

Mental Health Performance Measure Data Set

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Key to Data Sources

MIS	This data element is a required part of many State Mental Health Data Dictionaries, or it should be added at some point in the near future.
Report	This data element is often submitted to the State Mental Health Authority on a hard copy report.
Instrument	This data should be collected through a designated instrument and the raw or summary data submitted to the State Mental Health Authority on a periodic basis.
QM	Data that may be included in the Quality Management plan and gathered through a variety of methods including the 3 listed above.

Important Note: All Data Measures were compiled by MCPP Healthcare Consulting prior to 2000.

Section 1: Access

Are services quickly and readily available? How responsive is the system to individual and cultural needs?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Percentage of consumers where the length of time from first request to first face to face clinician meeting meets the Health Plan's standards	PP: Access 3.1 - 3.3	MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators (Variation of)	<ul style="list-style-type: none"> • Provider Organization • Type of Care (routine, urgent and emergency) 	Instrument
2. Percentage of consumers who receive post discharge follow up within 72 hours of discharge	PP: Access 3.4		<ul style="list-style-type: none"> • Provider Organization • Type of facility 	MIS?
3. Percentage of consumers that live within a 15 mile radius and/or 30-45 minutes travel time	PP: Access 3.6	National Leadership Council (Variation of)	<ul style="list-style-type: none"> • Age Cohort • Level of Care 	MIS: Mapping Tool
4. Percentage of homebound consumers who receive home based assessments	PP: Access 3.7		<ul style="list-style-type: none"> • Provider Organization 	MIS?
5. Percentage of consumers where at least one outreach attempt was made to all new consumers who missed their appointment	PP: Access 3.9		<ul style="list-style-type: none"> • Provider Organization 	QM
6. Percentage of telephone calls that are answered by the fourth ring by an individual	RSN/USBH Contract, page 25	AMBHA PERMS 1.0 (Variation of)	<ul style="list-style-type: none"> • Health Plan only 	Instrument: Phone Survey, Phone System
7. Percentage of consumers served in relation to the group's ethnic proportion of total population		WA MHD Indicator	<ul style="list-style-type: none"> • Age 	MIS
8. Number of non-ethnic special populations clients served		KCPHP ¹ Report Card	<ul style="list-style-type: none"> • Special population 	MIS
9. Percentage of Limited English Proficient consumers who receive services from a bilingual clinician or assistance from an interpreter	PP: Cultural Competence 3.2 - 3.4		<ul style="list-style-type: none"> • 	?

¹ KCPHP = King County Prepaid Health Plan, the Medicaid Mental Health carve-out in Seattle, Washington

Section 1: Access (continued)

Measure	Health Plan Source	Original Source	Key Categories	Data Source
10. Percentage of minority consumers who receive a cross-cultural consultation by an appropriate minority mental health specialist	PP: Cultural Competence 3.5		<ul style="list-style-type: none"> • Provider Organization • Minority 	MIS
11. Telephone on-hold time		AMBHA PERMS 1.0	<ul style="list-style-type: none"> • Provider Organization • Health Plan 	Instrument: Telephone Survey, Phone System
12. Percentage of consumers indicating that services were easily obtainable		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators; Medicaid HEDIS		QM
13. Percentage of consumers that indicate that service sites were convenient		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators; Medicaid HEDIS		QM
14. Proportion of services provided in a natural setting (home, school, and work)		MHSIP Report Card		MIS
15. Percent of persons denied services		Stakeholder Perspectives on MH Performance Indicators; National Leadership Council	<ul style="list-style-type: none"> • Service Type 	MIS
16. Percentage of staff who have attended training on cultural competency		Stakeholder Perspectives on MH Performance Indicators	<ul style="list-style-type: none"> • Provider Organization 	Report
17. Degree to which direct service staff characteristics represent enrollee characteristics		Stakeholder Perspectives on MH Performance Indicators; National Leadership Council		MIS

Section 2: Satisfaction

What are consumers' subjective evaluation of the service they received by the system?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. How would you rate the quality of the service you have received?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
2. Did you get the kind of service you wanted?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
3. To what extent has our program met your needs?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
4. If a friend were in need of similar help, would you recommend our program to him or her?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
5. How satisfied are you with the amount of help you have received?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
6. Have the services you received helped you to deal more effectively with your problems?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
7. In an overall, general sense, how satisfied are you with the services you have received?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8
8. If you were to receive help again, would you come back to our program?	PP: Consumer Satisfaction 3.1	CSQ-8	• Provider Organization	Instrument: CSQ-8

