



Iowa Department of Human Services

MHDS Outcomes and Performance Measures (OPM): Regional Dashboards SFY2015

Presented by

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Where did we start?

MHDS OUTCOMES AND PERFORMANCE MEASURES (OPM) BACKGROUND

MHDS OPM Background

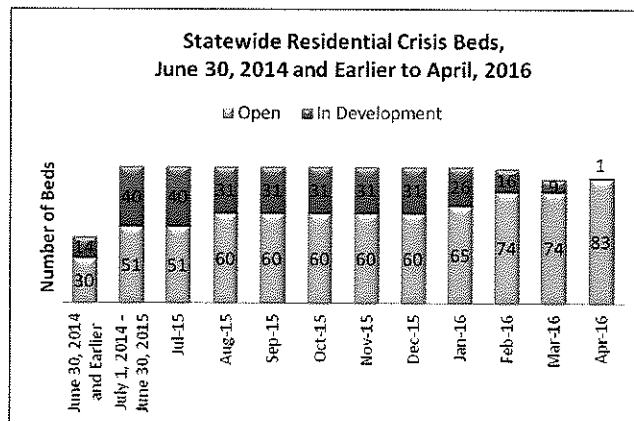
- OPM Six Domains:
 1. Access to services
 2. Life in the community – employment, housing, transportation
 3. Person-centeredness
 4. Health and wellness
 5. Quality of life and safety
 6. Family and natural supports

MHDS OPM Current Status

- Developed a dashboard using data currently available through the Regional Annual Submissions (i.e., minimum dataset)
- Incorporated the OPM domains into the updated Olmstead Plan Framework 2016-2020
- Learning from other initiatives currently invested in collecting outcomes
- Developing region-specific dashboards (in final review process)
- Collaborated with regional CEOs to standardize the methodology for reporting persons served

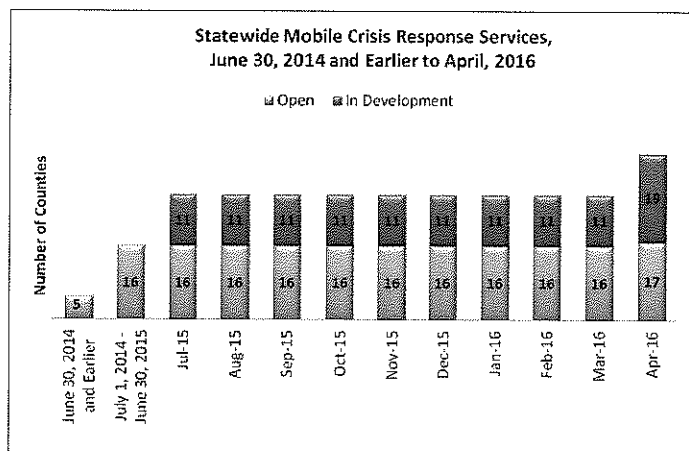
Core Plus MHDS Services: Residential Crisis Beds

A setting of less than 16 beds providing services to de-escalate and stabilize an individual experiencing a mental health crisis



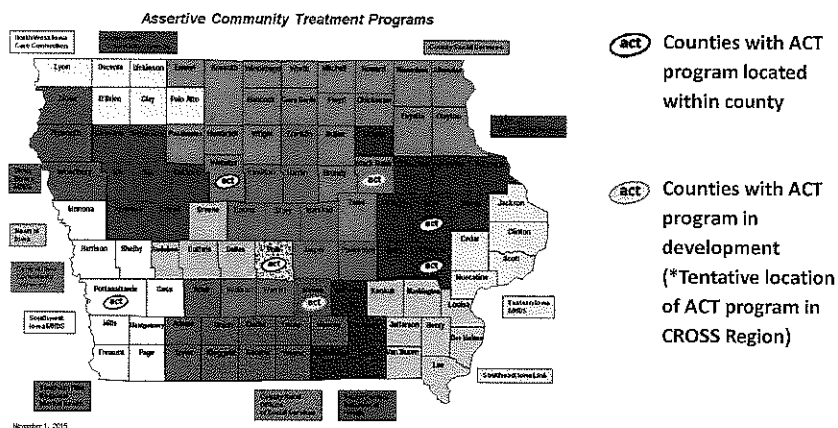
Core Plus MHDS Services: Mobile Crisis Response

On-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis



Core Plus MHDS Services: Assertive Community Treatment

Comprehensive, community-based outpatient services provided to persons with a serious mental illness who require multiple mental health and supportive services to live in the community.

