

2. OUTCOMES AND PERFORMANCE MEASURES

Individual and system outcomes and performance measures are a key component of the framework or foundation for our system design recommendations. We began work on this deliverable by reviewing the National Outcome Measures (NOMs) developed by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services. To develop these measures, SAMHSA worked with state mental health authorities, individuals receiving mental health services, and family members. Example NOMs include increased Access to Services, Employment, and Stability in Housing.

To assure that we had the benefit of the latest research, we commissioned Mary Smith, Ph.D., to develop an up-to-date compendium of outcome and performance measures for mental health. This work, along with input provided by Ron Manderscheid, Ph.D., and Trevor Hadley, Ph.D., served as a base for our recommendations.

In developing our recommendations for this deliverable, we considered measures that have been broadly adopted and implemented in the public mental health sector, yet focused on some initial goals and measures specific to Fairfax County. This would enable the CSB to compare performance by benchmarking performance indicators of other comparison groups. In addition to selecting indicators of performance that can be easily benchmarked, we believe it will be critical to set realistic and achievable targets for each measure.

While there are multiple audiences for performance measures, our recommendations focus on availability of data for decisions by those who drive the system (mental health leaders, Community Services Board members, the Deputy County Executive for Human Services, and the Fairfax County Board of Supervisors). We envision a "dashboard" of measures selected as

indicators of system performance. The system will measure many aspects of performance but for this dashboard, we recommend more selectivity in order to focus on those indicators of performance that are key to transforming the system. This system of measures would be facile enough to provide timely input to system leaders and decision makers. In keeping with the value of transparency, we recommend that these key indicators be publicized to system stakeholders.

Recommendation 34

Adopt a robust system of performance measures (as identified below) and ensure performance data is used to improve effectiveness.

The following goals and measures are the initial performance outcome measures for:

- Strengthening living, learning, working, social connectedness and supports for individuals receiving mental health services to live self-determined and productive lives;
- Meeting access to service standards;
- Measuring adult, children, youth, and their family's satisfaction with services received;
- Reducing uncompensated care;
- Measuring the transformation of the service delivery system to a strengths-based, and recovery-and resilience-oriented model for delivering services, and
- Supporting the current strategic plan for transforming the Children and Youth Systems of Care under CSA.

Data in support of these goals and measures can be collected from surveys completed by individuals receiving services and information collected in data elements contained in the CSB's Management Information System (MIS). Modifications to the MIS will be made to collect

information needed for measures related to some of the transformation goals for the system of care.

Information gathered from these measures will be published in the CSB's Dashboard, communicated to stakeholders, individuals receiving services, and providers, and will be used as needed for continuous quality improvement initiatives for enhancing service delivery and business practices.

Overview of Dashboard Measures

It is recommended that the following measures be included in the initial dashboard of measures:

1. Percentage of adults indicating they are participating in the design and implementation of their service plan
 - Percentage as of September 30, 2008, once initial individual service plan is designed and signed
 - Target: 100% by September 30, 2009
2. Percentage actively participating in the annual review of their service plan
 - Percentage as of September 30, 2008 with a signed service plan
 - Target: 100% by September 30, 2009
3. Percentage of adults reporting positively about social connectedness at admission and discharge
 - Measure under development using SAMHSA Social Connectedness Scale
 - Target: TBD
4. Percentage of individuals served involved (incarcerated) with the criminal justice system at admission and at discharge
 - Number of adults and youth incarcerated as of September 30, 2008
 - Target: Reduce by 25%

- Adults involved with jail diversion program in adult detention center (ADC)
- Youth involved with prevention programs in juvenile detention center (JDC)
- Link individuals in ADC, JDC with staff assigned to the ADC and JDC for crisis intervention, education-prevention, and a case manager upon release from the ADC and JDC in effort to reduce recidivism

5. Percentage of individuals with a medical home

- Presence or absence of a medical home at admission
- Target: 100% of individuals served have a medical home, including access to general medical, vision, and dental services

6. Number of individuals served moving from housing waitlist to housing

- CSB waitlist for housing as of September 30, 2009
- Target: TBD

7. Percentage of adults employed at admission and at discharge

- Percentage as of July 30, 2008
- Target: 22%

8. Percentage of adults receiving mental health services who receive an appoint with the Access Unit within ten business days of their first call for service

- Percentage as of July 30, 2008
- Target: 100%

9. Percentage of youth who receive an intake appointment within five business days of their first call for service

- Percentage as of July 30, 2008
- Target: 100%

Overview of All Initial Measures

The following information outlines the overall initial recommended goals and measures related to individuals served, transformation of mental health services and programs to a recovery- and resilience-based system of care, meeting service access standards/benchmarks, and reduction of uncompensated care. Some of these goals, measures and indicators are included in the CSB's Transformation Dashboard. All goals and measures will be collected and

evaluated with implications for continuous improvement planning relative to the overall goals for the system of care.

