

Arriving at the Priority Indicators

- o Indicators – proposed by the California Mental Health Planning Council – were approved by the MHSOAC and the council.
- o Priority indicator development was an iterative process that included:
 - o Review of existing data sources
 - o Stakeholder feedback to our reports
 - o Feedback from county representatives about the quality and completeness of key data needed to calculate priority indicators

Databases

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

Review Criteria for Priority Indicators

- o *Population* – Indicator can provide meaningful and relevant insight into the service populations of interest, or services provided to those populations (e.g., all mental health consumers, FSP consumers, and demographic groups).
- o *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.
- o *Multilevel* – Indicator can provide meaningful and relevant insight into the outcomes of consumers or system performance at statewide and county levels.
- o *Actionable* – Indicator provides insight that stakeholders can use to identify areas for improvement in consumer outcomes or system performance.

Priority Indicators

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

Consumer Indicators

Indicator 1.
Average School Attendance per Year

Notes

- Existing data does not directly measure school attendance (e.g., days attended, days absent). The current measures are indirect.

**Indicator 2.
Employed Consumers**

Notes

- 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**

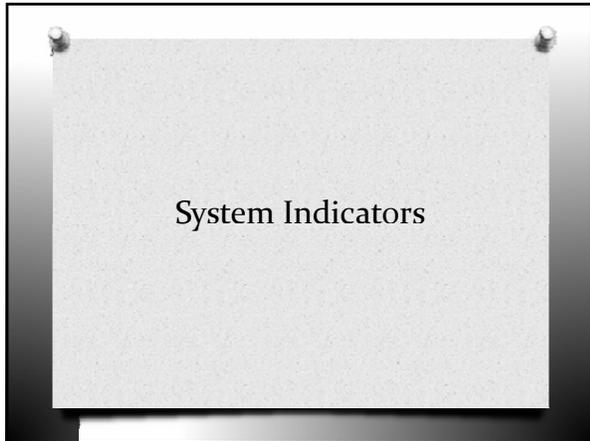
Notes

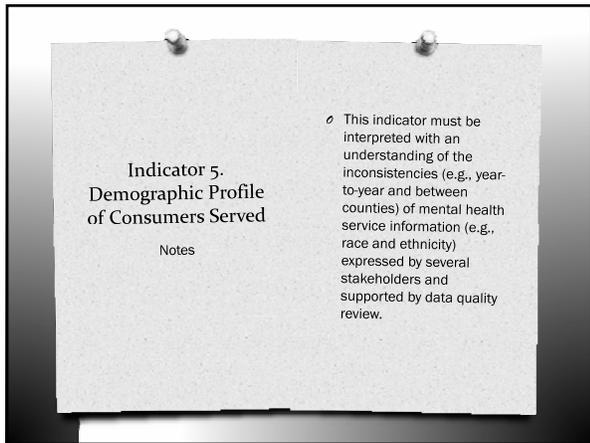
- Research and evaluation stakeholders mention that the form primarily used to collect housing information for this indicator might not be used consistently.
- Using the measure more consistently has been suggested to more accurately capture this indicator.

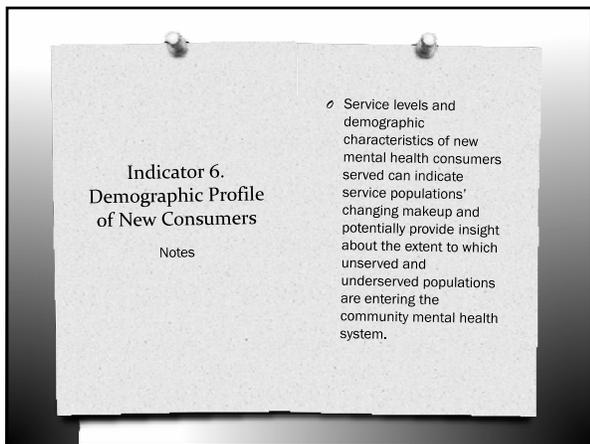
**Indicator 4.
Arrest Rates**

Notes

- More extensive information exists in datasets regarding post-arrest activities (e.g., detention, incarceration, and probation camp) that could be useful 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.







**Indicator 7.
Demographic Profile
of Consumers Served**

Outcomes and Notes

- 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**

Notes

- Access to a primary care physician is not tracked among all mental health consumers, thus this indicator is only reported among FSPs.
- This indicator can provide insight into the relative success of FSP programs in connecting consumers with a primary care physician.

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

Notes

- Average ratings generally indicate positive perceptions of access to services (e.g., ratings greater than 3.5) among respondent groups.
- Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was used to gather FY 2008-09 data and a random sampling method employed to gather FY 2009-10 data.

Indicator 10.
Involuntary Status

Notes

- o Analysis of additional fiscal years of involuntary status data or disaggregation among various consumer populations (e.g., demographic groups) can tell us the extent to which use of these legal status designations has fluctuated among types of consumers over time.

Indicator 11.
Consumer Perceptions of Wellbeing as a Result of Services

Notes

- o Average ratings generally indicate positive perceptions of wellbeing as a result of services (e.g., ratings greater than 3.5) among respondent groups.
- o Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was used to gather FY 2008-09 data and a random sampling method used to gather 2009-10 data.

Indicator 12.
Satisfaction with Services

Notes

- o Average ratings generally indicate positive perceptions of satisfaction with services (e.g., ratings greater than 3.5) among respondent groups.
- o Data collected in FY 2008-09 and 2009-10 must be interpreted separately, as a convenience sampling method was used to gather FY 2008-09 data and a random sampling method used to gather 2009-10 data.

Conclusion and Implications

- o Findings are preliminary given
 - o 1) this report details the initial approach to calculating priority indicators based upon existing data;
 - o 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
 - o 3) the brief time period analyzed (i.e., two fiscal years) does not allow for interpretation of trends over time.

Conclusion and Implications

- o Most indicators will support more accurate assessment and monitoring to the extent the data sources (e.g., CSI, DCR, CPS) become more complete and reliable.
- o Few indicators may not be possible or appropriate for ongoing outcome and performance monitoring.
- o Additional indicators (e.g., recovery oriented system) and new data collection may be necessary to develop a comprehensive outcome and performance monitoring system.

Next Steps

This report represents an 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. Next steps include:

- o 9/30/12
County-specific report template submitted for review
- o 10/31/12
Final statewide report version submitted to MHSOAC
- o 11/30/12
County-specific reports submitted for review
