

**Prop 63 Mental Health Services  
Oversight and Accountability Commission (MHSOAC)  
Evaluation Fact Sheet**

**PRIORITY INDICATORS TRENDS REPORT, 2004/05 – 2011/12**

**Purpose:** Implement a performance monitoring system designed to support the MHSOAC's ability to assess progress made at the state and county level toward meeting the goals and objectives identified in the Mental Health Services Act (MHSA or Prop 63) and support quality improvement efforts throughout California's publicly funded mental health system. The final report in this series examined a set of 12 priority indicators across multiple years to identify potential trends in consumer and system level outcomes and provide a comprehensive assessment of the quality, consistency and, utility of existing data sources.

**Background:** After significant stakeholder input, the California Mental Health Planning Council and the MHSOAC approved a list of 12 priority indicators to be used initially to measure progress on issues identified as being critical to the public mental health system. These initial indicators were selected to measure progress toward achieving goals or outcomes specified in the MHSA. The primary use of these indicators is for performance monitoring and quality improvement purposes.

**Priority Indicators**

Consumer Outcomes

- School Attendance
- Employment
- Homelessness and Housing
- Arrests

System Performance

- Demographic Profile of Consumers Served
- Demographic Profile of New Consumers
- Penetration of Mental Health Services
- Access to a Primary Care Physician
- Perceptions of Access to Services
- Involuntary Status
- Consumer Well-Being
- Satisfaction with Services

This initial set of priority indicators is focused on individuals with serious mental illness or serious emotional disturbance who participated in a Community Services and Supports (CSS) program at the county level. The indicators are intended to measure individual

client outcomes and characteristics of the community mental health system. In addition the following information is provided for each indicator, in order to help determine the usefulness of each proposed indicator calculation:

- **Population:** Ability of indicator to provide meaningful and relevant insight into the service populations of interest, or services provided to those populations (e.g., all consumers, FSP consumers, various demographic groups).
- **Change:** Indicator can describe changes in consumer status and outcomes (e.g., change since initiation of services), or changes in system performance over time.
- **Multilevel:** Indicator can provide meaningful and relevant insight into individual client and system outcomes at statewide and county levels.
- **Actionable:** Indicator provides insight that stakeholders can use to identify areas for improvement in client and system performance.

**Methodology:** Development of the priority indicators reports was an iterative process that involved analysis of potential measurement methods/calculations, obtaining stakeholder input, and revising methods as needed. All indicators were calculated using currently available data (e.g., Consumer Perceptions Survey, Client and Service Information database, Data Collection and Reporting system). When possible, information was provided for all consumers enrolled in Community Services and Supports (CSS) programs or services and Full Service Partnerships (FSPs). Where possible the data is also presented by age group and gender. Due to unusually high rates of missing data on race and ethnicity, the evaluators were unable to present this information for many of the priority indicators.

**Major Findings:** The goal of the statewide and individual county level reports was to identify existing gaps in data quality and to examine emerging trends in individual and system level indicators overtime.

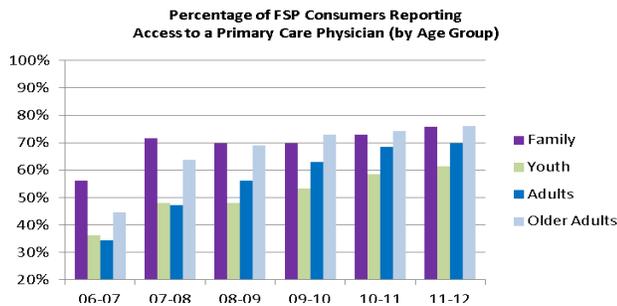
Many challenges were identified surrounding the overall quality, reliability, and availability of data needed to adequately calculate all indicators. These limitations are described in detail within this series of reports. Despite the concerns regarding data quality, some interesting trends emerge among specific indicators which may

indicate a positive impact of MHSAs funded services (e.g. Access to Primary Care Physicians and Consumer Well-Being) and underscore the need for additional analysis (e.g. Involuntary Status and Penetration Rates). A summary of some of these findings is presented below.

**Increased Access to Primary Care Physicians**

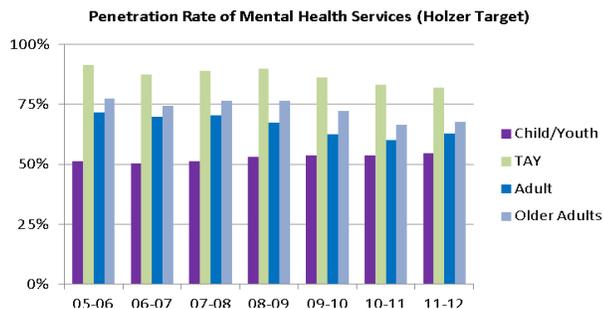
FSP consumer access to health care services has improved since passage of the MHSAs.

The percentage of FSP consumers reporting access to a primary care physician increased significantly since passage of the MHSAs. This increase was particularly pronounced among adults and older adults.



**Mental Health Services Penetration Rate**

Based on available data in combination with targets for estimated need developed by Dr. Holzer, the estimated penetration rate for all public mental health consumers declined over time while the penetration for children/youth increased significantly.

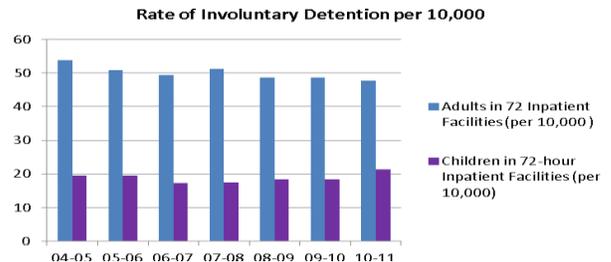


**Consumer Well-Being**

This indicator provides insight into consumer and family perceptions of well-being (e.g., outcomes, functioning, and social connectedness) as a result of mental health services. Average ratings in survey responses for this indicator were above 3.5 on a 5 point scale for all years examined (1 = strongly disagree to 5 = strongly agree). This relatively high score generally indicates positive perceptions of well-being as a result of services among consumers.

**Involuntary Status**

Over the seven year period examined within the Trends Report, the rate of adults involuntarily detained trended down but did not change significantly. The rate of detention among children/youth trended up over this same time period.



**Implications:** Implementation of a comprehensive performance monitoring system for Prop 63 funded programs and services continues to mature. Substantial work remains to further strengthen the quality of available data and translate that data into information that is useful for both performance monitoring and quality improvement purposes at the State and local level.

**Recommendations:**

- Continue data strengthening efforts with Department of Health Care Services, Planning Council and County Mental Health Providers
- Continue to refine priority indicator measures through a collaborative process with key stakeholders and subject matter experts.
- Develop process for adding new indicators (e.g., indicators for Prevention and Early Intervention programs/services, Innovation, Workforce Education and Training, those suggested by stakeholders, etc.).
- Incorporate community level (i.e., population-based) indicators (e.g., improve physical and mental health status of all Californians) in future performance monitoring efforts.
- Develop and implement new approaches to improve the timeliness and accessibility of indicator data to support quality improvement efforts at the state, county and local level.

**Principle Investigators:** UCLA Center for Healthier Children, Families and Communities and Trylon Associates, Inc.

**Link to Studies:**

<http://www.mhsoac.ca.gov/Evaluations/CSS-Outcomes.aspx>