

DRAFT

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Performance Measure Definitions

SFY 2014



Effective Date:
July 1, 2013

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For Gatekeeper Measures

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Introduction to Performance Measures and Definitions for State Fiscal Year 2014

Welcome to the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (DMHA) performance measurement system. Since SFY 2008, DMHA has maintained performance-based contracting with organizations responsible for ensuring a community-based continuum of care for adults and youth with mental illnesses or addictions who meet established criteria. These organizations “earn” a portion of their allocated funds based on degree to which performance measure targets are met. As originally intended, the system has evolved over the past six years from an emphasis on process to a current emphasis on outcomes. This concept of accountability through performance has permeated DMHA’s contracting process in the form of specified deliverables for which the contract pays and specific client outcome measures in many contracts.

As has occurred each fiscal year, for SFY 2014 performance measurement, some measures have been added and some retired. During SFY 2013, three measures for youth based on modules in the Child and Adolescent Needs and Strengths (CANS) tool were developed and monitored. These measures were School Performance, Juvenile Justice Involvement, and Substance Use. The new measures will replace the previous measures for school performance, risk behaviors, and substance use in SFY 2014 and targets have been established based on overall system performance during the first nine months of SFY 2013.

A measure for youth ages 0 – 5 has also been added. The definition for the Improvement in Needs and Strengths (Improvement in One Domain) on the CANS 0 - 5 tool has been included in the definitions manual since SFY 2011. This performance measure is being included in the youth measures for payment.

One new adult measure is being added in SFY 2014. The Community Integration measure was developed to represent behavioral health recovery in adults. Community integration will be measured based on fourteen items in the Adult Needs and Strengths Assessment (ANSA). This measure will be reported separately for SMI and CA and has targets based on overall system performance during the first nine months of SFY 2013.

The Outcome Measures are designed around a service delivery system based on episodes of care. An episode of care is defined by an admission date and a discharge date. At the beginning of each episode of care for a consumer, an assessment is completed. This is the admission or initial assessment. Depending upon the length of services, one or more reassessments will be completed. If the episode of care extends for six or more months, a reassessment is required at the end of each 180 days of treatment. Providers may perform reassessments more frequently based on the needs of the consumer. A reassessment is also needed at the time of discharge.

Assessments and reassessments are performed using the CANS comprehensive assessment (either the 0 – 5 tool or the 5 – 17 tool) for youth and the ANSA for persons aged 18 and over, except where otherwise noted. In addition to these assessment tools, DMHA requires reporting of the following data elements at admission, 180 day intervals, and discharge:

NOMs – included in DARMHA reassessment measure

- Pregnancy status
- Social Supports
- Employment Status
- Educational Level
- School Attendance Status
- ROLES (youth only)
- Living Arrangement (adults only)
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- Needle Use (for drugs)
- Criminal Involvement

The reassessment performance measures utilize the above NOMS data elements or the CANS or ANSA data. The employment outcome measure is based on the NOMS data. All other outcome measures, except the gatekeeper measures, are based on the CANS or ANSA. The gatekeeper measures are based on data maintained in the State Operated Facilities client database.

Reassessment Frequency and Clinical Outcomes

Many of the measures contained in this document are clinical outcome measures. They try to answer the question: “Do consumers receiving services from this provider have less intense needs or greater strengths over time?” For the performance measures in this document, outcomes are measured from the two most recent assessments. For persons receiving services for shorter periods of time, the two most recent assessments may be an initial assessment and a discharge assessment which would actually measure any improvement in outcomes during the episode of care. However, for consumers receiving services for longer periods of time with multiple assessments (every 180 days), the two most recent assessments are usually reassessments and do not capture the level of need the consumer presented at the beginning of treatment. For consumers with very high levels of need, improvement may be very gradual and not evident every 6 months but could be evident over a 12 to 18 month period. For consumers at any level of need, reassessments completed too frequently will tend to reflect insignificant change.

Discharge (Transitional) Reassessments, General Guidance

DMHA is frequently asked when a discharge reassessment is mandatory. There is no single answer to this question. The CANS and ANSA tools are intended to prompt and improve communication. As a communimetric tool, the most clinically accurate answer to the question is that a discharge reassessment is always recommended as it defines the individual’s needs and strengths at the end of an episode of treatment.

The communication qualities of the CANS and ANSA tools are very useful in successful transition from one level of care to a different level of care or from one program to a different program, such as youth to adult services. The CANS or ANSA helps plan

transitional services, at a lower or high level of care (e.g., transitioning from a state hospital or a psychiatric residential treatment facility to community based care, transitioning from intensive community based services for youth to supportive care) and are, therefore, recommended for all transitions in services.

Behavioral health data indicates that most individuals/families are “discharged” following a period in which they are not seen by the clinician or for unknown reasons (administrative discharge). Discharge due to mutual agreement or due to treatment being completed is less often seen in the data. The question of when to do a discharge reassessment becomes viable due to this fact about the data.

DMHA cannot address every situation which may be encountered in the process of discontinuing an episode of treatment. However, the following general guidelines may be useful in deciding whether or not to complete a discharge reassessment. The situations below are intended to be examples of things that may happen during the course of behavioral health treatment episodes.

Situations where a discharge reassessment is likely not needed:

1. Individual is seen no more than 3 times and decides not to continue treatment.
2. Individual is seen only sporadically over a period of 1 to 4 months due to no-shows and completely drops out of treatment.
3. Individual is admitted to a nursing home, a state operated facility, or other institution within three (3) months of beginning treatment when the admission was being planned or considered at the beginning of treatment.
4. If a reassessment has been completed shortly prior to the decision to discharge, a discharge reassessment may not be any different than the immediately preceding assessment. In fact, the six-month reassessment may trigger discussions with the individual/family that result in a mutual decision to discontinue treatment as maximum benefit has been realized. The individual/family may be seen a few more times for treatment closure and have no impact on the assessment. In such a situation, completing a discharge reassessment would serve no real purpose.
5. If services or circumstances following the most recent assessment do not result in changes in needs and/or strengths or if the decision to discharge occurs in less than three (3) months after that assessment, a discharge reassessment may not be needed.

Discharge due to completion of treatment:

1. Best practice would indicate that, whenever a discharge occurs due to completion of treatment, a discharge reassessment must be completed to capture the changes in needs and strengths that occurred during the course of treatment.
2. If services or circumstances following the most recent assessment result in changes in needs and/or strengths or if the decision to discharge occurs three (3) or more months after that assessment, a discharge reassessment is needed.
3. Sometimes, treatment is planned to be very brief. A reassessment within 30 days is not **generally** considered to be very useful as individual changes in needs and strengths may not be measureable in this very short time. There may be exceptions to this generality where notable changes in needs and strengths, either positive or negative, occur.

Other Considerations

1. Data from the CANS and ANSA assessments are used for outcome monitoring. Routine reassessments in collaboration with the individual/family will enhance monitoring of progress, documentation of improvement (or lack thereof), and quality of services.
2. If additional information is known about the individual/family circumstances since the last assessment, the best practice will be to document those circumstances in the clinical record and by rating the CANS or ANSA tools.
3. If the only option for the clinician is to copy the previous assessment item responses in a discharge reassessment, the discharge reassessment will have no real value.

Data Requirements for Performance Measures

In order for a consumer to be counted in the performance measure calculations several business rules must be met within the data. These include:

- Agreement type
- An episode of care must be open at some time during the month
- DMHA Supported Consumer (DSC) Eligibility – consumer must be DSC Eligible or DSC Eligible – Medication Only status as of the most recent DSC status. (Note: this status was previously known as HAP status.)
- At least one encounter reported during the month
- Two assessments using the same tool. A CANS 0-5 at time 1 and a CANS 5-17 at time 2 or a CANS 5-17 at time 1 and an ANSA at time two cannot be used to measure outcomes.
- To be counted as reassessed within 7 months, there must be two assessments within 210 days of each other.

