



The Performance Indicators Task Force (Task Force) is a joint effort of the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Mental Health Planning Council (CMHPC) that was formed to develop and implement a process for identifying new and modifying existing performance indicators for evaluating California’s publicly funded community-based mental health system.

What Are The Performance Indicators?

In 2010, the California Mental Health Planning Council (CMHPC), in collaboration with key stakeholders, adopted a set of performance indicators designed to measure outcomes at the individual and system levels in relation to MHSOAC funded programs and services within the Community Services and Supports (CSS) component. Following extensive assessment of the initial performance indicators, a core set of 12 “priority indicators” was identified. The selection of these 12 priority indicators was informed by stakeholder and consumer input and guided by a number of assessment criteria including the quality and completeness of available data.

In 2015, the primary goal of the Task Force is to support the MHSOAC in its ability to add 2 fiscal years of data to the previously completed *MHSOAC Priority Indicators Trends Report*. The Trends Report describes each of the 12 indicators for fiscal years (FY) 2004/2005 through FY2011/2012 when data was available. The MHSOAC is aiming to replicate calculations for the 12 indicators for FY2012/2013 and FY 2013/2014.

While simple replication of the calculations for the two additional years will be valuable in and of itself, the Task Force will also consider expanding the report with the possible revision of the definition of “new client” and adding an indicator for timely access to services. This handout briefly summarizes options to consider for each of these indicators.

Possible Revision to Indicator 6: Demographic Profile of New Consumers

One of the possible revisions to the current set of indicators involves the revision of the “new client” definition. Currently there are multiple definitions used across entities including:

- The UCLA Statewide Evaluation of *MHSOAC Priority Indicators Trends Report* define “new mental health consumers” as those who had not been served during the previous fiscal year.
- The CMHPC Performance Indicators for Evaluating the Mental Health System Report defines “new clients” as those with no service for prior 6 months.
- Department of Health Care Services (DHCS) plan to define “new clients” within the EPSDT Performance Outcomes System as those who have not received services within the prior 3 months.

- The CMHPC Data Notebook effort identified how some counties identified new clients; definitions included 3 months, 6 months, one year (both calendar and fiscal), and quarterly timelines.

The rationale for how these time frames were chosen appears to be based on reporting functions and ease of calculations.

One of the things for the Task Force to consider will be what this indicator will be measuring. It has been suggested that if the indicator will be used for administrative purposes it may be worthwhile to use a consistent definition. Alternatively, we could consider identifying a new definition that truly captures new clients entering the system for the first time.

Through additional research, it was noted that some agencies and counties further break down “new client” into “brand new” and “new”, the latter being someone who may have received services at any point prior to established timeframe. Further research on this topic has shown some entities that define clients in terms of new, returning, and continual. Another agency reported on clients who receive services continuously (monthly), regularly (quarterly), and intermittently (breaks of 3 months or longer).

Possible Addition to the Indicators: Timely Access to Services

One of the suggestions from the Task Force was to look into the addition of an indicator regarding timely access to services. Questions noted in the first meeting included:

- How are access and timeliness being measured or proposed to be measured by other counties or programs, or in other areas?
- What do we want to know about access to and timeliness of services? What would this data be used for? How can we make it actionable?
- Pros and cons of alternate definitions?

California is one of the states with regulations in place regarding access to care in a timely manner requiring access to a “Non-Physician Mental Health Appointment” within 10 business days. Additionally, the National Committee for Quality Assurance (NCQA) have established regulatory standards that include additional definitions with regard to behavioral health quality standards. These definitions are also in line with the current regulations developed by the California Department of Managed Care. They include:

- Routine behavioral health care appointments: within 10 business days
- Urgent behavioral health care appointments: within 48 hours
- Behavioral health emergency care: If life-threatening, a behavioral health specialist should be available via telephone 24 hours a day, 7 days a week. If non-life-threatening, within 6 hours.
- Follow up after hospitalization: Within 7 calendar days following discharge

*Please note that the above definitions focus on the timeliness of the access of this indicator, rather on the availability of services when services are needed.

Additional work is currently underway with Department of Health Care Services (DHCS) and the California Behavioral Health Directors Association (CBHDA) through the formation of a Metrics Work

Group; CBHDA proposed measurements for DHCS review, which are primarily related to access to services. They include:

- 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 psychiatric health facility) discharges that receive a follow up outpatient contact or IMD admission within 7 days of discharge.
- Percentage of acute (psych inpatient and psychiatric health facility) discharges that receive a follow up outpatient contact or IMD admission within 30 days of discharge.
- Percentage of treatment authorization requests (TARs) approved or denied within 14 calendar days of receipt.

At this time, the joint task force needs to consider what the focus of this indicator should be.

Next Steps

Definition of New Client

Staff will make recommendations based on currently available data as well as feedback received today from the task force about the potential utility of the indicators.

Timely Access to Services

Staff will identify possible data sources and make recommendations based on data as well as feedback received today from the task force about the potential utility of the indicators.