California Mental Health Planning Council

PERFORMANCE INDICATORS FOR EVALUATING THE MENTAL HEALTH SYSTEM

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Acknowledgement

Joan Meisel, PhD, consultant to the Department on the project to develop reporting requirements for the Mental Health Services Act Annual Plan and requirements for the Integrated Plan, wrote most of this proposal and the initial set of performance indicators. A workgroup comprised of Ann Arneill-Py, PhD, Nancy Callahan, PhD, Marti Johnson, Don Kingdon, PhD, Joan Meisel, PhD, Dave Pilon, PhD, and Stephanie Welch revised the initial set of performance indicators.

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Purpose

Providing for accountability and the ability to conduct continuous quality improvement activities are two priorities of stakeholders in the public mental health system. These activities require that there are a set of performance indicators available to measure performance. In particular, stakeholders want to measure the performance of the Mental Health Services Act, which was established to transform the public mental health system into a recovery-based, client-driven, culturally competent set of mental health services. Accountability to the vision of transformation requires that performance indicators be developed to measure progress in ameliorating the negative outcomes of mental illness (e.g., suicide, homelessness, incarceration, etc.) and achieving outcomes specified in statute for the adult system of care (ASOC) and the children's system of care (CSOC). However, a complete set of performance indicators has not been articulated so far. The purpose of this proposal is to recommend a set of performance indicators to be used to measure the performance of the Mental Health Services Act and aspects of the broader mental health system at the individual, state, county, and community levels to be used for planning and quality improvement purposes.

The California Mental Health Planning Council (CMHPC) is making this proposal because of its statutory role in performance evaluation. Pursuant to Section 5772(c)(1) of the Welfare and Institutions Code (WIC), it is responsible for reviewing and approving performance indicators. In addition, pursuant to Section 5772(c)(2) of the WIC, it is responsible for reviewing the performance of mental health programs based on performance outcome data and other reports from the State Department of Mental Health. Pursuant to Section 5848(d) of the WIC, it is also responsible to review performance of Community Services and Supports programs.

This proposed set of performance indicators resulted from a stakeholder process to develop guidelines for the Annual Plan Updates and the Integrated Plan Requirements. The goal was to streamline Integrated Plan requirements so that accountability was measured by performance indicators. Ultimately, the process for developing the Integrated Plan requirements was suspended. However, a comprehensive set of performance indicators was developed that has substantial merit as will be set out in subsequent sections of this proposal.

Stakeholders are generally enthusiastic about moving to a system of performance indicators which would help them in their monitoring and planning activities. The purpose of these indicators is not to sanction or otherwise interfere with a county's actions[1]; it is rather to assist all stakeholders in a process of continuous quality improvement. Tracking one's performance on key indicators over time and/or across programs and/or against other comparable counties can provide useful information to those planning, operating, and monitoring services. These data must always be analyzed and interpreted in their community context.

[1] The only exception to this would be performance indicators which reflect requirements that are included in the state-county contract.

Caveats and Clarifications

One of the barriers to implementing performance indicators is the complexities and varying understandings of features of the system and the particular indicators. The following are meant to provide answers to some of the likely questions and concerns.