Routine and Performance Payments for DMHA Contracted Providers

DMHA uses two basic funding strategies for the providers who are contracted to provide services for persons who are Seriously Mentally Ill (SMI), Chronically Addicted (CA), and Seriously Emotionally Disturbed Children (SED). Using a formula, DMHA allocates state and federal funds to providers at the beginning of each fiscal year. DMHA finance staff determines the amount of Medicaid Rehabilitation Option (MRO) claims that each provider will generate over the fiscal year. The state match portion for MRO is paid by DMHA to the Office of Medicaid Policy and Planning from state funds. These state funds are retained by DMHA from each CMHC's state funds allocation. The remaining funds are paid to providers during the fiscal year by two methods as described below.

Non--Performance Criteria Funding: Funding in excess of Medicaid set asides and pay for performance funding for Seriously Mentally Ill (SMI), Chronically Addicted (CA), and Seriously Emotionally Disturbed Children (SED), if available, will be distributed on a quarterly basis. In order to receive these quarterly payments contractors must submit required data to DMHA through the DARMHA data system. Payments will be a per-quarter lump-sum payment, usually payable in July, October, January, and April.

Pay for Performance Funding: For budgetary purposes, the funds that are set aside for performance payments are classified as Performance Measure funding. Performance Measures are grouped into three funding pools: Seriously Mentally Ill (SMI) Performance Measures, Chronically Addicted (CA) Performance Measures, and Seriously Emotionally Disturbed Children (SED) Performance Measures. Each month providers can download Performance Scorecards from the DMHA community services database (DARMHA). Performance Scorecards are produced on the first day of September, October, November, December, January, February, March, April, May, June, July, and August. This allows providers to ensure that monthly data is submitted to DARMHA by the end of the month following the month of service. The scorecards let the providers know the percents of targets met for each performance measure and the overall percent of targets met for each funding pool.

In the second month following the end of each fiscal quarter, finance staff-determine the amount of performance funds each provider has “earned” on a year-to-date basis. One-fourth of the performance funds plus any funds not earned in previous quarters are available each quarter. The amount of payment each quarter is based on the overall percentage of targets met for SMI, for CA, and for SED funding pools. Providers are paid up to 100% of dollars available for the fiscal quarter. If the provider meets the established target, they will receive 100% of the dollars allocated toward that funding pool. If the performance is less than the established target, providers receive a reduced percentage of funds related to the level of performance.

Bonus Pool: If any allocated dollars are not paid out due to under performance, those dollars will be shifted to a bonus pool. When a provider exceeds 100% of a designated performance target, they will be eligible for participation in receiving funds as available from a bonus pool. The bonus pool created from the performance measures will be paid out during the last quarter of the year.

Timing of Performance Payments: Performance payments during a fiscal year have overlapping fiscal year performance measures. The first quarterly payment each fiscal year is processed in September and covers performance for July through June of the previous fiscal year. This is due to the one month delay in receiving data from the providers. The next three quarterly payments each fiscal year are based on performance during the first nine months of the fiscal year.

Future Considerations

During SFY 2013, DMHA convened a workgroup of community provider volunteers and staff of the IUPUI CANS and ANSA Training and Technical Assistance Center to review and discuss the ANSA tool and its use for performance measurement. The workgroup recommended changes to the items and triggers for extension modules. These recommendations are being implemented on July 1, 2013.

The workgroup also reviewed data analyses conducted by the IUPUI staff and made several recommendations based on those analyses, including:

1. Reset the Baseline for performance measurement. Determine which of the first two ANSA's (within a six month period) shows the highest level of need and set that assessment as the baseline.

2. For adults with serious mental illness, change the time frame methodology for outcome measures from the last two assessments within the last six months to twelve months from the reset baseline. Subsequent outcomes would be measured every twelve months for each individual.
3. Retain the Reliable Change in at least One Domain Measure. When more current ANSA data becomes available, revisit the possibility of creating a measure for persons with less complex needs which would measure the percentage of individuals who improve based on actionable needs.
4. Retain the substance use and criminal behaviors measures.
5. Create a new recovery focused Community Integration measure as a pilot measure for SFY 2014.

DMHA reviewed the recommendations and completed an analysis of ANSA assessments for SFY 2012 (the last full year of data). When the first and second recommendations above were applied to all assessments during SFY 2012, only 12% of the assessments would be usable for performance measurement. Although the evidence shows that the baseline level of need may be identified on the first or the second assessment and that improvement for persons with serious mental illness is slower than for youth or persons with chronic addiction, using only 12% of all adult assessments is considered inadequate for statewide performance measurement. Therefore the first two recommendations are not incorporated into the SFY 2014 performance measures.

DMHA has retained the three adult measures recommended by the workgroup. The Community Integration measure has also been implemented for SFY 2014 with a minimal weight and targets based on the actual data from the first nine months of SFY 2013.

During SFY 2014, DMHA plans to re-examine the issues behind the first two recommendations and the second part of the third recommendation. Essentially, further analyses will be conducted that create two adult mental health populations – one with levels of need of 3 or higher and one with levels of need of 2 or less. It seems likely that these two groups of adult consumers may have very different episodes of care and outcomes thus requiring different calculation methodologies to measure outcomes.

SFY 2014 Summary of Changes

SFY 2014	Change from SFY 2013
Improvement in Needs or Strengths Youth 0 - 5	No change in measure but will be included in pay for performance
Improved School Performance - Youth	Calculation based on School Module
Improved Juvenile Justice Involvement - Youth	Calculation based on Juvenile Justice Module
Reduced Substance Use Issues - Youth	Calculation based on Substance Use Module
Community Integration SMI	New Measure
Community Integration - CA	New Measure
Risk Behaviors – Youth measure	Retired
Strengths – Youth measure	Retired
SMO and GAM consumers included in all measures	Previously excluded from all measures
Reliable Change Index	Updated data source and revised as needed
DMHA Supported Consumer (DSC)	Previously known as Hoosier Assurance Plan Consumer (HAP)
Administrative Code Gatekeeping Compliance	Expanded Performance Contracting section of definition to include a payment point for 75 – 89% compliance
Timely Discharge from SOF of All Populations	Includes requirement of quarterly discharge plans for persons waiting more than 90 days and adds and exception for providers with small numbers waiting for discharge with appropriate documentation

Definitions and Acronyms

Adult	person aged 18 and over. An exception to this age grouping applies to persons who started receiving child and adolescent services prior to age 18 and whose child and adolescent services will continue post age 18 and end prior to age 22.
Youth	any person up to age 22 with an SED agreement type and youth with a CA agreement type who are aged 0 – 17. See above for special consideration for some persons aged 18 – 22.
SMI	adult person with serious mental illness
CA	person with addiction/substance abuse conditions
SED	youth with serious emotional disturbance
Co-Occurring	identification of persons with co-occurring mental health and substance abuse disorders is required for the SAMHSA block grants. This identification is currently based on diagnoses but in the future a specific question in DARMHA may be necessary.
Population	in this manual, each definition has been assigned a population identification. The population identifiers fall within three categories: SMI, Adult CA, or Youth (SED and CA) as defined above. <u>All clients, except those as indicated below under Medication Only, in these population groups will be included in all performance measures.</u>
Consumers with both SMI and CA Identifiers	Providers may at times have a consumer with a SMI and a CA agreement identifier at different times. When this happens, the consumer could be counted twice in performance measures as they are based on the agreement identifier in DARMHA. In order to avoid duplication, the most recent agreement identifier in the reporting period will be used as the default identifier.
DARMHA	Data Assessment Registry for Mental Health and Addiction
Medication Only	DARMHA allows consumers to be identified as receiving Medication Only services. Since these services are provided only a few times per year, the consumers identified as Medication Only will not be included in Outcome Measures. However, they will be counted for Average Monthly Number Served during the months in which services are provided.
DSC Status (DMHA Supported Consumer)	DARMHA allows a continuous episode of care for persons whose DSC eligibility status may change due to changes in income which are not anticipated to be permanent. For example, a consumer may have a history of employment instability where he/she obtains employment for short periods and again becomes

unemployed. In these situations, the provider may determine that an actual discharge in DARMHA is unwarranted since the consumer will continue receiving services. If the provider chooses to use the DSC status field to change from DSC Eligible to No Longer DSC Eligible, the consumers with this status at the end of a reporting month will not be included in performance measure calculations for that month.

If consumers become DSC Eligible again, they will be counted in people served beginning in the month they are recoded as DSC Eligible and they have at least encounter in the month. They will be counted in the reassessment numbers after becoming DSC Eligible.

