



*Alcohol, Drug and Mental Health Board
of Franklin County*

Value-Based Contracting and Outcomes in 2022

October 8, 2021



WELCOME!

- *This presentation is being recorded*
- *Please keep microphones muted*
- *Questions should be entered in the chat*
 - *Monitored by ADAMH staff*
 - *Some questions we will answer directly in the chat*
 - *Others will be saved for the end of the presentation, time permitting*
 - *Any questions that can't be answered today – we'll follow up!*
- *Materials to be provided following this meeting*
 - *Guidance documents, tools, and resources*
 - *FAQs*
 - *Recording*
 - *And more... (Casey will explain in greater detail later in presentation)*

Value-based Contracting

- All contract providers eligible for new KY2022 incentive opportunities!
- All system of care categories—for services with expected outcomes data collection/reporting
 - Services requiring encounter claims for individual and organizational clients in SmartCare
- Memo will be provided following the approval of your provider budget
 - Defines provider's expectations based on budgeted SOC's/services

HCPLAN APM Framework

<p>CATEGORY 1</p> <p>FEE FOR SERVICE – NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2</p> <p>FEE FOR SERVICE – LINK TO QUALITY & VALUE</p> <tr> <td>A</td><td> <p>Foundational Payments for Infrastructure & Operations</p> <p>(e.g., care coordination fees and payments for HIT investments)</p> </td></tr> <tr> <td>B</td><td> <p>Pay for Reporting</p> <p>(e.g., bonuses for reporting data or penalties for not reporting data)</p> </td></tr> <tr> <td>C</td><td> <p>Pay-for-Performance</p> <p>(e.g., bonuses for quality performance)</p> </td></tr>	A	<p>Foundational Payments for Infrastructure & Operations</p> <p>(e.g., care coordination fees and payments for HIT investments)</p>	B	<p>Pay for Reporting</p> <p>(e.g., bonuses for reporting data or penalties for not reporting data)</p>	C	<p>Pay-for-Performance</p> <p>(e.g., bonuses for quality performance)</p>
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B	<p>Pay for Reporting</p> <p>(e.g., bonuses for reporting data or penalties for not reporting data)</p>						
C	<p>Pay-for-Performance</p> <p>(e.g., bonuses for quality performance)</p>						
A	<p>APMs with Shared Savings</p> <p>(e.g., shared savings with upside risk only)</p>						
B	<p>APMs with Shared Savings and Downside Risk</p> <p>(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>						
A	<p>Condition-Specific Population-Based Payment</p> <p>(e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>						
B	<p>Comprehensive Population-Based Payment</p> <p>(e.g., global budgets or full/percent of premium payments)</p>						
C	<p>Integrated Finance & Delivery System</p> <p>(e.g., global budgets or full/percent of premium payments in integrated systems)</p>						

Source: The Updated APM Framework, figure 1, p. 3, <https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf>

Rewards for Reporting

- Two opportunities to earn (based on data from Jan–Jun & Jul–Dec)
 - Providers can earn incentive payments for reporting higher volumes of expected data
 - Tiered system based on client volume/number of expected data submissions
 - Incentives have steps to allow for a range of earning potential that begins at 50% submission

Value-based Contracting

- Rewards for Reporting

	Maximum Incentive Payment – Semiannual Amounts (6-month periods = 2 opportunities to earn)		
Percentage of Expected Outcomes Submitted	1 to 499 Expected Outcomes	500 to 2,499 Expected Outcomes	2,500 or more Expected Outcomes
<50%	\$0	\$0	\$0
50-59.99%	\$6,000	\$18,000	\$45,000
60-69.99%	\$7,000	\$21,000	\$52,500
70-79.99%	\$8,000	\$24,000	\$60,000
80%+	\$10,000	\$30,000	\$75,000

- Foundational Payments for Infrastructure and Improvements
 - Support providers with data collection/reporting infrastructure, software/system improvements, technology investments, etc.
 - One-time \$10,000 exempt block grant available per provider
 - Submit ASP narrative form for proposed usage and year-end expense report
- Examples:
 - Purchase of tablet computers to facilitate completion of forms from clients
 - Integration of OQ-Analyst tools into EHRs
 - Software upgrades to improve data entry or tracking



Outcomes Data 2022

Strategic Plan – Key Actions



02: Measurement of Impact

2.1 Evaluation Framework

Incorporate ADAMH evaluation framework data collection requirements broadly, and uniformly, across applicable provider contracts.

2.3 Disparity Analysis

Introduce comprehensive equity analyses into ADAMH data collection, analysis, and reporting on each evaluation framework indicator.

2.4 Value-based Contracting

Incorporate value-based contracting requirements for each ADAMH system of care investment category across applicable ADAMH provider contracts.

What quality of life conditions do we want in our community?

