



Introduction to the “Initial Statewide Priority Indicators” Report

October 2012

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This introduction provides information relevant to the “Initial Statewide Priority Indicator Report”, written by the University of California, Los Angeles, who were contracted by the Mental Health Services Oversight and Accountability Commission (MHSOAC). This introduction describes the overall goal of this project, what we feel this specific report contributes to the overarching goal, and the next steps that need to be taken to fully achieve our end goal. Via commencement of this project, the MHSOAC has taken initial steps toward identification of a system/process that will enable continuous monitoring and assessment of objectives identified within the Mental Health Services Act. With completion of this report, we have begun to create a foundation upon which we can further refine and strengthen this monitoring and assessment system.

Background

The Mental Health Services Act (MHSA or Act), also known as California’s Proposition 63, was passed in November of 2004 and first implemented in 2005. The MHSA was created in order to improve the quality of life for Californians living with a mental illness, and emphasizes transformation of the public mental health system as a means toward achieving this goal. The MHSA is funded by levying a 1% tax on personal income above \$1 million. In 2010-11, approximately \$1.1 billion in revenues were generated for the MHSA.

Since enacted, the Act has generated over \$8 billion in deposits. MHSA revenues must be allocated toward a series of components designated by the law. Funds accrued via the Act are dispersed to counties who must use distributed funds as follows: at least 20% must be used for Prevention and Early Intervention (PEI) programs, 5% of total funding must be used for Innovation programs, up to 3.5% may be used for administrative purposes, and the remaining balance should be used for services within the children, adult, and older adults systems of care, called Community Services and Supports (CSS).

CSS programs are designed to provide an array of services for the seriously mentally ill, including un/underserved individuals with serious mental health issues. CSS funds should promote access to services, including those typically found to be difficult to reach, engage, and/or serve (e.g., some racial/ethnic minorities), and thus should reduce disparities in access to mental health services. One specific type of service funded within the CSS component includes Full Service Partnership (FSP) programs.

FSPs are designed to provide an array of services to high-need individuals who face debilitating mental health issues. The idea behind FSPs is for the program to provide clients with “whatever it takes” in order to get them stabilized at a basic level of functioning. This may take the form of providing them with treatment for specific mental health diagnoses, as well as support to bolster other facets of their lives, such as assistance with employment, transportation, physical healthcare, and/or housing.

In order to ensure that the MHSA is being implemented properly, the Act established the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC, which

consists of a group of appointed Commissioners, is responsible for providing oversight of the MHSA and its components, including CSS. Within this role, the MHSOAC ensures accountability to taxpayers and the public through, in part, meaningful evaluation of the MHSA.

This commitment is supported by the MHSA, which states that, prior to disbursement of funds to counties for support of the above described components, the funds must be allocated for statewide administration purposes, including to “ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth” within the Act. The MHSA names evaluation as one of the MHSOAC responsibilities and tasks the MHSOAC, under leadership of the California Health and Human Services Agency, to develop a plan for evaluation of client-level outcomes that may stem from public mental health services. Finally, the MHSOAC, in collaboration with the Department of Healthcare Services and California Mental Health Director’s Association, must develop “performance outcomes” for services funded by the MHSA, including those within the CSS component. Thus, the MHSA has embedded support for research and evaluation directly into the Act that the MHSOAC is largely responsible for executing.

Evaluation through Monitoring of Performance Indicators

The MHSOAC has spearheaded many evaluation efforts, including identification and continued monitoring of “priority” performance indicators. Performance indicators are designed to provide insight regarding progress toward achievement of predetermined goals or outcomes. Within the MHSA, the outcomes or goals (i.e., what we are trying to achieve) are defined within the Act. Indicators are then used to identify ways to capture or measure those outcomes (i.e., how progress toward outcomes/goals will be determined).

In general, entities that wish to monitor progress toward goals may begin this process by identifying performance indicators that truly reflect the nature of the outcomes/goals and can be regularly obtained and monitored. This information can then be used to highlight trends over time in achievement of those goals. In other words, indicators can be measured or collected on a regular basis (e.g., yearly) so that a picture of the measure over time can be painted (i.e., whether and how the indicator changes over time or in relation to specific events).

In the case of outcomes and indicators that are relevant to the MHSA, this process can be used for quality improvement purposes. Assessment of the indicators can provide insight regarding the extent to which some of the goals specified in the Act are being met and what specific services and systems may be contributing to that effort. Identification of services and systems that contribute to goal achievement can provide a list of those that should perhaps be replicated more widely or continued. Identification of services and systems that deter from goal achievement can provide a list of those that may be in need of support or revision.

