

SUBSTANCE ABUSE AND MENTAL HEALTH – OUTPUT AND OUTCOME MEASURES

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
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ISSUE BRIEF

SUMMARY

As part of a Human Services In-depth Budget Review (found at <http://le.utah.gov/interim/2010/pdf/00001613.pdf>), the Department of Human Services reported a six year history of output and outcome measures and benchmarking information if it existed. The department has updated this information and included an additional year. A six year history of measures is included in the appendix. The brief highlights changes from information presented a year ago and identifies measures that have improved or declined by more than 5 percent. Fiscal Analyst recommendations for Legislative action are also included.

HUMAN SERVICES IN-DEPTH BUDGET REVIEW RECOMMENDATION REGARDING OUTCOMES

The Human Services In-depth Budget Review (found at <http://le.utah.gov/interim/2010/pdf/00001613.pdf>) was assigned by the Executive Appropriations Committee (EAC) and later heard by EAC and the Social Services and Executive Offices and Criminal Justice appropriations subcommittees. The in-depth review included 15 major recommendations and 14 other additional recommendations. The two subcommittees passed intent language to have Human Services report back on the progress and status of the review's recommendations during the 2012 General Session. One of the major 15 recommendations was:

All department divisions [should] follow best practices for performance measures:

- *Measure things that matter*
- *Focus on outcomes, then outputs*
- *Compare internally and against other states*

The in-depth budget review identified the best internal department examples for outcome measures. The review stated, "For outcome measures of state provided services, DCFS [Division of Child and Family Services] is the best example. They have meaningful measures, compare different regions, publish them on their public website, and benchmark against other states. . . For outcome measures of contract-provided services, DSAMH [Division of Substance Abuse and Mental Health] is the best example in the department. They have meaningful measures, compare different providers, publish them on their public website, and benchmark against other states."

HUMAN SERVICES OVERALL GOALS

As part of its FY 2013 budget submission, the Department of Human Services provided the following four department-wide goals:

- *collaborate with community partners and within the Department on issues that cut across divisions*
- *maintain and improve transparency regarding Department finances and operations in the community*
- *foster creativity, innovation and adoption of best models and practices*
- *improve outcomes and results by using measures which lead to good decisions that drive success*

ANALYSIS OF SUBSTANCE ABUSE AND MENTAL HEALTH OUTPUT AND OUTCOME MEASURES

DSAMH has made no changes to the measures it presented in the fall of 2010 as part of the in-depth budget review. Analysis at that time regarding the output and outcome measures of DSAMH stated, "these 45 measures can be categorized as follows: 12 associated with statewide and community mental health services, 11 associated with the Utah State Hospital, and 22 associated with statewide and community substance abuse programs. No measures were provided for the functions performed at the State Administration Office. . . . On its website, the State Hospital posts a description of its outcome measures accompanied by the interpretation of those measures. With regard to numbers served and median lengths of stay, the Hospital states: 'the goal is to serve as many patients as possible while maintaining a low rapid re-admission rate. . . . The higher the number of patients served the more effective the services are to the entire state of Utah. . . .' The State Hospital also has several more complicated measures including instruments to measure average reduction in symptoms (its BPRS score) and a severe and persistent outcome questionnaire (its SOQ score). Both of these

measures are identified and explained on the State Hospital's website. The Analyst believes the State Hospital is a good example for other areas of the department in its transparency to the public regarding its outcome measures by displaying and explaining these measures on its website. The Analyst recommends the State Hospital also display the actual numerical measures on its website. . . . DSAMH also has its Adult and Youth Consumer Satisfaction Survey included in its annual reports as well as on its website at: http://www.dsamh.utah.gov/consumer_satisfaction.html. This survey includes, among others, the following elements: percent of clients sampled, general satisfaction, good service access, quality and appropriateness of services, participation in treatment planning, positive service outcomes, and improved functioning. This survey compares all local service districts and includes a national comparison for seven of the elements. The Analyst believes this consumer satisfaction survey for both mental health and substance abuse clients, with its comparison of local service districts as well as the nation, offers a good example for other areas of the department in addressing the basic question of the benefit resulting from services provided. The Analyst also believes this survey offers a good example by providing, through its comparison of local service providers, an incentive for lower performing providers to improve their services. "

The Division of Substance Abuse and Mental Health states:

The goal of the Division is to provide oversight of the community mental health and substance abuse service delivery system in the most cost-effective and efficient manner possible. The Division is focused on the three goals noted in the Issue Brief: 1) measure things that matter; 2) focus on outcomes, then outputs; and 3) compare internally and against other states.

