

What are *Priority Indicators* and what are they intended to do?

Two central functions of priority consumer outcome and system performance indicators are 1) accountability and 2) continuous quality improvement. These functions can be served by developing a set of standard indicators to measure performance at multiple levels (e.g., statewide, county, and individual) and across time. The California Mental Health Planning Council proposed and defined a set of performance indicators, referred to as *Priority Indicators*, designed to assess how the MHSA has impacted mental health consumers and the mental health system in areas that may be most changed through MHSA implementation. Indicators can help track progress among consumers and across the community mental health system. At the consumer level, outcomes such as education and employment are tracked, while outcomes including mental health service penetration rate and consumer demographics are examined at the broader system level. As described in the next section, this report presents longitudinal trends within a set of 12 Priority Indicators, including interpretation of trends and discussion of implications for practical improvement.

Development of Priority Indicators

The Priority Indicators presented in this report were developed through the following processes:

- Careful identification and approval by the California Mental Health Planning Council;
- MHSOAC consideration of California Mental Health Planning Council-identified indicators for developing a comprehensive outcome and performance monitoring system built upon existing data;
- Identification of available data relevant for supporting outcome and performance monitoring through Priority Indicators;
- Consideration of consumer feedback on previous evaluation team reports regarding proposed Priority Indicators; and
- Consideration of stakeholder feedback regarding available data and the calculation of Priority Indicators.

Through these processes and careful deliberation on the part of MHSOAC (in collaboration with the UCLA Evaluation Team), a set of 12 Priority Indicators was developed. These indicators can be categorized as follows:

- ***Consumer Outcomes Indicators***, which provide insight into the outcomes of those who have received mental health service; and
- ***System Performance Indicators***, which monitor the performance of the community mental health system more broadly.

The following sections define the consumer outcome and system performance indicators and describe the consumer groups they are intended to assess.

Priority Indicators Defined

Four of the Priority Indicators focus on consumer-level data, and the remaining eight pertain to the mental health care system on a broader scale. The Priority Indicators are defined as displayed in the following table. These definitions were used to guide the analyses that are described in this report.

PRIORITY INDICATOR	DEFINITION
CONSUMER OUTCOMES INDICATORS	
<i>Indicator 1: School Attendance</i>	School attendance rates among mental health service consumers.
<i>Indicator 2: Employment</i>	Proportion of transition-age youth, adult, and older adult mental health service consumers who are employed and not employed.
<i>Indicator 3: Homelessness and Housing</i>	Housing status (i.e., independent, group care, foster care, or homeless) of mental health service consumers.
<i>Indicator 4: Arrests</i>	Proportion of transition-age youth, adult, and older adult mental health service consumers with reported arrests.
SYSTEM PERFORMANCE INDICATORS	
<i>Indicator 5: Demographic Profile of Consumers Served</i>	Demographic composition of the mental health service consumer population.
<i>Indicator 6: Demographic Profile of New Consumers</i>	Demographic profile of new mental health consumers (i.e., not served during previous FY).
<i>Indicator 7: Penetration of Mental Health Services</i>	Public mental health service access relative to estimates of need for mental health service among Californians earning less than 200% of the federal poverty income level.
<i>Indicator 8: Access to a Primary Care Physician</i>	Proportion of mental health service consumers with access to a primary care physician.
<i>Indicator 9: Perceptions of Access to Services</i>	Consumer and family perceptions of access to mental health services.
<i>Indicator 10: Involuntary Status</i>	Rates of involuntary statuses among mental health service consumers.
<i>Indicator 11: Consumer Well-Being</i>	Consumer and family perceptions of well-being (e.g., outcomes, functioning, and social connectedness) as a result of mental health services.
<i>Indicator 12: Satisfaction with Services</i>	Consumer and family satisfaction with mental health services received.

Priority Indicator 1: School Attendance

Definition

Child and transition-age youth (TAY) participation in school.

Calculation

Average ratings of school attendance among child and TAY Full Service Partnership consumers.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*

Priority Indicator 2: Employment

Definition

The employment status (employed or unemployed) of transition-age youth (TAY), adult, and older adult mental health consumers (FSP and all mental health consumers).

Calculation

In each FY, the number of employed and not employed consumers (FSP consumers and all mental health consumers) proportionate to the total number of consumers. Among FSP consumers only, DCR data supported examination of change in employment status from intake (PAF) to most recent assessment (KET) with valid employment data. When valid employment data were not available in an FSP consumer's most recent assessment (KET), then employment status defaulted to a consumer's previous status.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*
- *All Mental Health Consumers—Client & Service Information System (CSI)*

Priority Indicator 3: Homelessness and Housing

Definition

The housing status (i.e., independent, family, group care, foster care, or homeless) of FSP and all mental health consumers.

