

Initial Statewide Priority Indicator Report
DRAFT FOR STAKEHOLDER RESPONSE

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Submitted in partnership by:
EMT Associates, Inc., Clarus Research, and
UCLA Center for Healthier Children, Families & Communities



Purpose

"Design and complete statistical analyses and reports that measure impact of MHSA at individual and system levels on indicators specified in the Matrix of California's Public Mental Health System Prioritized Performance Indicators at the state and county levels."

Objectives

- Improve performance and outcome monitoring through
 - 1) exploration of possible ways to measure priority indicators given completeness and reliability of existing data
 - 2) providing information to guide MHSOAC development of a focused set of priority indicators for regular assessment and monitoring
 - 3) identifying additional information necessary to support regular assessment and monitoring

Process

- Begin with MHSOAC – approved priority indicators of consumer-level and system-level indicators for purposes of monitoring performance
- Engage stakeholders in a participative process of assessing these recommended indicators, including
 - Identifying strengths and weaknesses of priority indicators as representation of consumer outcomes and system performance, and recommending revisions (e.g., additions) when appropriate
 - Assessing the perceived adequacy of existing sources of data for measuring these indicators
 - Identifying a set of indicators for which potential empirical information exists
 - Producing sample information using the potential current data sources

Preceding Steps

- Deliverable 2A presented conceptual assessment of initial priority indicators
 - Deliverable 2B – revision based upon stakeholder feedback
- Deliverable 2C identified potential existing data sources and measures for priority indicators
 - Deliverable 2D – revision based upon stakeholder feedback

This Step

This step has:

- For the first time accessed, organized, and conducted analysis on the potential current measures of priority indicators identified through the participative process identified above,
- Produced analysis and displays that demonstrate what current data can describe about these indicators,
- Provided a basis for next step decisions about how to revise, refine and use these indicators to meet the overall goal of the process -- *"...to identify measures that support statistical analyses and reports that measure performance and impact of MHSA at individual and system levels that have acceptance and meaning in California's Public Mental Health System at state and county levels."*

Process Criteria and Caveats

This process was:

- Conceptually driven, beginning with a set of indicators identified by their potential importance for decisions;
- Participative, emphasizing the importance of stakeholder input, and recognizing the importance of stakeholder support.

This process has not to date:

- Independently applied criteria for priority indicator appropriateness,
- Systematically applied criteria for data quality,
- Applied any criteria for potential analytic strength.

Existing Data Sources

- Client & Service Information (CSI)
- Data Collection and Reporting (DCR) System
- Consumer Perception Surveys (CPS)
- County MHSA Plans & Annual Updates
- Other Sources:
 - Estimates of Need for Mental Health Services
 - Involuntary Status

Data Quality Assurance Process

- Substantial variation found between counties and fiscal years among key data fields
- Counties received opportunity to indicate the quality of key data and provided contextual information
- 28 counties responded
 - Counties represented cross-section of the state

Data Quality Assurance Process

- Result – current report highlights findings for counties that indicated the accuracy of data underlying priority indicators
- Only data verified as *accurate* included in priority indicator calculations
 - Account of participating counties presented in Appendix C

Caveats to keep in mind when reviewing findings

- Findings include results from counties that indicated the quality of key data and provided contextual information
- Comparisons across fiscal years must be interpreted with caution due to substantial variation in completeness, reliability, and quality

Consumer-Level Indicators Evaluated

Domain 1: Education/ Employment
Indicator 1.1. Average school attendance per year
Indicator 1.2. Proportion Participating in Paid and Unpaid Employment
Domain 2: Homelessness/Housing
Indicator 2.1. Homelessness and Housing Rates
Domain 3: Justice Involvement
Indicator 3.1. Arrest Rate
Indicator 3.2. Proportion Incarcerated
Domain 4: Emergency Care
Indicator 4.1. Emergency Intervention for Mental Health Episodes
Indicator 4.2. Emergency Intervention for Co-occurring Physical Injury
Domain 5: Social Connection
Indicator 5.1. Proportion Who Identify Family Support
Indicator 5.2. Proportion who Identify Community Support

Priority Indicator: 3.2 Proportion Incarcerated

- Stakeholder proposed indicator to provide insight regarding justice involvement
- Feedback from stakeholders, and review of existing data revealed limited reliability of currently collecting information relevant to incarceration
- More complete or additional data collection needed

