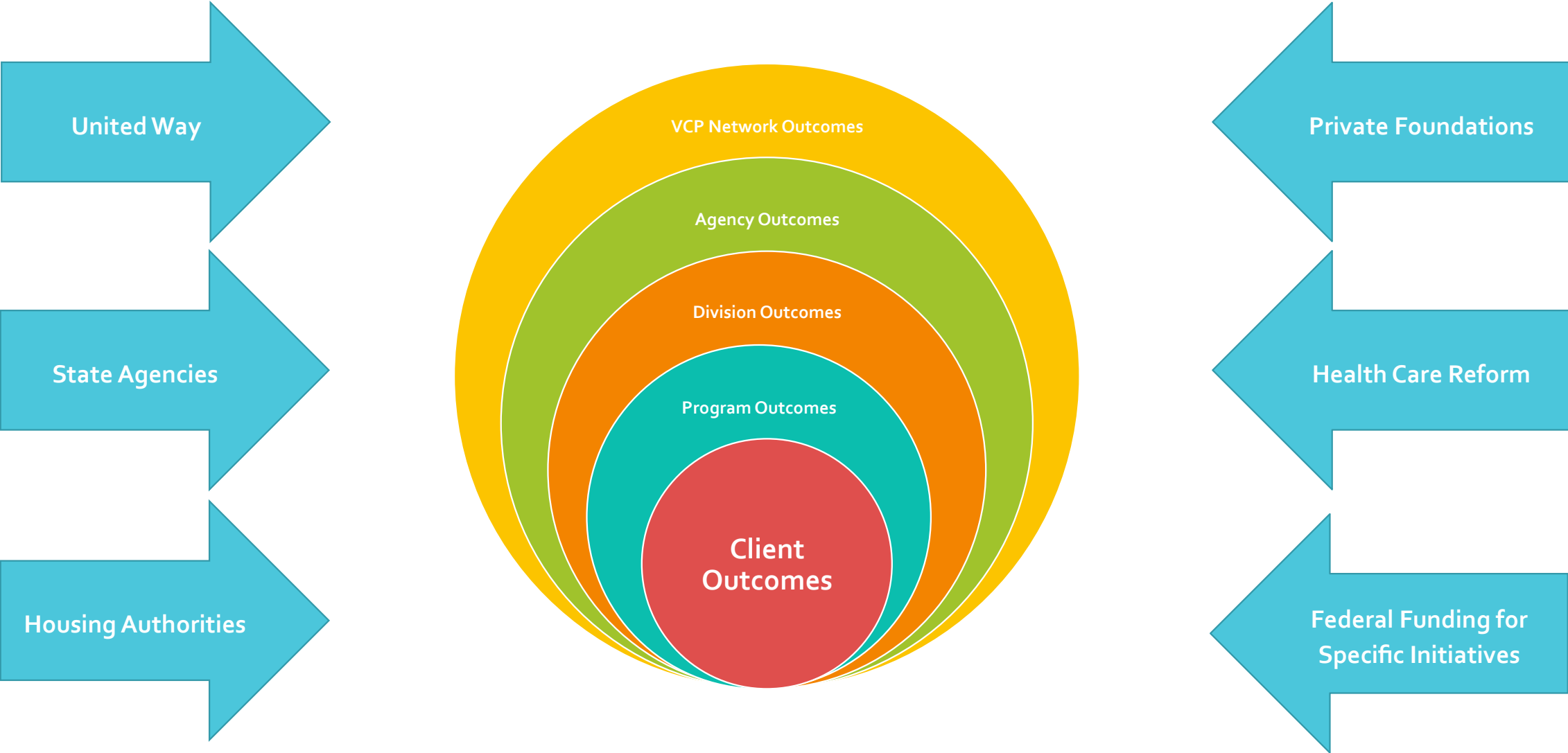
Our Public Inebriate Programs Improve People's Lives

