MHSOAC Evaluation Committee Priority Indicators Work Group Discussion Matrix

MHSA		UCLA "Data Quality Report: Implications and Recommendations for Priority Indicators"					MHSOAC Priority Work Group
	Outcome	**Priority Indicator**	**Sub-Categories**	**Recommended Data Source**	**Recommended Calculations**	**Implications for Indicator Calculation**	**Indicator Evaluation Criteria**
CONSUMER INDICATORS	Increase Educational Progress	#1 School Attendance	Attendance	DCR-PAF DCR-3M	Utilize DCR data to calculate the average attendance among new consumers via the PAF and for continuing consumers via the 3M, separately across all fiscal years available.	For the calculation above, it would be best to use the first quarterly update in the 3M for each fiscal year given that it contains the most complete information. It should also be noted that the time between intake (PAF) and the first quarterly update (3M update 1) will not be three months in all cases. The average time between intake and the first quarterly update should be calculated and reported with this indicator.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.
			Absences & Suspension/ Expulsion	CPS for Youth and Families	Utilize CPS data to calculate the average rate of absences for children and TAY using the most recent survey administration for FYs 2004-05, 2005-06, and 2006-07. Calculate the proportion of children and TAY who were expelled or suspended prior to receiving services and the proportion of children and TAY who were expelled or suspended after receiving services for FYs 2006-07 through 2011-12.	The CPS survey underwent changes in both content and sampling methodology, which makes comparison across years problematic. Expulsion/Suspension data is available for FYs 2006 – 2011. The amount of valid data for the expulsion/suspension variables is around 50% for 2007–08, 2008-09, 2009–10, and 2011-12. For FY 2006-07, the amount of valid data is about 26%, and there are only 3 cases for FY 2010-11. Fiscal year 2006-07 is the only year that contains both absence and expulsion/suspension data. Changes in the sampling strategy have produced data that are particularly problematic for comparisons at the county level.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.

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CONSUMER	Increase Employment	#2 Employment	Employment FSP	DCR-PAF DCR-KET	The recommended calculation will provide descriptive information regarding the proportion of employed and unemployed partners. Given that it requires up to four additional steps to identify valid cases to calculate employment (paid and non-paid) and unemployed, two additional analysis steps are recommended: 1. Collapse the paid and non-paid statuses into a general "employed" status. This step is recommended because the proportion of non-paid employed partners is relatively small, and does not provide much instructive value. 2. Use only the current_unemployed variable to calculate the proportion of employed and not employed consumers. … across all fiscal years the proportion of valid data for this variable is over 90%.	Missing data: According to the full service partnership assessment form, partners only provide information (avg. hours per week & wages) for the employment statuses applicable to them. There are no valid codes for "missing" or "not applicable". Assessing these variables for missing data is not straightforward – blanks can be interpreted in several ways, such as missing, not applicable, or not employed.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.
			Employment All Consumers	CSI-Periodic	The recommended calculation is to provide descriptive information regarding the proportion of employed compared to unemployed mental health consumers, for each FY. 1. Collapse the paid and non-paid statuses into a general "employed" status because the proportion of non-paid employed consumers is relatively small, and does not provide significant instructive value. 2. Use the first periodic update for each consumer for each FY, as it is the most complete.	Due to the format of the respective data fields, calculating employment for all consumers is more straightforward than calculating employment for FSPs. It is important to not include those consumers who are missing employment data, are retired or resident/inmate of an institution in the calculations of employed and non-employed consumers. The employment ratio can be calculated as the number of employed consumers (i.e., those with A, B, C, D or H employment codes) divided by the total number of unique valid cases.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.

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CONSUMER	Improve Housing Situation	#3 Homelessness and Housing	Housing CSS	CSI-Periodic	Within each fiscal year, the percentage of consumers within each type of housing setting is calculated. This would allow changes in the proportion of consumers in each type of housing setting to be tracked across fiscal years.	Review of the completeness of data indicates there is not a standardized or reliable procedure for the frequency of updates—neither for CSI nor DCR— so it is impossible to determine for consumers with no data whether they have not experienced any change in housing status or there were in fact changes that went uncaptured by the data collection process. Approximately 1/2 to 2/3 of consumers receiving services in a fiscal year do not receive a periodic update in that same fiscal year.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.
			Housing FSP	DCR-PAF/ KET	Within each fiscal year, the percentage of consumers within each type of housing setting is calculated. This would allow changes in the proportion of consumers in each type of housing setting to be tracked across fiscal years.	Approximately 1/3 to 1/2 of consumers receiving services in a fiscal year do not have a "key event tracking" (KET) update in the same fiscal year. Approximately 1/2 of consumers with KET updates include data for this variable.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.