Priority Indicator: 4.1 Emergency Intervention for Mental Health Episodes

Data Source: Client & Service Information (CSI)
Counties/Municipalities Included: 11 counties; 39% of counties responding to Data Quality Assurance Reports; 19% of all counties

Emergency Visits to Hospitals and Non-hospital Facilities Per CSI Consumer (FY 2009-10)

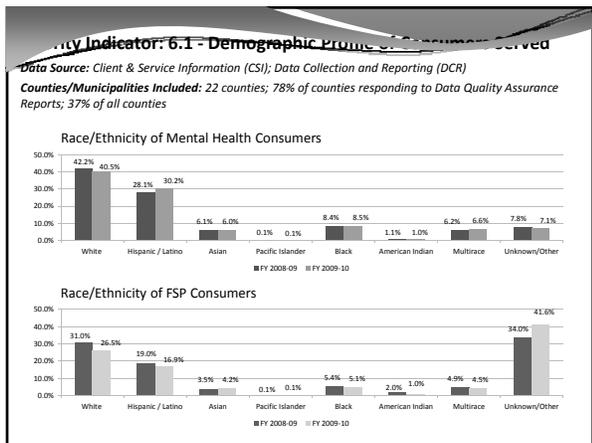
Age Group	Proportion of Hospital Visits per Consumer	Proportion of Non-hospital Facility Visits per Consumer
Children	5.6	0.0
TAY	6.3	0.1
Adults	4.3	0.2
Older Adults	3.7	0.1

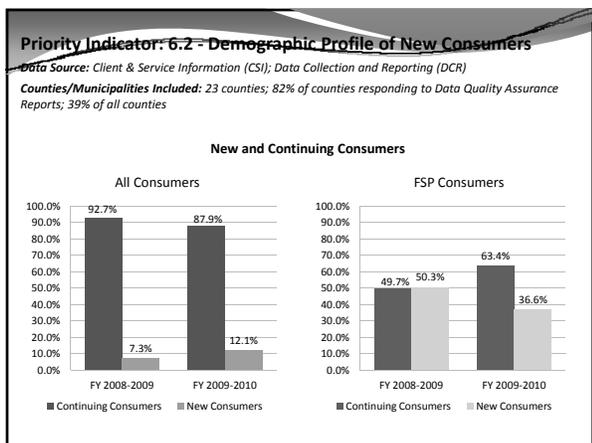
Priority Indicator: 4.2 Emergency Intervention for Co-occurring Physical Injury

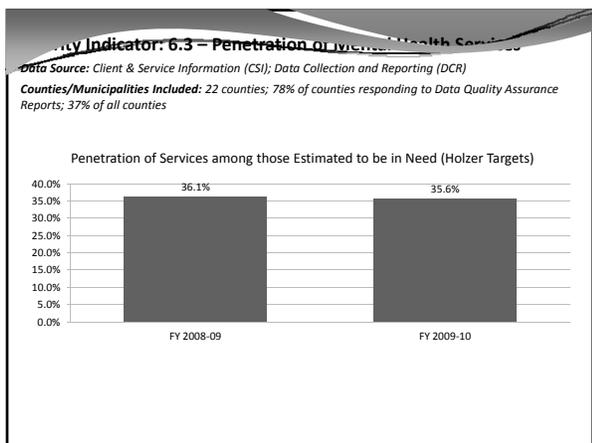
- Intended to monitor physical injuries related to – if not caused by – a change in mental health stability
- Proposed by stakeholders as an alternate indicator of consumers’ use of emergency intervention (e.g., hospitals) for mental health needs
- An appropriate data source is not currently available
- Additional data collection is recommended

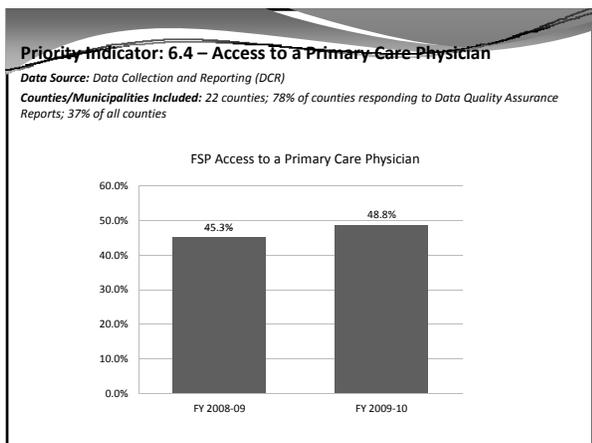
Priority Indicator: 5.1 Proportion Who Identify Family Support
Priority Indicator: 5.2 Proportion who Identify Community Support

