

# Initial Statewide Priority Indicator Report

## *Executive Summary*



**UCLA Center for Healthier Children, Youth and Families**



The following report was funded by the  
Mental Health Services Oversight and Accountability Commission.

October 31, 2012

## Executive Summary

The Mental Health Services Act Oversight and Accountability Commission (MHSOAC) charged the UCLA-EMT Evaluation Team with exploring existing data to assess MHSOAC impact on California’s community mental health service system and its consumers. This was achieved by tracking priority performance indicators that were previously identified by the California Mental Health Planning Council and approved by the MHSOAC. The goals of this report include:

- Evaluate the feasibility and use of priority indicators focused on consumer outcomes and community mental health system performance;
- Identify methods for measuring priority indicators based upon existing data;
- Recommend additional information (e.g., indicators or data collection) that may be necessary to support routine assessment and monitoring;
- Provide actionable information to support MHSOAC development of a focused set of priority indicators appropriate for regular assessment and monitoring; and
- Develop a template for reporting priority indicators at the statewide level.

This report presents a snapshot of indicators, summarizing 12 consumer- and system-level priority indicators across two fiscal years (FY 2008-09 and 2009-10). This report contributes to ongoing MHSOAC evaluation through taking an initial step toward refining a comprehensive set of priority indicators of consumer outcomes and system performance, with the goal of supporting ongoing performance monitoring to assist all stakeholders in a process of continuous quality improvement. Stakeholder feedback, which substantially influenced the current report version, is incorporated throughout the document.

## Priority Indicator Evaluation

We arrived at the priority performance indicators evaluated in this report through the following processes:

- Careful consideration of the California Mental Health Planning Council proposed indicators, approved by the MHSOAC;<sup>1</sup>
- Consideration of the MHSOAC goal of developing a comprehensive outcome and performance monitoring system built upon existing data systems;
- Consideration of consumer feedback to previous evaluation team reports regarding proposed priority indicators and complete drafts of the current report;
- Review of existing data sources to assess their suitability for supporting outcome and performance monitoring through priority indicators; and
- Feedback from county representatives regarding the quality and completeness of key data fields necessary to calculate priority performance indicators.

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<sup>1</sup> California Mental Health Planning Council (January, 2010). *Performance Indicators for Evaluating the Mental Health System*.

Through these processes and deliberation between the MHSOAC and the evaluation team, a set of 12 priority performance indicators was developed. These indicators can be categorized as those intended to provide insight into the outcomes of mental health consumers (consumer indicators), and those that are intended for monitoring of the performance of the community mental health system more broadly (system indicators). Consumer and system indicators, and the consumer groups by which they are assessed, are summarized in the table below. Analyses are often divided across all consumers (those included in the Client & Services Information database) and Full Services Partnership (FSP) consumers whose information is stored in the Data Collection & Reporting System. On occasion, consumer perception surveys (CPS) were used to estimate indicators.

### Priority Indicators

	CONSUMERS EVALUATED				
	SERVICE POPULATION	CHILDREN	TAY	ADULTS	OLDER ADULTS
<b>CONSUMER INDICATORS</b>					
<i>Indicator 1 – Average School Attendance Per Year</i>	All/FSP Consumers	x	x		
<i>Indicator 2 – Employed Consumers</i>	All/FSP Consumers		x	x	x
<i>Indicator 3 – Homelessness and Housing Rates</i>	All/FSP Consumers	x	x	x	x
<i>Indicator 4 – Arrest Rate</i>	All/FSP Consumers	x	x	x	x
<b>SYSTEM INDICATORS</b>					
<i>Indicator 5 – Demographic Profile of Consumers Served</i>	All/FSP Consumers	x	x	x	x
<i>Indicator 6 – Demographic Profile of New Consumers</i>	All/FSP Consumers	x	x	x	x
<i>Indicator 7 – Penetration of Mental Health Services</i>	All Consumers	x	x	x	x
<i>Indicator 8 – Access to a Primary Care Physician</i>	FSP Consumers	x	x	x	x
<i>Indicator 9 – Perceptions of Access to Services</i>	All Consumers	x	x	x	x
<i>Indicator 10 – Involuntary Status</i>	All Consumers	x	x	x	x
<i>Indicator 11 – Consumer Wellbeing</i>	All Consumers	x	x	x	x
<i>Indicator 12 – Satisfaction</i>	All Consumers	x	x	x	x

### Review of Existing Data

As directed by the MHSOAC, priority indicators were built upon existing data sources that are systematically collected and reported by California counties, the California Department of Health Care Services (DHCS).<sup>2</sup> To accomplish this, existing data systems were reviewed to assess if they could support outcome and performance monitoring. Several criteria were established to evaluate suitability, including the extent to which data sources were:

- *Available* – Data accessible is in an analyzable format
- *Complete* – Levels of missing information within key data fields did not prevent meaningful analysis and interpretation
- *Sustainable* – Data sources are likely to exist in the foreseeable future

<sup>2</sup> Formerly the California Department of Mental Health (DMH)

- *Relevant* – Data relevant to populations of interest (e.g., all mental health consumers and FSPs)
- *Longitudinal* – Data available for multiple service years
- *Multilevel* – Data can be analyzed at multiple levels (e.g., state and county)

The application of these criteria to the data sources used to compute each indicator is summarized in the *Consumer Indicators* and *System Indicators* sections below. Overall, each major data system revealed significant limitations, which influenced the development of indicators and interpretation of results.<sup>3</sup> Limitations within each major data system include:

- *Client & Service Information (CSI)* – Inconsistent formatting and completeness of several data fields (e.g., Race / Ethnicity) across counties and fiscal years.
- *Data Collection and Reporting (DCR) System* - Inconsistent formatting and completeness of several data fields (e.g., Race / Ethnicity) across counties and fiscal years. Additionally, several counties or municipalities are not represented in the DCR database for the two fiscal years analyzed.
- *Performance Outcomes and Quality Improvement (POQI) Consumer Perception Surveys (CPS)* – The sampling strategies changed between FY 2008-09 and 2009-10. Further, the sampling methods, which have been employed to-date, do not capture specific mental health service populations, such as those in IMDs or jail.

### **Evaluation of Priority Indicators**

Specific criteria, developed in collaboration with the MHSOAC, were established to evaluate the suitability of priority performance indicators for monitoring and evaluation of mental health consumer outcomes and community mental health system performance. These criteria, outlined below, reflect MHSOAC goals for monitoring at multiple levels (i.e., state and county), for the purposes of planning and quality improvement. Criteria include:

- *Population* – Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest, or the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups).
- *Change* – Indicator can describe changes in consumer status and outcomes (e.g., change since initiation of services), or describe changes in system performance over time.
- *Multilevel* – Indicator can provide meaningful and relevant insight into the outcomes of consumers or system performance at statewide and county levels.
- *Actionable* – Indicator provides “actionable” insight, meaning that stakeholders can use to identify areas for improvement in consumer outcomes or system performance.

The application of these criteria to each priority indicator is detailed in the *Consumer Indicators* and *System Indicators* sections below.

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<sup>3</sup> For additional detail please refer to *Mental Health Services Act Evaluation: Compiling Data to Produce All Priority Indicators Contract Deliverable 2F, Phase II*

## Note on Displays

The following outcomes are categorized by consumer- and system-levels; consumer indicators are presented first. Within each indicator, graphs in blue shades were developed using data from the Client & Service Information (CSI) database – an account of all consumers/clients in the state – or the Consumer Perception Surveys database, which captures a sample of consumers statewide. Graphs in green shades were developed using Full Service Partnership data. Full Service Partnership consumers are a subset of those in the CSI database.

## Consumer Indicators

The consumer-level priority indicators presented in this report provide initial insights into several experience outcomes, including education (school attendance), employment, housing, and justice involvement (arrests). Other significant indicators suggested by stakeholders (e.g., social connections) are not yet supported by the data. Important findings about the consumer indicators included in this report are as follows:

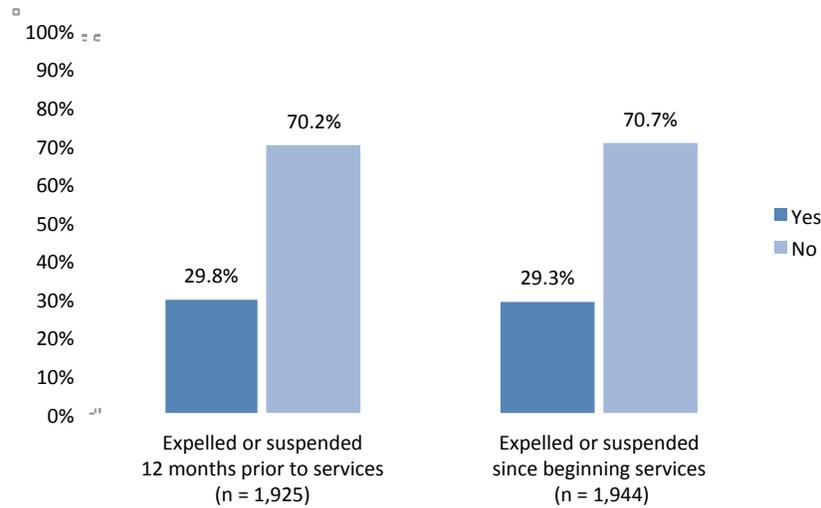
### Indicator 1 – Average School Attendance Per Year

This indicator indirectly measures school attendance in two ways: 1) by identifying the proportion of children and TAY who reported being suspended/expelled prior to and since beginning services, and 2) providing an estimate of how often children and TAY attended school upon admission. Current calculations were completed using intake data. Subsequent calculations will incorporate post-enrollment data to show if attendance – measured in these ways – increases or decreases.