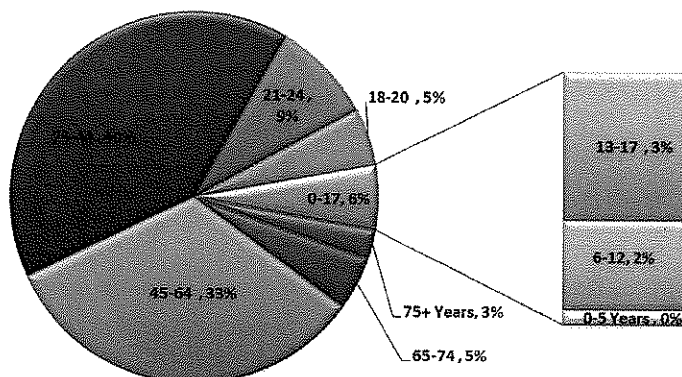


Population

- Data Source: SFY2015 Regional Annual Submissions
- Data reflects clients who receive services paid for by the regions
- **Exclusions:**
 - Medicaid-only clients
 - Submissions for Case management
 - Submissions for Service Management
 - Submissions for Mental Health Advocates

Population: Individuals Served by Age Group, SFY2015

Statewide Individuals Served by Age, SFY2015 (Total Served = 20,279)



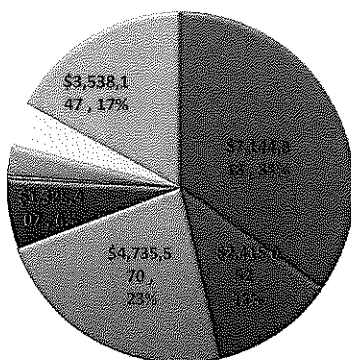
Expenditures

- Data Source: SFY2015 Regional Annual Submissions
- Data reflects expenditures for services provided by the regions
- Exclusions:
 - Transfer funds between Member County Accounts and the Fiscal Agent Regional Accounts
 - Expenditures for Case Management

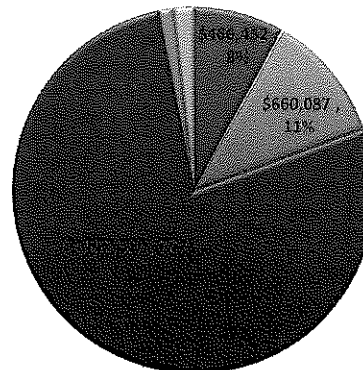
Expenditures: Expenditures for Core/Mandated Services by Diagnosis, SFY2015

- Treatment (CS)
- Support for Community Living (CS)
- Recovery Services (CS)
- Core Evidence-Based Treatment
- Basic Crisis Response (CS)
- Support for Employment (CS)
- Service Coordination (CS)
- Mandated Services

Persons with MI
Total = \$20,629,736



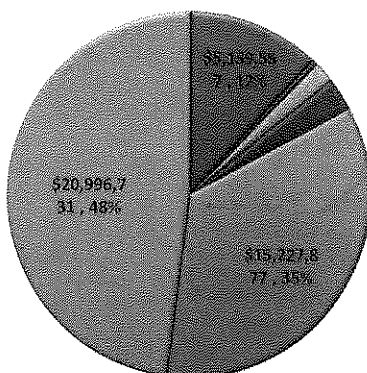
Persons with ID
Total = \$5,874,809



Expenditures: Expenditures for Additional Core and Other Services by Diagnosis, SFY2015

- Comprehensive Facility & Community- Based Crisis Services (ACS)
- Justice System-Involved Services (ACS)
- Additional Core Evidence-Based Treatment (ACS)
- Other Informational Services
- Other Community Living Support Services
- Other Congregate Services