- 2,745 Public Inebriate Screenings provided
- 50.4% were **diverted from jail** and lodged in our public inebriate beds
 - Increased access to treatment
 - Decreased costs associated with incarceration and legal system

Multiple Funders – Multiple Measures

- Our system is driven by a **variety of stakeholders**.
- All have their own measures and reporting requirements that **may or may not align** with one another, other agencies, or with Health Care Reform activities.
- **Data** is pulled **from a variety of sources** – agency level to claims data (note: ACO measures currently overlap with Network Agency meaningful use measures).
- Our system **does not have ready access** to reported data in a way that could inform quality improvement efforts for individual or collective VCP Network Agencies.

Network Stakeholders and Supports



The Solution is Coordination

AHS Master Grant

- **Began conversations in Spring 2015** to work together and streamline the grant and measurements.
- These efforts continue today with an eye to **coordinate** across departments.
- Currently, there are **40 performance measures (+/_)** (down from 140) with hopes to examine measures for reporting.
- **Restructuring grant** to promote relevance and coordination.

Frameworks for Quality Improvement

- **Results Based Accountability** (per Act 186)
 - How much did we do?
 - How well did we do it?
 - Is anyone better off?
- **A System of Excellence** based on the **National Council's Center of Excellence model**
 - Element 1: Easy Access
 - Element 2: World Class Customer Service
 - Element 3: Comprehensive Care
 - Element 4: Excellent Outcomes
 - Element 5: Excellent Value
 - Element 6: Health Care Integration

Centers of Excellence

Centers of Excellence:

- As a network, we need to develop a **Quality Improvement process**
- Provides VCP Network Agencies a **system-wide framework** to improve services.
- Offers VCP Network Agencies a **framework to demonstrate value.**
- Will help VCP Network Agencies **excel** at addressing the **whole health of the populations** we serve.
- Promotes **peer-learning.**
- Will support VCP Network Agencies in being viewed as the **preferred place of care.**
- Health care providers want to **refer to organizations** that have **positive outcomes.**
- To participate in **value based payment** mechanism we need to **demonstrate outcomes** in a standardized way across the system.

Improving Data Quality

- **High quality data** for all members
- **Reliable, complete** and **accurate** data for exchange, improvement and reporting
- Provide **tools** for agencies to build quality programs
- **Analytics**

Increasing Access to Our Data: Data Repository

- Create a **single location** for member data
- **Create efficiency** by decreasing the number of interfaces required to connect with stakeholders
- Provide the opportunity for **analytics** for individual agencies and the entire system
 - **Timely information** for enhanced care delivery
 - **High level decision support** for programs and agency leadership
 - Mechanism for **system-wide analysis**
 - Identifies areas for **improvement** and areas of **high quality to share expertise.**
- Demonstrate **coordination and cooperation** across the membership
- Provide a **Part2 interim “solution”**
- Allow for **quality improvement** of system-wide services
- **Not a data exchange** – it is a data repository

Health Care Reform

VCP Network Agencies are in Partnership with:

- Accountable Care Organizations
- Blueprint for Health
- Unified Community Collaboratives
- Care Collaboratives
- Community-based providers

Focus on Vermont's Health Care Reform Goals:

1. Reduce health care costs and cost growth
2. All Vermonters have access to and coverage for high-quality health care (health care includes mental and physical health and substance abuse treatment)
3. Promote care that is person-centered, holistic and integrated with the broader health care and social services delivery system
4. Support improvements in the health of Vermont's population
5. Promote greater fairness and equity in how we pay for health care

We Continue
to Provide
Innovative and
Effective Care

- **Evidenced-based care** including trauma treatment, Medication Assisted Treatment, and Wellness Programs
- 2 agencies (CSAC and NCSS) are **Integrating Family Services (IFS)** pilot sites
- **Peer programs** for individuals experiencing mental health crises achieve recovery
- **Open-dialogue**
- Promotion of **Mental Health and Youth Mental Health First Aid**
- **Team 2** and other work with first responders
- And many more.....