#### 1.1 Suspensions/Expulsions per Year

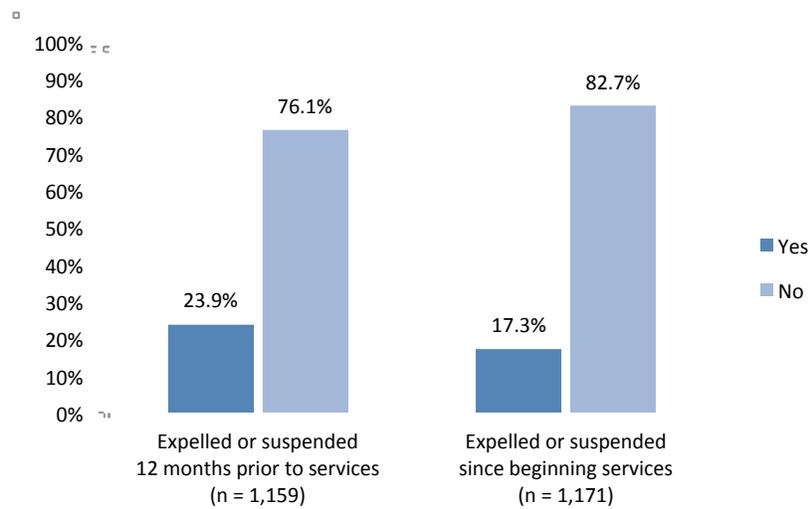
	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 1.1-1– Proportion of children expelled/suspended 12 months prior to services and since beginning services, FY 2008-09 (All)**



Unknown/missing for Expelled/Suspended 12 month prior to services = 18.7% (n = 444); Unknown/missing for Expelled/Suspended since beginning services = 18.0% (n = 435)

**Figure 1.1-2 – Proportion of TAY expelled/suspended 12 months prior to services and since beginning services, FY 2008-09 (All)**

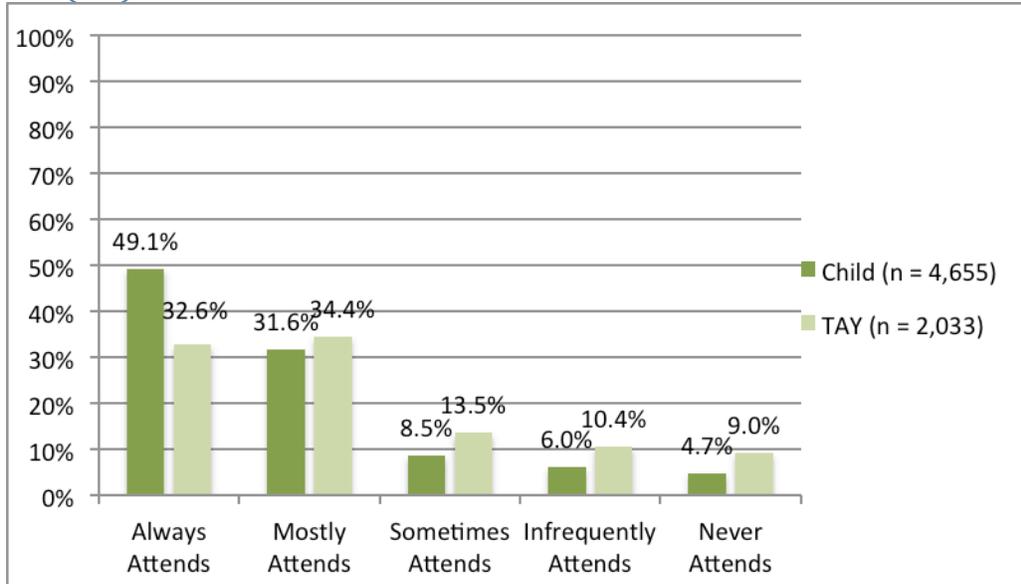


Unknown/missing for Expelled/Suspended 12 month prior to services = 17.4% (n = 245); Unknown/missing for Expelled/Suspended since beginning services = 16.8% (n = 230)

1. 2 Average School Attendance per Year

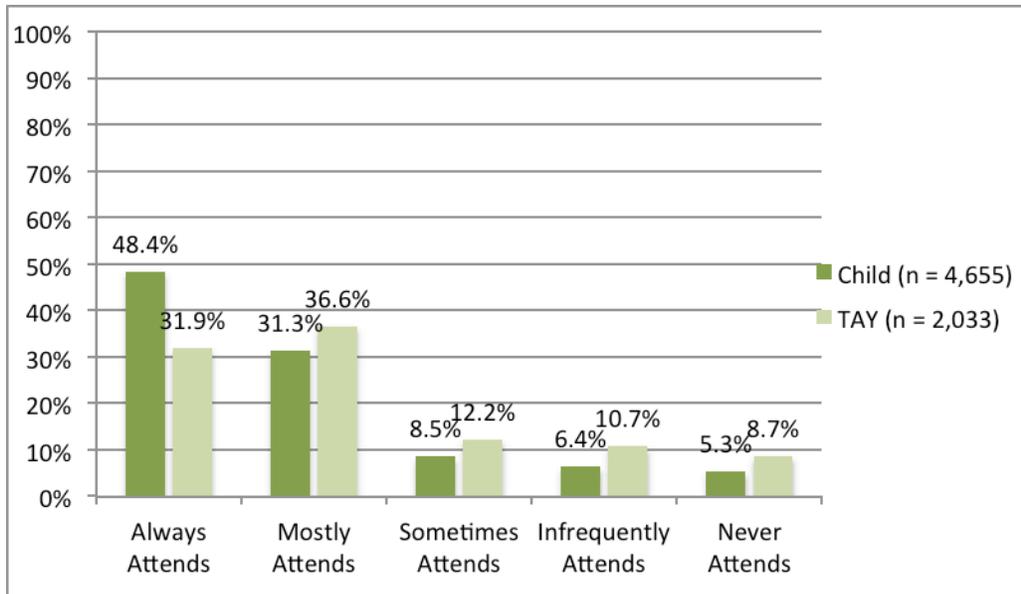
	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	x	x		✓

**Figure 1.2-1 –The frequency with which children and TAY attended school, FY 2008-09 admission data (FSP)**



Child % missing data = 6.4% (n = 299), TAY % missing data = 47.5% (n = 966)

**Figure 1.2-2 –The frequency with which children and TAY attended school, FY 2009-10 admission data (FSP)**



Child % missing data = 5.8% (n = 390), TAY % missing data = 44.4% (n = 1,327)

Rates of suspension and expulsion show that consumers who responded to the satisfaction survey – particularly children and TAY up to 16 years of age – attend school more often than not. It is also evident that larger proportions of youth “mostly” or “always” attend school. However, existing data does not directly measure school attendance.

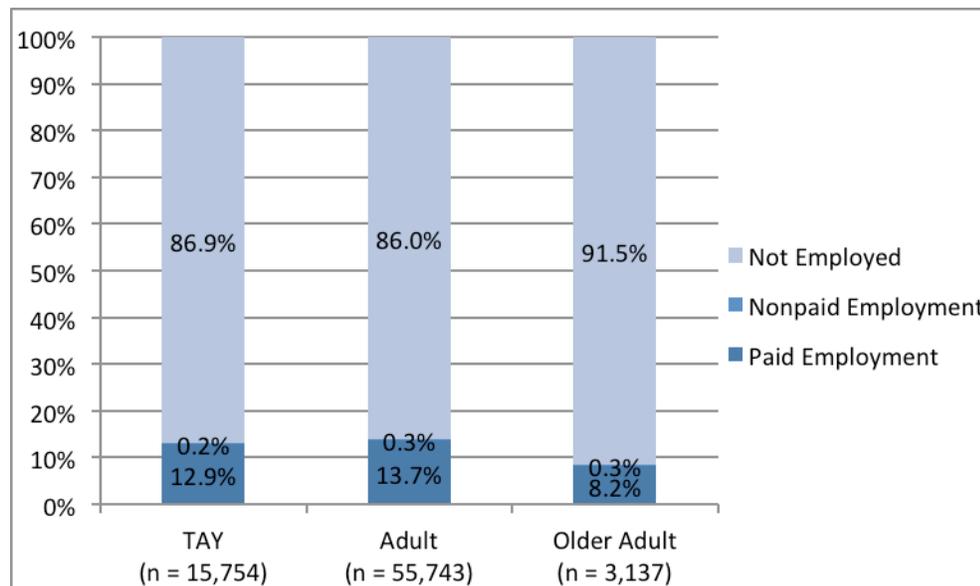
### Indicator 2 – Employed Consumers

This indicator provides the proportion of TAY, adults, and older adults who are employed (paid and non-paid, including voluntary contributions) and not employed as of the second time they received services, noted in the CSI database. Over time, this indicator will show if employment rates increase or decrease among consumers who are able to work.<sup>4</sup>