Time 1

Time one is the assessment immediately prior to the Time two assessment.

Time 2

Time two is the most recent assessment

Performance Measures

Effective July 1, 2013

Measure 2014	Pay for Performance	Target	Weight
Improvement in One Domain – SMI	Included in dollars	25%	3
Improvement in One Domain – CA	Included in dollars	35%	3
Improvement in One Domain – Youth 5 – 17	Included in dollars	45%	3
Improvement in One Domain – Youth 0 – 5	Included in dollars	30%	1
Employment SMI	Included in dollars	90%	2
Employment CA	Included in dollars	90%	2
Improvement in School Behaviors – Youth	Included in dollars	25%	2
Reduced Involvement with Law Enforcement – SMI	Included in dollars	45%	2
Reduced Involvement with Law Enforcement – CA	Included in dollars	45%	2
Juvenile Justice Involvement – Youth	Included in dollars	20%	2
Improved Functioning for Adults with Substance Use – SMI	Included in dollars	35%	2
Improved Functioning for Adults with Substance Use – CA	Included in dollars	45%	2
Improved Functioning for Youth with Substance Use – Youth	Included in dollars	25%	2
Community Integration – SMI	Included in dollars	12%	1
Community Integration – CA	Included in dollars	25%	1
Adults Served – SMI	Included in dollars		2
Adults Served – CA	Included in dollars		2
Youth Served SED & CA	Included in dollars		2
Reassessment -- NOMS	Included in dollars	80%	1
Reassessment – CANS/ANSA	Included in dollars	80%	1
Administrative Code Gatekeeping Compliance	Included in dollars	90%	N/A
Timely Discharge from State Operated Facilities (SOF) of All Populations	Included in dollars	80%	N/A
Reducing the Use of Allocated Beds in State Operated Facilities (SOF)	Not included in dollars in SFY 2014	75%	N/A

Performance Outcome Measures for SFY 2014

Improvement in Needs and/or Strengths – SMI Adult

Short Title: Needs and strengths improvement

Population: All SMI Adults

Long Title: Percentage of adults with SMI with improvement in at least one ANSA domain.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each adult active at any time during the reporting period who also has at least two assessments, Time 1 (the assessment prior to the most recent reassessment) and Time 2 (the most recent reassessment), domain scores are calculated according to the formulas below for the ANSA. **(Details for calculation of domain averages are in the Reference Documentation section of this manual.)**

ANSA Domain Averages:

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated for the Time 1 assessment. The change score for each adult in each domain is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 1 (T1) – Functioning Domain Time 2 (T2) \geq 2.63, improvement.
- If Behavioral Health Domain Time 1 (T1) – Behavioral Health Domain Time 2 (T2) \geq 2.43, improvement.
- If Risk Domain Time 1 (T1) – Risk Domain Time 2 (T2) \geq 1.70, improvement.
- If Strengths Domain Time 1 (T1) – Strengths Domain Time 2 (T2) \geq 3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator. The total number of adults with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 25%.

Performance Contracting: SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 3.

Improvement in Needs and or Strengths – CA Adult

Short Title: Needs and strengths improvement

Population: All CA Adults

Long Title: Percentage of adults with CA with improvement in at least one ANSA domain.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each adult active at any time during the reporting period who also has at least two assessments, Time 1 (the assessment prior to the most recent reassessment) and Time 2 (the most recent reassessment), domain scores are calculated according to the formulas below for the ANSA. **(Details for calculation of domain averages are in the Reference Documentation section of this manual.)**

ANSA Domain Averages:

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated. The change score for each adult in each domain is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 1 (T1) – Functioning Domain Time 2 (T2) \geq **2.63**, improvement.
- If Behavioral Health Domain Time 1 (T1) – Behavioral Health Domain Time 2 (T2) \geq 2.43, improvement.
- If Risk Domain Time 1 (T1) – Risk Domain Time 2 (T2) \geq **1.70**, improvement.

- If Strengths Domain Time 1 (T1) – Strengths Domain Time 2 (T2) \geq 3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator. The total number of adults with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 35%.

Performance Contracting: SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 3.

Improvement in Needs and or Strengths – Youth 5 – 17

Short Title: Needs and strengths improvement

Population: Youth 5-17 (SED or CA)

Long Title: Percentage of youth ages 5 – 17 with improvement in at least one CANS domain.

Definition: The Child and Adolescent Needs and Strengths (CANS) assessment tool reports needs and strengths in six domains: Life Domain Functioning, Child Strengths, Acculturation, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Five domains (all except Acculturation) are used to measure improvement. Improvement in at least one of the five domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. CANS 5-17 Assessments are used for the measurement. For each child with at least two CANS assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each youth who is active at any time during the reporting period who also has at least two assessments, Time 1 (the assessment prior to the most recent reassessment) and Time 2 the most recent reassessment), domain scores are calculated according to the formulas below. **(Details for calculation of domain averages are in the Reference Documentation section of this manual.)**

CANS 5 to 17 Domain Averages:

- **Behavioral Health Domain** = Average of *Child Behavioral/Emotional Needs* scores multiplied by 10
- **Risk Domain** = Average of *Child Risk Behaviors* scores multiplied by 10
- **Functioning Domain** = Average of *Child Life Domain Functioning* scores multiplied by 10
- **Strengths Domain** = Average of *Child Strengths* scores multiplied by 10
- **Caregiver Domain** = Average of Caregiver Strengths & Needs scores multiplied by 10

For each youth, the average score for the domain is calculated for Time 1 and Time 2. The change score for each youth in each domain is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Behavioral Health Domain T1 – Behavioral Health Domain T2 \geq 2.20, improvement.
- If Risk Domain T1 – Risk Domain T2 \geq 1.58, improvement.
- If Functioning Domain T1 – Functioning Domain T2 \geq 2.27, improvement.
- If Strengths Domain T1 – Strengths Domain T2 \geq 3.11, improvement.
- If Caregiver Domain T1 – Caregiver Domain T2 \geq 2.78, improvement.

The total number of youth with a positive change in at least one domain is the numerator. The total number of youth with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 45%.

Performance Contracting: SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 3.

Improvement in Needs and or Strengths – Youth 0 – 5

Short Title: Needs and strengths improvement

Population: Youth 0 - 5 (SED or CA)

Long Title: Percentage of youth ages 0 – 5 with improvement in at least one CANS domain.

Definition: The Child and Adolescent Needs and Strengths (CANS) assessment tool reports needs and strengths in six domains: Life Domain Functioning, Child Strengths, Acculturation, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Five domains (all except Acculturation) are used to measure improvement. Improvement in at least one of the five domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. CANS 0 - 5 Assessments are used for the measurement. For each child with at least two CANS assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each youth who is active at any time during the reporting quarter who also has at least two assessments, Time 1 (the assessment prior to the most recent reassessment) and Time 2 the most recent reassessment), domain scores are calculated according to the formulas below. **(Details for calculation of domain averages are in the Reference Documentation section of this manual.)**

CANS 0 - 5 Domain Averages:

- **Behavioral Health Domain** = Average of *Child Behavioral/Emotional Needs* scores multiplied by 10
- **Risk Domain** = Average of *Child Risk Behaviors* scores multiplied by 10
- **Functioning Domain** = Average of *Child Life Domain Functioning* scores multiplied by 10
- **Strengths Domain** = Average of *Child Strengths* scores multiplied by 10
- **Caregiver Domain** = Average of Caregiver Strengths & Needs scores multiplied by 10

For each youth, the average score for the domain is calculated for Time 1 and Time 2. The change score for each youth in each domain is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Behavioral Health Domain T1 – Behavioral Health Domain T2 \geq 2.39, improvement.
- If Risk Domain T1 – Risk Domain T2 \geq 3.29, improvement.
- If Functioning Domain T1 – Functioning Domain T2 \geq 2.52, improvement.
- If Strengths Domain T1 – Strengths Domain T2 \geq 3.71, improvement.
- If Caregiver Domain T1 – Caregiver Domain T2 \geq 2.98, improvement.