- ✓ This is proposed as a minimum set which would be required by the State. Counties would be able to establish additional performance indicators that would be meaningful to their local stakeholders and process. In fact, they would be encouraged to do so as a testing ground for new ideas.
- ✓ It is understood that there is considerable dissatisfaction with the measurement methods and the accuracy of resulting data for some of the data elements that are proposed. Focusing on the data will promote an improvement in the reliability of the data collection and the timeliness of the data analysis.
- ✓ These indicators do not constitute an evaluation of a county's programs or its overall service system. Every county is different as is every program, and the performance indicator data cannot be used independent of the context. For example, comparing improvements on individual consumer outcomes between programs is not suggested absent being able to adjust for the differing characteristics of the consumers at the beginning (risk adjustment). And comparing rates of conservatorship across counties would have to consider the roles of others, such as Public Guardians who impact such rates.
- ✓ A fundamental goal of performance measurements is to track information over time to note changes that indicate either improvements or decrements in performance. It is critical to distinguish between (a) measurements of the <u>same</u> individuals over time and (b) measurements of different cross sections of individuals over time. The former method is used to track changes in person-level outcomes over time, i.e. changes in living situation, employment, arrests. This kind of change in individuals must be measured on the same people at time 1 and time 2. The second kind of measurement is used to track performance of a program or system and does not require using the same individuals so long as the method for obtaining the cross section of individuals remains the same and is unbiased. This kind of method is used for example in assessing overall satisfaction with services, ease of access to services, involvement in treatment, and cultural sensitivity of services.
- ✓ The suggested indicators do <u>not</u> include any specific standards for the Indicators, i.e., a particular percentage decrease in rates of arrest for Full Service Partnership (FSP) clients or a particular percent of agreement with ratings satisfaction with services. The intended purpose is for the county stakeholders to use the performance on the indicators for quality improvement. They may at first want to track their performance over time or compare their performance against other counties with similar demographics or within their region. They may then decide to set standards on specific indicators for their particular county.

Criteria for Selection

There are many data elements which the state has and/or currently collects. "Data junkies" would recommend collecting and reporting on all of them and those with less confidence in such information would suggest just a few. How was the selection of the performance indicators made? To be included an item did not have to meet all the criteria, but all were considered for each included indicator. The criteria were as follows

Criteria 1: The data was already being collected and in most cases already being analyzed and reported
The fundamental data sources are the state Client and Services Information System (CSI); the Performance Outcome System, which includes the MHSIP, the YSS/YSS-F; and, the FSP Data Collection and Reporting System (DCR). See the Appendix for a description of these data sources.

Criteria 2: The item was tied to some existing performance or outcome mentioned either in the existing statutes (ASOC and CSOC), the MHSA, or the stakeholder processes resulting from the Act.
This includes work done by various groups such as the California Mental Health Planning Council, the Performance Measurement Advisory Committee, or the State Quality Improvement Council.