#### 2.1 All consumers employment indicator

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	x	x	✓	

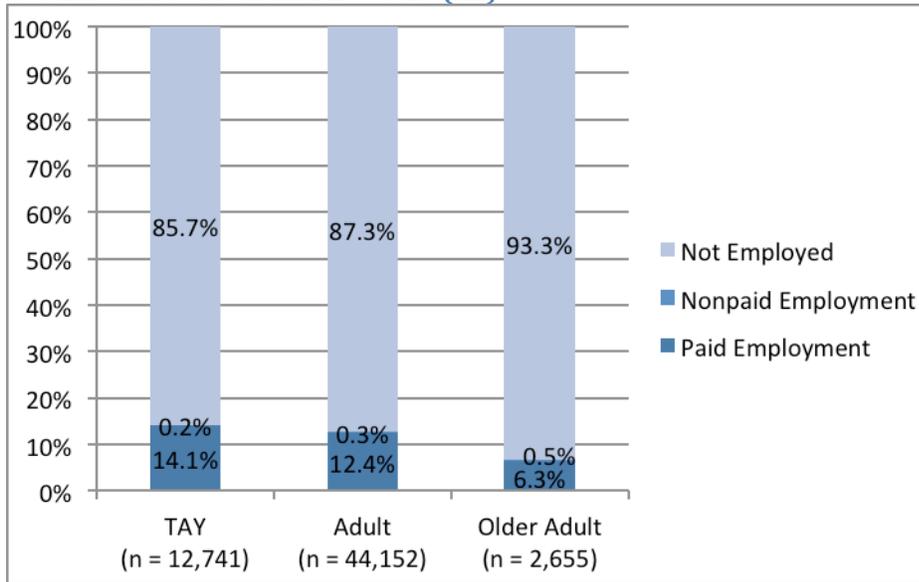
**Figure 2.1 – Proportion of clients who were employed and not employed as reported during their second service date for FY 2009-10 (All)**



Unknown/Missing for FY 2008-09 = 23.8% (n = 41,621)

<sup>4</sup> Stakeholders remarked that working age does not equate ability; a substantial number of FSP participants are unable to work. Currently the evaluation team does not have an indicator that denotes whose mental health prohibits work.

**Figure 2.2 – Proportion of clients who were employed and not employed as reported during their second service date for FY 2009–10 (All)**

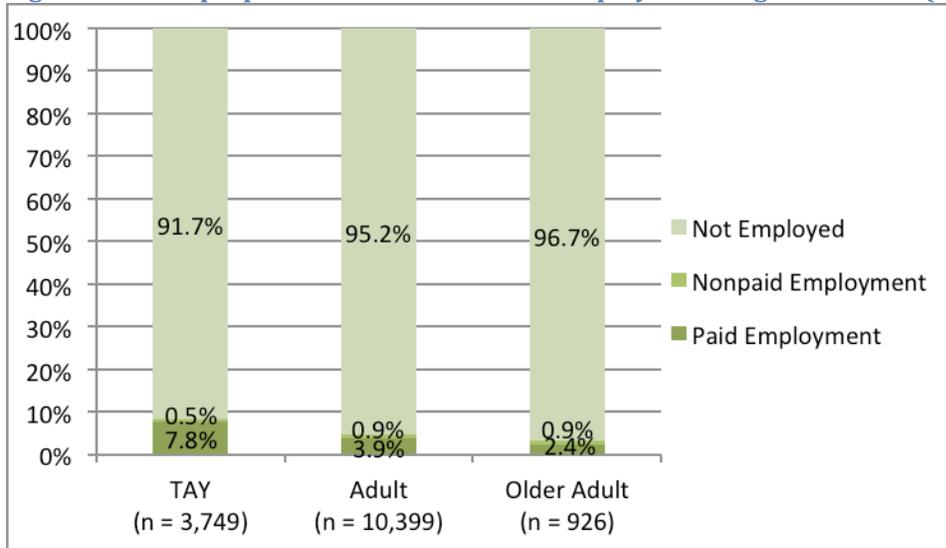


Unknown/Missing for FY 2009-10 = 21.9% (n = 46,014)

2.2 FSP employment indicator

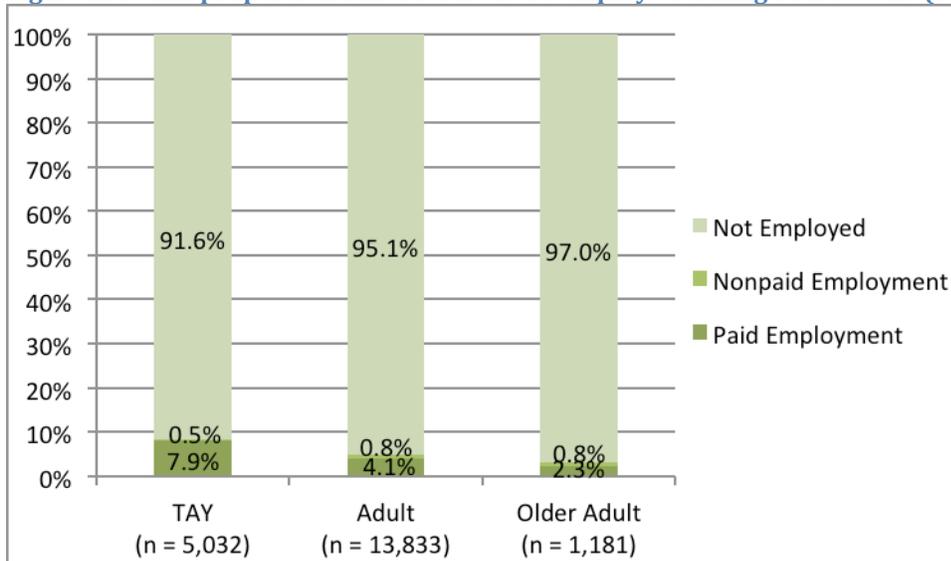
	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	x	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	x	x		✓

**Figure 2.3 –The proportion of FSPs who were employed during FY 2008–09 (FSP)**



Amount of missing data is unknown for FY 2008–09. There is no data code for missing data. Blank data cells can be interpreted as either “not applicable” or “missing.”

**Figure 2.4 –The proportion of FSPs who were employed during FY 2009–10 (FSP)**



Amount of missing data is unknown for FY 2009–10. There is no data code for missing data. Blank data cells can be interpreted as either “not applicable” or “missing.”

Analysis showed that while a small proportion of consumers held employment, most held *paid* employment. Overall, employment data was more complete than information relevant to other indicators, thus multiple views of employment may be elaborated on in future analyses.

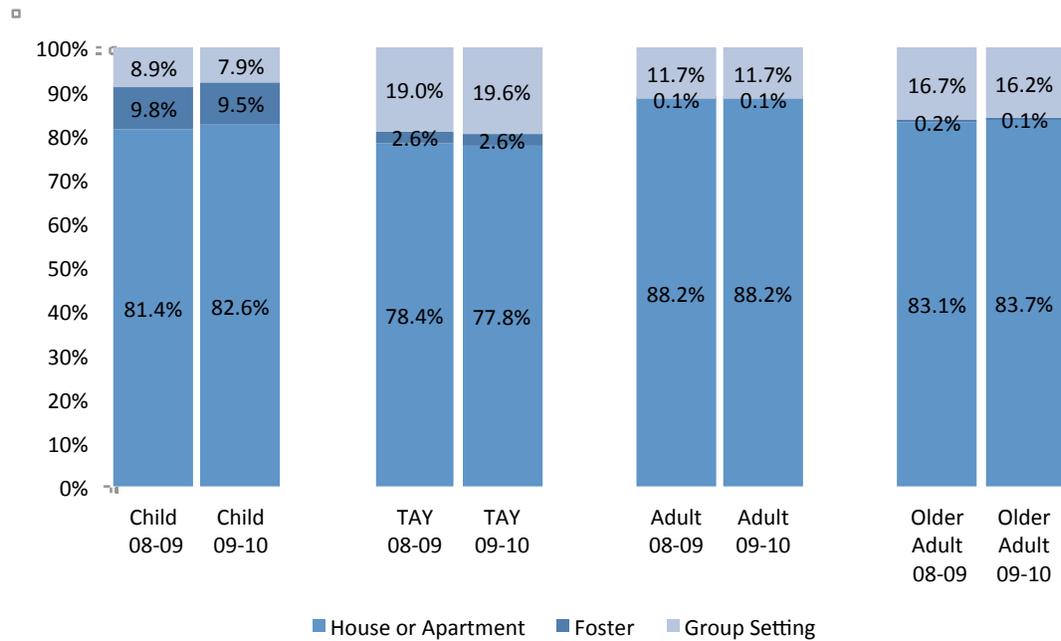
### Indicator 3 – Homelessness and Housing Rates

