

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

Performance Measure Definitions – Achieving Positive Outcomes

SFY 2017



Effective Date:
July 1, 2016

For questions or comments, please contact

Wendy.Harrold@fssa.in.gov

or

Rhonda.Bergen@fssa.in.gov

Version Control

Date	What Changed	Page(s) Affected

Contents

Introduction to Performance Measures and Definitions 3
 Reassessment Frequency and Clinical Outcomes..... 3
 Data Requirements for Performance Measures 4
 Performance Payments for DMHA Contracted Providers 5
 SFY 2017 Summary of Changes..... 6
 Definitions and Acronyms 7
 Overview of Performance Measures and Targets 8
 Performance Outcome Measures for SFY 2017 9
 Improvement in One Domain 9
 Improvement in One Domain for Closed Episodes..... 10
 Community Integration 11
 Strength Development 12
 Performance Process Measures for SFY 2017 13
 Individuals Served..... 13
 Reassessment – NOMs 14
 Reassessment – CANS and ANSA 15
 Gatekeeper Measures for SFY 2017 16
 Administrative Code Gatekeeping Compliance 16
 Timely Discharge from State Operated Facilities (SOF) of All Populations 18
 Reliable Change Indices 20
 Replicating Performance Measure Calculations 22

Introduction to Performance Measures and Definitions for State Fiscal Year 2017

Since State Fiscal Year (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 eight 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.

Required Assessments and Reassessments

The Performance 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 recommended every six months and required before eight months. 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 Child and Adolescent Needs and Strengths (CANS) comprehensive assessment (either the Birth – 5 tool or the 5 – 17 tool) for youth and the Adult Needs and Strengths Assessment (ANSA) for persons aged 18 and over, except where otherwise noted. In addition to these assessment tools, DMHA requires reporting of the National Outcome Measures (NOMS) at admission, approximately every six months and at discharge.

All outcome 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 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 at any level of need, reassessments completed too frequently will tend to reflect insignificant change.

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
- More than one day of services for new episodes (exception is crisis services)
- 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 on time, there must be two assessments within 240 days of each other.

Performance Payments for DMHA Contracted Providers

Pay for Performance Funding: Performance Measures are grouped into three funding pools: Seriously Mentally Ill (SMI), Chronically Addicted (CA), and Seriously Emotionally Disturbed Children (SED). Each month providers can download a performance scorecard from the DMHA community services database (DARMHA). Performance Scorecards are produced on the first day of the month. All data needs to be 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.

The amount of payment each quarter is based on the overall percentage of targets met for SMI, for CA, and for SED funding pools. 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 meets or exceeds 95% of a designated performance target for at least two quarters, 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.

SFY 2017 Summary of Changes

SFY 2017 Measure	Difference from SFY 2016 Measures
Improvement in One Domain – SMI	New Target
Improvement in One Domain – CA	New Target
Improvement in One Domain – Youth 5-17	New Target
Improvement in One Domain – Youth Birth-5	New Target
Improvement in One Domain for Closed Episodes - SMI	New Target
Improvement in One Domain for Closed Episodes - CA	New Target
Improvement in One Domain for Closed Episodes – Youth 5-17	New Target
Improvement in One Domain for Closed Episodes – Youth Birth-5	New Target
Community Integration – SMI	New Target
Community Integration – CA	New Target
Strength Development – SMI	New Target
Strength Development – CA	New Target
Strength Development – Youth 5 - 17	New Target
Strength Development – Youth Birth-5	New Target
Adults Served – SMI	Weighted Measure
Adults Served – CA	Weighted Measure
Youth Served SED & CA	Weighted Measure
Reassessment -- NOMS	Weighted Measure
Reassessment – CANS/ANSA	Weighted Measure
Administrative Code Gatekeeping Compliance	No changes
Timely Discharge from State Operated Facilities (SOF) of All Populations	No changes
Reducing the Use of Allocated Beds in State Operated Facilities (SOF)	Measure Removed