RESULT: Franklin County residents achieve optimal mental health and wellness

How can we measure those conditions?

INDICATOR: Prevalence of mental health & substance use disorders

INDICATOR: Unmet need for services

INDICATOR: Mental health and substance use-related crisis calls

INDICATOR: Suicide deaths

INDICATOR: Overdose deaths

What will we do to contribute to the result we want?

ROLE: ADAMH will ensure equitable access to quality behavioral health care by planning, funding, and evaluating prevention, family supports, housing, recovery supports, treatment, and crisis services.

How will we measure our progress?

STRATEGY: Prevention

STRATEGY: Family supports

STRATEGY: Housing

STRATEGY: Recovery supports

STRATEGY: Treatment

STRATEGY: Crisis

PERF MEAS: Dollars invested

PERF MEAS: Dollars invested

PERF MEAS: Dollars invested

PERF MEAS: Dollars invested

PERF MEAS: Dollars invested

PERF MEAS: Dollars invested

How much did we do?

PERF MEAS: Clients served

PERF MEAS: Clients served

PERF MEAS: Clients served

PERF MEAS: Clients served

PERF MEAS: Clients served

PERF MEAS: Clients served

How well did we do it?

PERF MEAS: Clients satisfied

PERF MEAS: Clients satisfied

PERF MEAS: Clients satisfied

PERF MEAS: Clients satisfied

PERF MEAS: Clients satisfied

PERF MEAS: Clients satisfied

Is anybody better off?

PERF MEAS: #/% youth with high AOD risk awareness

PERF MEAS: #/% clients with reduced stress

PERF MEAS: #/% positive transitions from temporary housing

PERF MEAS: #/% clients improved or maintained recovery

PERF MEAS: #/% clients with improved functioning

PERF MEAS: #/% clients readmitted

PERF MEAS: #/% youth with high levels of resiliency

PERF MEAS: #/% clients with stronger social connectedness

PERF MEAS: #/% stable in permanent housing

PERF MEAS: #/% clients reduced or refrained from substance use

PERF MEAS: #/% clients reduced or refrained from substance use

PERF MEAS: #/% discharges to lower acuity level of care

EQUITY ANALYSIS & INCLUSIVE PROCESSES*

- Vision
- Community Indicators
- Mission
- Services
- Performance Measures
- Equity & Inclusion – throughout!

ADAMH-paid services

Direct services
to one or more
individuals

Encounter
claims
required

Performance Measures



How much

How well



Better off

Client Counts and Demographics

Enrolled Members in SmartCare

Crisis

Housing

Treatment

Recovery Supports

Aggregate Client Count and Demographics

Prevention

Client Roster with Demographics

Family Supports

Aggregate Client Counts and Demographics

Report unduplicated number of individuals served for 3 time periods:

1. Report period (quarter)
2. Semi-annual incentive period (Jan-Jun or Jul-Dec)
3. Contract year
 - Contract year count will also be broken down demographically:
 - Age
 - Race/Ethnicity
 - Gender identity
 - Sexual orientation

Aggregate Client Counts and Demographics

- Applies to Prevention services:
 - Brief early intervention
 - Education and skills training
 - Leadership, mentoring, and community service activities
 - Support groups for children of parents with SUD
- One report per organization, *per site*
- Web form submission

Submitted Quarterly:

Report	Service Date Range	Submission Deadline
Q1	1/1/2022 – 3/31/2022	4/15/2022
Q2	4/1/2022 – 6/30/2022	7/15/2022
Q3	7/1/2022 – 9/30/2022	10/14/2022
Q4	10/1/2022 – 12/31/2022	1/13/2023

Web Form Submission

- No logins required – provide name and email of your representative
- Not possible to save without submitting and return later
 - a PDF reference copy will be provided to help compile your response ahead of time
- You will have the opportunity to review before submitting
- You will receive an email copy of your response for your records
- Contact PlanningAndEvaluation@adamhfranklin.org if you discover errors in your submission

Web Form Example Screenshots

Report Month

Oct 2022

Number of discharges *

50

Number of discharges to
hospital *

20

Number of discharges under
undesirable circumstances *

5

Number of discharges to
home/community *

23

Number of discharges with
unknown disposition *

2

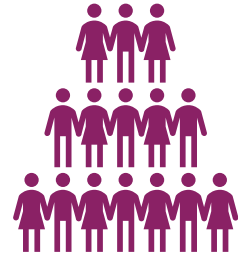
Client Age by Outcome

	Discharged to hospital	Discharged under undesirable circumstance	Discharged to home/community
0-4			
5-9			
10-13			
14-17			
18-24	8	3	10
25-34	6	1	9
35-44		1	
45-54	4		6
55-64			
65-74			
75-84			
85+			
Age unknown			