The housing indicator summarizes consumers’ living arrangements. This includes consumers’ most recent housing as well as an account of consumers who experienced homelessness at any point during the year.<sup>5</sup>

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change		Multilevel	Actionable
<b>Indicator Evaluation</b>		✓	✓		✓	✓

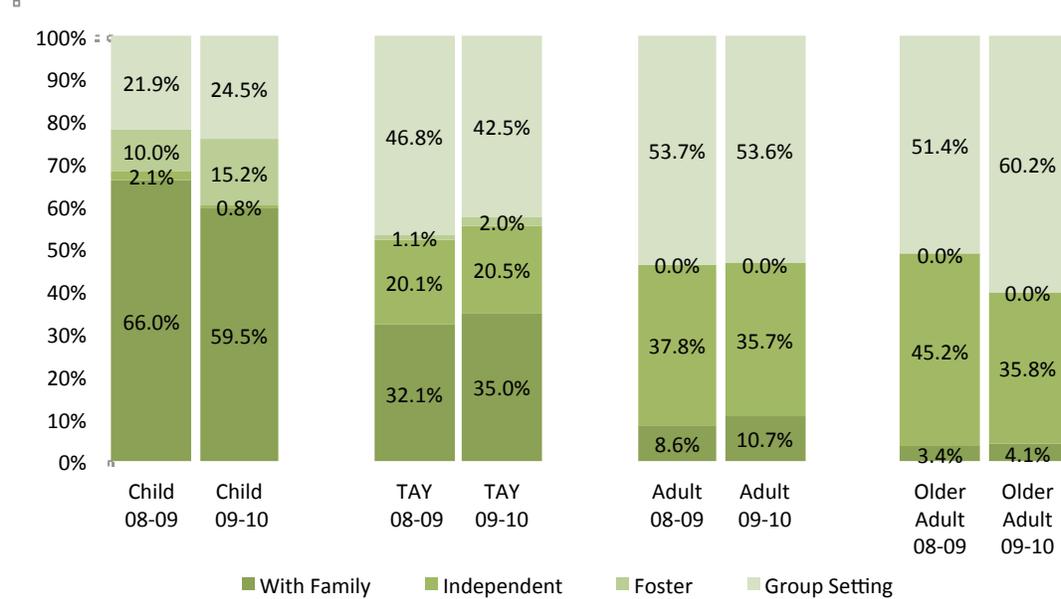
<sup>5</sup> We cannot distinguish between KETs “for a change in housing” vs. “not for a change in housing,” because multiple status changes (for housing, employment, etc.) can be and were inputted into each Key Event Tracking (KET) form. Both unknown and missing are included here to be thorough.

**Figure 3.1 – Most recent housing status excluding homelessness, all consumers (All)**



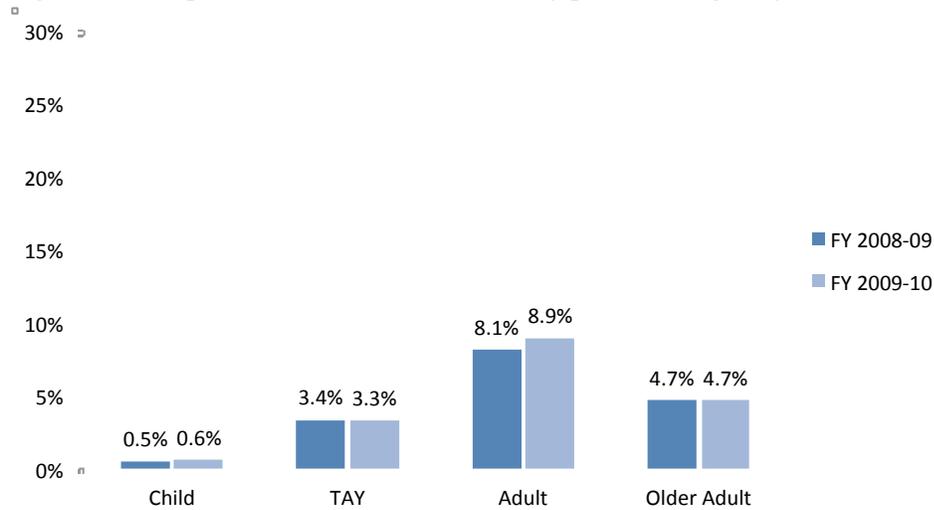
Unknown/Missing for FY 2008-09 = 15.7% (n = 12,837) for children; 14.5% (n = 9,063) for TAY; 16.1% (n = 22,258) for adults; and 22.2% (n = 4,057) for older adults  
 Unknown/Missing for FY 2009-10 = 16.4% (n = 14,848) for children; 14.2% (n = 10,485) for TAY; 15.3% (n = 23,233) for adults; and 21.2% (n = 4,501) for older adults

**Figure 3.2 – Most recent housing status excluding homelessness, FSP consumers only (FSP)**



Unknown/Missing for FY 2008-09 = 71.6% (n = 1,497) for children; 44.6% (n = 1,300) for TAY; 30.5% (n = 1,936) for adults, and 43.2% (n = 448) for older adults  
 Unknown/Missing for FY 2009-10 = 73.2% (n = 2,301) for children; 50.6% (n = 2,126) for TAY, 37.9% (n = 3,085) for adults; and 50.9% (n = 687) for older adults

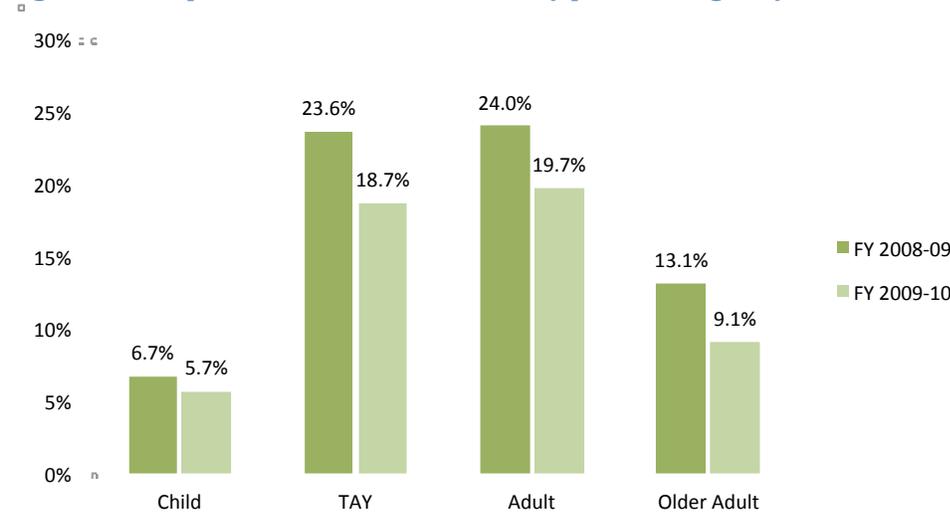
**Figure 3.3 – Experienced homelessness at any point during the year, all consumers (All)**



Unknown/Missing for FY 2008-09 = 15.7% (*n* = 12,837) for children; 14.5% (*n* = 9,063) for TAY; 16.1% (*n* = 22,258) for adults; and 22.2% (*n* = 4,057) for older adults

Unknown/Missing for FY 2009-10 = 16.4% (*n* = 14,848) for children; 14.2% (*n* = 10,485) for TAY; 15.3% (*n* = 23,233) for adults; and 21.2% (*n* = 4,501) for older adults

**Figure 3.4 – Experienced homelessness at any point during the year, FSP consumers only (FSP)**



Unknown/Missing for FY 2008-09 = 71.6% (*n* = 1,497) for children; 44.6% (*n* = 1,300) for TAY; 30.5% (*n* = 1,936) for adults, and 43.2% (*n* = 448) for older adults

Unknown/Missing for FY 2009-10 = 73.2% (*n* = 2,301) for children; 50.6% (*n* = 2,126) for TAY; 37.9% (*n* = 3,085) for adults; and 50.9% (*n* = 687) for older adults

