



Mental Health Association of Frederick County

Performance Measurement and Management

Mission Statement

Mental Health Association builds a strong foundation of emotional wellness for the whole community by preparing resilient children, securing vulnerable families, and standing with people to face crises together.

The Counseling Services program supports the mission by providing high quality therapy and psychiatric services to individuals, couples, and families. We serve people who have public insurance and through private pay on a sliding fee scale.

Characteristics and Demographics of Persons Served

The target population of Counseling Services is individuals, families, and couples who traditionally are underserved with mental health services including people with public insurance, and those who are un- or under-insured.

The program collects demographics on persons served to ensure that we are serving clients in a culturally competent, trauma informed manner. Staff collects this information on a Demographics Information Form at intake. The form includes information on race, military service, disability, housing status, marital status, age, and gender.

Description of the Data Collected, Analyzed, and Utilized by the Organization

MHA collects data on the number of sessions provided, how long clients stay in services, length of wait until assignment to a therapist, number of missed appointments, number of cancelled appointments, number of new cases, and number of discharges through its billing software. This data is confirmed by individual therapists for accuracy in their caseload monthly.

Additionally, the average client functioning, and client satisfaction are tracked at every session through two self-report scales, the Outcome Rating Scale and the Session Rating Scale. Therapists track this data at every session and it input into an excel sheet at least monthly. All data is compiled and reviewed quarterly and analyzed annually to inform service needs and program growth.

Integrity of the Data (Validity, Reliability, Accuracy, and Completeness)

MHA makes every effort to maintain the integrity of its data in numerous ways including, but not limited to:

- Training staff at the beginning of their service and routinely thereafter regarding the data that they are responsible for collecting
- Selecting reliable and proven measurement tools and using them to fidelity. MHA uses the formulas provided by the International Center for Clinical Excellence, the

group who created the ORS/SRS. The worksheet cells are locked so formulas cannot be changed, we only average those that have significant data—sessions with over 25 people reporting.

- Providing persons served with a means to provide feedback on services provided
- Double checking accuracy of data by having several people reviewing results and questioning the accuracy of data when it falls outside of expected results
- Conducting spot checks on records and data
- Peer review
- Supervision

Methods

The program collects information about persons served at specific service points.

- At service initiation
- During services at specific intervals
- At discharge
- Post discharge

The method in which information is collected varies on when the information is collected and how the person is discharged. Methods include phone interview, in person intake, paper and electronic surveys.

Details about and procedures regarding collection methods and administration are outlined in Statistics and Reporting Procedures and Admin and QA Procedures.

Analysis

Data is reviewed annually in a meet between the Clinical Director and the CEO and in Compliance and Risk Management Committee meeting. The Board is informed through a program education segment at a Board Meeting. Data is assessed for goal completion and obstacles. Analysis is used to set continued goals, inform programmatic changes, and inform strategic planning for the agency as a whole.

For FY 18, we fell short on our targets for ‘how much’. This was due largely to the loss of our psychiatrist and the amount of time it took to find another. Our targets related to ‘how well’ and ‘better off’ were met or exceeded. This tells us that even though we provided fewer units of service, our quality and client outcomes—arguably the most important pieces of our service were top notch. However, this is an unsustainable business model. MHA based its business outcomes for FY 19 on the historical data gained in FY 18 and added a measure of budget surplus/deficit to monitor sustainability.

Counseling Services Performance Measurement FY 19

Client Outcomes							
Domain	Objective	Indicator	Collected By	Data Source	YTD Total	Target	Result
How much did we do?							
Efficiency	Provide affordable mental health services	Sessions provided	Therapists and Administrative Assistant	Billing/Office therapy Legacy Report		4,000	
Efficiency	Provide affordable mental health services	Clients served (unduplicated & cumulative)				310	
Access	Decrease wait time for new clients	New cases—people who had their first visit that quarter				220	
How well did we do it?							
Access	Decrease missed session appointments	Missed appointments	Therapists and Administrative Assistant	Billing/Office therapy Legacy Report		16%	
Satisfaction	Increase client satisfaction with services	% of Clients who reported satisfaction with services	Therapists	SRS self report scales		86%	
Is anyone better off?							
Effectiveness	Improve overall client well-being	% of clients reporting a clinically significant change (start under 25 points and have at least a 5 point increase on the 40 point scale)	Therapists	ORS self report scales		60%	
Effectiveness	Improve overall client well-being	Overall well being: Average client point improvement on a 40 point scale	Therapists	ORS self report scales		8	

Business Outcomes							
Domain	Objective	Indicator	Collected By	Data Source	YTD Total	Target	Result
Business Function	Improve collections	Total amount of monthly write-offs	Administrative Assitant	Billing/Office therapy Legacy Report		<\$1,000	
Business Function	Increase psychiatrist utilization	Utilization percentage	Clinical Director	Calendar		60%	
Business Function	Eliminate budget deficit	Monthly budget surplus/deficit	CFO	Monthly Budget Actuals		+/- \$0	

Counseling Services Performance Measurement FY 18 Analysis

Client Outcomes								
Domain	Objective	Indicator	YTD Total	Target	% of Target	Result/Analysis	Action Steps	New Target
How much did we do?								
Efficiency	Provide affordable mental health services	Sessions provided	3,810	4,062	94%	Not met: Change in psychiatrist resulted in less appointments, difficulty hiring contract therapists resulted in lower overall capacity	1. Increase psychiatrist hours to qualify for benefits to increase recitivism 2. Hire from interns 3. increase advertisement to additional schools, and Indeed	4,000
Efficiency	Provide affordable mental health services	Clients served (unduplicated & cumulative)	294	325	90%	Not met: difficulty hiring contract therapists resulted in lower overall capacity	1. Hire from interns 2. increase advertisement to additional	310
Efficiency	Decrease wait time for new clients	New cases—people who had their first visit that quarter	205	250	82%	Not met: difficulty hiring contract therapists resulted in lower overall capacity	1. Hire from interns 2. increase advertisement to additional	220
How well did we do it?								
Access	Decrease missed session appointments	Missed appointments	17%	17%		Met: Implementing reminder protocols working.	1. Set lower rate for next FY 2. Continue reminder protocol	16%
Satisfaction	Increase client satisfaction with services	% of Clients who reported satisfaction with services	84%	85%		Met	1. Continue to analyze client satisfaction regularly	86%
Is anyone better off?								
Effectiveness	Improve overall client well-being	% of clients reporting a clinically significant change	61%	50%		Met	1. Increase goal for FY 19 2. Purchase new licenses as we expand clinicians	60%
Effectiveness	Improve overall client well-being	Overall well being: Average client point improvement on a 40 point scale	7.60	6		Met		8

Business Outcomes								
Domain	Objective	Indicator	YTD Total	Target	Result	Result/Analysis	Action Steps	New Target
Business Function	Improve collections	Total amount of write-offs	\$ 321	<\$1,000		Met: This goal was met, however, we uncovered that it wasn't being monitored as closely as it should which could affect goal achievement in FY 19.	1. Create written process for monitoring by 2/2019. In the meantime, the Clinical Director and Administrative Assistant will meet monthly to review 30/60/90 day report	<\$1,000
Business Function	Increase psychiatrist utilization	Utilization percentage	47%	-	-	None: This was used as a baseline for a full year of information after a caseload had been established.	1. Set goal 2. Work with other local agencies to create relationships and increase referrals.	60%