

# PERFORMANCE MEASURE OUTCOMES

## 7 Core Areas PPG

1. Abstinence from Drug/Alcohol Use
2. Increase: Access to Services
3. Increase: Retention in Treatment
4. Increase: Employment/School
5. Decrease: Criminal Justice Involvement
6. Increase: Stabilized Family and Living Conditions
7. Increase: In support from Connectedness to Community

## Performance Measure Outcomes

1. Abstinence from Drug/Alcohol Use
  - a. Increase the number of people who reduce the frequency of alcohol or drug use.
    - i. Self report
    - ii. Collateral information
2. Access/Capacity
  - a. Recommend to AAPS that we take a year to set baseline data for this performance measure in order to develop an appropriate outcome standard.

Need definitions of what data we want to use.

    - i. Suggestions:
      1. Number of Persons served by age, gender, race and ethnicity
      2. Numbers served compared to those in need (how do we define “those in need”)
        - a. Dave Chapman reported that a RFP is being put out on the street for needs assessment
      3. What is the federal block grant capacity?
        - a. Dave Chapman stated that the state level capacity is determined by those who receive block grant money.
      4. Time from Assessment to first available slot (bed, appointment, etc)
        - a. Dave Chapman recommended saying Assessment to Admission. There is a place to put projected time for client to go into treatment. Perhaps there needs to be a box that the client declines the appt., or appt cancelled by agency. It would be nice to have first appt date on the KCPC. That way we know when client has first opportunity for appointment.

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3. Retention in Treatment
  - a. Increase number of those who complete the indicated course of treatment.
    - i. Length of stay/time as data for correlation
    - ii. Admitted to clinically appropriate modality
    - iii. Successfully transfer to next level of care if needed.
      1. Dave Chapman noted that TEDS requires episode data. Data definitions needs to define episode – for example someone completes detox and goes to another program and drops out...unsuccessful.
4. Employment/Education
  - a. Improve the employment status of persons treated for substance abuse who are work force eligible.
    - i. % of persons employed full time at admission and discharge
    - ii. % of persons employed part time at admission and discharge
    - iii. % of persons in job training at admission and discharge
    - iv. % of persons pursuing education at admission and discharge
5. Decrease Criminal Justice Involvement
  - a. No arrests for new charges from date of admission to date of discharge. (or 30 days prior to discharge)
    - i. Self Report
    - ii. Collateral information
6. Increase stability of housing.
  - a. Increase the number of individuals in stable housing.
    - i. Measure % of homelessness at admission and discharge
    - ii. Measure % of those in supported living environment at admission and discharge
    - iii. Measure % of those living independently at admission and discharge
7. Increase Social Connectedness
  - a. Identify, remove barriers and improve individual social supports and connectedness to others through recovery activities to reduce substance abuse.
    - i. Increase the number of clients who report participation in one or more social and/or recovery support activities at discharge.
      1. Activities need to be defined. Attendance at events could be considered a change of behavior.

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8. Perception of Care
  - a. Clients will report positively about outcomes. Satisfaction Surveys should address 3 domains: satisfaction with quality of services; outcomes benefits realized by the client; information to help explain ratings to align with federal guidelines for obtaining client perception.
    - i. Workgroup recommends looking into whether the federal government needs a 5 point or 6 point scale. We recommend whatever is designed is in keeping with the government scale.
    - ii. Workgroup also recommends that a question be included that captures the client's perception of their change that can be quantifiably measured. This could be done by having a question on the survey that would have two parts such as:  
"Rate on scale of 1-10 the severity of your symptoms/problems before your started treatment" and the second part of that **same question**  
"Rate on a scale of 1-10 the severity of your symptoms/problem now  
This would provide a numerical difference thus documenting a positive change (hopefully) in keeping with the SAMHSA guidelines.
    - iii. Workgroup recommends that all providers will ask the same questions from the statewide satisfaction survey. Providers may embed these questions into their own questionnaire, but must be able to pull the required data out for State reporting.
    - iv. It is recommended that the State set a standard timeframe when the survey will be administered (i.e. end of 60 days of treatment; fifth session of treatment, etc.)
9. Cost Effectiveness
  - a. Workgroup believes that Dave Chapman has the information needed to work on this outcome.
10. Use of Evidence-Based Practices
  - a. Recommends that this be contractual in nature and allow AAPS to develop the definitions of what is evidence-based. For reporting purposes at this time the total number of evidence-based programs and strategies may be counted as reported by providers.