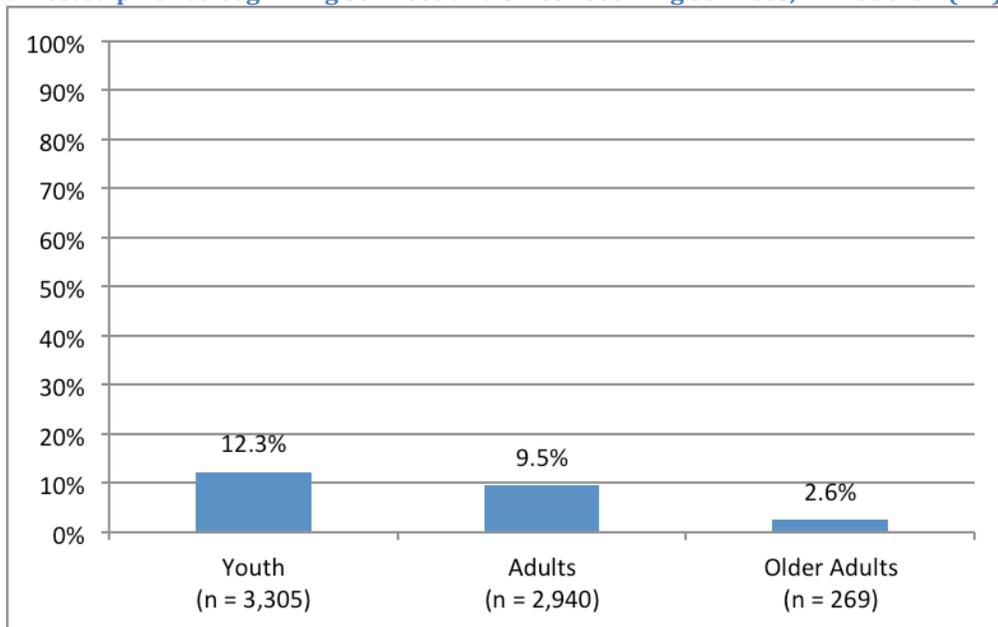
Housing indicators showed trends between CSI and FSP consumer groups consistent with their support needs. Most consumers were housed during the target years, although CSI consumers were more likely to live in houses and apartments compared to FSP consumers who were less autonomous (e.g., group residences and foster care). Stakeholders and experts suggested the Key Event Tracking (KET) form, primarily used to collect housing information for this indicator, might not be used consistently. The sporadic nature of housing information was revealed in this analysis.

**Indicator 4 – Arrest Rate**

The arrest indicator is an indirect measure of justice involvement, or how many interactions consumers have with law enforcement during the year that may or may not lead to incarceration. This indicator summarizes the proportion of youth (children and TAY), adults, and older adults who reported being arrested since the beginning of services.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	x	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	x	✓	✓	

**Combined Figures 4.1-4.3 – Proportion of youth (children and TAY), adults, and older adults who were arrested prior to beginning services and since receiving services, FY 2008-09 (All)**

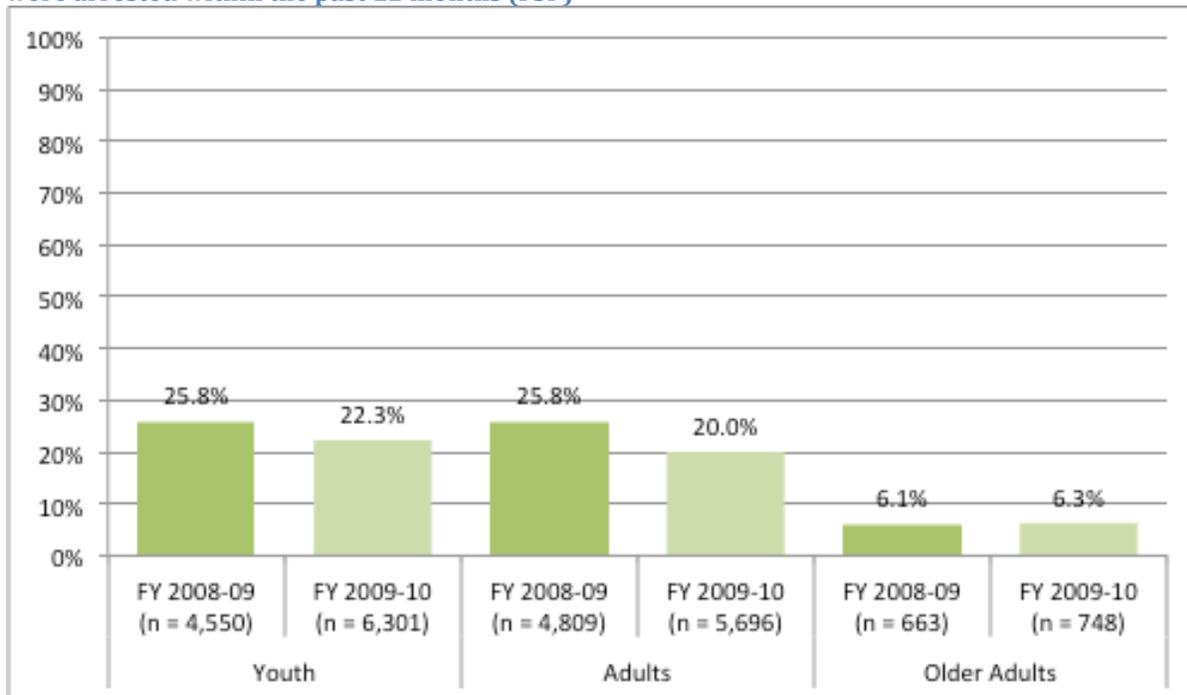


Missing/unknown for youth *Arrested since receiving services* = 15.4% (n =604)

Missing/unknown for adults *Arrested since receiving services* = 14% (n = 478)

Missing/unknown for older adults *Arrested since receiving services* = 19% (n = 63)

**Combined Figures 4.4 -4.6 - Proportion of youth (Children and TAY), adults, and older adults who were arrested within the past 12 months (FSP)**



Missing/Unknown for FY 2008-09: Youth = 7.8% (n = 384); Adults = 2.6% (n = 125); Older Adults = 5.1% (n = 36)  
 Missing/Unknown for FY 2009-10: Youth = 2.0% (n = 131); Adults = 1.7% (n = 98); Older Adults = 3.6% (n = 29)

Arrest analysis revealed that no more than 20% of all consumers reported an arrest during the past 12 months. Among the findings, fewer than 15% of satisfaction survey respondents reported being arrested within the past 12 months (Combined Figures 4.1-4.3) compared to 20% of consumers involved in Full Service Partnerships (Combined Figures 4.4-4.6). More extensive information exists in datasets regarding post-arrest activities (e.g., detention, incarceration, and probation camp) that could provide additional insight about justice involvement in future reports but have not been vetted as appropriate interpretations of the indicator. The calculation in this report continues to be refined to capture arrests during enrollment and not only at intake.

### **System-Level Indicators**

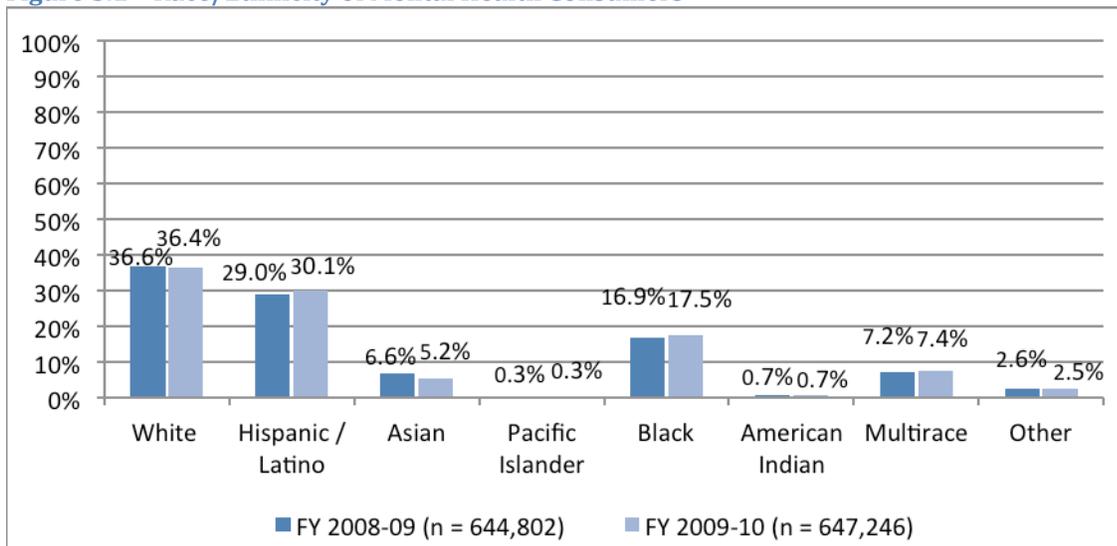
The system indicators evaluated in this report were designed to provide a multidimensional view of how California's community mental health system is progressing overall and with regard to specific service populations (e.g., demographic groups, FSP consumers, and many others). Analysis revealed several important conclusions and implications regarding how feasible and instructive it may be to use these indicators to continuously monitor community mental health system performance. Review of existing data sources, evaluation of analytic potential, and data displays highlighting results are summarized for each system indicator, below:

### Indicator 5 - Demographic Profile of Consumers Served

A demographic profile of consumers served can provide understanding of the extent to which the community mental health system statewide is serving various populations, including minority and other traditionally underserved or unserved groups.

