



# ACHIEVING WELLNESS:

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Building A Dashboard with Measures to Track Progress  
Towards Desired Result

SYSTEM LEADERSHIP TEAM MEETING

January 16, 2013



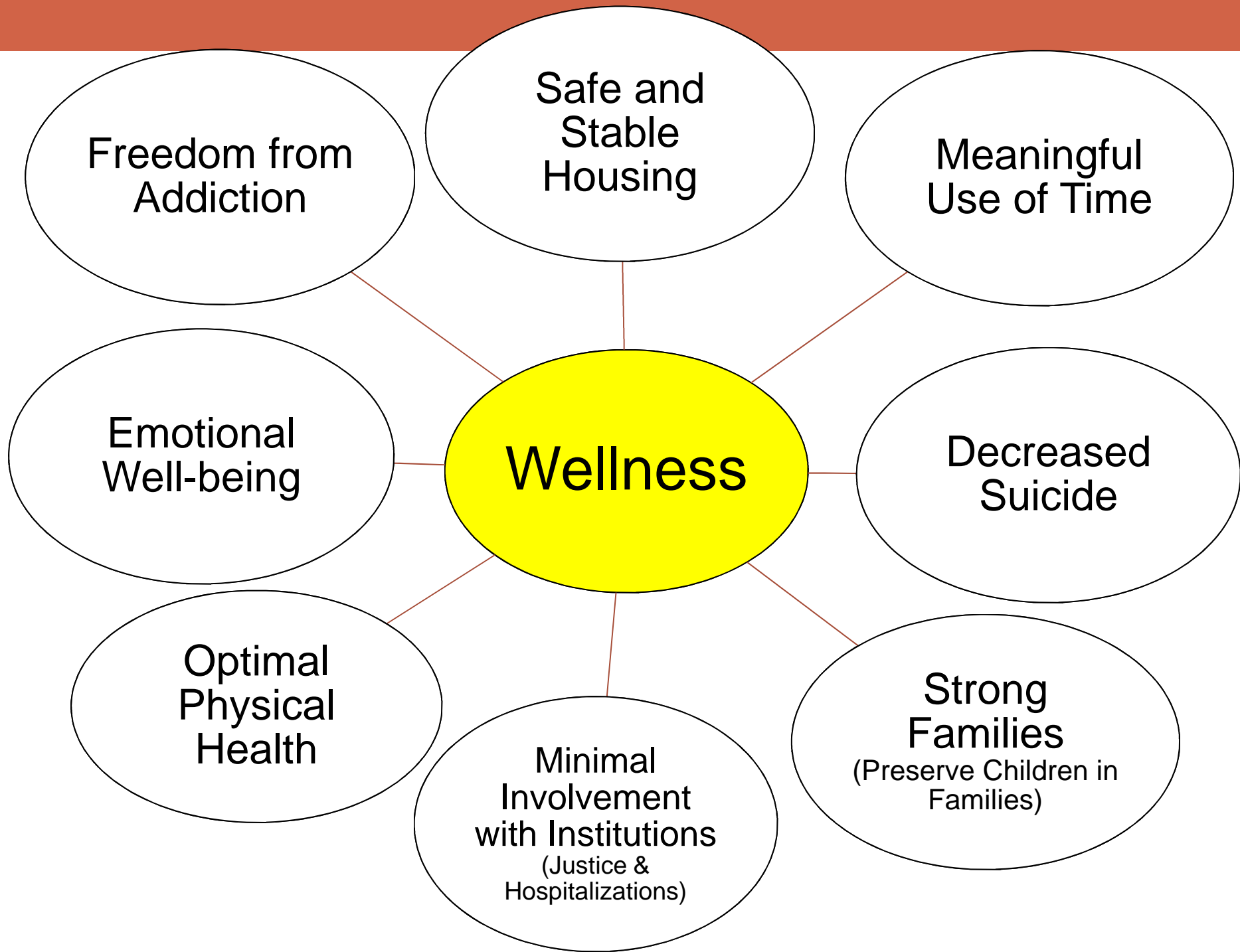
# Task

The System Leadership Team (SLT) chartered an Ad Hoc Committee to provide guidance on how to strengthen the SLT's monitoring function with regards to the implementation of MHSA.

# Recommendation

The Ad Hoc Committee recommended creating a 'dashboard' that includes two components to help monitor progress:

1. A framework that defines 'wellness' across the MHSA system of services through eight outcomes.
2. Clear outcomes and measures to track progress towards the overarching result.

