Categories of Goals/Outcomes/Indicators
Mental Health Services Act (MHSA) and Systems of Care Statutes

The MHSA, including Systems of Care Statutes, includes the following goals, outcomes and indicators. They are listed below within a proposed framework that utilizes three levels derived from the state DMH Tri-Level Paradigm. The categories are also consistent with the Institute for Healthcare Improvement’s Triple Aim: improve the health of the population, enhance the patient experience of care, reduce or at least control the per capita cost of total healthcare.

Individual Client/Family Level
Some of these outcomes are age-specific. Some are specifically geared to people with serious mental illness, while others also include the wider range of people who can benefit from prevention and early intervention services.

- Maintain the best possible physical health; stay in good health
- Have freedom from dangerous addictive substances; not abuse drugs/alcohol
- Have support of friends and family
- Have community supports; participate in community activities
- Live independently or in the least restrictive housing feasible in the local community (adults, older adults)
- Work; engage in the highest level of work or productive activity appropriate to abilities and experience
- Obtain an adequate income
- Obtain school success (children/youth)
- Reduce or eliminate serious antisocial or criminal behavior and thereby reduce or eliminate contact with the criminal justice system
- Maintain custody or reunify with children; care for their children
- Self-manage their illness
- Exert as much control as possible over both day-to-day and long-term decisions that affect their lives
- Reduce or eliminate distress caused by the symptoms of mental illness
- Prevent mental illnesses from becoming severe and disabling
- Reduce duration of untreated SMI; people with SMI quickly regain productive lives

Public/Community Level
These global large-scale impacts can be measured at county, regional, and statewide levels. They incorporate at the public/community level outcomes for individuals and families.

1 Adapted from C. Hood, Summary of Goals/Outcomes/Indicators from Mental Health Services Act (MHSA) and Systems of Care Statutes, August 16, 2010
• Reduce suicide that results from untreated mental illness
• Reduce incarceration that results from untreated mental illness
• Reduce school failure or dropout/attend school and make academic progress that results from untreated mental illness
• Reduce unemployment that results from untreated mental illness
• Reduce prolonged suffering that results from untreated mental illness
• Reduce homelessness that results from untreated mental illness
• Reduce removal of children from their homes/children remain in own homes that results from untreated mental illness
• Reduce disparities in mental health outcomes
• Reduce the long-term adverse impact on state and local budgets resulting from untreated serious mental illness
• Reduce stigma associated with either being diagnosed with a mental illness or seeking mental health services
• Reduce discrimination against people with mental illness
• Give priority attention to serious mental illness

**Mental Health Program/System Level**

These qualities of the mental health system are specified in the MHSA. They are important elements of clients’/families’ experience of care, which also is understood to contribute to individual/family and public/community outcomes.

• What Must be Included in Public Mental Health Services
  • Outreach (reach out, create relationships)
  • Appropriate level of academic education or vocational training
  • Supportive housing, if needed
  • Medically necessary psychiatric and other services, to individuals most severely affected by or at risk of serious mental illness
  • Prevention and early intervention services
  • Medical and supportive care in mental health service delivery system

• Qualities of Services (descriptive; clients/families’ experiences)
  • Recognition of the early signs of potentially severe and disabling mental illnesses
  • Care as close to home as possible
  • Integrated services
  • Promotion of concepts key to recovery—hope, personal empowerment, respect, social connections, self-responsibility and self-determination
  • Consumer-operated services
  • Plan for each consumer’s individual needs
  • Access and link to medically necessary care provided by county mental health…as early in the onset of serious mental health conditions as practicable;
  • Access to necessary physical health care
• Services in partnership with youth and their families
• Services individualized to the strengths and needs of each child and family
• Contribution by local stakeholders to development of each plan and update
• Employment by mental health consumers and family members; meaningfully inclusion of mental health consumers and family members
• Staff trained and re-trained

• Qualities of Programs/Services and System
  • Expend funds in the most cost-effective manner
  • Provide services in accordance with recommended best practices; include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe; expand successful, innovation services programs for children, adults and seniors of all ages, including approaches begun in California
  • Expand culturally and linguistically competent approaches for underserved populations; services are culturally competent; services reflect cultural, ethnic, and racial diversity of mental health consumers
  • Increase access to services
  • Increase access to underserved groups; provide timely access to services for underserved populations
  • Increase quality of services, including better outcomes
  • Increase/improve interagency collaboration
  • Provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure
  • Funding shall be at sufficient levels to ensure that counties can provide each child, adult, senior served of all the necessary services set forth in the applicable treatment plan
  • Services are accountable; mental health service providers increase accountability and measure progress towards client outcome goals and cost-effectiveness as required by a system of care
  • Remedy shortage of qualified individuals to provide services to address severe mental illness; increase supply of professional and other staff that county mental health programs anticipate they will require
  • Increase cultural competency of service providers