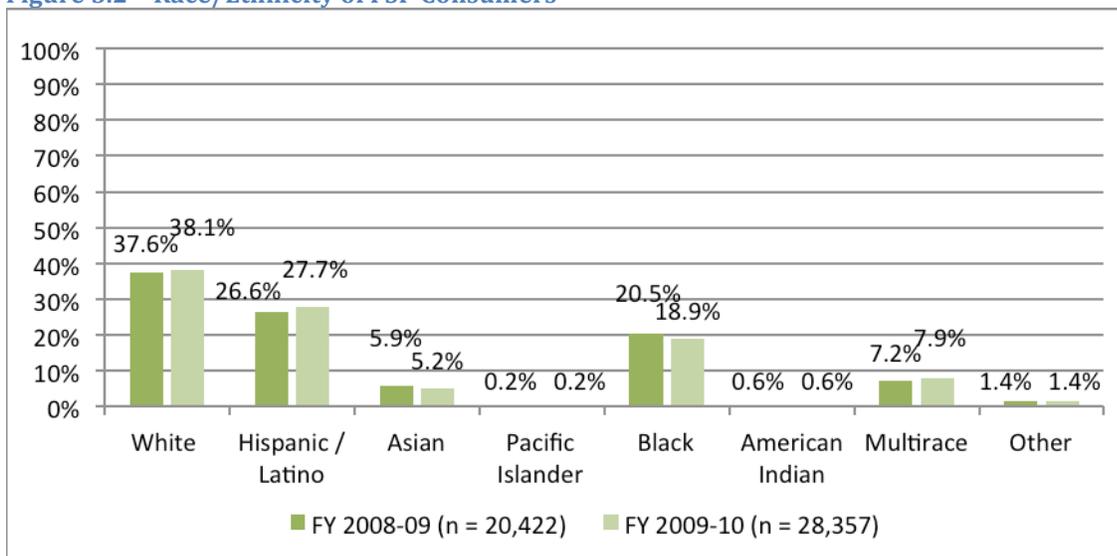
	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

Figure 5.1 – Race/Ethnicity of Mental Health Consumers



FY 2008-09 Unknown/Missing = 7.3% (n = 49,303); FY 2009-10 Unknown/Missing = 8.7% (n = 60,490)

Figure 5.2 – Race/Ethnicity of FSP Consumers



FY 2008-09 Unknown/Missing = 5.4% (n = 1,177); FY 2009-10 Unknown/Missing = 5.5% (n = 1,660)

The two fiscal years presented in this report represent only a snapshot of mental health service populations. Additionally, this indicator must be interpreted with an understanding of the inconsistencies (e.g., year-to-year and between counties) of mental health service information (e.g., race and ethnicity) expressed by several counties and stakeholders, and supported by data quality review. Further analysis of service information from additional fiscal years will provide greater insight concerning the changing demographic composition of the mental health service population.

**Indicator 6 - Demographic Profile of New Consumers**

This indicator profiles new mental health consumers (i.e., served during FY, without service for prior 6 months) overall and full service partners (FSP) served during FY 2008-09 and 2009-10. For all mental health consumers, CSI data supports analysis of new consumers versus past consumers (i.e., initial services received prior to the given FY). For FSP, data supports analysis of new consumers versus existing consumers (i.e., current full service partners).

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 6.1 – New and Continuing Mental Health Consumers Served**

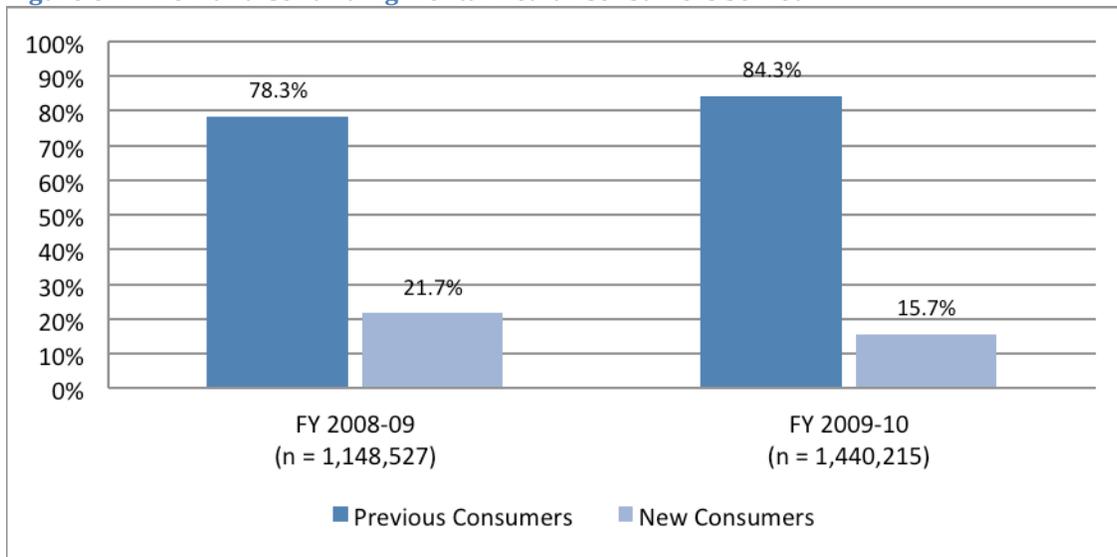
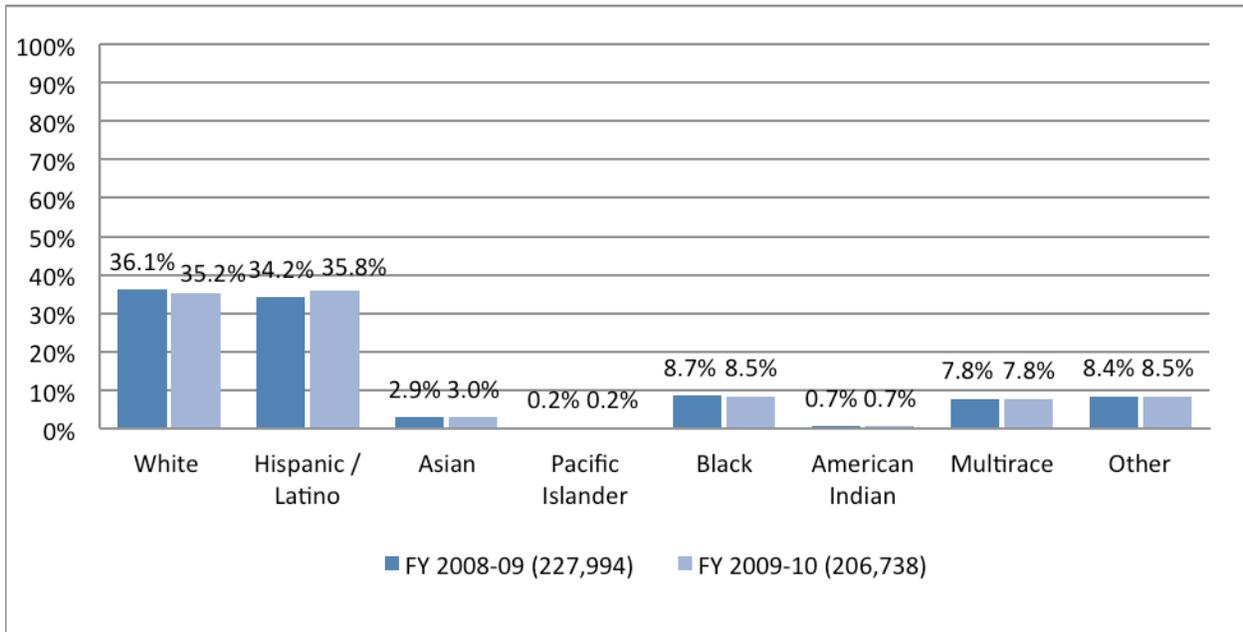
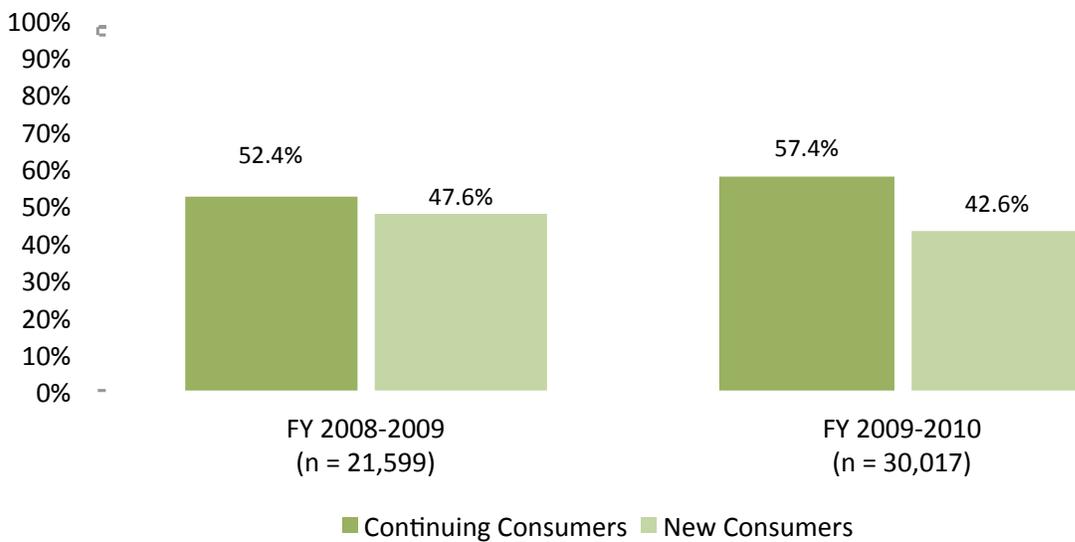


