

Mental Health Services Act (Prop 63) Process for Identifying, Developing, and Implementing New or Revised Performance Indicators

Performance and outcome measurement within the public behavioral health system continues to be a high priority. This proposal outlines a potential framework for identifying, developing, and testing new performance indicators intended to be used to monitor the performance of California’s public community-based mental health system. This process is intended to take place through collaboration between the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Mental Health Planning Council (CMHPC), and other stakeholders.

Considerable work has already been done to provide a foundation for beginning to define mental health performance indicators. The CMHPC, in consultation with the former California Department of Mental Health, developed a set of carefully-researched parameters¹ for indicators. The MHSOAC approved a “priority” subset of these indicators for analyzing services funded by the Mental Health Services Act (MHSA).² Subsequently, the MHSOAC and their contractors published results that partially support use of these priority indicators to evaluate some service delivery and client outcomes³, although the focus has been on clients and services delivered within the Community Services and Supports (CSS) component, including Full Service Partnerships (FSP).

Now, the CMHPC, MHSOAC, and their stakeholders have partnered with the goal of refining and expanding on these prior efforts. Our work will be guided by the MHSA, with the hope that establishing and continuously implementing a performance monitoring system focused on California’s public community-based mental health system will enable us to understand the degree to which this system is working to achieve goals outlined in the MHSA, and when/what changes may need to be made in order to improve the quality of this system. Specific goals of this process include the following:

- promote high quality and timely services for Californians with mental health needs,
- facilitate timely and appropriate access and culturally appropriate services for all those in need,
- inform best practices for individuals, programs, and service delivery systems,
- ensure high quality and meaningful data, which are to be collected and analyzed in a timely fashion,
- use of data to promote quality improvement efforts at various levels (e.g., State, county), and
- use of data to communicate the performance of the public community-based mental health system and the impact of the MHSA.

Several needs inform our process for establishing new or revised performance indicators. The process should establish priorities for what we truly need to know in order to achieve

¹ [Performance Indicators for Evaluating the Mental Health System, CMHPC 2010](#)

² Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators, UCLA 2012

³ [California’s Mental Health Services Act—Statewide Evaluation: Priority Indicator Trends Report, UCLA, 2014](#)

the goals outlined above. The process should focus on the pragmatic feasibility of data collection and analysis for each proposed measure. The resources that counties need and have already invested in their data collection/reporting and software systems should be recognized.

A description of each step in the process and its corresponding partners and stakeholders is presented below.⁴

1. Identification—Identify new or revised performance indicators through stakeholder processes, which may include the MHS Performance Indicator Task Force, MHSOAC and CMHPC committees, work groups, community forums, external advisory groups, and other organizations. Identify potential new indicators linked to, for example, funding streams and program areas for which indicators have not yet been established, and regulations (e.g., Prevention and Early Intervention [PEI] and Innovation project [INN] regulations). Identify potential indicators that may need revision based on, for example, prior evaluation efforts, utility of results/indicators, and data quality/availability.⁵

2. Selection—MHS Performance Indicator Task Force, in collaboration with key stakeholders, will select potential indicators that meet criteria for further development. The selection process will include a review of published literature and of state or national reports regarding the importance, scientific basis, feasibility, and potential utility of the indicator.

Criteria for consideration should preferably include, for example, the following:

- data are available or could feasibly/reasonably be made available,
- the item is tied to a goal of the MHS, or to existing statutes addressing the adult or children's system of care,
- the item is identified in national or other state efforts and has potential for comparison to other state or national benchmarks,
- the item supports quality improvement efforts at both local levels and system-wide.

3. Development—Define selected performance indicators, identify data sources and measurement approaches. Review and incorporate efforts at the national, state and local level regarding definition, collection, and measurement of similar performance indicators. Conduct preliminary analysis of available data quality and reliability. Based on field test results and proposed specifications, MHSOAC staff and the MHS Task Force will identify which indicators to move forward for additional testing, or for revision.

4. Testing and Piloting—In coordination with data owners and a select number of county programs, analyze existing data to test relevance, validity, and reliability. Assess data availability, completeness, and sustainability. Determine whether existing data can consistently measure the performance indicator over time, across geographic areas,

⁴ [For a summary diagram, see Figure 1, on page 3](#)

⁵ [Investment in Mental Health Wellness Act of 2013](#)

and among different demographic groups. If appropriate, address whether an item measures change over time in client function or status.