Definitions and Acronyms

<i>Adult</i>	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
<i>Youth</i>	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 – 21.
<i>SMI</i>	adult person with serious mental illness
<i>CA</i>	person with addiction/substance abuse conditions
<i>SED</i>	youth with serious emotional disturbance
<i>Consumers with both SMI and CA Identifiers</i>	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.
<i>DARMHA</i>	Data Assessment Registry for Mental Health and Addiction
<i>Medication Only</i>	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 monthly number served during the months in which services are provided.
<i>DSC Status (DMHA Supported) Consumer)</i>	<p>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.</p> <p>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.</p>

Overview of Performance Measures and Targets
Effective July 1, 2016

SFY 2017 Measures from DARMHA Data	Pay for Performance	Target	Weight	Target Increase or Decrease
Improvement in One Domain – SMI	Included in dollars	45%	1	↑
Improvement in One Domain – CA	Included in dollars	54%	1	↑
Improvement in One Domain – Youth 5 - 17	Included in dollars	52%	1	↑
Improvement in One Domain – Youth 0 - 5	Not included in dollars	NA	1	NA
Improvement in One Domain for closed episodes – SMI	Included in dollars	57%	1	↑
Improvement in One Domain for closed episodes – CA	Included in dollars	61%	1	↑
Improvement in One Domain for closed episodes – Youth 5 - 17	Included in dollars	63%	1	↑
Strength Development – SMI	Included in dollars	21%	1	↑
Strength Development – CA	Included in dollars	28%	1	↓
Strength Development – Youth 5 - 17	Included in dollars	20%	1	↑
Community Integration – SMI	Included in dollars	25%	1	↓
Community Integration – CA	Included in dollars	35%	1	↓
Adults Served – SMI	Included in dollars	Per Provider	2	SAME
Adults Served – CA	Included in dollars	Per Provider	2	SAME
Youth Served SED & CA	Included in dollars	Per Provider	2	SAME
Reassessment – NOMS (SMI, CA, & SED)	Included in dollars	80%	2	SAME
Reassessment – CANS/ANSA (SMI, CA, & SED)	Included in dollars	80%	2	SAME
Gatekeeper Measures				
Administrative Code Gatekeeping Compliance	Included in dollars	90%		SAME
Timely Discharge from State Operated Facilities (SOF) of All Populations	Included in dollars	80%		SAME

Performance Outcome Measures for SFY 2017

Improvement in One Domain

Improvement in at least one of the 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.

Populations: SMI, CA, SED (Birth-5 years) and (5-17 years)

ANSA Domains Included: Life Functioning, Behavioral Health Needs, Strengths, and Risk Behaviors.

CANS Domains Included: Life Functioning, Child Strengths, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors.

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Calculation

Step 1: Average the scores in a domain. Multiply domain averages by 10 for both the Time 1 and Time 2 assessment. Note: If the Time 1 domain average score is less than the Reliable Change Index (RCI), the domain is not counted in the calculation since there is no possibility for improvement at Time 2.

Step 2: Subtract the Time 2 domain average from the Time 1 domain average.

Step 3: If the result is a positive number, then compare the number to the RCI, if equal to or greater than the RCI, then count record as improvement. If not, move on to Step 4.

Step 4: Within the improved domain, look for resolved Actionable Needs, scores of “2” or “3” in Time 1 and scores of “0” and “1” at Time 2. If there are resolved actionable needs within the domain, then record would count as improvement.

The total number of individuals with an improvement in at least one domain is the numerator. The total number of individuals 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.

Improvement in One Domain for Closed Episodes

Improvement in at least one of the 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.

Populations: SMI, CA, SED (Birth-5 years) and (5-17 years)

ANSA Domains Included: Life Functioning, Behavioral Health Needs, Strengths, and Risk Behaviors.

CANS Domains Included: Life Functioning, Child Strengths, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors.

Time 2: Time 2 is the most recent assessment for an episode that closed within the reporting period.