Client Roster with Demographics

- Applies to Family Supports:
 - NAMI Mentor Program
 - MHA Ohio Family Advocate Program
- **Respite clients will continue to be enrolled in SmartCare - NOT included in this data collection.**
- ADAMH will provide an Excel template, which will include:
 - Identifying client info to allow matching to pre-post assessment
 - Demographic information aligned to SmartCare demographics
 - Service start date
- Submit template monthly at our secure file site - Credentials will be provided

Performance Measures



How much

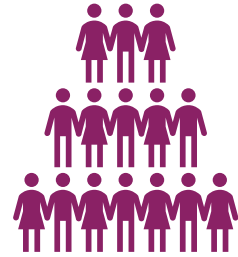
How well



Better off

- No major changes!
- Satisfaction scales remaining the same
- May modify/expand demographics
- ADAMH will continue to provide the surveying materials and guidance
- Two promotion periods per year
- ADAMH will produce and distribute an annual report of results

Performance Measures



How much

How well



Better off

Crisis: Discharge Dispositions

Report total number of discharges for the month and breakdown by the following types:

1. Discharges to a hospital
2. Discharges to home/community
3. Discharges under undesirable circumstances
4. Discharges with unknown disposition

Each type (except unknown) will also be broken down demographically:

- Age
- Race/Ethnicity
- Gender identity
- Sexual orientation

Crisis: Discharge Dispositions

- Applies to discharges from the following crisis services:
 - Psychiatric urgent care and observation
 - Crisis stabilization
 - Short-term mental health residential
- One report per organization
- Web form submission
- Submit monthly: 15th of the month reporting discharges that occurred during the previous calendar month.

Family Supports: Perceived Stress Scale

- Perceived Stress Scale (PSS) – Cohen, Kamarch, & Mermelstein
 - Global self-report assessment of stress
 - 10 items
- Applies to clients of the following services:
 - NAMI Mentor Program
 - MHA Ohio Family Advocate Program
 - Respite
- Administer at intake and 90 days later

Family Supports: Perceived Stress Scale

- Submission – two options:
 1. Client direct entry into HIPAA-Compliant web form – link provided by ADAMH (real time submission)
 2. Provider administration through other means (hard copy, EHR) and submit via ADAMH-provided Excel template once per month
 - Deadline: 15th of the month for administrations that occurred during the previous month
 - Submit via ADAMH secure file site – credentials will be provided.
- ***Please choose one option or the other to prevent duplication of responses!***

Housing: Move-Out Dispositions

Report total number of move-outs for the month and breakdown by the following outcomes:

1. Obtained permanent housing at move-out
2. Did NOT obtain permanent housing at move-out
3. Unknown destination at move-out

Each type (except unknown) will also be broken down demographically:

- Age
- Race/Ethnicity
- Gender identity
- Sexual orientation

Housing: Move-Out Dispositions

- Applies to move-outs from the following housing services:
 - Transitional housing
 - Temporary housing
 - Recovery residence
- One report per organization
- Web form submission
- Submit monthly: 15th of the month reporting move-outs that occurred during the previous calendar month.

Prevention: Risk & Resilience Questionnaire

- NEW instrument that replaces both the AOD Knowledge Tool and DESSA-mini
- Self-report instrument
- Three versions ensure developmentally appropriate language and content:
 1. Elementary school (ages 5-9)
 2. Middle school (ages 10-13)
 3. High school/young adult (ages 14-24)

Prevention: Risk & Resilience Questionnaire

- Three sections:
 1. AOD risk factors (MS/HS only)
 - Assess approval, perceived risk of harm, and willingness to engage in substance use behaviors aligned to OHYES (17 items)
 2. Resilience factors
 - Personal resilience subscale – Child & Youth Resilience Measure-Revised (CYRM-R) – Resilience Research Centre (10 items)
 - Grounded in a strengths-based, social-ecological framework for resilience. Was developed by an international, cross-cultural team of researchers in 11 countries and involved the respondent population at all phases of development.
 3. Demographics
 - Age, Race/Ethnicity, Gender, Sexual orientation (HS/YA only), ZIP Code

Prevention: Risk & Resilience Questionnaire

- Applies to youth ages 5-24 in the following prevention services:
 - Brief early intervention
 - Education and skills training
 - Leadership, mentoring, and community service activities
 - Support groups for children of parents with SUD
 - ADAMH-funded summer camps
- Self-administered:
 - At end of services OR
 - At midpoint and end of services, if services last longer than 6 months

Prevention: Risk & Resilience Questionnaire

- What does “end of services” mean? Examples:

Summer camp

- Collect at last week of camp

6-week education curriculum

- Collect at last session

After school program that serves the same youth all school year

- Collect once before winter break and once at the end of the school year

- **Contact our evaluation team for consultation on your specific case.**

Prevention: Risk & Resilience Questionnaire

- Submission
 - Client direct entry into one of our HIPAA-Compliant web forms is **strongly preferred**
 - If technology is a barrier, we encourage you to use the foundation payment opportunity to address that.
 - If you collect client responses via hard copy, be prepared to do data entry into the web forms.
 - Responses collected each month should be entered no later than the 15th of the following month.
- ADAMH will provide three web links (one for each version) which can be used for either direct collection or data entry.

