

Summary of Recommended Performance Measures for Washington's Public Mental Health System

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Introduction

Creation of an effective performance measurement system involves balancing the need for the information collected with the cost of collecting it. In order to be effective, measures must focus on results and avoid concentrating on the processes by which the system attained these results. This section of the report lists recommended performance measures for Washington's public mental health system.

The recommended performance measures are sufficient to provide the Legislature, MHD, RSNs, and provider agencies with the information each requires to fulfill its roles and responsibilities with respect to the public mental health system. Specifically, the information will enable these groups to perform the following functions:

1. Track progress in implementing a system that reflects the intent of State mental health statutes.
2. Assess progress toward achieving the MHD's mission and goals.
3. Assess compliance with HCFA requirements.
4. Inform the Legislature's and the MHD's mission-critical decision-making.
5. Enable appropriate and timely reporting on the system's performance to the Legislature and the mental health system's key constituencies.
6. Allow comparison of measurement results to established standards and benchmarks, among RSNs, and against other states.

Recommended Performance Measures

The table below summarizes the set of recommended performance measures for the public mental health system. These measures employ the taxonomy used by the National Association of Mental Health Programs Directors (NASMHPD), including domains and measures within each domain. For each measure, the recommended “decision-making use”, i.e., for Legislative oversight or for system management, is shown.

Most of the measures are described here in their generic format. These measures can be looked at for specific sub-populations within the mental health system, e.g., children, the elderly, different ethnic groups. Where this approach is inappropriate, more specific measures are included, e.g., work days for adults, school days for children, psychiatric hospitalizations for consumers in the state’s priority population groups. For clarity, expanded definitions of the measures are provided following this table.

Domain/Measure	Decision-Making Use	
	Legislative Oversight	System Management at MHD, RSN, and Provider Levels
Domain: Access		
1. Penetration rates	✓	✓
2. Utilization rates	✓	✓
3. Consumer perception of access	✓	✓
4. Average time from first contact to first service		✓

Domain: Quality/Appropriateness	Decision-Making Use	
	Legislative Oversight	System Management at MHD, RSN, and Provider Levels
1. Consumer perception of quality/appropriateness	✓	✓
2. Percentage of consumers who actively participate in decision making regarding treatment		✓
3. Percentage of consumers linked to physical health services (optional)		✓
4. Percentage of consumers contacted by community providers within seven days of hospital discharge		✓
5. Percentage of consumers in the state's priority populations who are psychiatrically rehospitalized within thirty days of discharge		✓
6. Percentage of jailed/detained consumers in the state's priority populations who receive mental health services while in jail/detention		✓

Domain: Outcomes	Decision-Making Use	
	Legislative Oversight	System Management at MHD, RSN, and Provider Levels
1. Consumer change as a result of services measured via: <input type="checkbox"/> Consumer self-reported change in level of level of functioning and symptom relief; and <input type="checkbox"/> Clinician assessment of improvement	✓	✓
2. Consumer perception of hope for the future and personal empowerment		✓
3. Percentage of adults employed for one or more days in the last 30 days	✓	✓
4. Percentage of available school days attended in last 30 days (for children)	✓	✓
5. Percentage of consumers who have safe and stable housing	✓	✓
6. Percentage of consumers in the state's priority populations without a jail or detention stay	✓	✓
7. Percentage of consumers in the state's priority populations without a psychiatric hospitalization	✓	✓
Domain: Structure/Plan Management		
1. Annual average cost per consumer served	✓	✓
2. Average annual cost per unit of service	✓	✓
3. Percentage of revenues spent on direct services	✓	✓
4. Percentage of professional positions throughout the mental health system held by people of color and ethnic groups the system serves		✓
5. Percentage of consumers with dual diagnoses who have service plans coordinated with other systems	✓	✓
6. Overall community partner satisfaction	✓	✓

Expanded Descriptions of Recommended Measures by Domain

Domain: Access to Care

1. Penetration rates by race/ethnicity, age, and gender for the following groups:
 - ❑ State priority populations as defined by statute
 - ❑ Medicaid-eligible populations as defined in the HCFA waiver
2. Utilization rates by race/ethnicity, age, gender and level of care (crisis, two outpatient levels, residential, inpatient) for:
 - ❑ Admissions
 - ❑ Length of treatment, e.g., number of visits for outpatient care, length of stay for hospital care, etc.
3. Consumer perception of access
4. Average time from first contact to first service (by level of urgency)

Domain: Quality/Appropriateness

1. Consumer perception of the quality/appropriateness of services
2. Percentage of consumers who actively participate in decision making regarding treatment
3. Percentage of consumers linked to physical health services (optional measure)
4. Percentage of consumers contacted by community providers within seven days of hospital discharge
5. Percentage of consumers in the state's priority populations who are psychiatrically rehospitalized within thirty days of discharge
6. Percentage of jailed (adults) or detained (youth) consumers in the state's priority populations who receiving mental health services while in jail or detention