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CONSUMER	Reduce Justice System Involvement	#4 Arrests	Arrest	CPS	Percentage of sample of all mental health service consumers with reported arrest (CPS): a. in services for one year or less with reported arrest during the 12 months prior to the start of services, and b. in services for more than one year, with reported arrest during the last 12 months. These proportions would provide insight into the prevalence of arrests within different subsets of consumers. Comparison across years would allow for examination of trends for changes in prevalence of arrests.	There was also a change in sampling methodology reflected in the FY 2009-10 survey administrations and beyond. Changes in the sampling strategy have produced data that are particularly problematic for comparisons at the county level. For example, in FY 2009-10 county identification was not collected, and in subsequent FYs there are some counties not represented in the CPS database at all.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.
			Arrest	DCR (PAF+KET)	Percentage of FSP consumers with reported arrest (DCR): a. prior to the past year (PAF), b. during the past year (PAF), c. during the past year but not previously (PAF), and d. during the current service year (KET). These proportions tracked across FYs would provide insight into the efficacy of FSP programs to reduce the prevalence of arrests, including examination of recidivism.	Review of DCR data that "key event tracking" (KET) updates are not routinely or reliably collected. As such, it is difficult to determine for consumers with no arrest data whether they were not arrested or there were in fact arrests that went unrecorded by KET instrument.	☐ Indicator can describe changes in consumer outcomes (e.g., change since initiation of services) or describe the status or characteristics of consumers, over time; ☐ Indicator can provide meaningful and relevant insight into the outcomes of service populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups); ☐ Indicator can provide meaningful and relevant insight into the outcomes of consumers statewide and at the county level; and, ☐ Indicator provides "actionable" insight, which stakeholders can use for the purposes of program planning or to identify areas for service improvement.

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SYSTEM	Reduce Disparities in Access to Care	#5 Demographic Profile of Consumers Served	Race/ Ethnicity	CSI/DCR	"Flatten"(see report) data records from CSI and DCR and assign unique identifier. Eliminate duplicate records. Drop Race_4 and Race_5 from the CSI and the DCR.	Calculation requires concatenation of seven separate data fields related to race and ethnicity. Ethnicity_A and Ethnicity_B: these variables do not appear in the DCR data dictionary but are from the Data Infrastructure Grant database and represent race/ethnicity for public mental health system clients that entered the system prior to 2006.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
			Gender	CSI/DCR	Recode "other" to "missing" if the percentages are too low to display in any meaningful way.		
			Age	CSI/DCR	Calculate Age Group using methodology* applied by UCLA to the DCR in FY 2008-09 through FY 2011-12 (and to the CSI in 2004-05 and 2006-07) * Create Age Group variable through a combination of "Date of Birth" and "Partnership Date"	The percentage of missing and out of range data in the DCR as of FY 08-09 and missing data in the CSI generally are of concern.	

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SYSTEM	Reduce Disparities in Access to Care	#6 Demographic Profile of New Consumers	New Consumers	CSI/DCR	In order to examine whether or not a person was served during the previous six months, each data file (CSI and DCR) was merged with the fiscal year immediately preceding.	Client ID: Recommend consistency in formatting and for DHCS to send non-concatenated identification numbers to MHSOAC. In addition, the county identifier should always be provided with the dataset.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
SYSTEM	Increase Individuals Receiving Services	#7 Penetration of Services	Penetration of MH Services	CSI, Holzer Targets	No recommendations at this time – the indicator should be calculated as originally recommended. It provides useful information about the ability of California's public mental health system to serve its intended target population. Examination of service penetration at the county-level is also possible. Stability over time in penetration rate (except for the anomalies in the CSI, noted above) supports the reliability of this indicator.	The number of counties with CSI variation exceeding 25 percent seems confined to the most recent fiscal years – specifically FY 2010-11 and FY 2011-12. In addition, other than the two "baseline" years (FY 2004-05 and FY 2005-06), missing data issues impact these most recent fiscal years – specifically for race/ethnicity and age group (see the Indicator 5 discussion). Finally, Marin County is not in the FY 2011-12 CSI. These problems support our suspicion that the manner in which the CSI has been updated is at issue.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.