Recovery: Recovery Assessment Scale

- Recovery Assessment Scale (RAS) – Corrigan et al. (1995)
 - Designed to measure recovery from the client perspective
 - Self-report, 24 items
 - Five domains:
 - Personal confidence and hope
 - Willingness to ask for help
 - Goal and success orientation
 - Reliance on others
 - No domination by symptoms

Recovery: Recovery Assessment Scale

- Applies to all clients in the following recovery support services:
 - Peer support
 - Clubhouse or recovery support center
 - Employment services
 - Financial counseling
 - Individualized recovery supports
 - Supportive services in a housing setting
- Complete at intake and every 6 months until discharged
 - For clients already engaged at the start of the year, we will treat the first date of service as the intake date for compliance & incentive purposes. Plan to complete the RAS-24 with these clients within 90 days of that service date.
- RAS-24 will be available in OQ-Analyst

- System for all instruments used in Recovery Supports and Treatment services
- Each applicable provider has admins who manage staff accounts
- Submission options include:
 1. Direct completion by the client (send a link from within the system)
 2. Client completes hard copy; staff enter data into OQ-Analyst
 3. Instrument set up in EHR and responses transfer to OQ-Analyst via integration
 - The foundation payment opportunity can be used to develop integration
- Select ADAMH staff have admin access to OQ-Analyst and can see real-time submissions
 - OQ Measures sends ADAMH response extracts monthly for each instrument

Recovery/Treatment: Brief Addiction Monitor

- Brief Addiction Monitor (BAM)
 - Developed with support of the Department of Veterans Affairs (VA)
 - Progress monitoring instrument for SUD
 - Measures substance use, risk and protective factors
 - Self-report
 - 17 items
- Complete at intake and every 6 months until discharged
 - For clients already engaged at the start of the year, we will treat the first date of service as the intake date for compliance & incentive purposes. Plan to complete the BAM with these clients within 90 days of that service date.
- Submit in OQ-Analyst

Recovery/Treatment: Brief Addiction Monitor

- Applies to all **adult clients with SUD** receiving a qualifying Recovery Support or Treatment service

Recovery Supports

- Peer support
- Clubhouse or recovery support center
- Employment services
- Financial counseling
- Individualized recovery supports
- Supportive services in a housing setting

Treatment – any EXCEPT:

- Outreach & engagement
- Triage, screening, linkage, or referral
- Assessment, evaluation, or testing
- Brief intervention or education
- Case management
- Court-related services
- Acupuncture

Treatment: OQ Measures

- Outcome Questionnaire (OQ)
 - Developed by clinicians in the early 1990s for routine outcome monitoring – change over time
 - Measure of mental health vital signs – not diagnosis-specific
 - Self-report
 - Two versions:
 - OQ-45.2 for adults (45 items)
 - Y-OQ 30.2 for youth (30 items)
- Complete at intake and every 6 months until discharged
- Submit in OQ-Analyst

Treatment: OQ Measures

- Applies to all treatment services in general scope EXCEPT:
 - Outreach & engagement
 - Triage, screening, linkage, or referral
 - Assessment, evaluation, or testing
 - Brief intervention or education
 - Case management
 - Court-related services
 - Acupuncture
- Use OQ-45.2 for clients age 18+
- Use Y-OQ 30.2 for clients ages 4-17 (caregiver version for young children)

From outcomes to incentives

- Per organization:

$$\begin{array}{|c|} \hline \text{Outcome} \\ \text{submissions} \\ \text{received} \\ \hline \end{array} \div \begin{array}{|c|} \hline \text{Outcome} \\ \text{submissions} \\ \text{expected} \\ \hline \end{array} = \%$$

- Guidance documents offer more specific definition of expected and received.

Strategic Plan – Key Actions



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2.4 Value-based Contracting

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What's Next?

- Coming days:
 - Recording of this meeting & slides
 - Guidance documents for each data collection covered today (~1 page each)
- Coming weeks:
 - FAQ
 - Outcome compendium – more thorough guidance, forms, etc.
 - Memo outlining scope of expectations specific to your services/contract
- Next year:
 - Performance reports – track your progress
 - Feedback & technical assistance

THANK YOU!

- Questions?

- Email us
- Schedule a meeting

PlanningAndEvaluation@adamhfranklin.org

Thank you!