Section 3: Consumer Outcomes

How effective is the service that is being provided to mental health consumers?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Percentage of consumers with improved level of functioning since last review/assessment	RSN/USBH Contract, page 28	MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators	<ul style="list-style-type: none"> • Diagnostic Category • Provider Organization • Age Cohort 	MIS
2. Percentage of consumers demonstrating improvement or stabilization in psychiatric symptoms since last review/assessment	RSN/USBH Contract, page 28	MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators	<ul style="list-style-type: none"> • Diagnostic Category • Provider Organization • Age Cohort 	MIS
3. Percentage of consumers with reduced number of hospital admissions since last review/assessment	RSN/USBH Contract, page 28		<ul style="list-style-type: none"> • Diagnostic Category • Provider Organization • Age Cohort 	MIS
4. Percentage of consumers with reduced number of hospital days since last review/assessment	RSN/USBH Contract, page 28		<ul style="list-style-type: none"> • Diagnostic Category • Provider Organization • Age Cohort 	MIS
5. Number of children with severe emotional disturbance placed outside of the home	RSN/USBH Contract, page 28	MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators (Modified)	<ul style="list-style-type: none"> • Provider Organization 	MIS
6. Percentage of adults with severe psychiatric disabilities living in stable housing			<ul style="list-style-type: none"> • Provider Organization 	MIS?
7. The percentage of hospital readmissions that are within 30 or 365 days of discharge		MHSIP Report Card; Medicaid HEDIS	<ul style="list-style-type: none"> • Provider Organization 	MIS?
8. The percentage of consumers who experience an increased sense of self-respect and dignity		MHSIP Report Card		?
9. Percentage of children with severe emotional disturbance placed outside of the home for at least one month		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators		MIS

Section 3: Consumer Outcomes (continued)

Measure	Health Plan Source	Original Source	Key Categories	Data Source
10. Proportion of adults with severe psychiatric disabilities living in residences which they themselves own or lease		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators		MIS?
11. Proportion of adult consumers experiencing increased activities with families, friends, neighbors, or social groups		MHSIP Report Card		?
12. Proportion of consumers reporting increased skills to manage symptoms		NY MH Task Force on Performance Measurement		?
13. Proportion of consumers reporting increased daily living skills		NY MH Task Force on Performance Measurement		?

Section 4: Intersystem Outcomes

How effective are the connections with interacting systems? What impact is the delivery of mental health services having on interacting systems?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Number of incarceration incidents during the period		California Outcomes Measures in System Reform (Modified)	• Provider Organization	MIS
2. Number of juvenile detention incidents during the period		KCPHP Report Card	• Provider Organization	MIS?
3. Percentage of mental health consumers negatively affected by substance abuse who are involved in services addressing the substance abuse		NY MH Task Force on Performance Measurement	• Provider Organization	MIS?
4. Percentage of consumers whose primary care provider was informed/consulted during the intake process	PP: Assessment/ Intake 3.9	Digital (Modified)	• Provider Organization	?
5. Percentage of consumers not linked to medical system at last review/assessment who were linked during the period		KCPHP Report Card	• Provider Organization	?
6. Percentage of persons in same residence as six months previous		Toolkit for the Assessment of MH Plans and System Performance		MIS
7. Percentage of persons engaged in unsubsidized employment to six months previous		Toolkit for the Assessment of MH Plans and System Performance		?
8. Change in average reduction in days of work lost as a result of mental disorders		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators		?
9. Change in average reduction in days of school lost as a result of mental disorders		MHSIP Report Card; Stakeholder Perspectives on MH Performance Indicators		?

Section 5: Utilization

How much service is being provided? of what type? to whom?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Number of clients served each month		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort • Medicaid/Non • Diagnostic Category 	MIS
2. Number of unduplicated clients served year to date		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort • Medicaid/Non • Diagnostic Category 	MIS
3. Penetration rate (the % of population that have received services during the year)		AMBHA PERMS 1.0	<ul style="list-style-type: none"> • Age Cohort • Medicaid/Non • Level of Care • Clinician Type 	MIS
4. Western State Inpatient Days		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort 	MIS
5. Average length of stay for inpatient psychiatric hospitalization		Toolkit for the Assessment of MH Plans and System Performance	<ul style="list-style-type: none"> • Age Cohort 	MIS
6. Percentage of persons with at least one psychiatric hospitalization within the last six months		Toolkit for the Assessment of MH Plans and System Performance		MIS
7. Bed days per 1,000 consumers		National Leadership Council Task Force	<ul style="list-style-type: none"> • Age Cohort 	MIS
8. Hospital admissions per 1,000 consumers		National Leadership Council Task Force	<ul style="list-style-type: none"> • Age Cohort 	MIS
9. Percentage of annual number of admissions to total number of consumers served annually		Toolkit for the Assessment of MH Plans and System Performance		MIS
10. Outpatient length of stay		National Leadership Council Task Force	<ul style="list-style-type: none"> • Diagnostic Category 	MIS
11. Outpatient visits per 1,000 consumers		National Leadership Council Task Force	<ul style="list-style-type: none"> • Age Cohort 	MIS
12. Standardized hours of outpatient service		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort 	MIS
13. Non-Standardized hours of outpatient service		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort 	MIS
14. Number of crisis outreach services		KCPHP Report Card	<ul style="list-style-type: none"> • Age Cohort 	MIS