Persons with MI
Total = \$43,746,504



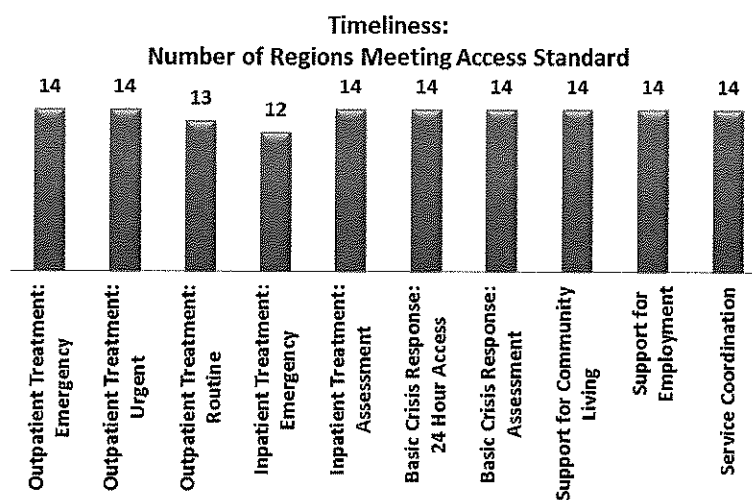
Persons with ID
Total = \$7,772,811



Accessibility

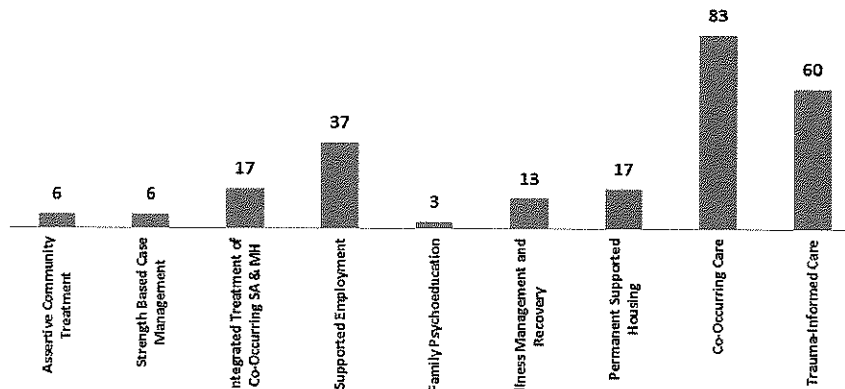
- Data Source: SFY2015 Regional Annual Plans and Self-Report by Regional CEOs
- Data reflects status during SFY2015
- Access standards derived from Administrative Code 441-25.3

Accessibility: Timeliness



Service Quality Evidence-Based Practice Implementation

Number of Agencies Participating in Implementing EBPs, SFY2015



**Providers serving in multiple regions may be counted more than once per EBP*

Service Utilization

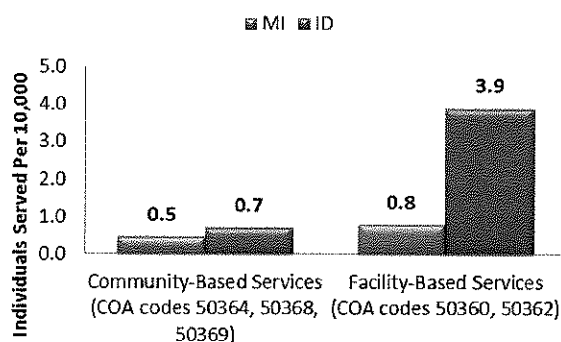
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Service Utilization: Vocational Services: Community-Based vs Facility Based Settings, SFY2015

Community-based settings include: Job development, supported employment, group supported employment-enclave

Facility-based settings include: Sheltered work, prevocational services

Statewide Vocational Services: Community-Based Vs Facility-Based Settings, SFY2015



Lessons Learned

- Regions have made significant progress towards implementing MHDS regional core and additional core services, evidence-based practices and provider competencies
- Data standardization is important providing an accurate description of service utilization and populated served
- Data demonstrates system-wide changes in MHDS service delivery in Iowa



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