

Measurements, Outcomes, and Quality Assessment (MOQA): A County-Informed Statewide Approach to Outcome Data Collection and Reporting

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MOQA

“Not everything that counts can be counted, and not everything that can be counted counts”

from "Informal Sociology: A Casual Introduction to Sociological Thinking" by William Bruce Cameron

From MOQA - 1

- From Adult FSP Programs:
 - Reduction in days spent homeless since partnership
 - Reduction in clients homeless since partnership
 - Reduction in days psychiatrically hospitalized since partnership
 - Reduction in clients psychiatrically hospitalized since partnership
 - Reduction in days incarcerated since partnership
 - Reduction in clients incarcerated since partnership

From MOQA - 1

- FSP Costs and Costs Offset (one-time analysis)
- From County EQRO Self-Assessment:
 - Average number of days to receive an outpatient appointment after a psychiatric hospitalization (adult and child)
 - Percent of clients re-hospitalized within 30 days (adult and child)
 - Time to first appointment (adult and child)
- Pre and post treatment symptom reductions after receiving Trauma Focused Cognitive Behavioral Therapy
- Consumer Satisfaction Survey results
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Transitioning to MOQA - 2

- Outcomes should have local as well as statewide relevance
- Outcomes should follow from program goals
 - Program goal
 - Objectives in support of program goal
 - Program strategies (approach, interventions, practices)
 - Outcomes
 - Measurement method and frequency of measurement
- Support county measurement choices that map to overarching domains

County Behavioral Health Outcomes

Domains:

1. Housing
2. Employment and Education
3. Criminal Justice
4. Acute Care Use
5. Emotional and Physical Well-Being
6. Stigma and Discrimination
7. Risk
8. Services Access and Timeliness

Domain Details

1) Housing

- Homelessness
- Independent living
- Out-of-home placement
- Residential stability

2) Employment and Education

- Employment status
- Educational status
 - In school (average daily attendance)
 - Drop-out rate
 - Expulsion rate
 - Grades (academic success proxy)
 - Reduced disciplinary action

3) Criminal Justice

- Jail/Prison
- Juvenile Hall

4) Acute Care Use

- Psychiatric hospital
- Emergency Department use
- IMD, State Hospital, SNF, MHRC use

Domain Details, cont.

5) Emotional and Physical Well-Being

- Symptom reduction (anxiety, depression, trauma, psychotic, disruptive behaviors, etc.)
- Substance use reduction
- Improved physical health
- Improved quality of life
- Level of recovery

6) Stigma and Discrimination

7) Risk

- Suicidal ideation
- Suicide prevention program success indicators (CalMHSA)
- Violent episodes (impulsivity and aggression)

8) Service Access and Timeliness*

- Percentage of non-urgent mental health services (MHS) appointments offered within 10 or 15 business days of the initial request for an appointment
- Number and percentage of acute psychiatric discharge episodes that are followed by a psychiatric readmission within 30 days during a one year period. The year is defined as January 1-November 30.
- Percentage of acute (psych inpatient and PHF) discharges that receive a follow up outpatient contact (face to face, phone or field) or IMD admission within 7 days of discharge
- Percentage of acute (psych inpatient and PHF) discharges that receive a follow up outpatient contact (face to face, phone or field) or IMD admission within 30 days of discharge.
- Percentage of TARs approved or denied within 14 calendar days of receipt

Next Steps

- Operationalize each domain
- Select measures
- MHSA and beyond
- CBHDA reports to the legislature and stakeholders on the impact of behavioral health programs