The total number of youth with a positive change in at least one domain is the numerator. The total number of youth with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be **30%**.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 1.**

Employment – SMI

Short Title: Increased/Retained Employment

Population: SMI

Long Title: Percentage of adults with serious mental illness whose employment status remains the same or improves from the previous assessment for the episode of care to the most recent reassessment

Definition: Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 35 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system.. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. Part-time – 16-20
4. Part-time – 11-15
5. Part-time – 6-10
6. Part-time – 1-5
7. Unemployed
8. Not In Labor Force -- disabled

Retained employment means that the consumer was employed at time one and maintains that same level of employment at time two. Improved employment means that persons not in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. *Not in Labor Force due to other reasons or Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

Method of Calculation: Denominator is total number of persons with SMI with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at time one.

The numerator is: Of the above from the denominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2014 target performance will be 90%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Employment - CA

Short Title: Increased/Retained Employment

Population: CA Adults

Long Title: Percentage of adults with alcohol and/or substance abuse diagnoses whose employment status remains the same or improves from the previous assessment for the episode of care to the most recent reassessment.

Definition: Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 35 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system.. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. Part-time – 16-20
4. Part-time – 11-15
5. Part-time – 6-10
6. Part-time – 1-5
7. Unemployed
8. Not In Labor Force -- disabled

Retained employment means that the consumer was employed at time one and maintains that same level of employment at time two. Improved employment means that persons not in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. *Not in Labor Force due to other reasons or Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

Method of Calculation: Denominator is total number of persons with chronic addiction with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at time one.

The numerator is: Of the above from the denominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2014 target performance will be 90%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

School Performance – Youth

(NEW METHODOLOGY FOR 2014)

Short Title: Improved School Performance

Population: Youth

Long Title: Percentage of youth whose overall school performance shows improvement on the CANS from Time 1 to Time 2.

Definition: The 5 - 17 Comprehensive Child and Adolescent Needs and Strengths (CANS) tools contains a School Module which is triggered if the rating for School in the Life Domain Functioning domain is 1 or greater. Improvement is defined as a reliably lower level of need rating at Time 2. Measure will be reported quarterly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. CANS assessments are used for the measurement. For each youth with a SED agreement identifier or a CA agreement identifier and at least two CANS assessments, improvement in School Performance is measured using a statistically reliable change index. Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.

Method of Calculation: For each youth with at least two assessments with the School Module completed, the item scores are averaged and multiplied by ten for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the School Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If $T1 - T2 \geq 3.90$, improvement.

The total number of youth with a positive change is the numerator. The total number of youth with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 25%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Criminal Justice – SMI

Short Title: Reduced Involvement with Law Enforcement

Population: SMI

Long Title: Percentage of adults with serious mental illness whose ratings on the ANSA Crime Module item scores shows improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains a Crime Module which is used when the Criminal Behavior item has a rating of 2 or 3. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, reduction in involvement with law enforcement is measured using a statistically reliable change index applied to the item scores in the Crime Module. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.***

Method of Calculation: For each adult with at least two assessments with the Crime Module completed, the item scores are averaged and multiplied by ten for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Crime Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If Crime Module T1 – Crime Module T2 \geq 3.57, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 45%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Criminal Justice – CA

Short Title: Reduced Involvement with Law Enforcement

Population: CA

Long Title: Percentage of adults with chronic addiction whose ratings on the ANSA Crime Module item scores shows improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains a Crime Module which is completed when the Criminal Behavior item has a rating of 2 or 3. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, reduction in involvement with law enforcement is measured using a statistically reliable change index applied to the item scores in the Crime Module. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.***

Method of Calculation: For each adult with at least two assessments with the Crime Module completed, the item scores are averaged and multiplied by ten for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Crime Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If Crime Module T1 – Crime Module T2 \geq 3.57, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 45%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Juvenile Justice Involvement

(NEW MEASURE FOR 2014)

Short Title: Reduced involvement with juvenile justice

Population: Youth

Long Title: Percentage of youth whose overall school performance shows improvement on the CANS from Time 1 to Time 2.

Definition: The 5 - 17 Comprehensive Child and Adolescent Needs and Strengths (CANS) tools contains a Juvenile Justice Module which is triggered if the rating for Delinquency in the Child Risk Behaviors domain is 1 or greater. Improvement is defined as a reliably lower level of need rating at Time 2. Measure will be reported quarterly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. CANS assessments are used for the measurement. For each youth with a SED agreement identifier or a CA agreement identifier and at least two CANS assessments, reduction in Juvenile Justice Involvement is measured using a statistically reliable change index. Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.

Method of Calculation: For each youth with at least two assessments with the Juvenile Justice Module completed, the item scores are averaged and multiplied by ten for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Juvenile Justice Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If $T1 - T2 \geq 3.52$, improvement.

The total number of youth with a positive change is the numerator. The total number of youth with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be **20%**.

Performance Contracting: **SFY 2014 Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Substance Use – SMI

Short Title: Improved Functioning for Adults with Substance Use

Program: SMI Adults

Long Title: Percentage of adults with a SMI agreement indicator whose ratings on the ANSA Substance Use Disorder Module item scores show improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains a Substance Use Disorder Module which is completed when the Substance Use item has a rating of 2 or 3. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with at least two ANSA assessments, improved functioning specific to a substance use disorder is measured using a statistically reliable change index applied to the item scores in the Substance Use Disorder Module. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.***

Method of Calculation: For each adult with a SMI agreement indicator and at least two assessments with the Substance Use Disorder Module completed, the item scores are summed and multiplied by 10 for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Substance Use Disorder Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If Substance Use Disorder Module T1 – Substance Use Disorder Module T2 \geq 3.93, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 35%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Substance Use – CA

Short Title: Improved Functioning for Adults with a Substance Use Disorder

Program: CA Adults

Long Title: Percentage of adults with a chronic addiction agreement indicator whose ratings on the ANSA Substance Use Disorder Module item scores show improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains a Substance Use Disorder Module which is completed when the Substance Use item has a rating of 2 or 3. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with at least two ANSA assessments, improved functioning specific to a substance use disorder is measured using a statistically reliable change index applied to the item scores in the Substance Use Disorder Module. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.***

Method of Calculation: For each adult with a CA agreement indicator and at least two assessments with the Substance Use Disorder Module completed, the item scores are summed and multiplied by 10 for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Substance Use Disorder Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If Substance Use Disorder Module T1 – Substance Use Disorder Module T2 \geq 3.93, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 45%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Substance Use – Youth

(NEW METHODOLOGY FOR 2014)

Short Title: Improved Functioning for Youth with a Substance Use Disorder

Program: All Youth

Long Title: Percentage of youth whose overall substance use shows improvement on the CANS from Time 1 to Time 2.

Definition: The 5 - 17 Comprehensive Child and Adolescent Needs and Strengths (CANS) tools contains a Substance Use Module which is triggered if the rating for Substance Use in the Child Emotional/Behavioral Needs domain is 1 or greater. Improvement is defined as a reliably lower level of need rating at Time 2. Measure will be reported quarterly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. CANS assessments are used for the measurement. For each youth with a SED agreement identifier or a CA agreement identifier and at least two CANS assessments, improved functioning for youth with a substance use disorder is measured using a statistically reliable change index. Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.

Method of Calculation: For each youth with at least two assessments with a completed Substance Use module, the item scores are averaged and multiplied by ten for the Time 1 assessment. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. **If at Time 2, the Substance Use Module is not triggered and, therefore, not completed, Time 2 will be assigned an average score of 0, thereby capturing the improvement.** The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If $T1 - T2 \geq 4.51$, improvement.