Figure 6.2 – Race/ethnicity of new mental health consumers



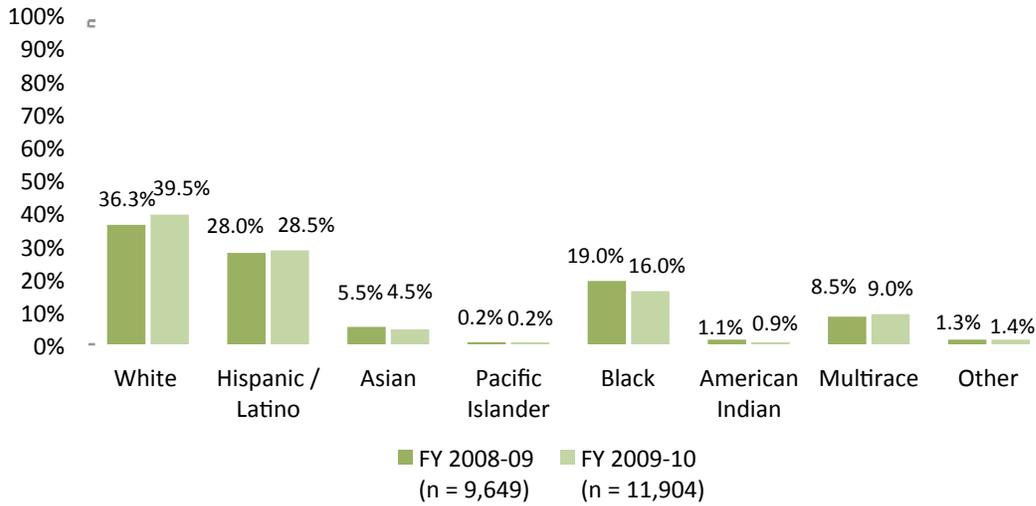
FY 2008-09 Unknown/Missing: 8.4% (n = 21,034); FY 2009-10 Unknown/Missing: 8.3% (n = 19,159)

Figure 6.5 –New and Continuing FSP Consumers Served



FY 2008-09 Unknown/Missing = 54.3% (n = 25,682); FY 2009-10 Unknown/Missing = 36.5% (n = 17,264)

**Figure 6.6 – Race/ethnicity of new FSP consumers**



FY 2008-09 Unknown/Missing = 6.1% (n = 628) FY 2009-10 Unknown/Missing = 6.8% (n = 873)

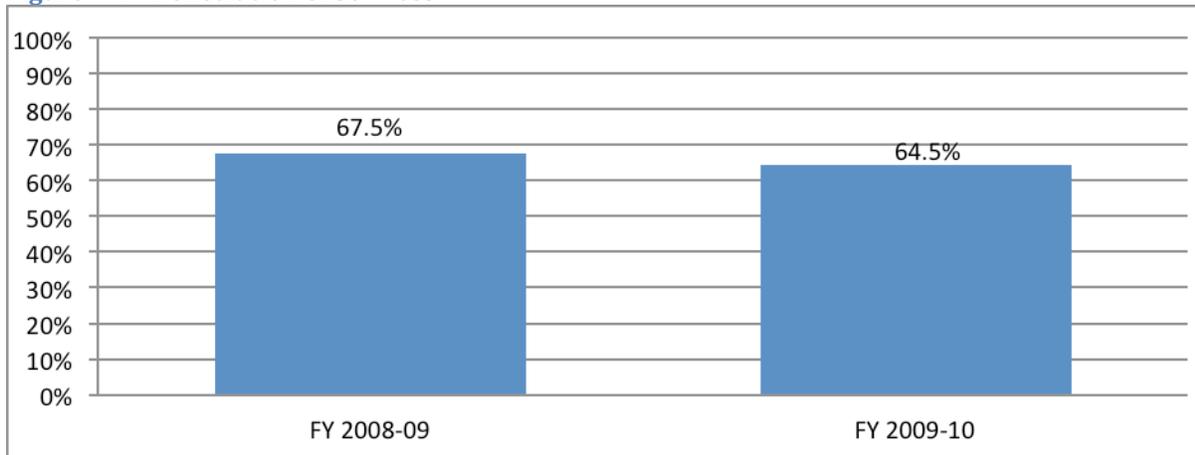
Service levels and demographic characteristics of new mental health consumers served can provide indication of service populations changing makeup and potentially provide insight regarding the extent to which unserved and underserved populations are entering the community mental health system.

**Indicator 7 – Penetration of Mental Health Services**

This indicator details the rate of all mental health consumers served relative to estimates of need for service among Californians earning less than 200% of the federal poverty level. This metric is intended to show the extent to which service access is in-line with the level of need.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✓	✓	✗	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 7.1 – Penetration of Services**



Consumers Served/Estimate of Need for Service	
<b>FY 2008-09</b>	(686,876/1,018,138)
<b>FY 2009-10</b>	(662,409/1,027,663)

The rate of penetration of services overall and among demographic groups can provide an indication of the extent to which service access is in line with the level of need estimated. As estimates of the need for mental health services statewide become more accurate and additional service years are analyzed, this indicator may become more informative for those planning, operating, and monitoring services.

**Indicator 8 – Access to a Primary Care Physician**

This indicator details the rates of access to a primary care physician reported among FSP consumers, during FY 2008-09 and 2009-10. Specifically, the proportion of all FSP consumers who were reported to have access to a primary care physician at any point during each fiscal year analyzed was calculated (see Figure 8.1). Access to a primary care physician is not tracked among all mental health consumers, thus this indicator is only reported among FSPs.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	x	✓	x	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 8.1 – FSP Access to a Primary Care Physician**



FY 2008 -09 Unknown/Missing = 35.3% (7,629); FY 2009-10 Unknown/Missing = 35.4% (10,626)

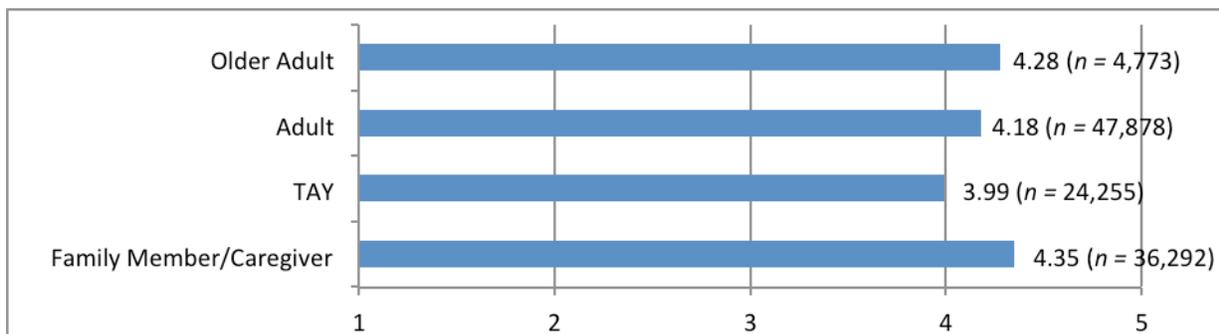
Information regarding primary care access overall and among various demographic groups can provide insight into the relative success of FSP programs in connecting consumers with primary health care.

**Indicator 9 – Perceptions of Access to Services**

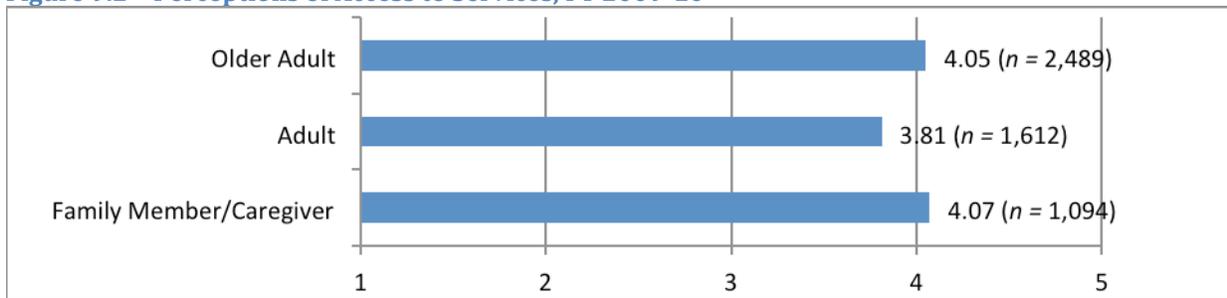
This indicator provides insight into consumer and family perceptions of access to mental health services. The survey measures that support this indicator include questions regarding convenience of the location of services, convenience of availability of services, and the responsiveness of staff providing services.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✗	✓	✓	✓	✗
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 9.1 – Perceptions of Access to Services, FY 2008-09**



