

## **Performance Management Implementation Story**

### **Oklahoma's Journey from Being Good Data Collectors to STAR Data Users**

Oklahoma was one of nine states selected to participate in the STAR-SI initiative, which began in December 2006. The purpose of the grant is to use the NIATx model of rapid-cycle process improvement to make positive changes in organizational processes at the state and treatment agency levels. The Oklahoma SSA selected a small group of providers to work to improve client access and retention in substance abuse and mental health services by using process improvement to address one of four NIATx aims:

1. Reduce wait time
2. Reduce client no-shows
3. Increase admissions
4. Increase treatment continuation between the first and fourth sessions

Collection and reporting of data is central to the NIATx model. Provider facilities must collect baseline data, use rapid-cycle testing to conduct a change, and then collect data after the change to determine if there was an improvement. Change teams also use data to determine what change projects they might do next.

Previously, Oklahoma was fortunate to participate in a Robert Wood Johnson Foundation-funded initiative that used NIATx technical assistance, coaching and consulting to pilot change in a small group of provider agencies. This set the stage for Oklahoma's participation in the STAR-SI initiative.

Oklahoma's SSA is known as the Department of Mental Health and Substance Abuse Services (DMHSAS) and is responsible for all of the block grant and state appropriated mental health and substance abuse dollars in Oklahoma. The STAR-SI grant is administrated through the Process Improvement unit of DMHSAS.

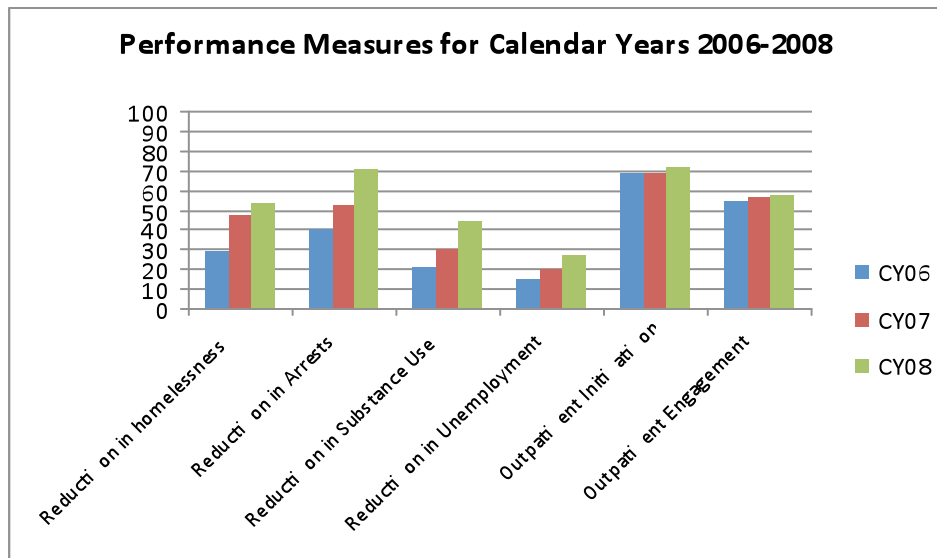
DMHSAS has a long and rich data history, which began in the mid 70's when we received a federal infrastructure for our first mainframe database to implement the newly standardized MHSIP dataset. Since that time, Oklahoma has been a leader in data collection, standardization, and analysis. DMHSAS also has an outstanding Decision Support Services (DSS) division responsible for administering the Integrated Client Information System (ICIS), which collects and stores all of the contractor, client, and service data for mental health and substance abuse services paid for by DMHSAS.

As we began the STAR-SI initiative, DMHSAS recognized that we were very good collectors of data and that we analyzed it at the state level, but as providers of service, we were not very good at using our data. Our biggest data challenge was to get providers to use the data they reported on a daily basis to make actual business process and treatment decisions.

During Oklahoma’s previous NIATx project, the state team believed that the state rules for substance abuse providers could be restructured to promote process improvement. A resulting rule change required all substance abuse providers to do a walk-through and write up the results. This served to spread awareness of the NIATx process improvement model across the state.

