

Understanding Data Metrics for PROS-The What, Where, When & How

Kelly Housler, LMSW New York State Office of Mental Health Division of Adult Service Rehabilitation Services Unit November 19, 2015

And...The Who...What is Your Program's Identity?

- The manner and degree that your PROS program seeks information, captures information, tracks information, and uses information, communicates worlds of information about the **identity** of your program.
- "Who" is your program?
- The way your program tracks and documents information broadcasts your program's level of dynamism around IRP planning, workflow efficiency, and recovery orientation.



Data Collection: Not Just Tracking



Tracking PROS Program Data

Being courageous about identifying program weaknesses sooner rather than later allows for more time to work on them in a field that is becoming increasingly transparent.

<u>Tips:</u>

- For data novices: Track only a handful of items that are meaningful to your program, easy to track, etc.. Track more items as you develop a tracking flow.
- For regular data users: Consider scaling back on tracking if you're swimming in data you're not using. Track more as you assimilate learnings from the data collection.

What information should be collected? $\forall \psi$

- Varied types of questions
- Track answers to questions relating to life role goals and barriers (ex: participant level: what progress are you making towards your life role goal of becoming a chef? ex: program level: how often are staff asking if participants want to work on an employment goal?)
- The answers are critical to IRP planning, group schedule development, program selfassessment, etc.

Check and balance questions include:

- □ Are participants with IR on their IRP receiving IR services?
- □ Are there individual contact notes to support the billing for psychiatrist contacts?
- □ How many people who signed up for a group are attending?
- □ Is there documentation for each participant who signed in for a group?

NEW YORK

TATE OF

Office of

Data Request Scenario: Requestor inquires about an aspect of your program, and the question requires research to answer it.

Inquiry examples include:

- What is the current census (enrollment)?
- What is the average daily census?
- What is the average cost per participant?
- How many participants are employed?
- How many are BIP eligible?
- What is the rate of lost to contact reengagement attempts?
- How often are staff inquiring about tobacco use?
- What are trends related to weight loss/ gain?









Reading PROS Program Data

- » Read your program's data for the story it will tell you about your program. What are the trends? What is missing? What is not lining up?
- » Sometimes, data returned is not so much an answer to the original question as it is an idea for the next question.
- » We can use data as a tool to offer participants another perspective on their goal work.







Data: Capture It and Use It

- The very nature of PROS requires clinical staff to be curious, to ask, to listen, to respond.
- These actions "produce" information that may be important clues to a person's recovery but which may be easily lost.
- ✓ Data systems are a natural tool for PROS staff to capture those clues.

Note: If the information is not captured and used, a participant may miss out on an opportunity to grow and be heard. PROS staff who track the clues may develop more responsive IRP's. Data can help staff keep track of and sort through what a participant might experience as a tangle of problems, thoughts, issues and details.



8

Program Evaluation

- Data and financials are not just for administrators anymore.
- PROS staff must become savvy in data analysis. Staff who...



- ...track CAIRS follow-up and IRP review due dates may spend less time "keeping up with their work" and more time with participants.
- ...track the services they tend to provide may identify areas for growth so they can provide additional services as well.
- ...review their caseload regularly can identify individuals who might benefit from medically necessary IR services.
- ...review their caseload regularly can identify individuals who might benefit from additional IRP conversations.
 STATE OF

What Is Your Program's Level of Data Savvy?

- The more data savvy a PROS program leader is, the more likely they will be "fluent" in their PROS program. The degree of fluency may communicate a level of understanding of the important issues.
- **O** Knowing the vulnerabilities and the unmet needs
- Committing program resources
- Participants and leadership may experience data savvy PROS staff as more interested, responsive, able, hopeful, energetic, flexible, fearless, and action oriented.



Program Identity and MCO's

- » Proactivity level: reaching out
- » Interest in the MCO's: inquiring
- » Using MCO language
- » Program awareness: MCO and program overlap
- » Transparency fearlessness: clarity and follow through

<u>Note:</u> Consider the possibility that increasing your program's level of data savvy may bridge the gap to MCO's.



Relationship to Data and MCO's

- » Developmental level
- » Resource savvy
- » Program impressions
- » Authorization requests convey information including about:
 - IRP planning
 - Goal conversations
 - Focus of services
 - Program orientation
 - Thoroughness of information capture

<u>Note:</u> Increasing data savvy may give your program the confidence and skills needed to develop strong relationships with MCO's.