**Figure 9.2 – Perceptions of Access to Services, FY 2009-10**



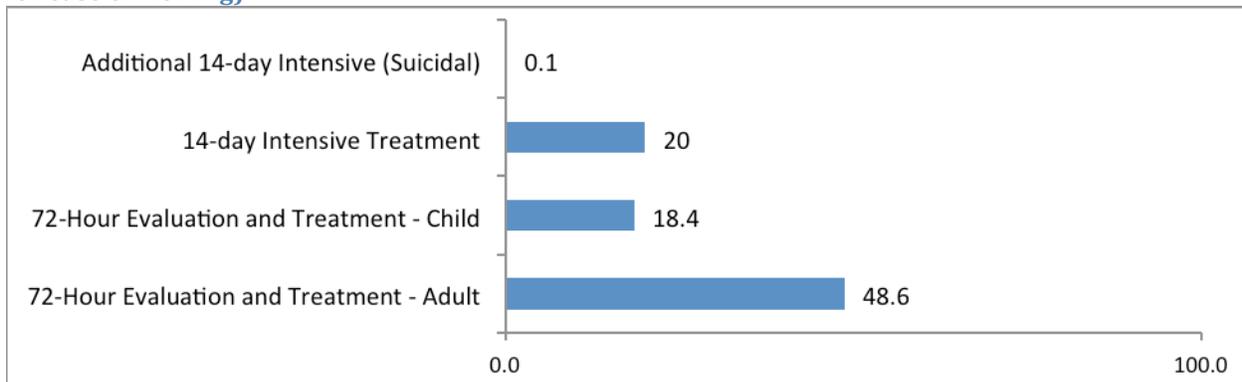
Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was employed to gather FY 2008-09 data and a random sampling method employed to gather data in FY 2009-10. Average ratings among most respondent groups, in both fiscal years analyzed, were greater than 3.5 suggesting positive perceptions of access to services. Such consumer driven feedback regarding the community mental health system provides vital indication of system performance from those who have received services.

**Indicator 10 – Involuntary Status**

This indicator provides insight into the rates of involuntary status among all mental health consumers, during FY 2008-09. Involuntary status refers to a legal designation, which can be applied to individuals who are found to be a danger to themselves and/or others, and/or gravely disabled. Involuntary status data for FY 2009-10 were not available as of the preparation of this report.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	x	✓	✓	✓	✓	✓
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

**Figure 10.1 – Involuntary Status per 10,000 Consumers, FY 2008-09 (NOTE: horizontal scale reduced for ease of viewing)**



This indicator shows the rate at which these legal statuses were applied in FY 2008-09. Analysis of additional fiscal years of involuntary status data or disaggregation among various consumer populations (e.g., demographic groups) can provide indications of the extent to which use of these legal status designations has fluctuated among types of consumers over time.

**Indicator 11 – Consumer Perceptions of Improvement in Wellbeing as a Result of Services**

This indicator provides insight into consumer and family perceptions of wellbeing (i.e., outcomes, functioning, and social connectedness) as a result of mental health services.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✗	✓	✓	✓	✗
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	✓

Figure 11.1 – Perceptions of Wellbeing, FY 2008-09

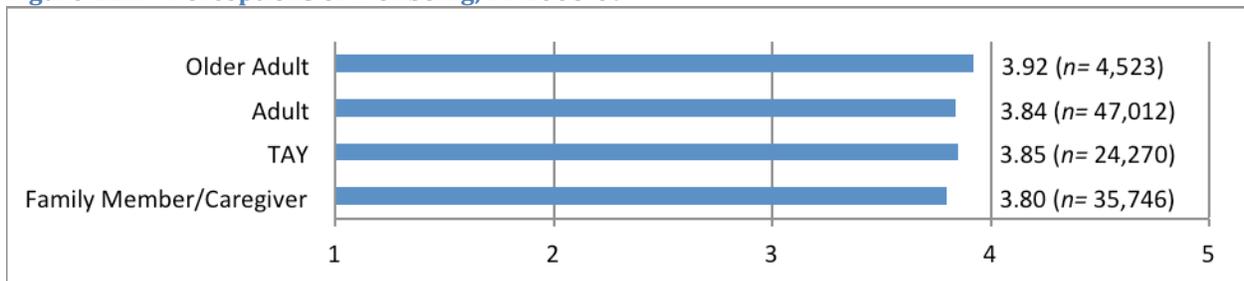
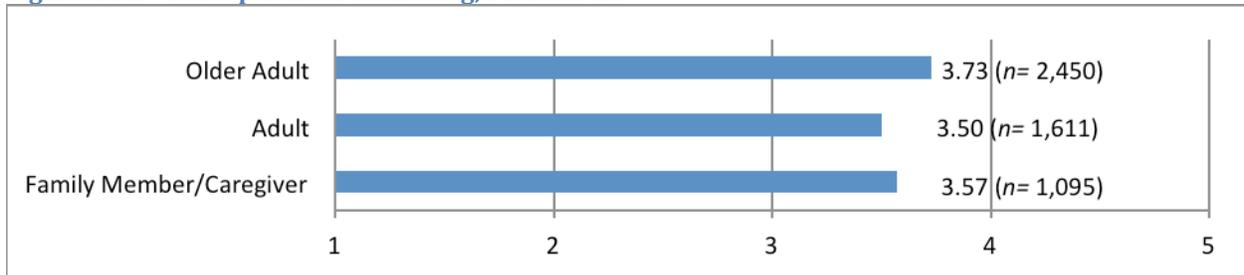


Figure 11.2 – Perceptions of Wellbeing, FY 2009-10



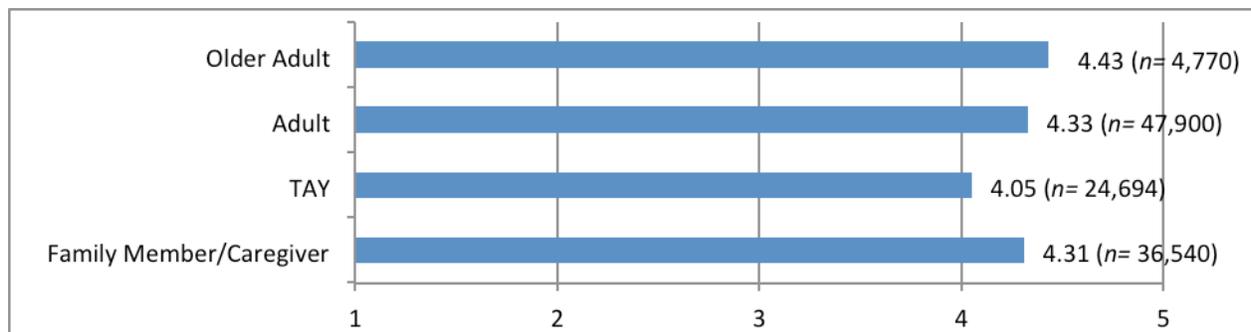
Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was employed to gather FY 2008-09 data and a random sampling method employed to gather data in FY 2009-10. Average ratings among most respondent groups, in both fiscal years analyzed, were greater than 3.5 suggesting positive perceptions of wellbeing as a result of services received. Such consumer driven feedback regarding the community mental health system provides a vital indication of system performance from those who have received services.

**Indicator 12 – Satisfaction with Services**

This indicator provides insight into consumer and family perceptions of satisfaction with mental health services. The survey measures that support this indicator include questions regarding contentment with services, receipt of appropriate services, and liking of staff providing services.

	Available	Complete	Sustainable	Relevant	Longitudinal	Multilevel
<b>Data Review</b>	✓	✗	✓	✓	✓	✗
		Population	Change	Multilevel	Actionable	
<b>Indicator Evaluation</b>		✓	✓	✓	✓	

**Figure 12.1 – Satisfaction with Services, FY 2008-09**



**Figure 12.2 – Satisfaction with Services, FY 2009-10**



Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was employed to gather FY 2008-09 data and a random sampling method employed to gather data in FY 2009-10. Average ratings among most respondent groups, in both fiscal years analyzed, were greater than 3.5 suggesting positive perceptions of satisfaction with services. Such consumer driven feedback regarding the community mental health system provides a vital indication of system performance from those who have received services.

**Conclusions & Implications**

Findings must be considered preliminary given 1) this report details the initial approach to calculating priority indicators based upon existing data; 2) existing data sources were not originally

designed to support routine assessment of summary indicators of consumer outcomes and system performance at multiple levels; and 3) the brief time period analyzed (i.e., two fiscal years) does not allow for interpretation of trends over time. Within this context, the following points are notable:

- Many of the priority indicators evaluated suggested positively trending consumer outcomes and the progression of the community mental health system, in line with MHSA values;
- Most indicators will support more accurate assessment and monitoring to the extent the underlying data sources (e.g., Client Services Information system, Data Collection and Reporting system, Consumer Perception Surveys) become more complete and reliable;
- Few indicators may not be possible or appropriate for ongoing outcome and performance monitoring;
- Additional indicators (e.g., recovery oriented system) and supporting data collection may be necessary to develop a comprehensive outcome and performance monitoring system; and
- This report represents an important initial step, necessary to arrive at a more robust, reliable, and instructive community mental health performance monitoring system which is capable of assisting all stakeholders through a process of continuous quality improvement.