The total number of youth with a positive change is the numerator. The total number of youth with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be 25%.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Community Integration – SMI

Short Title: Improvement in Community Integration

Population: CA

Long Title: Percentage of adults with serious mental illness whose ratings on the 14 ANSA item scores related to integration into the community shows improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains fourteen (14) items that are indications of an individual's recovery through integration in the community in which the individual lives. These items are Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Social Functioning, Job History, Recreation, Family Functioning, Volunteering, Educational, Employment, Family Strengths, Spiritual/Religious, and Involvement in Recovery. These 14 items will be used to measure Community Integration. Improvement is defined as a reliably lower level of need rating at Time 2. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, improvement in Community Integration is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.*

Method of Calculation: For each adult with at least two assessments, a score for Community Integration for each assessment is calculated by adding the scores for Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Social Functioning, Job History, Recreation, Family Functioning, Volunteering, Educational, Employment, Family Strengths, Spiritual/Religious, and Involvement in Recovery. The sum of these item scores is divided by 14 and the result is multiplied by 10. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If $T1 - T2 \geq 3.46$, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be **12%**.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 1.**

Community Integration – CA

Short Title: Improvement in Community Integration

Population: CA

Long Title: Percentage of adults with chronic addiction whose ratings on the 14 ANSA item scores related to integration into the community shows improvement from Time 1 to Time 2.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool contains fourteen (14) items that are indications of an individual's recovery through integration in the community in which the individual lives. These items are Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Social Functioning, Job History, Recreation, Family Functioning, Volunteering, Educational, Employment, Family Strengths, Spiritual/Religious, and Involvement in Recovery. These 14 items will be used to measure Community Integration. Improvement is defined as a reliably lower level of need rating at Time 2. Measure is reported monthly based on the reassessments completed during the month. At the end of each quarter, measure is cumulative year-to-date, that is, all reassessments completed during the fiscal year from beginning of fiscal year through the end of the specific quarter.

Measure Specific Source of Data: All data is from DARMHA. ANSA assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, improvement in Community Integration is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points. Time 1 will include only consumers with an average score for the items that is equal to or more than the RCI. Time 2 will include the most recent assessments for the consumers in Time 1.*

Method of Calculation: For each adult with at least two assessments, a score for Community Integration for each assessment is calculated by adding the scores for Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Social Functioning, Job History, Recreation, Family Functioning, Volunteering, Educational, Employment, Family Strengths, Spiritual/Religious, and Involvement in Recovery. The sum of these item scores is divided by 14 and the result is multiplied by 10. If the Time 1 average score is less than the RCI, the consumer is not counted in the calculation since there is no possibility for improvement at Time 2. For all consumers remaining in the Time 1 assessment data, the average score is completed for the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 2 average from the Time 1 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement).

- If $T1 - T2 \geq 3.46$, improvement.

The total number of adults with a positive change is the numerator. The total number of adults with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Target: The state fiscal year 2014 target performance will be **25%**.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 1.**

Performance Process Measures for SFY 2014

Adults Served – SMI

Short Title: Average Monthly Number of Adult Consumers with a Serious Mental Illness Served

Population: Adults with SMI Agreement Identifier

Long Title: Average monthly number of unduplicated adult consumers with SMI agreement identifier who receive one or more services each month.

Definition: Adult consumers with mental health diagnoses include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system.

A service during the month is defined as one or more encounter records during the month.

All consumers with open episodes will be included in the calculation.

Measure Specific Source of Data: Data will be the current DARMHA data set for SMI.

Method of Calculation: On a monthly basis, this is a simple count of the unduplicated number of consumers with a SMI agreement identifier who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

Target: The target performance for each provider in state fiscal year 2014 is based on the provider's actual performance from July 1, 2012 through March 31, 2013.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Adults Served – CA

Short Title: Average Monthly Number of Adult Consumers with a Chronic Addiction Served
Population: Chronic Addiction

Long Title: Average monthly number of unduplicated adult consumers with a chronic addiction agreement identifier who receive one or more services each month.

Definition: Adult consumers with CA include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system.

A service during the month is defined as one or more encounter records during the month.
All consumers with open episodes will be included in the calculation.

Measure Specific Source of Data: Data will be the current DARMHA data set for CA.

Method of Calculation: On a monthly basis, this is a simple count of the unduplicated number of consumers with a CA agreement identifier who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

Target: The target performance for each provider in state fiscal year 2014 is based on the provider's actual performance from July 1, 2012 through March 31, 2013.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Youth Served – SED and CA

Short Title: Average Monthly Number of Youth Served

Population: All youth (SED and CA)

Long Title: Average monthly number of unduplicated child and adolescent consumers with a CA or SED agreement type who receive one or more services each month.

Definition: Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system during the reporting month. A service during the month is defined as one or more encounter records during the month.

Measure Specific Source of Data: Data will be the current DARMHA data for all youth with a SED agreement identifier and youth with a CA agreement identifier who are aged 0 – 17.

Method of Calculation: On a monthly basis, this is a count of the total number of SED and youth CA consumers aged 0 - 17 with one or more encounters reported during the month.

The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

Target: The target performance for each provider in state fiscal year 2014 is based on the provider's actual performance from July 1, 2012 through March 31, 2013.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 2.**

Reassessment – DARMHA Outcomes (NOMs Table)

Short Title: Percentage of DARMHA Outcome (NOMs) reassessments completed

Population: All

Long Title: Percentage of consumers who are reassessed within 7 months of the previous assessment or at discharge from an episode of care.

Definition: Reassessment includes updating demographic information as defined in DARMHA and reporting current and updated information on the client in the following National Outcome areas:

- Living Arrangement (adults only)
- Employment Status
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ROLES (youth only)
- Criminal Involvement
- Pregnancy
- Social Support
- Needle Use (for drugs)

Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of Reassessments Completed” during state fiscal year 2014, consumers with an active episode of care or a mutual discharge at any time during the reporting month will be included in the calculation. **All consumers with open episodes except those identified as Medication Only will be included in the calculation.**

Measure Specific Source of Data: Data will be the current DARMHA data set.

Method of Calculation: The calculation identifies all consumers active at any time during the reporting period who were eligible to be reassessed and measures the percentage that were reassessed within 7 months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within 7 months of previous assessment/reassessment and persons who did receive a reassessment.

The denominator is the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all consumers with open episodes during the reporting month who have at least two assessments/reassessments plus all other consumers with open episodes with last assessment at least 180 days prior to the beginning of the reporting period plus consumers open more than 30 days with no assessment.

The numerator is the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

Target: The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2014 will be: 80% of all consumers (SMI, CA,

or Youth) will have either a discharge reassessment or a 180 day reassessment within 7 months of last assessment.

Performance Contracting: SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 1.

Reassessment – CANS or ANSA

Short Title: Percentage of CANS or ANSA reassessments completed

Population: All

Long Title: Percentage of consumers who are reassessed with the CANS or ANSA within 7 months of the previous assessment or at discharge from an episode of care.

Definition: Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of CANS or ANSA Reassessments Completed” during state fiscal year 2014, consumers with an active episode of care or a mutual discharge at any time during the reporting period will be included in the calculation. **All consumers with open episodes except those identified as Medication Only will be included in the calculation.**

Measure Specific Source of Data: Data will be the current DARMHA data set.

Method of Calculation: The calculation identifies all consumers active at any time during the reporting month who were eligible to be reassessed and measures the percentage that were reassessed within 7 months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within 7 months of previous assessment/reassessment and persons who did receive a reassessment.

The denominator is the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all consumers with open episodes during the reporting period who have at least two assessments/reassessments plus all consumers with open episodes with last assessment at least 180 days prior to the beginning of the reporting period plus consumers open more than 30 days with no assessment.

The numerator is the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

Target: The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2014 will be: 80% of all consumers (SMI, CA, or Youth) will have either a discharge reassessment or a 180 day reassessment within 7 months of last assessment.

Performance Contracting: **SFY 2014: Measure will be connected to dollars for performance contracting. Measure will be given a weight of 1.**

Gatekeeper Measures for SFY 2014

Administrative Code Gatekeeping Compliance

Short Title: Gatekeeper Quarterly Compliance with Administrative Code

Program: Applies to all CMHC gatekeepers with enrolled client's in State Operated Facilities (SOF)

Long Title: Percentage of Face-to-Face Visits Completed within the Required Timeframe during a Reported Quarter

Definition: The Gatekeeper's role is defined in 440 IAC 5-1-3.5. Discharge planning for an individual client begins at admission to an SOF. After a client is admitted to a State Operated Facility the assigned gatekeeper shall conduct a face-to-face meeting with the client within 30 calendar days of admission and at least every 90 calendar days thereafter to evaluate treatment progress and discuss discharge planning.

Purpose/Importance: It is imperative that each client in the Mental Health Delivery system receive the least restrictive and most appropriate level of care based on their individual needs. Therefore, routine assessment of progress and discharge readiness by a gatekeeper for community placement is critical for the continuing recovery of each client while in an SOF.