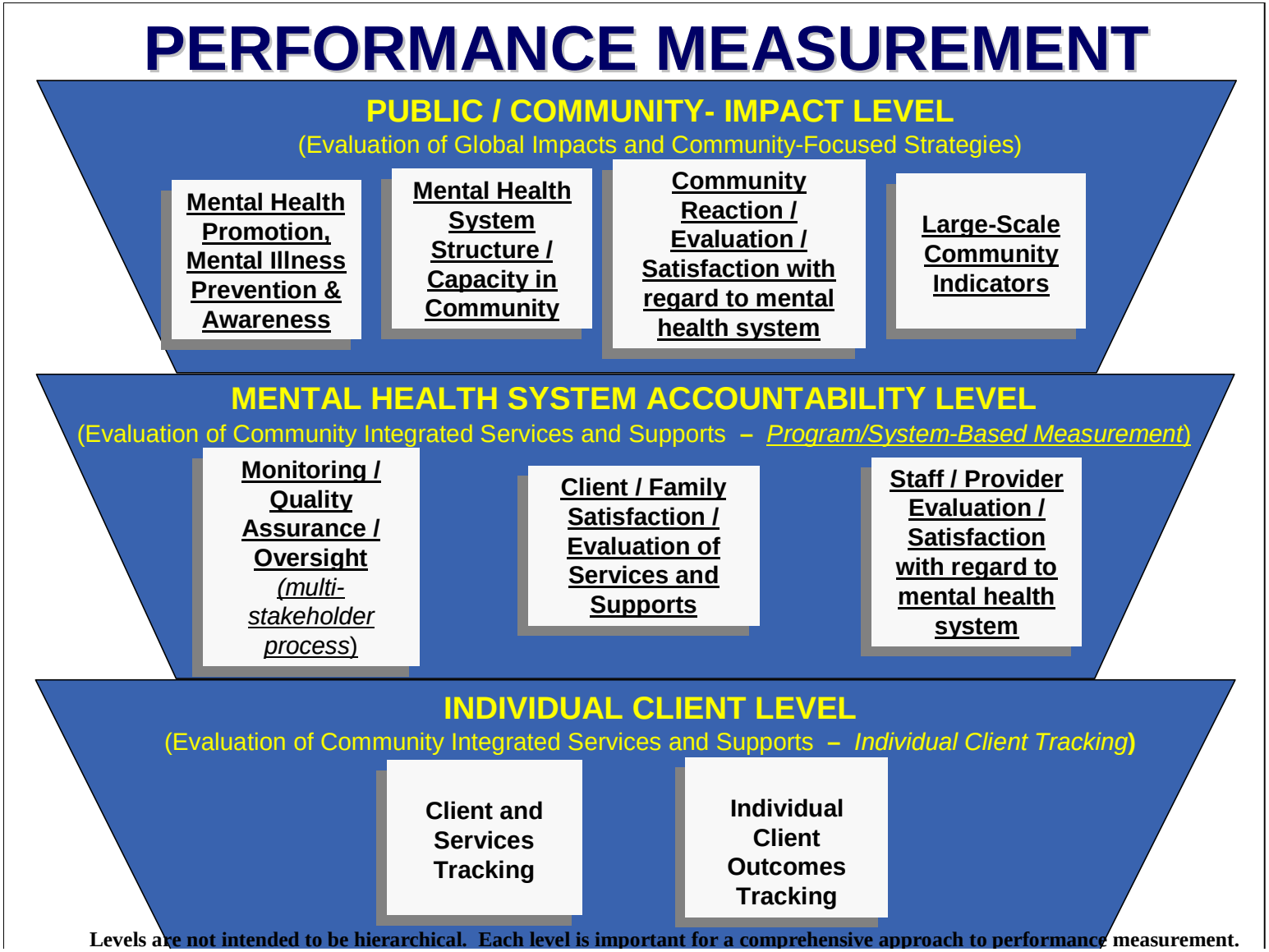
Criteria 3: The item is included in the federal government's efforts to create a uniform data reporting system for all the states – the National Outcome Measures (NOMs).
California is already reporting data at the state level on selected items. Including these at the county level has the added value of allowing for comparison with other states (albeit with caution as reporting is likely less than uniform).

Criteria 4: The item has face validity to key stakeholders including consumers, family members, and ethnic/cultural communities.
This includes consideration of the ease of understanding the data element and its importance to both recipients of services and to the monitoring of and planning for the service delivery system.

Proposed Performance Indicators

The indicators are divided into individual client outcomes, county mental health system performance, and community performance indicators, following the overall framework proposed by the state DMH for the evaluation of the MHSA, which is illustrated on the next page.

In addition to the proposed set of performance indicators, crosswalks are provided to demonstrate how the performance indicators measure the negative outcomes that the MHSA is designed to eliminate and the performance outcome measures for the ASOC and the CSOC.


PERFORMANCE MEASUREMENT
PUBLIC / COMMUNITY- IMPACT LEVEL
(Evaluation of Global Impacts and Community-Focused Strategies)
Mental Health Promotion, Mental Illness Prevention & Awareness
Mental Health System Structure / Capacity in Community
Community Reaction / Evaluation / Satisfaction with regard to mental health system
Large-Scale Community Indicators
MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL
(Evaluation of Community Integrated Services and Supports – Program/System-Based Measurement)
Monitoring / Quality Assurance / Oversight (multi-stakeholder process)
Client / Family Satisfaction / Evaluation of Services and Supports
Staff / Provider Evaluation / Satisfaction with regard to mental health system
INDIVIDUAL CLIENT LEVEL
(Evaluation of Community Integrated Services and Supports – Individual Client Tracking)
Client and Services Tracking
Individual Client Outcomes Tracking
Levels are not intended to be hierarchical. Each level is important for a comprehensive approach to performance measurement.

