



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 work to eliminate financial barriers to quality mental health services by accepting public insurance and private pay, including a sliding fee scale.

Characteristics and Demographics of Persons Served

The target population of Counseling Services is individuals, families, and couples in need of mental health services, including medication evaluation and management.

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. The Administrative Director tracks and confirms this data.

Additionally, we track the average client functioning, and client satisfaction at every session through two self-report scales, the Outcome Rating Scale and the Session Rating Scale. Therapists track this data at every session using Greenspace, our outcome measurement platform. 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.
- Providing persons served with a means to provide feedback on services provided
- Reviewing data results for accuracy and providing timely intervention as needed
- 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

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

The Crisis Services Division Director and the Administrative Director meet to review the data quarterly. The Crisis Services Division Director and the CEO review the data annually at a minimum and the Compliance and Risk Management Committee review annually. We inform the Board 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 FY21, we met the majority of our targets for 'how much'. We overestimated the number of sessions our prescribers could provide and saw fluctuations throughout the year on our average wait time to begin treatment, mainly due to an increase in wait time for Medicare clients. We did not meet our targets related to 'how well' and 'better off'. While clients are mostly satisfied with our services, we did not see the improvement expected in our outcome rating scale (ORS). Mid-year we switched to an on-line outcome measurement tool that is tracking the SRS and ORS data in a more robust way than our previous method. In FY22, we will adjust our outcome measure to reflect the analysis of the data provided by this new system. In FY21 our business outcomes improved in all areas and we exceeded the target for program service revenue.

Client Outcomes											
Domain	Objective	Indicator	Collected By	Data Source	July-Sept	Oct-Dec	Jan-March	April-June	YTD Total	Target	Result
How much did we do?											
Efficiency	Provide affordable mental health services	Sessions provided (therapy only)	Therapists and Administrative Assistant	Billing/Office therapy Legacy Report	427	838	1,325	1,558	4,148	4,200	99%
Efficiency	Provide affordable mental health services	Sessions provided (prescriber only)			181	318	375	524	1,398	2,520	55%
Efficiency	Provide affordable mental health services	Clients served (unduplicated) therapy			115	156	182	64	517	340	152%
Efficiency	Provide affordable mental health services	Clients served (unduplicated) prescriber			73	47	51	33	204	204	100%
Access	Decrease wait time for new clients	Average Wait from screening to assignment			7	2	1	3	3	<2weeks	not met
How well did we do it?											
Access	Decrease missed session appointments to less than 10%	Missed appointments with less than 24 hour notice	Therapists and Administrative Assistant	Calendar/Billing software	11.0%	12.1%	17.0%	13.8%	13.5%	10%	not met
Access	Decrease missed appointments with prescriber to less than 10%	Missed appointments with less than 24 hour notice	Prescribers and Administrative Assistant	Calendar/Billing software	11.0%	12.7%	28.0%	13.9%	16.4%	10%	not met
Satisfaction	Increase client satisfaction with services	% of Clients who reported satisfaction with services	Therapists	SRS self report scales	93%	98%	85%	84%	89.7%	86%	met
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	16%	23%	18%	26%	20.6%	55%	not met
Effectiveness	Improve overall client well-being	Overall well being: Average client point improvement on a 40 point scale	Therapists	ORS self report scales	4.40	6.20	4.90	2.90	5	6	not met

Business Outcomes											
Domain	Objective	Indicator	Collected By	Data Source	July-Sept	Oct-Dec	Jan-March	April-June	YTD Total	Target	Result
Business Function	Improve collections	Total amount of monthly write-offs	Administrative Assistant	Billing/Office therapy Legacy Report	185	424.77	15	70	\$ 695	<2%	0.00%
Business Function	Increase overall utilization of therapists	Utilization percentage	Administrative Director	Calendar, Utilization spreadsheet	* 81.12%	64.5%	67.2%	71.4%	68%	70%	not met
Business Function	Increase PSR by 10% over FY20**	Monthly PSR for all billable services	CFO	Monthly Budget Actuals	102,029	116,625	173,638	174,595	\$566,887	10%	66% increase over FY20

* first quarter not an accurate reflection of full year staff expectations