Time 1: If there are only two assessments within the episode, then Time 1 would be the initial assessment. Otherwise, the Baseline Assessment is determined. The Baseline Assessment is the highest level of need at the beginning of an episode of treatment. The calculation for the Baseline Assessment takes the initial and next assessment and determines which one had highest mean based on the following domains: for ANSA - Behavioral Health, Life Functioning, & Risk Behaviors and for CANS - Life Functioning, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. The assessment with the highest mean should be used as the Baseline Assessment for Time 1.

Calculation

Step 1: Average the scores in a domain. Multiply domain averages by 10 for both the Time 1 and Time 2 assessment. Note: If the Time 1 domain average score is less than the Reliable Change Index (RCI), the domain is not counted in the calculation since there is no possibility for improvement at Time 2.

Step 2: Subtract the Time 2 domain average from the Time 1 domain average.

Step 3: If the result is a positive number, then compare the number to the RCI, if equal to or greater than the RCI, then count record as improvement. If not, move on to Step 4.

Step 4: Within the improved domain, look for resolved Actionable Needs, scores of "2" or "3" in Time 1 and scores of "0" and "1" at Time 2. If there are resolved actionable needs within the domain, then record would count as improvement.

The total number of individuals with an improvement in at least one domain is the numerator. The total number of individuals 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.

Community Integration

The ANSA 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. 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.

Population: SMI and CA

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Strengths: Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Job History, Volunteering, Educational, Family Strengths, and Spiritual/Religious [Usable Strengths (0/1) = 1.]

Life Functioning Needs: Social Functioning, Recreation, Family Functioning, Employment, and Involvement in Recovery [Actionable Needs (2/3) = 1.]

Calculation

Step 1: In Time 1 and Time 2, items are recoded. For Strengths, scores of "0" and "1" are recoded to "1." For Needs, scores of "2" and "3" are recoded to "1."

Step 2: For Strengths, Time 1 count is subtracted from the Time 2 count. For Needs, Time 2 count is subtracted from the Time 1 count. Add both results together, an answer greater than zero would be counted as improvement.

The total number of individuals with an improvement is the numerator. The total number of individuals with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Strength Development

Improvement is defined as developing useable (“1”) and centerpiece strengths (“0”). 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.

Population: SMI, CA, SED (Birth-5 years) and (5-17 years)

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Calculation

Step 1: For Time 1 and Time 2, items in the Strength Domain are recoded. Scores of “0” and “1” are recoded to “1.”

Step 2: Time 1 count is subtracted from the Time 2 count. An answer greater than zero would be counted as improvement.

The total number of individuals with an improvement is the numerator. The total number of individuals with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Performance Process Measures for SFY 2017

Individuals Served

Population: SMI, CA, Youth (SED and CA)

SMI 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.

CA Definition: Adult consumers with substance-related or addictive disorder diagnoses 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.

Youth 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.

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

To be counted, consumers need to be identified as DMHA Supported Consumers during the reported period. In addition, new this year, a new consumer needs to have more than one day of services reported in order to count.

Calculation

On a monthly basis, this is a simple count of the unduplicated number of consumers in each agreement type who have one or more encounters reported during the month.

Reassessment – NOMs

Percentage of DARMHA National Outcome Measures (NOMs) reassessments completed on time

Population: All DMHA supported consumers, excludes Medication Only consumers,

DMHA recommends assessing consumers approximately every six months. However, recognizing the barriers to accomplishing this standard (missed appointments, end dates of MRO, etc.) the window to complete a reassessment is now 240 days.

Calculation

Step 1: Identify all consumers active at any time during the reporting period who should have been assessed and have not been reassessed (greater than 210 days). Also, identify new consumers who have not had an assessment within 30 days of admission. These are eligible for reassessment. (Denominator)

Step 2: Of the consumers who were assessed in the reporting month, who were assessed within the 240 days. These are the on time reassessments. (Numerator)

Reassessment – CANS and ANSA

Percentage of DARMHA CANS and ANSA reassessments completed on time

Population: All DMHA supported consumers, excludes Medication Only consumers

DMHA recommends assessing consumers approximately every six months. However, recognizing the barriers to accomplishing this standard (missed appointments, end dates of MRO, etc.) the window to complete a reassessment is now 240 days.

