

**MENTAL HEALTH AND SUBSTANCE ABUSE QUALITY INDICATORS FOR THE DANE
COUNTY SSI MANAGED CARE PROGRAM**

(July 12, 2005)

Definition of the Mental Health Consumer Population

The population of mental health consumers for which quality indicator data will be collected is intended to be consumers who have a Serious and Persistent Mental Illness (SPMI). The range of quality indicator data will be more applicable to consumers with an SPMI. Because consumers with an SPMI have more serious needs and a greater number of needs, more of the quality indicator data will be applicable to people with an SPMI compared to consumers without an SPMI.

The SPMI target population will be identified by their classification into the Blue Ribbon Commission on Mental Health's target groups 1 and 2 (BRC1 & 2). The BRC 1 and 2 groups have the most serious mental health disorders and the greatest need for mental health services. Mental health quality indicator data will not be collected for consumers in target group BRC 3. The population will be identified through the Human Services Reporting System (HSRS). The Commission identified five target populations, based on the level of a person's service needs, for which to plan mental health services. The first three populations included:

Target Group BRC 1. Persons in Need of Ongoing, High-Intensive, Comprehensive Services

Persons in need of ongoing, high-intensive, comprehensive services have a primary diagnosis of a major mental illness or severe emotional disturbance and they have substantial needs in areas such as psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and psychotherapy. Some of these persons may also have a history of trauma, such as physical or sexual abuse or neglect, that may contribute to the mental health problem. Persons in this category may need help to access resources in the community such as safe, affordable housing, benefits and entitlement and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing comprehensive services, these individuals will be at the highest risk for increased psychiatric hospitalizations, or extensive reliance on out-of-home placement in nursing homes, child caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

Due to increases in the symptoms of mental illness or environmental stresses, these persons will sometimes experience acute psychiatric crises. Some of these persons may be reluctant to access mental health or other services, and extensive outreach and relationship development may be needed to engage them into services. Ongoing comprehensive treatment and intensive community support and wraparound services are needed to assist the person and family to achieve and maintain a more stable level of functioning and a lifestyle that is more reliant on natural supports and less dependent on the formal mental health services.

Target Group BRC 2. Persons in Need of Ongoing, Low-Intensive, Comprehensive Services

Persons in need of ongoing, low-intensive, comprehensive services have a diagnosed mental health disorder and function in a fairly stable manner but occasionally may experience acute psychiatric crises. Some of these persons may also have a history of trauma, such as physical or sexual abuse or neglect, that may contribute to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation and monitoring), case management and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment including intensive crisis intervention and psychiatric hospitalizations.

This group also includes persons who are at the early onset of their mental disorder or emotional/behavioral disorder. With early identification and appropriate treatment interventions, these persons may be able to maintain stable functioning in the community and avoid the dependence and chronicity caused by long-term institutional or residential care. Appropriate identification of mental health problems for this target group is critical, especially because they often are first seen in non-mental health settings, i.e. primary care sector, school system, law enforcement, etc.

Target Group BRC 3. Persons Needing Short-Term Situational Services

These persons experience situational crises such as divorce, death of parent, spouse or significant other, or severe trauma such as sexual abuse, physical abuse, or neglect that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to the situational difficulties, these persons may experience temporary difficulties in their vocational, educational, family or social roles. These persons may experience acute psychiatric crises that endanger themselves or others. Without appropriate and early identification and diagnosis, short-term counseling, and treatment, the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings, i.e. primary care sector, school system, aging services, law enforcement, etc.

Definition of the Substance Abuse Population

The quality indicator data will be collected from all clients receiving treatment for any alcohol or other drug abuse problem within the last year. The substance abuse quality indicators will be collected for clients with substance abuse disorders only.

1. Two types of substance abuse client populations emerge:
 - a. Those who receive services from a specialized substance abuse treatment program (est. 5% of SSI AODA clients).
 - b. Those who have a co-occurring mental health disorder and would receive integrated substance abuse services from a mental health provider (est. 95% of SSI AODA clients).

Definition of the Co-Occurring MH/SA Population

Clients receiving treatment for a substance abuse disorder and a mental health disorder simultaneously. The quality indicator data defined for the MH population will be collected for the population with co-occurring MH/SA disorders.