Measure Specific Source of Data: During the state fiscal year the gatekeeper will complete a standard form of documentation entitled "Gatekeeper State Operated Facility Community Readiness Assessment and Recovery Summary" when conducting a face-to-face visit with the client. This documentation, which includes a measurable assessment, will be provided directly by the gatekeeper to the designated State Operated Facility within 2 business days following the face-to-face visit. Information from this document will be entered into the client's SOF electronic clinical record. Routine data will be generated from clinical record in a monthly report entitled "All SOF Gatekeeper Visit Detail Compliance Report" to monitor the frequency of face-to-face contact the gatekeeper has with the client.

The completion of a 30 day face-to-face visit and concurrent 90 day face-to-face visits (or authorized alternative) will be monitored in accordance to 440 IAC 5-1-3.5. Criteria identified to generate data verifying this measure will include admission date, date of last visit, number of days between visits, assessment type, participants in visit, and verification of patient participation by client signature (or SOF witness signature). Assessments must be complete to demonstrate compliance.

The calculation of a 30 day face-to-face visit after admission is measured within 30 calendar days of the client's admission date to an SOF. This visit is required to be a face-to-face "in person" visit between gatekeeper and patient. Alternative methods to conduct a face-to-face visit are not allowed for this initial visit.

The minimum 90 day face-to-face visit is measured within 90 calendar days from the initial 30 day visit and every 90 days thereafter until discharge. It is preferred, the 90 day face-to-

face visit be an “in person” visit between assigned gatekeeper and client. However, the SOF may clinically authorize the use of videoconferencing as an alternative to a direct face-to-face 90 day visit. This authorization must be clearly documented in the client’s SOF clinical record. Videoconferencing must be acceptable to the client. If the client requests an in person face-to-face with the gatekeeper a visit is required. Only one videoconference may be conducted in a 6 month period of time. They may not be authorized for back-to-back visits. The “Gatekeeper State Operated Facility Community Readiness Assessment and Recovery Summary” is still required for videoconference meetings and must be sent to the SOF for signatures and entry in the clinical record.

Method of Calculation: Data for the calculation of compliance with face-to-face visits will be generated and compiled in a report entitled “All SOF Gatekeeper Visit Detail Compliance Report”. This report will be generated on a quarterly basis and provides a list of SOF enrolled client’s by gatekeeper. The report will identify the SOF and the specific unit the client currently resides. The report will count the calendar days between visits and specify with a “Yes or No” if the gatekeeper conducted a face-to-face or authorized alternative visit within 30 days of the admitting date and within every 90 calendar days thereafter.

The measure of the gatekeeper’s average quarterly compliance with administrative code will be reflected on the “All SOF Gatekeeper Visit Detail Compliance Report”. The total number of client’s showing a “Yes” for gatekeeper compliance will be divided by the total number of client’s the gatekeeper has enrolled in the SOF.

Target: The CMHC gatekeeper shall demonstrate a quarterly compliance rate of 90% for face-to-face visits with all enrolled client’s in State Operated Facilities.

Performance Contracting: SFY 2014: Measure will be connected to dollars for gatekeeping.

- Compliance rates of 90% or above associated with this measure will be paid at \$25,000 per quarter.
- Compliance rates of 75-89% with this measure will be paid a reduced rate of \$15,000 per quarter.
- Compliance rates of 0-74% will receive \$0 for the quarter.
- If the provider achieves an annual average compliance rate of 75%, 50% of their lost funds during the year will be restored.
- To qualify, the provider cannot show a noncompliant visit for the same individual in consecutive quarters.

Data Limitations: The DMHA has established standard timeframes for gatekeepers to submit documentation to SOFs and for SOF staff to conduct data entry of this information. It is imperative that gatekeepers set reminders to submit timely documentation. If there are concerns about documentation not being entered or filed in a timely manner, the gatekeeper must document their concerns in writing to the SOF clinical director and the DMHA Assistant Deputy Director of Provider and Community Relations. A monthly test report will be sent to the gatekeeper to help identify missing or incomplete documentation.

Timely Discharge from State Operated Facilities (SOF) of All Populations

Short Title: Timely Client Discharge from State Operated Facilities (SOF)

Program: All Units in State Operated Facilities, except forensic units

Long Title: Quarterly percentage of individuals identified as ready for discharge from a SOF that are discharged within 90 calendar days of identification.

Definition: Timely discharge is defined as the Gatekeepers community placement of a client from the SOF within 90 calendar days from the date the client is placed on the DMHA Pending Discharge List (PDL) by the SOF(s) and determined ready for discharge.

Ready for Discharge is defined as the determination by an SOF treatment team that stabilization of psychiatric and/or behavioral symptoms, minimal risk towards self or others, and maximum benefit from hospitalization has been reached.

Purpose/Importance: It is imperative that clients in the Mental Health Delivery system receive the least restrictive and most appropriate care based on their individual needs. Therefore, timely discharge is critical for the continuing recovery of each individual ready for community placement.

Measure Specific Source of Data: Individual client data will be provided directly by the SOFs to DMHA through the use of an electronic Pending Discharge List (PDL).

During the state fiscal year, the Pending Discharge List will be generated each month and mailed to providers for review. The report will include the consumers name, population type, admission date, date placed on list, length of time on list measured in calendar days for each consumer, and the average length of wait by population for the identified gatekeeper. From the post-marked date, providers will have 10 business days to review the list for accuracy and notify the SOF in writing that they wish to invoke the Community Care Rule to discuss concerns about the individual's community readiness.

In addition, the SOF can report the following on the pending discharge list: status of the transition, target placement, barriers to transition, if the community care rule has been invoked, and when the person is discharged.

Method of Calculation: This measure will be calculated quarterly by comparing the "Gatekeeper Discharge Ready Status Report" and the "Monthly SOF Discharge Report". The measure will be reported by gatekeeper for each client discharge ready in a state operated facility and a percentage of those ready in all state operated facilities combined.

CMHC's must submit monthly discharge plans for all individuals exceeding ninety days on the pending discharge list to DMHA. Plans must include clinical progress, community barriers, and transitional action steps for each consumer.

For providers with four or less individuals on the quarterly pending discharge list, DMHA will allow one individual over 90 days to count towards the measure target if the discharge plan submitted to DMHA demonstrates sufficient efforts by the gatekeeper to address all

barriers to transition. The one individual counted cannot be the same individual in consecutive quarters.

Target: The target performance for each provider is 80% of all individuals listed on the monthly pending discharge list will be discharged to the community within 90 calendar days.

Performance Contracting: SFY 2014: Measure will be connected to dollars for gatekeeping.

Data Limitations: It has been reported that occasionally a gap in communication between SOFs and gatekeepers occur when determining the readiness of an individual for discharge. It will be critical that gatekeepers maintain ongoing contact and consistent communication with SOF treatment teams in order to actively participate in the discharge readiness process. If there are differing opinions regarding readiness for discharge between the SOF and Gatekeeper, it is important all involved work together to exam the concerns and resolve differences. If efforts fail, the Community Care Rule (440 IAC 5-1-4) may be invoked and an appeal made to the State Operated Facility.

When an appeal is made, the practice implemented by the DMHA consists of the following steps to facilitate discussion between gatekeeper and SOF prior to DMHA review:

- Documented discussion between gatekeeping liaison and treatment team
- Documented discussion between gatekeeping medical director and SOF medical director
- Documented discussion between gatekeeping CEO and SOF Superintendent

If a resolution cannot be reached, written documentation of discussions from each level and the remaining discrepancies may be submitted to the Division of Mental Health and Addiction for review and a final decision on readiness for discharge. Individuals actively being reviewed under the Community Care Rule will not be included in this measure for 15 business days after the date invoked to allow discussion of the individual's readiness between SOF and Gatekeeper.

Reducing the Use of Allocated Beds in State Operated Facilities (SOF)

Short Title: Monitoring the Average Number of Allocated Beds Utilized in State Operated Facilities (SOF)

Program: All Adult Units in State Operated Facilities (excludes SED, forensic, and research population types)

Long Title: Monitoring the average number of allocated State Operated Facility (SOF) beds utilized by each provider for a reduced or maintained reduction in annual use.