Monitoring of MHSA Performance Indicators

In order to continue efforts geared toward continuous quality improvement at both the service and system levels, the MHSOAC has begun to monitor performance indicators. In conjunction with the California Mental Health Planning Council and stakeholders, the MHSOAC adopted an

initial set of “priority” performance indicators pertaining to the CSS component specifically (please see the attached document that lists MHSA CSS/System of Care Initial Priority Outcomes and Indicators document). This list contains both outcomes taken from the Act, and associated indicators, or potential ways to define and measure whether those outcomes have been achieved. This list includes both system- and individual/client-level outcomes and indicators.

As a first step in this overall process, the MHSOAC has contracted with researchers at the University of California, Los Angeles (UCLA) to identify a draft set of indicators based on those previously adopted by the Commission. The overarching goal of the UCLA project is to work with the MHSOAC and its stakeholders to take the first steps needed that will enable us to identify a set of performance indicators that can be continuously monitored, refined on a regular basis, and used for quality improvement purposes. The result of this first step is described within the “Initial Statewide Priority Indicator Report”.

Using currently available data from a variety of datasets for years 2008-09 and 2009-10, UCLA has identified ways to measure the following indicators (outcomes from the Act are included in parentheses):

- Education (increase educational progress)
- Employment (increase employment)
- Homelessness and housing rates (improve housing situation)
- Arrest rates (reduce justice system involvement)
- Demographic profiles of consumers served and new consumers (reduce disparities in access to care)
- Penetration of mental health services (increase the number of individuals receiving public mental health services)
- Access to primary care (improve health and mental health)
- Perceptions of access to services (increase the number of individuals receiving public mental health services)
- Involuntary status (implement recovery vision)
- Consumer well-being as a result of services (improve health and mental health)
- Consumer satisfaction (increase the number of individuals receiving public mental health services)

UCLA has identified potential ways to measure each of the above indicators using currently available data that pertains to new CSS consumers and consumers treated within FSPs. Decisions regarding which specific methods of measurement to use to obtain each indicator are complex and nuanced. UCLA, MHSOAC staff, and stakeholders have considered many criteria when trying to identify and draw conclusions regarding the strongest, most appropriate measurement options. As such, the “Initial Statewide Priority Indicator Report” includes information for each indicator that describes the indicator status in relation to the most important criteria (e.g., whether the indicator can provide meaningful and relevant insight into the service populations of interest, whether the indicator can describe change in consumer status as a result of service or over time, whether the indicator provides insight that can be used to identify areas for improvement that are relevant to performance). This indicator status information is greatly valuable in that it will be drawn upon in the next stage of this process, which will work to further refine the indicators.

Next Steps

In order to take the steps necessary to enable the MHSOAC to continuously monitor performance indicators that are meaningful and relevant to the MHSA, the MHSOAC will work with UCLA to further refine the current set of indicators. This process will involve further exploration into ways to measure the outcomes identified in the Act using existing data. As such, some of the indicators included in the “Initial Statewide Priority Indicator Report” may change. Those newly identified and/or revised indicators will then be used to generate another Priority Indicator Report for a new time period. This refinement process will continue through spring of 2014 within the scope of this specific UCLA project and will be done by MHSOAC staff in conjunction with other statewide entities thereafter.

We will also begin to consider identification of appropriate benchmarks. The process of identifying what the MHSOAC will consider as the standard by which the indicators will be compared against will be a challenging one due to the nature of mental health outcomes and their measurement at the state level. This process will be done collaboratively and may take several years.

In the meantime, the MSHOAC will work to identify ways to further analyze the resultant data that is obtained via this process, which goes beyond what was done in the “Initial Statewide Priority Indicator Report.” As we grow more confident in the data that is obtained and calculations that are used to identify indicators, we will begin to assess the meaning of the data and what it says about the MHSA and its impact on individual consumers, the California community mental health system, and greater population of California.

Throughout this process, we will continue to make information regarding identification and calculation of the indicators available to counties so that they may monitor their own county-level indicators and more easily share relevant data with the State. This will allow counties to use this information for their own quality improvement purposes.

Conclusion

Overall, this evaluation effort represents an initial step the MHSOAC has taken toward continual monitoring and assessment of services, systems, and outcomes that stem from the MHSA and the broader community mental health system. Such steps are imperative in order to engender an approach that promotes quality improvement of both services and the overall system. Identification, refinement, and regular continuous monitoring of performance indicators that represent outcomes identified within the MHSA will enable the MHSOAC to fulfill its role of contributing to this quality improvement process via evaluation.