MENTAL HEALTH QUALITY INDICATORS

Item	Goal	Sub-Goal	Old Item Number	Indicator	Data Source	Phase	Proposed Technical Specifications
9	1	3	8	% of enrollee with a major mental illness who reply positively on survey about quality and effectiveness of services	Dane Co. MHSIP	2	Data sample for MHSIP is drawn from the entire state. Possibility of doing MHSIP as a special project in 2006 if add an SSI program identification field to HSRS.
10	1	3	9	Reduction in the reliance on all court-ordered treatment for mental health consumers	MHC	2	MHC data system under development
11	1	3	10	Increased employment or school enrollment status	HSRS MH	1	Field 38, 39, 40; Currently holding full- or part-time competitive employment (20 hrs or more/week) or at least attending school part-time
12	1	3		Increased employment or school enrollment status	MHC	2	MHC data system under development
13	1	3	11	Increased or retained stability in living situation	HSRS MH	1	Field 37; Scale of stability = private residence, supported residence, treatment facility/institution, correctional facility, homeless/shelter
14	1	3		Increased or retained stability in living situation	MHC	2	MHC data system under development
15	1	3	12	No involvement with the Criminal Justice System	HSRS MH	1	Field 42; No involvement with the criminal justice system
16	1	3		No involvement with the Criminal Justice System	MHC	2	MHC data system under development
17	1	3	13	Increase in functioning as measured by the Global Assessment of Functioning (GAF) scale	HSRS MH	1	Field 33; GAF score. Need definition of increase.
18	1	3		Increase in functioning as measured by the Global Assessment of Functioning (GAF) scale	MHC	2	MHC data system under development

9. % of enrollee with a major mental illness who reply positively on survey about quality and effectiveness of services

Data Source: Mental Health Statistical Improvement Program (MHSIP) Consumer Satisfaction Survey

Data Collection Method: mail survey

Data Collection Frequency: once annually or ongoing throughout the year, but only one per consumer per year

Measurement: Consumers are asked how much they agree with the following questions. The scale of response categories is:

- 1=Strongly Agree
- 2=Agree
- 3=Neutral
- 4=Disagree
- 5=Strongly Disagree

The domains, or scales, within the MHSIP adult survey include:

MHSIP Consumer Survey: Perception of Access

- The location of services was convenient.
- Staff was willing to see me as often as I felt it was necessary.
- Staff returned my calls within 24 hours.
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed
- I was able to see a psychiatrist when I wanted to

MHSIP Consumer Survey: Perception of Quality and Appropriateness

- Staff believed that I could grow, change and recover.
- I felt free to complain.
- Staff told what side effects to watch for.
- Staff respected my wishes about who is and is not to be given information about my treatment.
- Staff was sensitive to my cultural/ethnic background.
- Staff helped me obtain the information needed so I could take charge of managing my illness.
- I was give information about my rights
- Staff encouraged me to take responsibility for how I live my life.
- I was encouraged to use consumer-run programs.

MHSIP Consumer Survey: Perceptions of Outcomes:

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.

- My symptoms are not bothering me as much.
- My housing situation has improved.

MHSIP Consumer Survey: **Perception of Participation in Treatment Planning**

- I felt comfortable asking questions about my treatment and medications.
- I, not staff, decided my treatment goals.

MHSIP Consumer Survey: **General Satisfaction**

- I liked the services that I received here.
- If I had other choices, I would still get services at this agency.
- I would recommend this agency to a friend or family member.

Scoring:

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3rd of the items **in that domain missing**.
3. Calculate the mean of the items for each respondent within each domain.
4. Calculate the percent of scores less than 2.5. (percent agree and strongly agree) within each domain.

Final measurement: # of consumers who are positive about their services /
 # of consumers enrolled into services

10. Reduction in the reliance on all court-ordered treatment for mental health consumers

Data Source:

Data Collection Method:

Data Collection Frequency:

Measurement:

11. Increased employment status (MH)

Data Source: HSRS MH Field 39

Data Collection Method: Provider

Data Collection Frequency: 6 months

Measurement: # of full- or part-time employed consumers (codes 1,2,3, or 5) /
of consumers enrolled into services

HSRS MH Field 39: Employment Codes

- 1 Competitive Employment (part or full-time) in a real (i.e., market) job**
- 2 Temporary employment including seasonal employment**
- 3 Supported Competitive employment with ongoing long-term support (i.e., the consumer and their employer are actively supported by a CSP team) to structure the job or work environment**
- 4 Sheltered Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
- 5 Prevocational activity - Job training, transitional, vocational rehab**
- 6 Not working Wants to work, looking for work and available to accept a job
- 7 Unemployed/retired Uninterested in employment
- 8 Other status Homemaker, student, caregiver, SSI disabled
- 9 Not in the labor force Institutionalization, incarceration, medical reason, other
- 99 Unknown