- 5. Evaluation**—Analyze results of pilot tests, and if successful, develop recommendations for moving forward with formal adoption of proposed performance indicator. Present findings and recommendations to the MHSA Task Force for review and approval.
- 6. Adoption**—Present recommendations for new or revised indicators to the full Planning Council for formal review and approval, and then to the Commission for adoption. This step may result in full approval, or in a recommendation for further revision and testing.
- 7. Implementation**—Perform statewide data collection, cleaning, validation and analysis. Include new or revised performance indicators in annual performance monitoring. Include breakouts by demographic groups, where feasible and appropriate.
- 8. Quality Assurance**—Monitor data availability, timeliness, and quality. Work with data owners to address gaps, errors or inconsistencies in data collection and reporting.

DRAFT

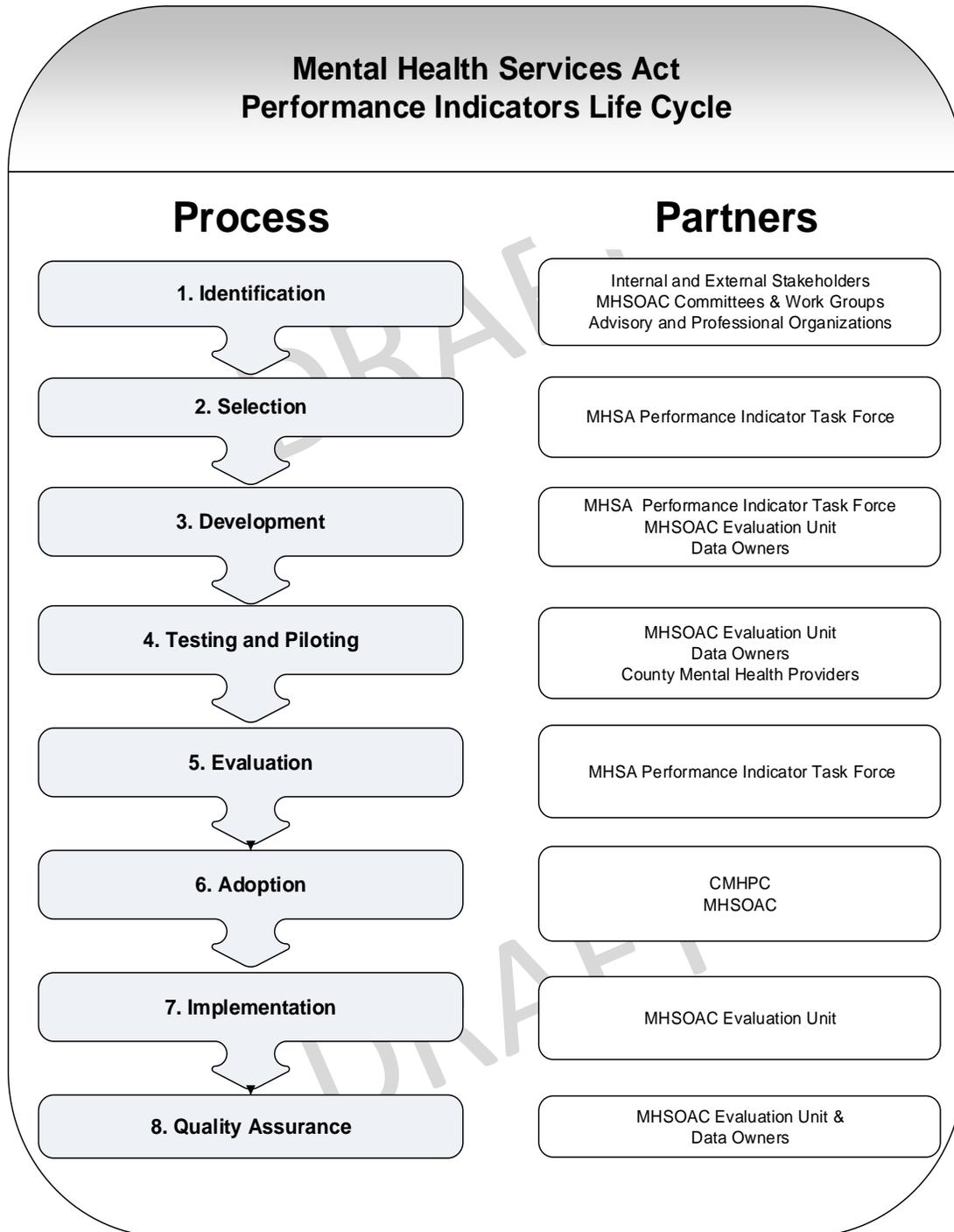


Figure 1. A simplified outline of the “MHSA Performance Indicators Life Cycle.”

The left-hand column identifies each step in the process for identifying, developing, and adopting new or revised performance indicators for the public mental health system. The right-hand column identifies the partners for each step in the process.