Goal: Strengthen living, learning and working skills and supports for living self-determined and productive lives

Adult Measures: Sampling of individuals receiving outpatient or residential services

- Percentage of adults employed at admission and discharge
- Percentage of adults reporting positively about social connectedness at admission and discharge
- Percentage of adults with a Medical home (including vision and dental care) upon admission and discharge
- Percentage of adults involved with criminal justice system at admission and discharge: decreased criminal justice involvement
- Percentage of individuals moving off the CSB housing waitlist into housing: annually

Youth and Family Measures: Sampling of individuals receiving outpatient, day treatment and in-home services

- Percentage of youth attending school at admission and discharge
- Percentage of youth living in the community at admission and discharge
- Percentage of youth with a Medical home upon admission and discharge
- Percentage of youth involved with juvenile justice system at admission and discharge

Goal: Meet Access to Service Standards

Adult Measures:

- Percentage of non-emergency outpatient appointments kept by individuals within seven business days from hospital discharge

- Percentage of individuals who receive an appointment with the Access Unit within ten business days of their first call for service
- Percentage of no shows for initial appointments
- Percentage of direct service staff meeting CSB performance standards of hours of services provided and number of individuals served

Youth and Family Measures:

- Percentage of youth who receive an intake appointment within five business days of their first call for service
- Percentage of non-emergency outpatient appointments kept by individuals after first contact within ten business days
- Percentage of direct service staff meeting CSB performance standards of hours of services provided and number of individuals served

Goal: Increase satisfaction of adults receiving mental health and substance abuse outpatient services. Increase youth and family satisfaction with youth services and programs.

Adult Measure:

- Percentage of individuals reporting positively about their experience via annual surveys
- Quarterly Sampling of Satisfaction surveys after most recent appointment

Youth and Family Measure:

- Percentage of individuals reporting positively about their experience via annual surveys
- Quarterly Sampling of Satisfaction surveys after most recent service appointment

Goal: Reduction of Uncompensated Care

Adult Measures:

- Become a Community SSI Initiative Partner under the federal program SOAR (SSI/SSDI Outreach, Access, and Recovery) which will expedite disability determination for homeless population, which will translate into Medicaid reimbursement of CSB services.
- Percentage of adults using Medicaid funds to access mental health services
- Percentage of adults using Medicaid Part D funds to access mental health services
- Ensuring proper documentation for billing Medicaid services

Youth and Family Measures:

- Percentage of children and youth with Medicaid
- Percentage of children and youth in State's Children Health Insurance Program (S-CHIP)
- Ensuring proper documentation for billing Medicaid services
- Maximizing all funding streams

Goal: Transformation of mental health services and programs to a recovery- and resilience-based system of care

Adult Measures - ratings from selected items listed below from the ROSI:

- My treatment plan goals are stated in my own words
- Staff do not use pressure, threats or force in my treatment
- Staff treat me with respect regarding my cultural background
- Staff give me complete information in words I understand before I consent to treatment and medication
- There was not a consumer peer advocate to turn to when I needed one
- I do not have enough good service options to choose from

- Staff sees me as an equal partner in my treatment program
- Overall ROSI Profile

Youth and Family Measures - ratings from selected items from the State Youth and Family Survey, and from the survey George Mason University developed for the CSB:

- Youth & family members treated with respect by program staff
- Youth & family members feeling welcomed and comfortable by reception staff
- Youth and family members reporting staff discussed what's important to them
- Youth and family members receiving information about medication
- Youth and family members accessed needed services to help maintain the youth in the home and community

Goal: Youth and Family Community Based Treatment and Outcomes under Development by the Comprehensive Services Act (CSA)

Youth and Family Proposed Measures Under Development

- Access to youth system of care
- Access to Primary Healthcare
- Criminal Justice Involvement
- School Performance
- Children need to be present in treatment meetings—within school system
- Stability at Home/Community
- Improved child and family functioning
- Improved parenting skills
- Suspensions/expulsions, school attendance over enrollment
- Increased school attendance
- Access to services for youth who are homeless

- Access to services for children with a parent who has a mental illness and/or substance use disorder
- Access to services for foster care parents

3. KEY SUPPORTS FOR TRANSFORMATION

As outlined below, a successful transformation towards a recovery- and resilience-oriented system requires visionary leadership, a workforce that embraces the principles of recovery and resilience, and technical supports to increase system efficiency and productivity.

a. Governance and Leadership

“The vision of a transformed mental health system has created a national imperative to recognize the importance of effective leadership in initiating change and sustaining each step towards making the vision a reality”.⁶⁸ It is the governance (i.e., CSB board) of the system that will oversee movement of the CSB from vision to results. Effective governance holds the system accountable for outcomes. Transformational leadership (at all levels) sets the organizational tone and works to ensure the organization sustains and attains the vision.

i. Board Structure and Competencies

The CSB board is currently structured by the disability areas which provide services—mental retardation, mental health, and alcohol and drug services. The Commission encourages the board to move away from this segregated structure as we believe these divisions promote separation

⁶⁸ SAMHSA. (2005 May-June). Leadership is Everyone’s Business. *Mental Health transformation trends*. 1(2), 5. Accessed 16 June 2008. <http://www.samsha.gov/>