Calculation

Step 1: Identify all consumers active at any time during the reporting period who should have been assessed and have not been reassessed (greater than 210 days). Also, identify new consumers who have not had an assessment within 30 days of admission. These are eligible for reassessment. (Denominator)

Step 2: Of the consumers who were assessed in the reporting month, who were assessed within the 240 days. These are the on time reassessments. (Numerator)

Gatekeeper Measures for SFY 2017

Administrative Code Gatekeeping Compliance

Program: Applies to all CMHC gatekeepers with enrolled clients 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.

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.

- 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 90%, 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

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.

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.

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.

Reliable Change Indices

Betty Walton, PhD

To measure change over time using the CANS and ANSA 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 1.28 is used as the standard of sufficient change.

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

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. For example, for young children, risk factors are not included.

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.

RCI Information – Based on data run in previous years or 2015 data. The lowest RCI was chosen to be the RCI.

ANSA Domains – SMI Population	n	mean	sd	RCI	SFY 2017 RCI
Life Domain Functioning	106,947	11.71	4.43	2.52	2.52
Risk Behaviors	83,860	2.47	2.56	1.50	1.50
Behavioral Health	83,860	9.70	4.01	2.36	2.36
Strengths	106,242	17.12	5.60	3.29	3.29

ANSA Domains – CA Population	n	mean	sd	RCI	SFY 2017 RCI
Life Domain Functioning	14,588	9.32	4.57	2.68	2.68
Risk Behaviors	14,588	2.17	2.35	1.38	1.38
Behavioral Health	14,588	7.88	4.38	2.57	2.57
Strengths	14,588	14.81	5.99	3.51	3.51

CANS Domains - 5 - 17 years	n	mean	SD	RCI	SFY 2017 RCI
Life Domain Functioning	56,532	9.77	3.71	2.18	2.18
Child Strengths	56,532	16.80	5.11	3.00	3.00
Caregiver Needs & Strengths	56,532	7.76	4.73	2.78	2.78
Emotional/Behavioral	31,493	6.92	3.75	2.20	2.20
Risk Behaviors	31,493	2.20	2.70	1.58	1.58

CANS Domains - Birth - 5 years	n	mean	SD	RCI	SFY 2017 RCI
Life Domain Functioning	3412	9.80	4.23	2.40	2.40
Child Strengths	3388	13.40	5.63	3.29	3.29
Caregiver Needs & Strengths	1647	5.94	5.09	2.98	2.98
Emotional/Behavioral	1647	4.70	4.07	2.39	2.39
Risk Behaviors	2640	6.20	4.53	2.65	2.65

Replicating Performance Measure Calculations

Providers may replicate performance measure calculations from their local databases if the CANS and ANSA assessments are stored locally. Some providers have established internal performance monitoring based on location of services or based on specific programs. For consistency between the state-level calculations and local calculations, several business rules need to be applied.

- a. For each measure, only items that are included in the definition and have a rating that is 0, 1, 2, or 3 are included. (Any item with a not applicable response is excluded from the calculation.)
- b. Only the comprehensive CANS tools are to be used in calculations. If either the Time 1 or Time 2 CANS assessment is based on the older reassessment tool, those consumers should be excluded from the calculations due to absence of the extension modules and some differences in the domain items.
- c. Calculations for any measure based on one or more domains or on an extension module utilize the mean (average) statistic. Mean (average) is recommended for the calculation formula since the 'n' sometimes changes. For example, on the ANSA, if Parental/Caregiver Role functioning is not rated (N/A) it should be omitted. Several items on the CANS 0 to 5 are similar due to developmental considerations. Many Caregiver items may be missing for specific youth on both CANS tools. The Mean function is more precise and would accommodate whatever data is there. Be sure to omit N/A by not using the -1 coding which is in DARMHA.

Providers can also download scorecard raw data from DARMHA to identify data issues and see the client level data that represents the performance measure numbers.