The list of measures collected by the DSAMH that are highlighted in the report is not exhaustive. DSAMH collects a number of measures for its State Administration function that are not included in the current report. The same National Outcomes Measures that are used by the Division to measure progress at the local level are used by the following national organizations – Substance Abuse and Mental Health Services Administration (SAMHSA), National Association of State Mental Health Program Directors (NASMHPD) and National Association of State Alcohol and Drug Abuse Directors (NASADAD) to benchmark the State administration's performance against other States. One example is the utilization of state hospital beds per client served. Utah has the 4th lowest rate of utilization per client served in the country. Another is the utilization of Evidence Based Practices. Utah utilizes the Outcome Questionnaire (OQ) and the Youth Outcome Questionnaire (YOQ) as a statewide measure of client progress. The Research Department within State Administration monitors and reports on the compliance to benchmarks set for the minimum numbers of administrations of these measures for each local authority as well as the system as a whole.

The Division has other administrative measures (e.g. timely data submission by local authorities, percent of clients administered the OQ, percent of clients completing the consumer satisfaction survey MHSIP, YSS, YSS-F, percent of providers monitored, and percent of providers that submitted an Area Plan) which are already being collected . . . that comply with the general principles of performance measurement where you measure things that matter, measure outcomes first, and measure internally and against other states.

DSAMH measures showing greater than 5% improvement

#31 - State Substance Abuse - percent clients seeing increased employment (+6%)

#44 – Drug Court - increase in employment rates between admission & discharge (+5%)

DSAMH measures showing greater than 5% decline:

#13 - Residential Mental Health Services – number of children that remained in community (-64%)

The division states: "These numbers represent the requests for outplacement funds used for diversion which helps keep children and youth from accessing higher cost acute levels of care by identifying needs where funding could help keep them in their homes/communities. Actual children/youth residential mental health services decreased from 4.4%, 632 clients in FY2010 to 3.8%, 589 clients in FY2011."

#22 - State Hospital – Forensic Services – median length of stay (days) (-50%)

The division states: "The numbers reported in FY2010 appear to be an anomaly when looking at historically trends. During FY2010, there were fewer higher acuity/long term patients discharged while more lower acuity/short term patients were discharged. The Utah State Hospital reports that in FY2011 the increased number of clients with dual status (forensic/civil) has made it difficult to discharge them and increased the length of stay."

#33 – Local Substance Abuse Services – successful completion rate (-6%)

APPENDIX: HUMAN SERVICES AGENCY OUTPUT AND OUTCOME MEASURES

As part of the Department of Human Services In-depth Budget Review, agencies within Human Services were asked to provide a six year history of accountability measures along with any indications if benchmarking was being used, and if so, who was being used to benchmark against (see the Department of Human Services In-depth Budget Review Appendix 3, pages 65 through 74 found at: <http://le.utah.gov/interim/2010/pdf/00001615.pdf>). The table included in the appendix updates information from the in-depth review for the Division of Substance Abuse and Mental Health and adds measures for one additional year.

Substance Abuse and Mental Health - Output and Outcome Measures - FY05 Through FY 11

	FY10 Total Expenditures	FY11 Total Expenditures	Appropriation Unit	Unit		Performance Measure	Measure Target	Measure FY 05	Measure FY 06	Measure FY 07	Measure FY 08	Measure FY 09	Measure FY 10	Measure FY 11	Measure can be benchmarked to performance by others?	If yes, who are you using to benchmark against?
	\$128,467,407	\$126,196,100	SUBSTANCE ABUSE AND MENTAL HEALTH:													
	\$2,905,630	\$2,550,600	KBA ADMINISTRATION	2011 DHS DSAMH SA/MH BOARD												
				2012 DHS DSAMH MENTAL HEALTH ADMINISTRATION	1	MH & SA admin: Local Authority Plan Reviews, Quality of Care Reviews, Outcome Measures									No	
				2013 DHS DSAMH SUBSTANCE ABUSE ADMINISTRATION												
				2014 DHS DSAMH RESEARCH												
				2015 DHS DSAMH SUPPORT												
	\$4,689,655	\$5,116,000	KBC COMMUNITY MENTAL HEALTH SERVICES		2	Number indigent/uninsured adult & child clients - number served		(No info available: not funded FY 05-08)				4,359	6,655	8,304	No	
				2051 DHS DSAMH COMPETENCY EVALUATIONS / FORENSIC	3	Evaluations: Number evaluations		787	740	717	733	772	707	780	No	
					4	Evaluations:Timely completion	100%	100%	100%	100%	100%	100%	100%	100%	No	
				2053 DHS DSAMH MENTAL HEALTH HOMELESS (PATH)	5	Number of homeless clients served		1,014	994	977	910	1,150	1,027	1,043	No	
				2055 DHS DSAMH PREADMISSION SCREENING & RESIDENT REVIEW PASRR	6	PASSR: Number of screenings		326	522	1,683	1,900	2,004	2,145	2,465	No	
					7	PASSR: Timely completion	100%	100%	100%	100%	100%	100%	100%	100%	No	
				2066 DHS DSAMH AUTISM PRESCHOOL	8	Number clients served		(Data not available prior to FY08)			109	122	116	115	No	
				2101 DHS DSAMH MH SERVICES - CHILDREN												
	\$27,341,296	\$23,981,500	KBD MENTAL HEALTH CENTERS		9	All clients of local mental health centers: Number served		41,385	38,658	40,427	40,426	42,416	43,662	45,085	Yes	National
					10	Family satisfaction rate:	83%	85%	80%	83%	84%	88%	87%	86%	Yes	Fed NOMS: CMHS Uniform Reporting System
				2101 DHS DSAMH MH SERVICES - CHILDREN												
				2121 DHS DSAMH MH SERVICES - ADULT	11	Adult client service satisfaction rate:	88%	88%	87%	85%	86%	90%	87%	86%	Yes	Fed NOMS: CMHS Uniform Reporting System
				2141 DHS DSAMH MH SERVICES - OTHER												
	\$957,959	\$926,400	KBE RESIDENTIAL MENTAL HEALTH SERVICES	2101 DHS DSAMH MH SERVICES - CHILDREN												
				2153 DHS DSAMH NH OUTPLACEMENT												
				2154 DHS DSAMH CHILDREN OUTPLACEMENT	12	# children placed in community from hosp.		Numbers not available / not collected				26	42	40	No	
					13	# children that remained in community		Numbers not available / not collected				24	28	10	No	