Employed = 1,2,3,5

Unemployed = 6,7

Not in the Labor Force = 4,8,9

No data available = 99

12. Increased or retained stability in living situation (MH)

Data Source: HSRS MH Field 37

Data Collection Method: Provider

Data Collection Frequency: 6 months

Measurement: # of consumers with a positive change in placement (latest placement code minus past placement code) / # of consumers enrolled

HSRS MH Field 37: Living Situation Codes

- 1 Street or shelter Homelessness; transient, hotel
- 2 Private residence or household Such as apartment or house; owned or rented
- 3 Supported or semi supervised residence Board and care, supervised apartments, YMCA/YWCA, safe house for children
- 4 Specialized facility - on-site supervision Such as assisted living facility, residential care apartment complex, adult family home, CBRF, halfway house, group home, adult foster home, foster/respite care, treatment foster care, residential care center, domestic abuse shelter
- 5 Other institution Such as hospital, nursing home, IMD, DD center, state institution
- 6 Jail or correctional facility

Scale of stability from worst to best:

- 1 = correctional facility, homeless/shelter (originally 1,6)
- 2 = human services inpatient or institution setting (originally 5)
- 3 = specialized treatment facility (originally 4)
- 4 = supported residence (originally 3)
- 5 = private residence (originally 2)

13. No involvement with the Criminal Justice System (MH)

Data Source: HSRS MH Field 42; MHC

Data Collection Method: Provider

Data Collection Frequency: 6 months

Measurement: # of clients not arrested or imprisoned during treatment episode /
of clients who completed treatment

HSRS MH Field 42: Criminal Justice Codes

- | | |
|----------|--|
| 1 | None |
| 2 | On probation |
| 3 | Arrest(s) |
| 4 | Jailed/imprisoned (includes Huber) |
| 5 | On parole |
| 6 | Juvenile justice system contact |
| 9 | Unknown |

Probation - The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.

Jailed - Means county jails.

Imprisoned - Means state prisons, federal prisons, or forensic units of state hospitals.

Parole - Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.

Juvenile Justice System -

- Juvenile Correction Institution (JCI)
- Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI
- Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17

14. Improvement in functioning as measured by the Global Assessment of Functioning (GAF) scale

Data Source: HSRS MH Field 33

Data Collection Method: Provider

Data Collection Frequency: 6 months

Measurement: $\frac{\text{last GAF score} - \text{previous GAF score}}{\text{Previous GAF score}}$

The measurement is the percentage change in the GAF score from time 1 to time 2.

SUBSTANCE ABUSE QUALITY INDICATORS

Item	Goal	Sub-Goal	Old Item Number	Indicator	Data Source	Phase	Proposed Technical Specifications
19	1	4	14	% of enrollee with alcohol or drug abuse who reply positively on survey about quality and effectiveness of services	Dane Co. MHSIP	2	Consumers with a substance use disorder referred to a substance abuse service and discharged with moderate or major improvement. Yes through MHSIP (not CAHPS)
20	1	4	15	Retention in substance abuse treatment	HSRS AODA	1	Consumers with a substance use disorder referred to a substance abuse service and receiving at least 120 days of treatment
21	1	4	16	Increased employment status	HSRS AODA	1	Field 16
			17	Increased or retained stability in living situation	HSRS AODA	2	
22	1	4	18	Abstinence or a reduction in use of non-prescribed alcohol or other drugs	HSRS AODA	1	Field 28a-28c : a) Consumers completing services that are abstinent from alcohol or other drugs at discharge; b) Consumers completing services that are not abstinent but have decreased their use of alcohol or other drugs at discharge; c) Consumers not having another detox admission with one year
23	1	4	19	Detoxification admissions	Enc Data	1	MEDDIC definitions, modify if necessary
24	1	4	20	Decreased or no involvement with the Criminal Justice System.	MHC	2	MHC data system under development
25	1	4	21	Court-ordered treatment for AODA	MHC	2	MHC data system under development

19. % of enrollee with alcohol or drug abuse who reply positively on survey about quality and effectiveness of services

Data Source: Use the Ch. HFS 75-required consumer satisfaction survey.

Data Collection Method: Self-administered survey

Data Collection Frequency: Annually

Measurement: ??

20. Retention in substance abuse treatment

Data Source: HSRS AODA Field 35, HSRS AODA episode dates

Data Collection Method: Provider

Data Collection Frequency: Once at discharge/treatment completion.