Definition: Utilization refers to the total number of clients enrolled in the provider's allocated beds in State Operated Facilities (SOF). Allocated beds are the maximum number of SOF beds assigned by DMHA to each provider annually. Quarterly average references a three consecutive month average of beds utilized. Annual average references the average utilization of four consecutive quarters. Reduction references fewer allocated beds used at the end of an annual cycle than those used at the beginning.

Purpose/Importance: It is imperative that individuals in the Mental Health Delivery system receive the least restrictive and most appropriate care based on their individual needs. Therefore, it is imperative providers strive to develop community infrastructures, with emphasis on natural supports, to help meet those recovery needs in a community setting and demonstrate less reliance on State Operated Facilities.

Measure Specific Source of Data: A report entitled "SOF Client Enrollment Report by Gatekeeper" will be utilized and contains specific information as client name, SOF location, admission date, population type, and how many individuals of each population type are in SOFs per gatekeeper. This report is specific to each gatekeeper and is generated from the SOF electronic clinical record that maintains client admission and discharge information. In order to ensure accuracy, the report will be mailed to each provider serving as gatekeeper on a monthly basis. From the post-marked date, providers will have 10 business days to review the list for accuracy and notify DMHA in writing of any discrepancies per instruction on the cover letter included with the mailing.

Method of Calculation: Individual provider data will be generated on the first business day of each month in individualized gatekeeper reports entitled "SOF Client Enrollment Report by Gatekeeper" and "All SOF Gatekeeper Detailed Allocation". Both reports are mailed to the provider reflecting the number of individuals at each SOF, population type, and how many of these individuals count towards an individual provider's allocation. For monitoring purposes, DMHA will use these reports to calculate the utilization averages of each provider.

Monthly:

- The total number of allocated beds utilized by the provider on the first business day of the month divided by the total number of allocated beds assigned annually by DMHA

Quarterly:

- Adding the total number of allocated beds utilized by the provider on the first business day of the three consecutive months for a combined total of the current quarter
- Dividing the combined total of the quarter by three for a quarterly average

Annual:

- Adding four consecutive quarterly averages for a combined annual total
- Dividing the combined annual total by four for an annual average of allocated beds utilized

Averages will be reflected as a specific number of beds utilized, as well as, the percent of a provider's total allocation being utilized. Providers will be notified of their biannual and annual utilization averages.

Although providers are allowed to "borrow" unused allocated beds from another provider, borrowed bed(s) will not be reflected when calculating this measure.

Reduced average (or maintained reduction) of allocated beds will be calculated by comparing a provider's starting average to their final annual average.

Target: The target performance for each provider is an average annual utilization percentage of 75% or less.

Performance Contracting: SFY 2014: Measure will not be connected to dollars for gatekeeping. The monitoring of performance related to this measure will be continued from SFY 2013.

Data Limitations:

It has been reported that occasionally a client unknown to the provider is noted on the All SOF Client Enrollment Report by Gatekeeper. It will be critical that gatekeepers review this report on a monthly basis and immediately notify DMHA Assistant Deputy Director of Provider and Community Relations in writing of the possible error so research and adjustment can be made to the monthly utilization calculations.

It is also critical for providers to check the population type of each client on the All SOF Client Enrollment Report by Gatekeeper. Population type is used to calculate how many clients are counted towards the providers allocated beds.

Future Consideration Recommendations: None noted.

Supplemental Reference Materials

Reliable Change Indices

John Lyons, PhD

Adult Needs and Strengths Assessment

The Reliable Change Index (RCI) is a concept used in monitoring outcomes. When scale scores are used, the interpretation of values across those scales can become somewhat arbitrary. For this reason, knowing when a change is 'sufficient' is an important criterion for creating meaning from changes in scores across time. RCI is one method that can be used to define when a change in a scale score is sufficient to be categorized as a real change. Put another way, RCI are the size of a change that would be difficult to explain as measurement error alone. The RCI works by asking how large of a change would need to be observed on a scale to be replicable given the reliability of the measure. The size of the RCI, therefore depends both on the variability of the measure (i.e. standard deviation) and the reliability of that measure. A standard error of measurement of 1.28 is used as the standard of sufficient change.

$$RCI = 1.28 * (\text{standard deviation}) \times \text{SQRT}(1-\text{reliability}).$$

For the purposes of our analyses we used an estimated reliability of 0.78 which is the average reliability of ANSA trainees who are certified on the Indiana ANSA Training website. Domain scores are calculated by averaging items within the domain (only those that can change over time as a result of intervention) and then multiplying these item averages by 10 to create uniform 30 point domain scores whereby a '0' indicates all '0' ratings on every item in the domain and a '30' indicates all '3' ratings on every item in the domain.

Domain	n	mean	sd	RCI
Life Domain Functioning	20,708	8.7	4.56	2.68
Risk Behaviors	20,677	2.3	2.95	1.74
Behavioral Health	20,707	7.0	4.12	2.43
Strengths	20,709	14.1	6.08	3.58
Employment	7,429*	15.1	8.86	5.31
Legal Involvement	2,149*	9.9	6.36	3.82
Substance Use Involvement	6,782*	17.8	6.54	3.93

*These values were calculated only for individuals for whom the module was completed. A majority of the total population of individuals served would score all '0's on these items. Therefore these RCI would only apply to individuals with identified target needs that trigger the indicated modules.

Given an RCI for Life Domain Functioning of 2.68, this would mean that an individual would have to evince a change in the domain score of more than this value to achieve an improvement that could be seen as sufficient to be larger than to have occurred by chance.

ANSA RCIs Updated for SFY 2014

Domain	RCI
Life Domain Functioning	2.63
Risk Behaviors	1.70
Behavioral Health	2.43
Strengths	3.58

Legal Involvement	3.57
Substance Use Involvement	3.93
Integration in Community	3.17

Reliable Change Indices

Betty Walton, PhD

May 9, 2011

Child and Adolescent Needs and Strengths Birth to Five

To measure change over time using the CANS tools, changes between one rating score and another are clinically meaningful for an individual child. However, when rating scores are aggregated for a group of youth, statistically methods are used to help determine how much change is enough to be considered sufficient, not related to chance. The Reliable Change Index (RCI) is one method that can be used to determine when the change is large enough to be categorized as real change. The RCI is the size of a change that would be difficult to explain due to measurement error. Given the reliability of the measure, how large of a change would need to be observed on a scale to be replicable? The size of the RCI depends on the variability of the measure (standard deviation) and the reliability of the measure. A standard error of measurement of 1.289 is used as the standard of sufficient change.

$$RCI = 1.28 * (\text{standard deviation}) * \text{Square Root } (1 - \text{reliability})$$

For the purposes of this analysis, data from the Comprehensive CANS Birth to Five CANS which was pulled in 5/2009 is included. At that time the estimated reliability of Indiana clinicians certified to use the CANS online was 0.79. Domain scores were calculated by averaging items within the domain; each domain is then multiplied times "10" to create a 30 point scale. In the 30 point scale, '0' indicates all '0' ratings and '30' indicates all '3' ratings. Note that only items which can change over time are included. Therefore, for young children, risk factors are not included. A limitation of using this dataset is that Aggression was not included as a Risk Behavior in the Indiana Birth to 5 CANS until July 1, 2010.

<u>Domain</u>	<u>n</u>	<u>mean</u>	<u>SD</u>	<u>RCI</u>
Acculturation	1090	0.48	1.99	1.17
Caregiver Strengths & Needs	1647	5.94	5.09	2.98
Behavioral Health	1647	4.70	4.07	2.39
Risk Behaviors	1647	4.30	5.62	3.29
Strengths	1647	8.15	6.33	3.71
Functioning	1647	6.07	4.30	2.52

Child and Adolescent Needs and Strengths 5-17 Tool

The following table presents reliable changes indices (RCI) for each of the dimensions of the items of the Indiana Child and Adolescent Needs and Strengths (CANS) for the items completed for all children and youth (modules not included in the present analyses).

