

Prop 63 Mental Health Services Oversight and Accountability Commission (MHSOAC) Evaluation Fact Sheet¹

PRIORITY INDICATORS

Primary Purpose: Lay the foundation for a performance monitoring system that will enable continuous tracking and assessment of progress towards objectives identified in the Mental Health Services Act (MHSA or Prop 63). This series of reports, focused on a span of fiscal years, will use existing statewide and county-level data to identify and calculate a series of priority indicators that may provide insight regarding California's achievement of MHSA goals/outcomes. This work is the beginning of ongoing performance monitoring that will be carried out by the MHSOAC focused on improving the quality of California's public community-based mental health system.

Background: After significant stakeholder input, the California Mental Health Planning Council and the MHSOAC approved a list of priority indicators to be used initially to measure progress on issues identified as being critical to the public mental health system. Data is currently available for measurement of all approved priority indicators, although the quality and reliability of this data varies widely. These initial indicators were selected to provide insight regarding potential progress toward achievement of pre-determined goals or outcomes that are specified in the MHSA. The primary intended use of these indicators is for quality improvement purposes.

These initial priority indicators are focused on individuals with serious mental illness or serious emotional disturbance. The indicators are intended to measure individual client outcomes and characteristics of the community mental health system.

The initial set of priority Indicators aims to measure progress toward the following MHSA-defined goals/outcomes:

- Increase educational progress
- Increase employment
- Improve housing situation
- Reduce justice system involvement

- Increase the number of people receiving public mental health services
- Reduce disparities in access to services
- Improve physical and mental health status
- Implement recovery vision

Major Findings: The goal of the first set of statewide and individual county reports was to identify potential methods for measuring each of the priority indicators for Fiscal Years (FY) 2008/09 and 2009/10 using currently available data. Many challenges were identified surrounding the overall quality, reliability, and availability of data needed to adequately calculate all indicators. These limitations are described within this series of reports. In addition the following information is provided for each indicator, in order to help determine the usefulness of each proposed indicator calculation:

- **Population:** Ability of indicator to provide meaningful and relevant insight into the service populations of interest, or services provided to those populations (e.g., all consumers, FSP consumers, various demographic groups).
- **Change:** Indicator can describe changes in consumer status and outcomes (e.g., change since initiation of services), or changes in system performance over time.
- **Multilevel:** Indicator can provide meaningful and relevant insight into individual client and system outcomes at statewide and county levels.
- **Actionable:** Indicator provides insight that stakeholders can use to identify areas for improvement in client and system performance.

Below is an example of one indicator shown statewide for all enrollees for both fiscal years.

Improve Mental Health Status

- This indicator provides client-reports/ perceptions of wellbeing (e.g., functioning, social connectedness) as a result of participation in mental health services.

¹This series of fact sheets provides brief summaries of MHSOAC evaluations of Prop 63 and California's public community-based mental health system. The MHSOAC is charged with providing oversight and accountability per the Mental Health Services Act (also known as Prop 63).

- Average ratings for both years were above 3.5—a score that indicates positive perceptions of wellbeing as a result of services.

Figure 11.1 – Perceptions of well-being, FY 2008-09

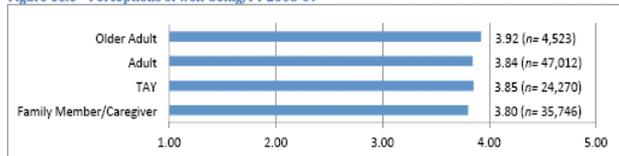
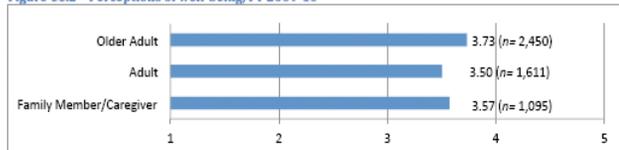


Figure 11.2 – Perceptions of well-being, FY 2009-10



Note. From “Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators Contract Deliverable 2F, Phase II” by UCLA Center for Healthier Children,

Methodology:

- Development of the priority indicator reports is an iterative process that involves analysis of potential measurement methods/ calculations, obtaining stakeholder input, and revising methods as needed.
- For this first series of reports, all indicators will be measured using currently available data (e.g., Consumer Perceptions Survey, Client and Service Information database, Data Collection and Reporting system).
- When possible, indicators will be provided for all consumers enrolled in Community Services and Supports (CSS) programs or services and Full Service Partnerships (FSPs), and will be broken down by age, race, ethnicity, and gender, and also provided for each county and statewide.
- Reports on these initial MHSA outcomes will be focused and released as follows:
 - **Released at end of 2012:** FY 2008/09 and 09/10 (highlights from this report are included herein)
 - **Released at end of 2013:** Data Quality Report: Implications for Priority Indicators. This report provided a description and analysis of data availability and quality across systems and fiscal years.

- **Released by spring 2014:** Priority Indicator Trends Report. This report will include analysis of priority indicators across multiple fiscal years.
- Following completion of the Priority Indicator Trends Report, a transfer of knowledge will occur to MHSOAC staff regarding production of these reports so that indicators can be continuously refined and progress toward achievement of MHSA goals can be monitored regularly.

Principle Investigators: UCLA Center for Healthier Children, Families and Communities and EMT Associates, Inc.

Link to Studies:

http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf

Implications: Efforts to implement a system of performance monitoring of MHSOAC and Mental Health Planning Council priority indicators are progressing. Much work remains to further strengthen and more fully implement this system, and translate the data into information that is useful for quality improvement purposes.

Recommendations:

- Continue to refine priority indicator measures through a collaborative process with key stakeholders and subject matter experts.
- Points of comparison (over time, across entities, against population data, etc.) need to be developed for indicators to determine progress and achievement of MHSA goals.
- Develop process for adding other indicators (e.g., indicators for Prevention and Early Intervention programs/services, Innovation, Workforce Education and Training, those suggested by stakeholders, etc.).
- Incorporate community level (i.e., population-based) indicators (e.g., improve physical and mental health status of all Californians) in future performance monitoring efforts.
- Indicators need to be more fully interpreted and then disseminated widely to those who could use this information for quality improvement and other purposes.