PROS CAIRS

CAIRS was retrofitted for PROS.

Program Tip: Don't delay data tracking while you wait for a more perfect system.

O Regulation requirement: making the most of it

O Reducing the burden on PROS programs

O Improving the quality of statewide data





PROS CAIRS Changes

PROS CAIRS Revised: OMH, together with representatives from PROS programs, identified lower value questions and developed better questions with fewer keystrokes.

- > <u>Wellbeing:</u> Substance abuse question may capture clues to use reduction.
- Characteristics: Employment definitions are included.
- Progress: New Progress Tab: includes the participant's sense of progress towards objective achievement.
- Discharge: Discharge fields are revised. Questions related to progress and level of care upon discharge are separated.

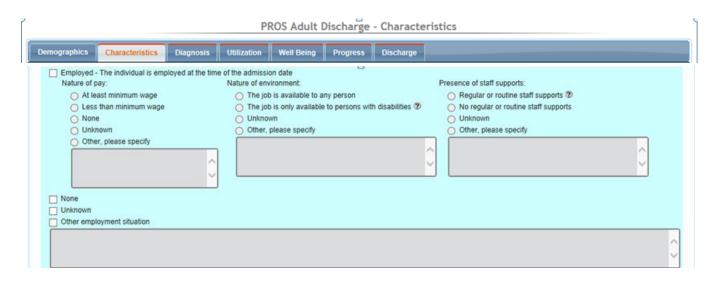


PROS Adult Follow Up - Well Being

Demographics Characteristics Diagnosis Utilization Well Being Progres	S					
Agency name Ackerman Institute for the Family Facility name Ackerman Institute for the Family						
Program unit test pros Program type PROS-Comprehensive with Clinic						
Client name Acbgbbakr, Kate DOB 05/13/193	9		Client ID 1682891			
Since the last CAIRS entry date, which substance(s) has the individual used which contributed to a life impairment (Select all that apply): ⁽²⁾ Has the individual "notably" reduced or ceased use since the last CAIRS entry date, even just temporarily: ⁽²⁾						
[Note: Cross reference responses to this questions with diagnoses, as needed]						
Drugs/Alcohol	Yes	O No	O Unknown			
V Tobacco	Yes	No	O Unknown			
None that contributed to impairment Ø	0	0	Ŭ			
None used						
Unknown	O Vec					
Other, please specify	Yes	O No	O Unknown			
0						
Comments - Add additional comments if desired, for your own internal use:						
			\sim			
			\checkmark			







DRAFT



Ĩ	PROS Adult Discharge - Progress						
	Demographics	Characteristics	Diagnosis	Utilization	Well Being	Progress	Discharge

Select eviously Entered	Objective	Goal Are	Goal Area		Previous Progress		At the Time Date)
		Select One	~	Select One	~	Select One	~
		Select One	~	Select One	~	Select One	~
		Select One	~	Select One	\sim	Select One	~
		Select One	~	Select One	~	Select One	~
		Select One	~	Select One	\sim	Select One	~
		Select One	~	Select One	\leq	Select One	~
		Select One	~	Select One	¥	Select One	~
		Select One	~	Select One	\sim	Select One	~
		Select One	~	Select One	×	Select One	~
		Select One	~	Select One	~	Select One	~
ments - Add additional co	mments if desired, for your own internal u	se:					

DRAFT



PROS Adult Disch	arge - Discharge
O Another PROS O LLOC @	Other HLOC Incarcerated No services - Deceased Unknown Other, please specify
Which additional attempts were made to engage/re-engage the individual (Select all that apply): Mailed letter ⑦ Made follow-up calls Coordinated with PCP (as per ROIs) ⑦	None Unknown Other, please specify
Discharge Status: Was information regarding re-accessing PROS services after discharge provided Responses: Was information regarding accessing emergency services after discharge provided: Was the discharge summary sent to the next provider:	 Yes No Yes No NA
What issues impacted the ability of the individual to work on goals in PROS (Select all that a Experience of symptoms ? Level of engagement ? Experience of behaviors ?	pply): None ⑦ Unknown Other, please specify





Questions?

Kelly Housler Kelly.Housler@omh.ny.gov

Ruth Colón-Wagner RuthCW@nyaprs.org