Calculation

Proportion of FSP and all mental health consumers reporting each housing status (independent, family, group care, foster care, homeless, and unknown). The most recent housing status reported by each consumer in each FY was used for calculation.

Proportion of consumers (FSP) in service for at least six months reporting changes in housing status from prior, to intake, to most recent status, in each FY.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*

- *All Mental Health Consumers—Client & Service Information System (CSI)*

Priority Indicator 4: Arrests

Definition

The proportion of children, transition-age youth, adults, and older adults (FSP consumers and all mental health service consumers) with reported arrests.

Calculation

Proportion of FSP consumers (DCR) with a reported arrest during the current service year, during the year prior to intake, during the year prior to intake but not previously, and previous to the year prior to intake.

Proportion of sample of all mental health service consumers (CPS) in services for one year or less and with a reported arrest during the 12 months prior to the start of services, and in services for more than one year and with a reported arrest during the last 12 months.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*
- *All Mental Health Consumers—Consumer Perception Survey (CPS)*

Priority Indicator 5: Demographic Profile of Consumers Served

Definition

This indicator describes the demographics (race/ethnicity, age, and gender) of Full Service Partnership (FSP) consumers served during FYs 2005–06 through FY 2011–12 and all mental health consumers served during FYs 2004–05 through 2011–12. Demographics for FSP consumers are not reported prior to FY 2005–06 because the FSP program launched in FY 2005–06 under the Mental Health Services Act.

Calculation

The operational definition of “all mental health consumers” served during FYs 2004–05 through 2011–12 is individuals in the CSI. The operational definition of “Full Service Partnership consumers” served during FYs 2005–06 through 2011–12 is individuals in the DCR.

The frequencies of all mental health consumers and Full Service Partnership (FSP) consumers served in each fiscal year were calculated overall. Additionally, the proportion of consumers represented in each race/ethnicity, age, and gender category was calculated by dividing the number of consumers within the category by all consumers served. Proportions were calculated for service population (all consumers and FSP consumers) and fiscal year.

Data Sources

The variable name as it most commonly appears in the dataset is shown next to each survey question (when relevant).

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*
- *All Mental Health Consumers—Client & Service Information System (CSI)*

Priority Indicator 6: Demographic Profile of New Consumers

Definition

This indicator profiles new mental health consumers (i.e., not served during the previous FY). The demographics (i.e., age and gender) of all new mental health consumers served during FYs 2005–06 through 2011–12 and new Full Service Partnership consumers served during FYs 2006–07 through 2011–12 are compared to the demographics of continuing consumers.

Calculation

The operational definition of “all mental health consumers” served during FYs 2004–05 through 2011–12 is individuals in the CSI. The operational definition of “Full Service Partnership (FSP) consumers” served during FYs 2005–06 through 2011–12 is individuals in the DCR.

The operational definition of “new consumer” is a mental health consumer who did not receive service during the previous fiscal year (and is therefore new to mental health services in the FY analyzed). FY 2004–05 (all mental health consumers) is not presented in terms of new and continuing consumers because there is not a previous fiscal year of CSI data for comparative purposes. FY 2005–06 is not presented in terms of new and continuing Full Service Partnership (FSP) consumers because the N for FY 2004–05 is too small to facilitate meaningful comparison.

The frequencies of all mental health consumers and Full Service Partnership (FSP) consumers served in each fiscal year were calculated for new and continuing consumers. Additionally, the proportion of consumers represented by age and gender categories was calculated by dividing the number of consumers within each demographic category by new consumers served and by continuing consumers served. Proportions were calculated for service population (all consumers and FSP consumers) and fiscal year.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*
- *All Mental Health Consumers—Client & Service Information System (CSI)*

Priority Indicator 7: Penetration of Mental Health Services

Definition

This indicator describes rates of public mental health service access relative to estimates of need for service among Californians earning less than 200% of the federal poverty income level. This metric is intended to show the extent to which service access is in line with the level of need for public mental health services.

Calculation

To calculate the rate of penetration of mental health services the number of all public mental health consumers served (i.e., received at least one service during the given fiscal year, as documented in the CSI database) was divided by the number of Californians estimated to be in need of mental health services and earning less than 200% of the federal poverty income level.

Data Sources

- *Estimates of Need for Mental Health Services*
- *All Mental Health Consumers—Client & Service Information System (CSI)*

Priority Indicator 8: Access to a Primary Care Physician

Definition

This indicator describes the proportion of FSP consumers with access to a primary care physician during FYs 2005–06 through 2011–12. Access is not reported prior to FY 2005–06 because FSP launched in that year under the Mental Health Services Act.