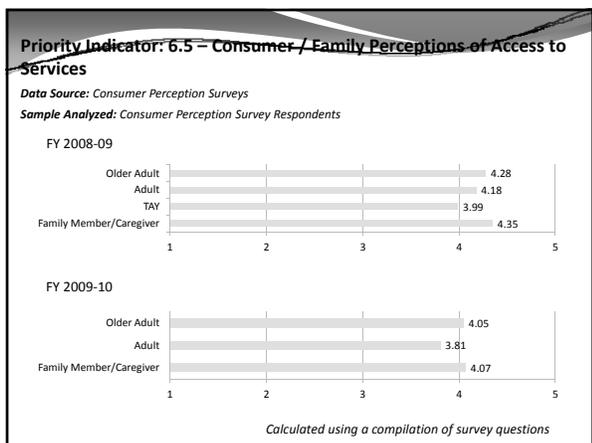
- Proposed by stakeholders as an important indicators of social support from close others and the boarder community
- An appropriate data source is not currently available
- Additional data collection is recommended

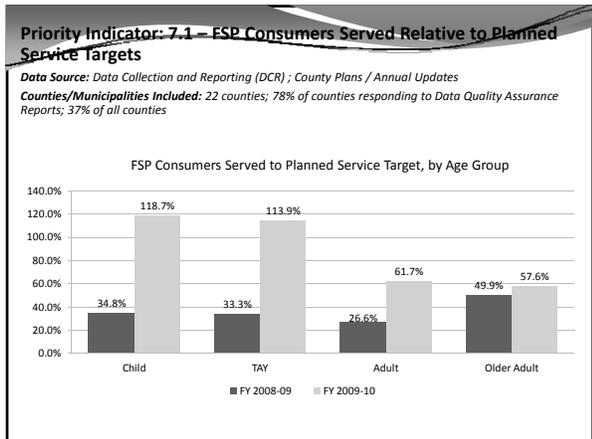


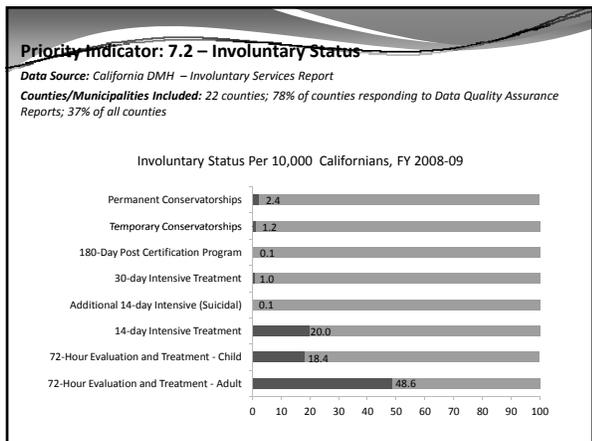


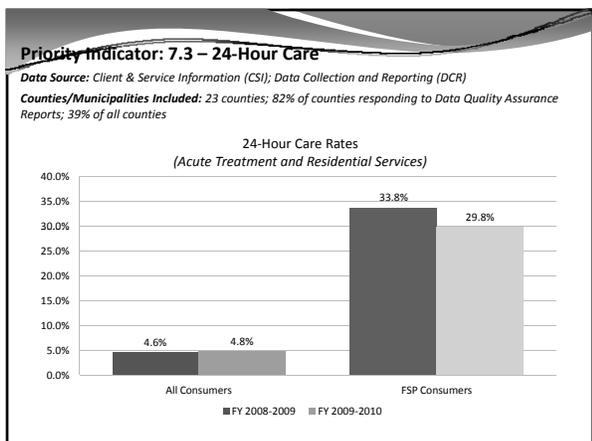


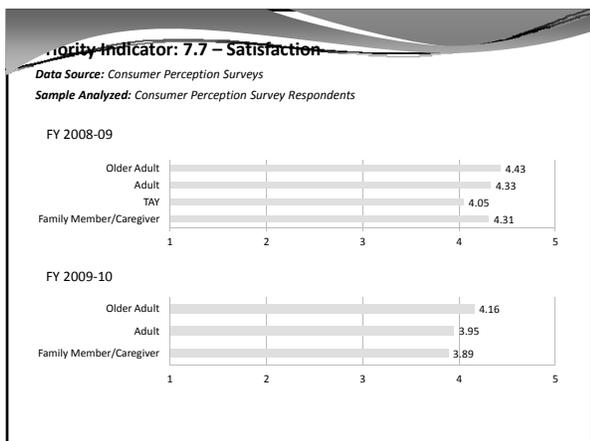


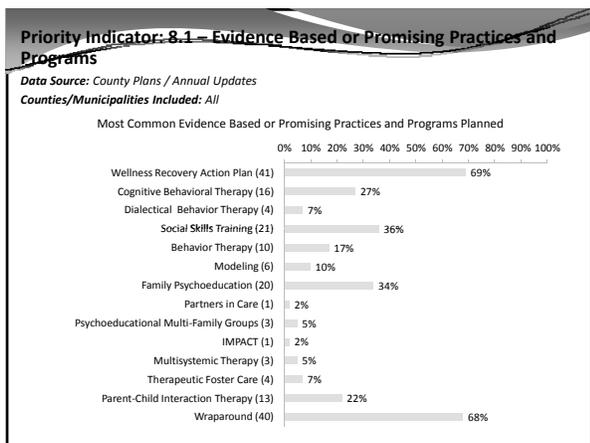












Priority Indicator: 8.2 – Cultural Appropriateness of Services
Data Source: Workforce Education and Training (WET) Plans; County Plans / Annual Updates
Counties/Municipalities Included: All

Most Common Culturally Competent Service Strategies Planned

Service Strategy	Counties/Municipalities Planning to Implement Strategy
"Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization, a diverse staff and leadership that are representatives of the demographic characteristics of the service area"	40 (68%)
"Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services"	52 (88%)
"Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups represented in the service area"	24 (41%)
"Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement"	44 (75%)
"California should improve access to treatment by providing high quality, culturally responsive, and language-appropriate mental health services in locations accessible to racial, ethnic, and cultural populations"	52 (88%)

Priority Indicator: 8.3 – Recovery, Wellness, and Resilience Orientation
Data Source: Workforce Education and Training (WET) Plans; County Plans / Annual Updates
Counties/Municipalities Included: All

Most Common Strategies Planned to Promote a Recovery, Wellness, & Resilience Orientation

Strategy	Counties/Municipalities Planning to Implement Strategy
Collaboration with Community Services/Agencies	57 (96%)