Individual Client Outcomes[2]

Indicator	*Measurement Method*	*Data Source*
Child/Youth Outcomes		
Indicator 1: Living Situation: Homeless or Shelter; Justice Placement	FSP: Change over time	DCR
Indicator 2: Education Attendance; Suspensions; Expulsions	FSP: Change over time	DCR
Indicator 3: Legal Status: Moved out of home; reunited	FSP: Change over time	DCR
Indicator 4: Number of Emergency Room Visits: Physical Health and Mental Health	FSP: Change over time	DCR
Indicator 5: Parent/caretaker rating of improvement in child/youth functioning (coping when things go wrong, school, relations with friends and others, relations with family, handling daily life)	FSP: Point in time	YSS-F
Indicator 6: Youth self rating of improvement in functioning (same as #5)	FSP: Point in time	YSS
TAY Outcomes		
Indicator 7: Living Situation: Homeless or Shelter; Justice Placement; Independent; Number of moves, Hospitalization	FSP: Change over time	DCR
Indicator 8: Education or Employment	FSP: Change over time	DCR
Indicator 9: Number of arrests	FSP: Change over time	
Indicator 10: Number of Emergency Room Visits: Physical Health and Mental Health	FSP: Change over time	DCR
Indicator 11: Self rating of improvement in functioning (same as #6 or # 16 depending on age)	FSP Point in time	YSS or MHISIP
Adult Outcomes		
Indicator 12: Living Situation: Homeless or Shelter; Justice Placement; Independent, Number of moves, Hospitalization	FSP: Change over time	DCR
Indicator 13: Employment	FSP: Change over time	DCR
Indicator 14: Number of arrests	FSP: Change over time	DCR
Indicator 15: Number of Emergency Room Visits: Physical Health and Mental Health	FSP: Change over time	DCR
Indicator 16: Self rating on improvement in functioning (symptoms, housing situation, school/work, social situations, relations with family, dealing with crises, control over life, dealing with problems)	FSP: Point in time	MHSIP
Older Adult Outcomes		
Indicator 17: Living situation: Homeless or Shelter; Number of moves, Hospitalization	FSP: Change over time	DCR

[2] These individual client outcomes will only be gathered on individuals/families in the high intensity FSPs. Revised data collection systems will be devised for individuals who “step-up” to a less intensive level of services or who enter into an FSP at a lower intensity of services.

Indicator 18: Number of Emergency Room Visits: Physical Health and Mental Health	FSP: Change over time	DCR
Indicator 19: Activities of Daily Living	FSP: Change over time	DCR
Indicator 20: Instrumental Activities of Daily Living	FSP: Change over time	DCR
Indicator 21: Self-rating on improvement in functioning (same as #16)	FSP: Point in time	MHSIP

County Mental Health System Performance[3]

Indicator	*Measurement Method*	*Data Source*
Consumer Perspective: All Programs Serving Children/Youth		
Indicator 22 Access to services (2 items)	Two week convenience sample	YSS/YSS-F
Indicator 23 Cultural Appropriateness (4 items)	Two week convenience sample	YSS/YSS-F
Indicator 24: Participation in Treatment (3 items)	Two week convenience sample	YSS/YSS-F
Indicator 25: General Satisfaction (6 items)	Two week convenience sample	YSS/YSS-F
Consumer Perspective: All Programs Serving TAY, Adults, Older Adults		
Indicator 26: Access to Services (6 items)	Two week convenience sample	MHSIP
Indicator 27: Appropriateness of Care (9 items)	Two week convenience sample	MHSIP
Indicator 28: Participation in Treatment (2 items)	Two week convenience sample	MHSIP
Indicator 29: General Satisfaction (2 items)	Two week convenience sample	MHSIP
FSP Performance		
Indicator 30: Demographic Profile of Clients Served	Annual summary by FSP	DCR
Indicator 31: Percentage with a primary care physician	Change over time for cohorts by FSP	DCR
Indicator 32: Discontinuance from FSPs: percent and summary of reasons for discontinuance	Annual summary by FSP	DCR
Indicators 1-18 summarized for whole county	*Roll up of FSP Individual Client Indicators (by program at county discretion)*	*DCR, MHSIP, YSS and YSS-F*
Access		
Indicator 33: Penetration rate (outpatient services only) by age, gender, race/ethnicity (total population and 200% poverty)	Denominator: Total [population and 200% poverty	CSI; Population data
Indicator 34: New clients[4] (outpatient only) by age, gender, race/ethnicity	Comparisons of distribution of new clients Vs distribution of existing clients	CSI