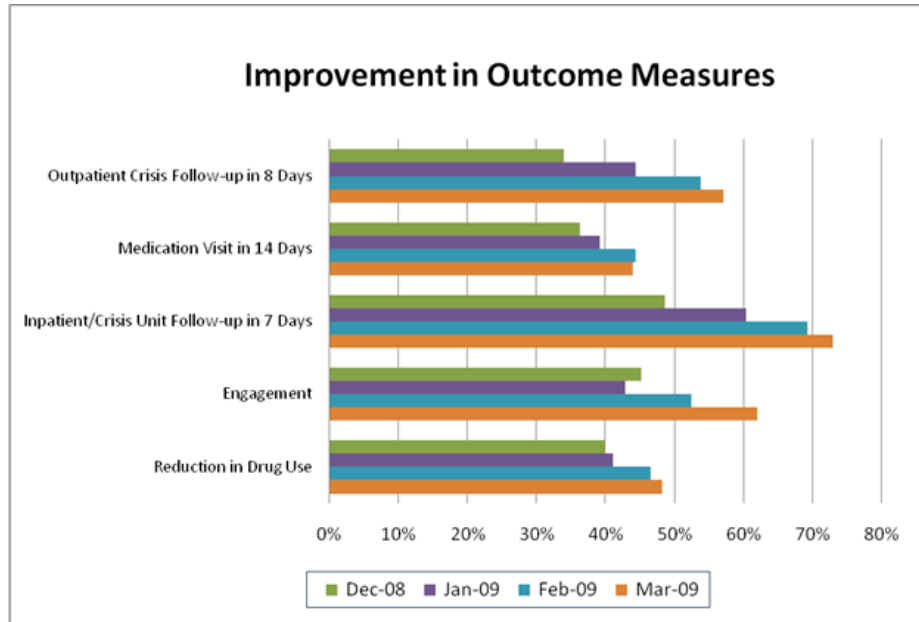
Since its beginning in Oklahoma, STAR-SI has conducted been many change projects to support performance management and encourage providers to use their data in decision making. One of the most popular changes is the installation of dozens of videoconferencing sites all over our mostly rural state. All contract providers now have access to videoconferencing to improve communication and support training needs. This has an added effect of saving money by reducing travel expenses and time away from the office.

The DSS unit also developed an on-site technical assistance team called Data Integrity Review Team (DIRT). This team travels to provider facilities and meets with staff to review agency specific reports and their performance on different data measures. This has given the providers one-on-one feedback about their data integrity and how to improve it. An unintended result of these meetings is improved communication between the DSS staff, who usually sit at their desks developing reports and analyzing data, and the direct care staff who never felt comfortable talking to “data people.” The providers are very complimentary of the visits and data reporting is improving.



In a wonderful example of listening to your customers, DSS has also developed a distance-learning module that allows clinicians to learn about data reporting right at their desks. The module is specifically designed for direct service clinicians and is broken into short modules that can be easily completed. The lessons include reporting data correctly and using reports.

By far, the most ambitious performance management initiative to date is our recently rolled out Enhanced Tier Payment System (ETPS), which pays incentive dollars to mental health service providers who over perform on selected measures. After just four months, there has been significant improvement in the performance measures tied to incentive dollars.



It has been an exciting two years of change at DMHSAS. Having already overcome some of the common hurdles such as standard data definitions and getting everyone to report consistently, we are moving into a new and exciting phase of performance management—getting providers to use data in order to perform! Sometimes the goal we achieve is a result of conscious collaboration, sometimes it is a result of positive serendipity, and sometimes things are done with very little input from the performance measurement resources available in DMHSAS. As a result, we find that we sometimes duplicate efforts and create conflicting or multiple data requirements. The latter is a constant concern for which we have not yet developed a good solution.

Because we have a respected and well-established DSS unit, a leadership that is driving DMHSAS toward data-based decision making, and many data savvy managers, performance measurement is on everyone's mind. This has the potential to be our greatest strength or our greatest downfall. The challenge is to develop the necessary structure and communications to assure that we are aware of the different projects being proposed before they go into effect so requirements do not become burdensome to our providers.