Section 5: Utilization (continued)

Measure	Health Plan Source	Original Source	Key Categories	Data Source
15. Number of individuals requiring crisis outreach services			• Age Cohort	MIS
16. Long term rehab bed days		KCPHP Report Card	• Age Cohort	MIS
17. Supervised living bed days		KCPHP Report Card	• Age Cohort	MIS
18. Number of requests for service extensions	RSN/USBH Contract, page 18		• Provider Organization	MIS
19. Number of exceptions to Standards of Care	RSN/USBH Contract, page 18		• Provider Organization	?

Section 6: Financial

What are the costs of various portions of the system? Are there enough revenues to support the system as it is current designed?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Revenue by Revenue Type		KCPHP Report Card		MIS
2. Overhead Expense		KCPHP Report Card		MIS
3. Service Delivery Expense		KCPHP Report Card	<ul style="list-style-type: none"> • Provider Organization • Age Cohort • Expense Type 	MIS
4. Fund Balance		KCPHP Report Card	<ul style="list-style-type: none"> • By Category 	MIS
5. Balance Sheet			<ul style="list-style-type: none"> • By Account 	MIS
6. Cost per Case			<ul style="list-style-type: none"> • Diagnostic Category • State Tier Level 	MIS
7. Cost per Standard Service Hour	RSN/USBH Contract, page 25		<ul style="list-style-type: none"> • Provider Organization 	Report
8. Medicaid Per Member Per Month Cost				MIS
9. Percentage of (inpatient plus emergency costs) divided by total service costs		Toolkit for the Assessment of MH Plans and System Performance	<ul style="list-style-type: none"> • Age Cohort 	MIS
10. Percentage of total service costs to total costs		Toolkit for the Assessment of MH Plans and System Performance		MIS
11. Percentage of third party collections on Health Plan enrolled consumers			<ul style="list-style-type: none"> • Age Cohort • Provider Organization 	Report
12. Incurred But Not Reported as a percentage of total claims	RSN/USBH Contract, page 26			Instrument

Section 7: Mental Health Plan Quality Measures

How well are the Mental Health Plan’s activities being carried out?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Percentage of authorization requests that are responded to within the time standard	PP: Authorization for Payment 3.2.7		<ul style="list-style-type: none"> • Routine • Urgent • Emergency 	?
2. Percentage of consumer complaints responded to within 8 hours of receipt	PP: Consumer Complaint and Grievance 3.2.2			MIS?
3. Percentage of consumer complaints resolved within 10 business days following the receipt of the complaint	PP: Consumer Complaint and Grievance 3.2.3		<ul style="list-style-type: none"> • Provider Organization 	MIS?
4. Number of provider complaints received	PP: Provider Complaint and Grievance		<ul style="list-style-type: none"> • 	MIS
5. Number of provider grievances	PP: Provider Complaint and Grievance		<ul style="list-style-type: none"> • 	MIS
6. Percentage of provider complaints that result in formal grievances	PP: Provider Complaint and Grievance		<ul style="list-style-type: none"> • 	MIS
7. Percentage of “clean” provider claims that are paid on a timely basis	PP: Billing and Reimbursement 5.1.2.e.		<ul style="list-style-type: none"> • 	?
8. Number of fiscal appeals filed by providers	PP: Billing and Reimbursement		<ul style="list-style-type: none"> • Provider Organization 	MIS
9. Percentage of fiscal appeals granted/approved	PP: Billing and Reimbursement		<ul style="list-style-type: none"> • 	

Section 8: Provider Quality Measures

How well are provider activities being carried out?

Measure	Health Plan Source	Original Source	Key Categories	Data Source
1. Number of consumer complaints	PP: Consumer Complaint and Grievance		• Provider Organization	MIS
2. Number of consumer grievances	PP: Consumer Complaint and Grievance		• Provider Organization	MIS
3. Percentage of authorization requests accepted with complete and timely data	PP: Authorization for Payment 3.1		• Provider Organization	MIS
4. Percentage of longer term or extended services authorizations transmitted no later than 7 days after date of service	PP: Authorization for Payment 3.2.2		• Provider Organization	MIS
5. Percentage of claims rejected during edit checking			• Provider Organization	MIS
6. Number of changes of primary case manager	RSN/USBH Contract, page 18		• Provider Organization	MIS