[3] Analyzed by gender, age, and race/ethnicity
[4] New clients will be defined as those with no service for prior 6 months

Involuntary Care		
Indicator 35: Involuntary: Rate of conservatorships	Number/adult population Number/adults served	DMH
Indicator 36: Number of seclusions, restraints	Annual summary	DMH
Indicator	*Measurement Method*	*Data Source*
24-hour Care		
Indicator 37: Utilization of IMD/MHRC/SNF and SH	Census/Adult population	DMH[5]
Indicator 38: Number and % of IMD/MHRC/SNF or SH residents with current LOS> 6, 12, 18 months	Annual summary of quarterly reports	DMH
Indicator 39: Census of IMD/MHRC/SNF and SH by race/ethnicity	Annual summary of quarterly reports	DMH[6]
Indicator 40: Utilization of community inpatient	Annual summary	CSI
Indicator 41: Readmissions to acute care within 30 days; 180 days	Annual summary	CSI
Indicator 42: Percent expenditures on state hospitals, community inpatient, IMD/MHRC/SNF and total of these three	Annual report	Cost Report
MHSA		
Indicator 43: Status of MHSA Plan Implementation: Numbers served	% in numbers served compared to Plan	CSS Exhibit 6; PEI Tracking Form
Indicator 44: Status of MHSA Implementation: Expenditures	$ expended compared to budget	Revenue and Expenditure Report
Workforce		
Indicator 45: Race/ethnicity of workforce compared to county and to clients served	Annual summary	Cultural Competence Plan
Indicator 46: Consumer and family member employment: Number, FTE, and percent of workforce	Annual summary (?)	WET[7]

[5] Checking on new data system for Indicators 37, 38.
[6] Checking how this new data base links to CSI to get demographic information
[7] Checking on existing plans for WET updating

Community Indicators

Indicator	*Measurement Method*	*Data Source*
Indicator 47: Suicide rate by age, gender, and race/ethnicity	Annual summary	Department of Public Health[8]
Indicator 48: Out of home placement by race/ethnicity: 12+ group homes and non-group homes	Annual summary	Social Services
Indicator 49: High school graduation rates: "Derived 4-year drop-out rate"	Annual summary	DOE: Data Quest
Indicator 50: Truancy, suspension, and expulsion rates	Annual summary	DOE: Data Quest
Indicator 51: Frequency of sad and hopeless feeling last 12-months (middle school and high school)	Annual Summary	DOE: California Healthy Kids Survey

Cross Walk

Mental Health Services Act Statute	*Proposed Indicator Set*
Suicide	Community Indicator #47
Incarceration	Individual Indicator #9 County MH System Performance: Summary of #9
School failure or dropout	Individual Indicator #2; County MH System Performance: Summary of #2 Community Indicator #49 and #50
Unemployment	Individual Indicator #8, #13 County MH System Performance: Summary of #8, #13
Prolonged Suffering	Individual Indicators #5, #6, #11, #16, #18 County MH System Performance: ✓ Summary of #5, #6, #11, #16, #18
Homelessness	Individual Indicators #1, #7, #12 #17; County MH System Performance: Summary of #1, #7, #12 #17
Removal of Children from Home	Individual Indicator #3; County MH System Performance: Summary of #3 Community Indicator #48