Substance Abuse Treatment	46 (78%)
Discharge Planning	18 (30%)
Workforce Education and Training	57 (96%)

Implications for the Statewide Evaluation

- Many priority indicators evaluated can provide insight into consumer outcomes or community mental health system performance.
- Most indicators will support more accurate monitoring to the extent the underlying data sources become more complete and reliable.
 - Several indicators (e.g., Social Connections or Cultural Appropriateness of Services) will require additional data collection before they can be thoroughly evaluated
- A more streamlined set of priority indicators may be appropriate for continuous statewide monitoring of consumer outcomes and community mental health system performance

Next Steps

- 8/24 – Stakeholder feedback to the current report (2E) ends
 - **MHSA Website**
 - <http://www.mhsoac.ca.gov/Announcements/announcements.aspx>
 - **UCLA Website**
 - http://healthychild.ucla.edu/MHSA_evaluation.asp
- 9/30 – Revised Deliverable 2E report submitted to MHSOAC
 - Report will include results from all counties and municipalities
- 9/30 – Initial county level priority indicator report submitted to MHSOAC
 - Report will include analysis of a refined set of priority indicators appropriate for county level performance monitoring

Deliverable 2E e-versions

- You can download the documents from the following websites if you need them again
 - **MHSA Website**
 - <http://www.mhsoac.ca.gov/Announcements/announcements.aspx>
 - **UCLA**
 - http://healthychild.ucla.edu/MHSA_evaluation.asp

**Evaluation Questions of Interest
Specific to Deliverable 2E Revision –
Next Report**

- Evaluation questions, regarding priority performance indicators, you would like to see addressed can be forwarded to:
 - **Email**
 - Robert Blagg: rblagg@emt.org

Thank you!