	\$54,190,459	\$55,209,800	KBF STATE HOSPITAL		14	JAHCO accreditation is current:		yes	yes	yes	yes	yes	yes	yes	Yes	Other state hospitals who are Joint Commission Accredited through the National Research Institute (NRI) as well as State Hospitals who are members of the Western Psychiatric State Hospital Association.
				2205 DHS DSAMH USH ADULT GENERAL	15	Adult Psychiatry: # patients treated		324	306	340	322	308	332	310	Yes	See explanation above
					16	Adult Psychiatry: Median length of stay		186	238	159	207	270	224	221	Yes	See explanation above
					17	Adult Psychiatry: avg reduction in symptoms (BPRS)	>= 15	16	18	15.16	19	22	19.8	20	Yes	See explanation above - raters for the BPRS have been trained and calibrated for inter-rater reliability against the Gold Standard Consensus Code from UCLA. USH has also developed empirically validated norms against a large sample of its own patients. This rater calibration and normative process is unique to the USH.
					18	Adult Psych. SOQ (Severe and Persistent Outcome Questionnaire) score improvement from admission to discharge	>10	11.42	16.43	22.62	26.81	15.25	27.3	29.2	Yes	See explanation above
				2213 DHS DSAMH USH ARTC-ACUTE RECOVERY	19	ARTC: # patients treated		117	110	85	111	105	122	123	No	
					20	ARTC: Median length of stay (days)		8	11	13	9	8	7	8	Yes	To other acute inpatient stays.
				2214 DHS DSAMH USH FORENSIC SERVICES	21	Forensic Services: # patients treated		180	180	190	195	203	176	183	Yes	USH is scheduled to benchmark competency restoration--number of not competent to proceed patients and how many are restored to competency-with the other state hospitals who are members of the Western Psychiatric State Hospital Association in 2011.
					22	Forensic Svc: Median length of stay (days)		149	166	182	166	188	124	186	Yes	same as above for all Forensic
				2221 DHS DSAMH USH PEDIATRICS YOUTH	23	Pediatrics: # patients treated		113	97	106	115	98	110	110	Yes	Comparative outcome statistics involve "Cut Scores" which statistically differentiate between psychiatric inpatients and patients who are treated in community-based settings and "Reliable Change Indices," which reflect whether or not a patient has made statistically significant change. When a patient's outcome score has surpassed both the score required for reliable change and the cut score between inpatient and community care, they are considered to be "recovered." The Youth Outcome Questionnaire (YOQ) is a self-report measure for youth. This outcome measure is a national measure and can be utilized to compare to inpatient or community mental health centers that employ the same instrument. The reliable change index for the YOQ is >10 to be statistically significant and to indicate "recovery".
					24	Pediatrics: Median length of stay (days) (*weighted avg of youth and adolescents)		279*	226	340	290	281	252	257	Yes	same as above for all Pediatrics
	\$6,556,826	\$7,432,300	KCC STATE SUBSTANCE ABUSE SERVICES	2611 DHS DSAMH SUBSTANCE ABUSE PREVENTION - GENERAL	25	% Substance abuse by 12th graders within 30 days	No target set	14.0%	No data avail.	12.3%	No data avail.	17.1%	19.0%	22.1%	No	
					26	% 12-17 year olds who perceive alcohol as a moderate to severe risk	No target set	53.0%	No data avail.	53.6%	No data avail.	80.4%	84.40%	81.90%	No	
					27	Prevention education disseminated number of Utah citizens		1,200,000	1,200,000	182,172	569,937	207,213	447,800	536,991	No	
					28	Alcohol education & training: Number trained on premise / off premise		8,672	9,000	10,094 / 30,683	10,058 / 10,902	10,334 / 9,863	10,667 / 8,414	10,537 / 8,495	No	

[illegible]