Domain: Outcomes

1. Consumer change as a result of services measured via
 - ❑ Consumer self-reported change in level of functioning and symptom relief; and
 - ❑ Clinician assessment of improvement
2. Consumer perception of hope for the future and personal empowerment
3. Percentage of adults employed for one or more days in the last 30 days
4. Percentage of available school days attended in the last 30 days (for children)
5. Percentage of consumers who have safe and stable housing
6. Percentage of consumers in the state's priority populations without a jail or detention stay
7. Percentage of consumers in the state's priority populations without a psychiatric hospitalization

Domain: Structure/Plan Management

1. Annual average cost per consumer served
2. Average annual cost per unit of service for the following services:
 - ❑ cost per hour for outpatient services; and
 - ❑ cost per day for inpatient services
3. Percentage of revenues spent on direct services
4. Percentage of professional positions (therapists, case managers, administrators, etc.) throughout the mental health system held by people of color and ethnic groups the system serves
5. Percentage of consumers with dual diagnoses that have service plans coordinated with other appropriate state systems, e.g., the Division of Alcoholism and Substance Abuse Services and the Division of Developmental Disabilities
6. Overall community partner (e.g. schools, drug and alcohol agencies, jails, police) satisfaction.

Recommended Sources of Information for Recommended Measures

Data describing performance on the recommended performance measures can be collected through multiple methods. The table below describes an appropriate method for each of the recommended performance measures:

- ❑ The MHD's Data Dictionary is an appropriate source of data for several measures; where data is currently collected for the recommended measures, the table identifies "current Data Dictionary item" as the appropriate data source.
- ❑ Information that can be recorded by case managers in a similar manner as the current Data Dictionary elements are listed as "additional Data Dictionary item".
- ❑ Those measures that are best tracked through a survey or similar instrument are listed under "standardized instruments".
- ❑ For measures that benefit from qualitative information for interpretation or verification, a "Focus Study" is recommended. This method of data collection uses focus groups of system participants.
- ❑ Some measures require information from other departments or agencies and are listed under "Inter-system data request".
- ❑ "RSN and/or hospital financial reports" is another source of data.

For some measures, a combination of data sources is recommended. For example, penetration rates would be collected using both the Data Dictionary information on consumers and the census update data from the Office of Financial Management (OFM). Because relying on other systems for information can be problematic, several measures that conceivably could be collected through inter-system data requests are instead recommended to be collected through the Data Dictionary with verification through Focus Studies. For example, it might be possible to get employment statistics through a request from the Employment Security Division. However, case managers currently report employment status through the Data Dictionary as part of the monthly case status. Augmenting this information with a "Focus Study" should allow for verification of employment reporting.

Domain: Access	Appropriate Source of Data					
	Current Data Dictionary Item	Addition to the Data Dictionary	Standardized Instruments	Focus Study	Inter-System Data Request	RSN and/or Hospital Financial Reports
1. Penetration rates	✓				✓ OFM census updates	
2. Utilization rates	✓					
3. Consumer perception of access			✓			
4. Average time from first contact to first service		✓				

Domain: Quality/ Appropriateness	Appropriate Source of Data					
	Current Data Dictionary Item	Addition to the Data Dictionary	Standardized Instruments	Focus Study	Inter-System Data Request	RSN and/or Hospital Financial Reports
1. Consumer perception of quality/ appropriateness			✓			
2. Percentage of consumers who actively participate in decision making regarding treatment			✓			
3. Percentage of consumers linked to physical health services		✓		✓		
4. Percentage of consumers contacted by community providers within seven days of hospital discharge		✓			✓ Hospital data	
5. Percentage of consumers who are psychiatrically reshospitalized within 30 days of discharge	✓				✓ Hospital data	
6. Percentage of jailed/detained consumers receiving mental health services while in jail/detention		✓				

Domain: Outcomes	Appropriate Source of Data					
	Current Data Dictionary Item	Addition to the Data Dictionary	Standardized Instruments	Focus Study	Inter-System Data Request	RSN and/or Hospital Financial Reports
1. Consumer change as a result of services measured via <ul style="list-style-type: none"> ▪ Consumer self-report ▪ Clinician assessment 			✓			
2. Consumer perception of hope for the future and personal empowerment			✓			
3. Percentage of adults employed for one or more days in the last 30 days	✓			✓		
4. Percentage of available school days attended in the past 30 days (for children)		✓		✓		
5. Percentage of consumers who have safe and stable housing			✓			
6. Percentage of consumers without a jail/detention stay		✓			✓ Criminal Justice	
7. Percentage of consumers without a psychiatric hospitalization	✓					

Domain: Structure/Plan Management	Appropriate Source of Data					
	Current Data Dictionary Item	Addition to the Data Dictionary	Standardized Instruments	Focus Study	Inter-System Data Request	RSN and/or Hospital Financial Reports
1. Annual average cost per consumer served						✓
2. Average annual cost per unit of service						✓
3. Percentage of revenues spent on direct services						✓
4. Percentage of professional positions throughout the mental health system held by people of color and ethnic groups the system serves			✓			
5. Percentage of consumers with dual diagnoses who have service plans coordinated with other systems		✓		✓		
6. Overall community partner satisfaction			✓			