Measurement:

Primary measure = # of persons completing treatment with moderate or major improvement / # of persons ending treatment

Secondary measure = # of persons actively engaged in services for at least 120 days / # of persons ending treatment

Completing treatment means the client stayed in treatment for the recommended length of time. *Ending treatment* refers to everyone who has terminated treatment regardless of the reason.

HSRS AODA Field 35: Standard Program Category (SPC) End Reason

If the service was completed, use codes 01, 02, or 03.

01 Completed service - major improvement

02 Completed service - moderate improvement

03 Completed service - no positive change

If the service was not completed, use codes 04–16.

04 Referred to another nonalcohol/drug agency, program, or service before completing service

05 Behavioral termination - staff/program decision to terminate due to rule violation

06 Withdrew against staff advice before completing service

07 Funding/authorization expired, same service not reopened

08 Incarcerated

09 Death

14 Referral to another AODA agency or program

15 Transfer to another AODA service within an agency or program

16 Funding/authorization expired, same service reopened

21. Increased employment status (SA)

Data Source: HSRS AODA Fields 16 and 36-E

Data Collection Method: Provider

Data Collection Frequency: Collected at enrollment and at treatment completion.

Measurement: $\frac{\text{\# of full- or part-time employed clients}}{\text{\# of clients enrolled into services}}$

HSRS AODA Fields 16 and 36-E

- 1** **Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs.**
- 2** **Employed part-time - less than 35 hours a week.**
- 3** Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job.
- 4** Unemployed - not looking for work in the past 30 days.
- 5** Not in the labor force - other (homemaker, student, disabled, retired, institution inmate, incarcerated, others).

XX. Increased or retained stability in living situation

Data Source: HSRS AODA Field to be added in 2006

Data Collection Method: Provider

Data Collection Frequency: Collected at enrollment and at treatment completion.

Measurement: To be determined

22. Abstinence or a reduction in use of non-prescribed alcohol or other drugs

Data Source: HSRS AODA Field 28 and 36-A

Data Collection Method: Provider

Data Collection Frequency: Collected at enrollment and at treatment completion.

Measurement: $\frac{\# \text{ of clients with reduced AOD usage (positive values for Field 36A – Field 26)}}{\# \text{ of clients who ended treatment for any reason}}$

HSRS Field 26: How often the substance is used during the 30 days prior to the start of the episode.

- 1 No use in the past month (abstinent)**
- 2 1-3 days in the past month (less often than once a week)
- 3 1-2 days per week
- 4 3-6 days per week
- 5 Daily

HSRS Field 36-A: Frequency of alcohol/drug use during the 14 days prior to discharge.

- 1 No use (abstinent)**
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily

23. Detoxification admissions

Data Source: Encounter data

Data Collection Method: Provider

Data Collection Frequency: ongoing

Measurement:

- Percent of enrollees having a “detox” admission;
- Average detox admissions among those having at least one detox admission;
- Rate of post-hospitalization ambulatory care for substance abuse within 7 and 30 days (MEDDIC)

25. Decreased or no criminal justice system involvement

Data Source: HSRS AODA Field to be added in 2006

Data Collection Method: Provider

Data Collection Frequency: Collected at enrollment and at treatment completion.

Measurement: $\frac{\text{\# of clients not arrested during treatment episode}}{\text{\# of clients who completed treatment}}$

Completing treatment means the client stayed in treatment for the recommended length of time.

21. Court-ordered treatment for AODA

Data Source: Dane County MHC or HSRS AODA Field 12

Data Collection Method: Provider

Data Collection Frequency: At enrollment

Measurement: # of clients ordered by the court under Ch. 51 to receive services (HSRS code 8-9) /
of clients enrolled into services

This HSRS data could be used as a proxy. Otherwise a new field would have to be established in HSRS.

HSRS AODA Field 12: The individual or agency at the point of origin, that referred the client for services.

- 01 Self
- 02 Family, friend, or guardian
- 03 AODA program (includes AA and Al-Anon)
- 04 Hospital, clinic, physician, health agency
- 05 School, college
- 06 IDP- Court
- 07 IDP - Division of Motor Vehicles (DMV)
- 08 Probation and parole**
- 09 Other court, criminal or juvenile justice, or law enforcement**
- 10 Employer, Employee Assistance Program (EAP)
- 11 County social services
- 13 IV drug outreach worker
- 14 Other social agency or community referral