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SYSTEM	Improve Health and Mental Health	# 8 Access to Primary Care Physician	Access to Physician	DCR (PAF + 3M)	A composite variable was created using PhysicianCurr at the PAF and all 3M follow up points collected within the fiscal year. If the FSP indicated access to a primary care physician at any data collection point, a value of "yes" was assigned.	The importance of the follow up data collection becomes apparent when the breakout variables and the number reporting access to a primary care physician at each data collection point are examined.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
SYSTEM	Increase Individuals Receiving Services	# 9 Perceptions of Access to Services	Youth/ Family Adult/ Older Adult	CPS-YSS (Y/F) CPS-MHSIP	Race/Ethnicity: Include multirace as a racial category to be consistent with other surveys. Missing Data: Only include respondents with complete data. This is particularly important for the two (2) item Family and Youth Indicator. In the interest of generalizability, analysis of demographics should compare respondents with missing data for this indicator to respondents with complete data in order to determine comparability. If respondents for Indicator 11 are different from overall CPS respondents, the differences must be reported and lack of generalizability noted in the final report. In addition, data collection methodology for the CPS must be improved in order to minimize the percentage of respondents with missing data.	Fiscal Years: • FY 2009-10: Because the scores are so different in FY 2009-10 and it appears to be a result of methodological change rather than actual change in the indicator, FY 2009-10 should be excluded from any trend report over time • FY 2010-11: Because scores (depending upon the demographic group), county participation and demographics are different when compared to earlier fiscal years and it appears to be a result of methodological change rather than actual change in the indicator, FY 2010-11 should be excluded from any trend report over time. • FY 2011-12: Depending upon the demographic group, scores trend higher than the stable fiscal years (FY 2004-05 through FY 2008-09). In addition, the demographics for many groups (proportional representation) are very different from the stable fiscal years.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.

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					Fiscal Years: The trend report should only display FY 2004-05 through FY 2008-09. Later FY should not be included because any indicator changes are most likely due to methodology.	Although it may be possible for UCLA to pull out data that appears to be representative for some counties (selecting only results that trend with the stable fiscal years), whether such undertaking represents a valid statewide picture is questionable. Missing Data: The typical standard for "not-to-exceed" is ten percent. However, if this standard is applied to the CPS datasets, none would be usable for the purpose of calculating Indicator 9. Examination of Indicator 9 for each age group in Fiscal Years 2004-05 through 2008-09 reveals missing close to, or exceeding 40 percent for adults and older adults. Generalizability of the indicator becomes problematic when the percentage of missing data is so high. For families and youth, the percentage of missing data is approximately 25 percent.	
SYSTEM	Implement Recovery Vision	#10 Involuntary Status		DHCS / DOF	Rate Per 10,000 - 14-DayTreatment Facilities - Use the Total population when calculating the rate in order to be consistent with earlier fiscal years and the manner in which the 14-Day Intensive rate is calculated.	DCHS switched methods in FY 07-08 from relying upon the total population when calculating the rates per 10,000 for 14-Day Treatment Facilities to only including individuals over the age of 18.	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
SYSTEM	Improve Health and Mental	#11 Consumer Well-Being	Youth/ Family Members	CPS-YSS (Y/F)	Race/Ethnicity: Include multirace as a racial category to be consistent with other surveys.	Fiscal Years: • See comments on previous page for	☐ Indicator can describe meaningful changes in system performance over time.

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	Health		Adults/ Older Adults	CPS-MHSIP	Missing Data: Only include respondents with complete data. In the interest of generalizability, analysis of demographics should compare respondents with missing data for this indicator to respondents with complete data in order to determine comparability. If respondents for Indicator 11 are different from overall CPS respondents, the differences must be reported and lack of generalizability noted in the final report. In addition, methodology for CPS data collection must be improved in order to minimize the percentage of missing data. Fiscal Years: The trend report should only display FY 2004-05 through FY 2008-09. Later FY should not be included because any indicator changes are most likely due to methodology.	Indicator #9 Missing Data: The typical standard for "not-to-exceed" is ten percent. However, if this standard is applied to the CPS datasets, none would be usable for the purpose of calculating Indicator 11. A high percentage of missing data calls into question the generalizability of the indicator.	☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
SYSTEM	Increase Individuals Receiving Services	#12 Satisfaction with Services	Youth/ Family Members	CPS-YSS (Y/F)	Race/Ethnicity: Include multirace as a racial category to be consistent with other surveys. Missing Data: Only include respondents with complete data. This is particularly important for the three (3) item Adult and Older Adult Indicator. In the interest of generalizability, analysis of demographics should compare respondents with missing data for this indicator to respondents with complete data in order to determine comparability. If respondents for Indicator 12 are different from overall CPS respondents, the differences must be reported and lack of generalizability noted in the final report.	Fiscal Years: • See comments on prior page for Indicator #9	☐ Indicator can describe meaningful changes in system performance over time. ☐ Indicator can provide meaningful and relevant insight regarding the extent and quality of services provided to populations of interest (e.g., all mental health consumers, FSP consumers, and demographic groups). ☐ Indicator can provide meaningful and relevant insight into the performance of the community mental health system at the statewide and county levels. ☐ Indicator provides "actionable" insight, which stakeholders can use to identify areas for improving the performance of the mental health system.
			Adults/ Older Adults	CPS-MHSIP		

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				In addition, methodology for CPS data collection must be improved in order to minimize the percentage of missing data. Fiscal Years: The trend report should only display FY 2004-05 through FY 2008-09. Later FY should not be included because any indicator changes are most likely due to methodology.		