[8] County Health Status Profiles

Adult System of Care (WIC Section 5814(b))	*Proposed Indicator Set*
Number of persons served	County MH System Indicator #30, #33, #34
Ability to maintain housing	Individual Indicator #12 County MH System Performance: Summary #12
Contact with law enforcement	Individual Indicator #14 County MH System Performance: Summary #14
Reduction in incarceration	Individual Indicator #12 County MH System Performance: Summary #12
Rate of employment	Individual Indicator #13 County MH System Performance: Summary #13
Reduction in hospitalization	Individual Indicator #1, #7, #17 County MH System Performance: Summary #1, #7, #17
Reduction in number of emergency room visits	Individual Indicator #15, #18 County MH System Performance: Summary #15, #18
Extent to which veterans are receiving federally funded veterans' services	
Number of SMI persons contact by outreach efforts who refuse treatment	

Children's System of Care (WIC Section 5880(a))	*Proposed Indicator Set*
Out of home placement	Individual Indicator #3 County MH System Performance: Summary #3 Community Indicator #48
School attendance	Individual Indicator #2 County MH System Performance: Summary #2 Community Indicator #49, #50
School achievement	Community Indicator #49
Juvenile justice recidivism	Individual Indicator #1 County MH System Performance: Summary #1
Individual functioning	Individual Indicator #6 County MH System Performance: Summary #6
Family functioning	Individual Indicator #5 County MH System Performance: Summary #6
Increase services provided in non-clinical settings	
Increase access to services by ethnicity	County MH System Indicator #34
Increase access to services by gender	County MH System Indicator #34

Appendix

Client Services and Information System (CSI)

- Collected by counties for all clients who receive public mental health services. A record is created every time a client receives a mental health service
- Includes demographics, dates and types of services, diagnoses, and periodic data about clients receiving services, such as living situation, employment, and education
- Much of the information collected is used for Federal Block Grant reporting and for other statistical reporting as request by external entities, such as the State Legislature
- It provides information about how many clients are being served through our system and what sorts of services they are receiving. It is also the main source for demographic information, such as gender, age, and race/ethnicity

Data Collection and Reporting System (DCR)

- Collected by counties for anyone enrolled in an MHSA-funded Full Service Partnership program
- Submitted via the DCR system
- Modeled after the AV 2034 Outcomes Assessment process
- Information is collected at intake and includes information about the status of the client in the 12 month prior to enrollment, quarterly, and ongoing as certain key events occur
- Forms are completed based on the age of the client: Child/Youth ages 0-15; Transition Age Youth ages 16-24; Adults ages 25-59; Older Adults ages 60+
- Counties are required to submit this data within 60 days of collection
- Information is collected over time as change occurs in the following domains: Partnership status, Housing; Employment, Education; Criminal Justice; Other Legal Statuses, such as foster care; and Co-occurring Substance Use
- This data can be linked to CSI and Consumer Perception Survey data
- This data is used to determining the effectiveness of Full Service Partnership programs and services

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey-Family (YSS-F)

- Part of the set of Consumer Perception Survey instruments
- YSS is given to youth ages 13-17 and Transition Age Youth who are still receiving services from the Children's System of Care. The YSS-F is given to parents/cargivers of children under the age of 12.
- Both instruments consist of the following domains
  - General Satisfaction
  - Perception of Access
  - Perception of Participation in Treatment Planning
  - Perception of Outcomes of Services
  - Perception of Functioning

- Perception of Social Connectedness

Mental Health Statistics Improvement Program (MHSIP)

- Part of the set of Consumer Perception Survey instruments
- MHSIP is given to adults 18-59 and Transition Age Youth who are receiving services through the Adult System of Care
- The instrument consists of the following domains
  - General Satisfaction
  - Perception of Access
  - Perception of Quality and Appropriateness
  - Perception of Participation in Treatment Planning
  - Perception of Outcomes of Services
  - Perception of Functioning
  - Perception of Social Connectedness

Exhibit 6 Quarterly Report

- This data is reported quarterly by the counties and contains information about the number of people who are receiving services funded through the MHSA