Hanging in the Balance

Innovations

Challenges

High Quality Care

Flexibility

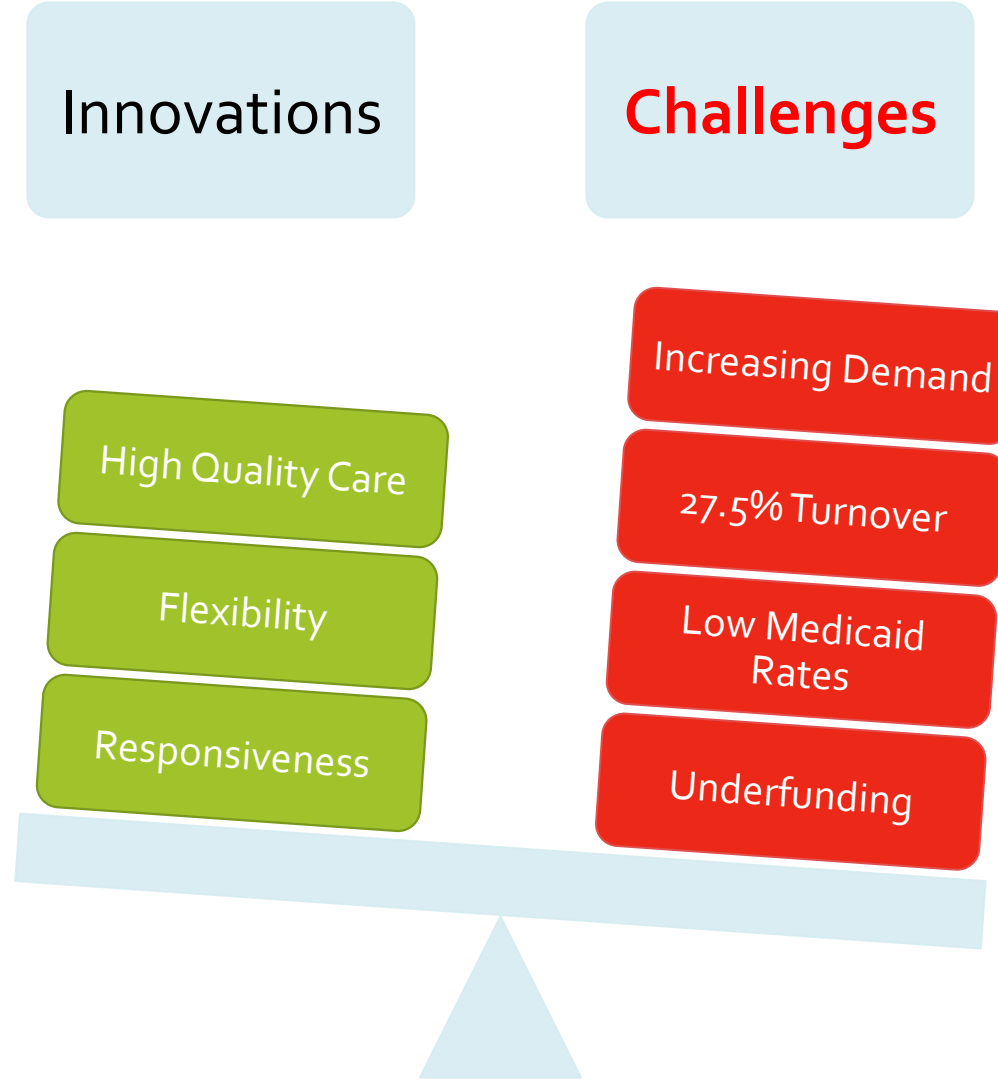
Responsiveness

Increasing Demand

27.5% Turnover

Low Medicaid Rates

Underfunding



Recommendations

1. Support funding that sustains our programming and staff.
2. The State's work with quality, outcomes, and measurement be coordinated across departments and initiatives.