Calculation

FSP consumers indicating access to a primary care physician at any point during a fiscal year as a percentage of all FSP consumers served during that fiscal year was calculated, as was the rate of access per 100 FSP consumers (FYs 2006–07 through 2011–12 only). This percentage and rate were also calculated within demographic categories (i.e., age and gender) for each fiscal year.

Data Sources

- *Full Service Partnership (FSP) Consumers—Data Collection & Reporting System (DCR)*

Priority Indicator 9: Perceptions of Access to Services

Definition

This indicator provides insight into consumer and family perceptions of access to mental health services among a sample of those currently accessing the community mental health system.

Calculation

Family members/caregivers and youth respondents' ratings (1 = strongly disagree to 5 = strongly agree) on two self-report items (specified in the "Data Sources" section below) were averaged to calculate aggregate ratings of perceptions of access to mental health services.

Adult and older adult respondents' ratings (1 = strongly disagree to 5 = strongly agree) on six self-report items (specified in the "Data Sources" section below) were averaged to calculate aggregate ratings of perceptions of access to mental health services.

For all four groups (family, youth, adults, older adults), aggregate ratings were calculated for each fiscal year. Only respondents with complete data (i.e., no missing responses on any of the questions) were included. Ratings of 3.5 or greater indicate positive perceptions. This calculation method is in line with previous DHCS practices.

Data Sources

- *Sample of All Mental Health Consumers—Consumer Perception Survey (CPS)*

Priority Indicator 10: Involuntary Status

Definition

This indicator provides insight into the rates of involuntary status among all mental health consumers. Involuntary status refers to a legal designation that can be applied to individuals who are found to be a danger to themselves and/or others, and/or who are gravely disabled.

Calculation

The California Department of Health Care Services (DHCS) reports incidents of involuntary status per 10,000 mental health consumers. Variables include:

- Number of Adults in 72-Hour Inpatient Treatment Facilities
- Number of Children in 72-Hour Inpatient Treatment Facilities
- Number of Individuals in 14-Day Treatment Facilities
- Number of Individuals Receiving 14-Day Intensive Treatment (Suicide)

Data Sources

The California Department of Health Care Services (DHCS) provides reports of incidents of involuntary status. DHCS switched calculation methods in FY 2007–08 to only include those over the age of 18. The Evaluation Team calculated the rates independently using the numbers of individuals and population data. In addition, calculation of the number of individuals in 14-day treatment facilities was calculated consistently across fiscal years, using the total population as the denominator. Therefore, the rates reported here differ from DHCS reported rates.

Priority Indicator 11: Consumer Well-Being

Definition

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.

Calculation

Family members/caregivers and youth respondents' ratings (1 = strongly disagree to 5 = strongly agree) on 11 self-report items (specified in the "Data Sources" section below) were averaged to calculate aggregate ratings of well-being.

In FYs 2004–05 and 2005–06, only six of the 11 self-report items that comprise the indicator were included on the Consumer Perception Survey (CPS).

Adult and older adult respondents' ratings (1 = strongly disagree to 5 = strongly agree) on 14 self-report items (specified in the "Data Sources" section below) were averaged to calculate aggregate ratings of perceptions of well-being.

In FYs 2004–05 and 2005–06, only six of the 14 self-report items that comprise the indicator were included on the Consumer Perception Survey (CPS).

For all four age groups, aggregate ratings were calculated for each fiscal year. Only respondents with complete data (i.e., no missing responses on any item) were included. Average ratings of 3.5 or greater indicate positive perceptions. This calculation method is in line with previous DHCS practices.

Data Sources

- *Sample of All Mental Health Consumers—Consumer Perception Survey (CPS)*

Priority Indicator 12: Satisfaction with Services

Definition

This indicator provides insight into consumer and family perceptions of satisfaction with mental health services.

Calculation

Family members/caregivers and youth respondents' ratings (1 = strongly disagree to 5 = strongly agree) of six self-report items (specified in the "Data Sources" section below) are averaged to calculate aggregate ratings of satisfaction with public mental health services.

Adult and older adult respondents' ratings (1 = strongly disagree to 5 = strongly agree) of three self-report items (specified in the "Data Sources" section below) are averaged to calculate aggregate ratings of satisfaction with public mental health services.

For all four age groups, aggregate ratings were calculated for each fiscal year. Only respondents with complete data (i.e., no missing responses on any of the questions) were included. Ratings of 3.5 or greater indicate positive perceptions. This calculation method is in line with previous DHCS practices.

Data Sources

- *Sample of All Mental Health Consumers—Consumer Perception Survey (CPS)*