Reliable change refers to score deviations that would be difficult to explain by measurement error, as determined by reliability statistics. An overall reliability statistics of 0.79 from the average of certification reliabilities from the CANS training experience which is consistent with Anderson, et. al., (2003) was applied to sample statistics from scales to all Indiana CANS initial assessments from a little more than the first year of assessments. To obtain RCI (Reliable Change Index) estimates. In the present case, RCI is defined as 1.28 standard errors of measurement.¹

Dimension	n	Mean	sd	RCI
Life Domain Functioning	31,493	7.03	3.88	2.27
Child Strengths	31,493	13.52	5.73	3.36
Acculturation	30,176	0.56	2.11	1.27
Caregiver Needs & Strengths	31,121	5.33	4.23	2.78
Emotional/Behavioral	31,493	6.92	3.75	2.20
Risk Behaviors	31,493	2.20	2.70	1.58

Scoring for each dimension was accomplished by average available items and multiplying by 10 resulting in uniform 30 point scales (0 to 30) for each dimension. Thus a 10 would be an average of '1' for all items on a dimension.

The RCI for Life Domain Functioning was 2.27 which is the size of average difference from time 1 to time 2 on the dimension score that you would need to see to ensure that the change was not a function of unreliability.

It should be noted that over time it is possible to apply reliability estimates generated separately for each domain to improve the estimation of the RCI.

Substance Use and School Functioning RCIs

For Youth Performance Measures, Substance Use Needs and School Functioning include the items that are reported in the Comprehensive and Reassessment CANS 5 to 17:

- Substance Use (Severity, Peer Influences, Parental Influences & Stage of Recovery)
- School Functioning (School Behavior, School Achievement & School Attendance)

RCIs were calculated from a population of 22,940 youth whose needs and strengths had been rated with the Comprehensive or Reassessment CANS, 5 to 17 as of September 2008. The following formula was used.

¹ If one were to sample scores under an assumption that the extreme scores are a consequence entirely of rater unreliability and thus represent "no real improvement," the RCI value would cut off the most extreme 10% of cases. Obtaining such extreme scores calls the assumption of "no real improvement" into question, thus suggesting reliable improvement.

$$RCI = 1.28*(SD) \times \text{SQRT}(1-\text{reliability})$$

For each Performance Measure, only the sample of youth with identified needs (> 0 ratings) were considered in calculating the RCI. Indiana's average reliability for the CANS on certification tests is .79. Raw scores are multiplied times 10 to create a 30 point aggregate scale. The RCI indicates how much difference between time 2 and time 1 is needed to indicate statistically significant change.

Domain	<i>n</i>	means	SD	RCI
Substance Use	5,586	7.50	5.62	3.30
School Functioning	17,794	10.30	6.28	3.68

CANS 5 - 17 RCIs Updated for SFY 2014

Domain	RCI
Youth Behavioral Health	2.20
Youth Risk	1.58
Youth Functioning	2.27
Youth Strengths	3.11
Youth Caregiver	2.78
Youth Substance Use	4.51
Youth School Functioning	3.90
Juvenile Justice	3.52

CANS Domain Items and Calculation Methodology for Improvement Updated for SFY 2014

Comprehensive CANS 0 to 5 Domain Averages:

- Child Behavioral/Emotional Needs
{(Attachment + Regulatory + Failure to Thrive + Depression + Anxiety + Atypical Behaviors + Impulsive + Oppositional + Trauma) divided by 9}* 10 = **Behavioral Health Domain**
 - Child Risk Behaviors
{(Birth Weight + Pica + Prenatal Care + Labor/Delivery + Substance Exposure + Parent/Sibling Problem + Maternal Availability + Self Harm + Abuse/Neglect + Social Behavior) divided by 10} * 10 = **Risk Domain**
 - Child Life Domain Functioning
{(Family + Living Situation + Pre-School/Day Care + Social Functioning + Recreation/Play + Developmental + Motor + Communication + Medical + Physical + Sleep + Relationship Permanence) divided by 12}* 10 = **Functioning Domain**
 - Child Strengths
{(Family + Extended Family Relationships + Interpersonal + Adaptability + Persistence + Curiosity) divided by 6} * 10 = **Strengths Domain**
 - Caregiver Strengths & Needs
{(Physical + Mental Health + Substance Use + Development + Safety + Involvement + Knowledge + Organization + Social Resources + Residential Stability + Family Stress) divided by 11} * 10 = **Caregiver Domain**
1. If Behavioral Health Domain T1 – Behavioral Health Domain T2 \geq 2.39, improvement.
 2. If Risk Domain T1 – Risk Domain T2 \geq 3.29, improvement.
 3. If Functioning Domain T1 – Functioning Domain T2 \geq 2.52, improvement.
 4. If Strengths Domain T1 – Strengths Domain T2 \geq 3.71, improvement.
 5. If Caregiver Domain T1 – Caregiver Domain T2 \geq 2.98, improvement.

Comprehensive CANS 5 to 17 Domain Averages:

- Child Behavioral/Emotional Needs
{(Psychosis + Impulsivity + Depression + Anxiety + Oppositional + Conduct + Trauma + Anger + Eating Disturbance + Substance Use [Severity of Use]) divided by 10}* 10 = **Behavioral Health Domain**
- Child Risk Behaviors
{(Suicide + Self Mutilation + Other Self Harm + Danger to Others + Sexual Aggression + Runaway + Delinquency + Fire Setting + Social Behavior + Bullying) divided by 10} * 10 = **Risk Domain**
- Child Life Domain Functioning
{(Family + Living Situation + School [Highest of School Behavior, Attendance or Achievement] + Social Functioning + Recreation + Developmental + Communication + Judgment + Legal + Medical + Physical + Sleep + Independent Living) divided by 13}* 10 = **Functioning Domain**
- Child Strengths

{(Family + Interpersonal + Optimism + Educational + Vocational + Talents/Interests + Spiritual + Community Life + Relationship Permanence + Youth Involvement + Natural Supports) divided by 11} * 10 = **Strengths Domain**

- Caregiver Strengths & Needs

1{(Physical + Mental Health + Substance Use + Developmental + Safety + Supervision + Involvement + Knowledge + Organization + Social Resources + Residential Stability + Family Stress) divided by 12} * 10 = **Caregiver Domain**

1. If Behavioral Health Domain T1 – Behavioral Health Domain T2 \geq 2.20, improvement.
2. If Risk Domain T1 – Risk Domain T2 \geq 1.58, improvement.
3. If Functioning Domain T1 – Functioning Domain T2 \geq 2.27, improvement.
4. If Strengths Domain T1 – Strengths Domain T2 \geq **3.11**, improvement.
5. If Caregiver Domain T1 – Caregiver Domain T2 \geq 2.78, improvement.

ANSA Domain Items and Calculation Methodology for Improvement Updated for SFY 2014

- Life Domain Functioning

{(Physical/Medical + Family + Employment + Social Functioning + Recreational + Sexuality + Living Skills + Residential Stability + Legal + Sleep + Self Care + Involvement in Recovery + Transportation) divided by 13}* 10 = **Functioning Domain**

- Behavioral Health Needs

{(Psychosis + Impulse Control + Depression + Anxiety + Interpersonal Problems + Antisocial Behavior + Adjustment to Trauma + Anger Control + Substance Use + Eating Disturbance) divided by 10}* 10 = **Behavioral Health Domain**

- Risk Behaviors

{(Danger to Self/Others + Self Injurious Behavior + Other Self Harm + Exploitation + Gambling + Sexual Aggression + Criminal Behavior) divided by 7} * 10 = **Risk Domain**

- Strengths

{(Family + Social Connections + Optimism + Talents/Interests + Educational + Volunteering + Job History + Spiritual/Religious + Community Connectedness + Natural Supports + Resiliency + Resourcefulness) divided by 12} * 10 = **Strengths Domain**

1. If Functioning Domain Time 1 (T1) – Functioning Domain Time 2 (T2) \geq **2.63**, improvement.
2. If Behavioral Health Domain Time 1 (T1) – Behavioral Health Domain Time 2 (T2) \geq 2.43, improvement.
3. If Risk Domain Time 1 (T1) – Risk Domain Time 2 (T2) \geq **1.70**, improvement.
4. If Strengths Domain Time 1 (T1) – Strengths Domain Time 2 (T2) \geq 3.58, improvement.