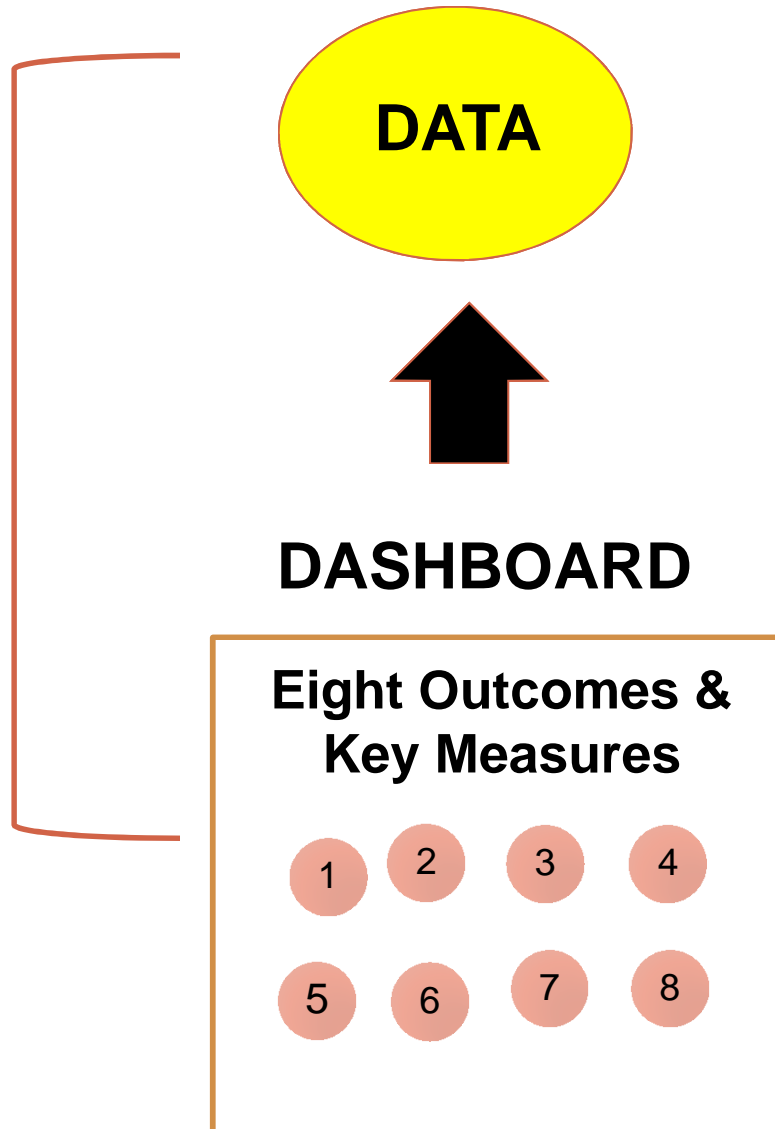


# Wellness Dashboard: Selecting Measures

- Developing a 'dashboard' entails selecting a narrow yet important set of measures per outcome.
- As a rule, the Ad Hoc Committee tried to select no more than 3 measures per outcome, unless there was a compelling reason to add more.

# Dashboard and Data

- Selected measures from a list of currently collected data elements to avoid delays.
- Drew measures from the database from Full Service Partnerships (FSP) and, if needed, from Field Capable Clinical Services (FCCS)

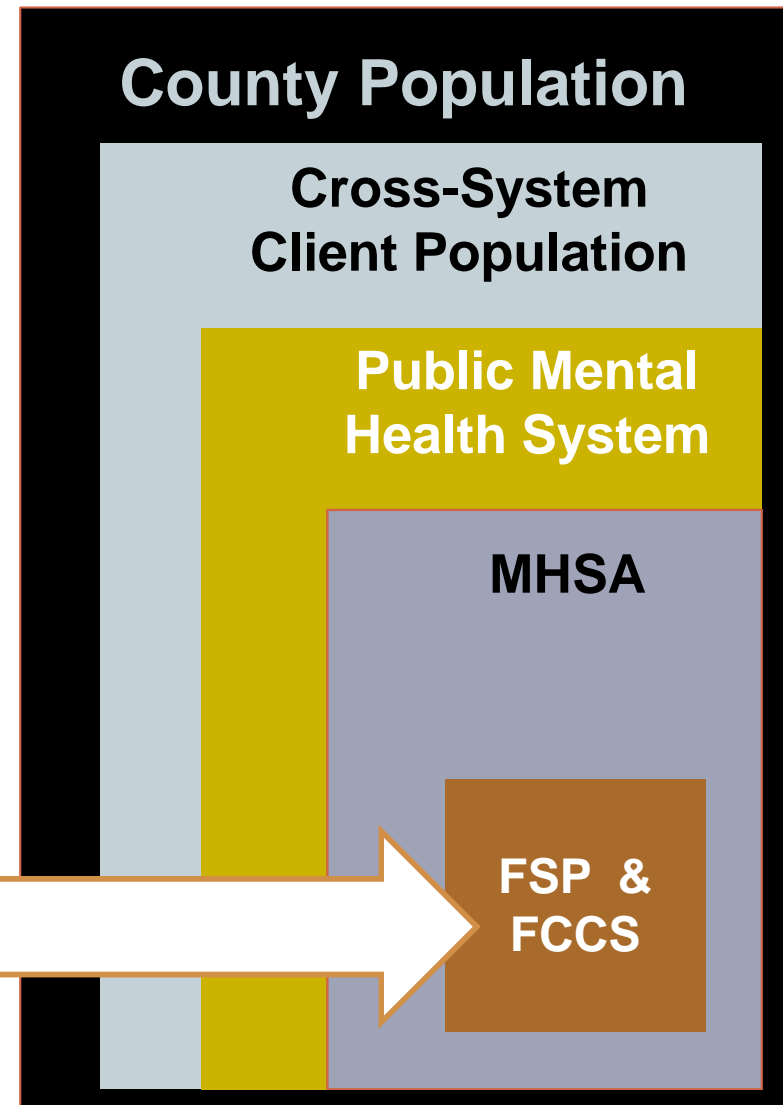


# Dashboard and Data

## FSP & FCCS MEASURES

- >51% of MHSA funds for FSP.
- Targets all age groups.
- Designed/powerd to achieve outcomes
- Selected measures ideally apply to broader systems.

Measures



# Data Agenda

For measures currently unavailable, a 'data agenda' will be developed to address five items:

1. The measures that are not selected to be on the dashboard (but for which information is being captured already via FSPs) can be used for deeper analysis later.
2. If another measure (not captured via FSPs or FCCS) can better capture progress towards a specific outcome, it will be considered at a later date so as not to delay the process of building the dashboard.



# Data Agenda

3. Finding and adding better measures may entail additional resources and possibly establishing data-sharing agreements with other County departments, public agencies, and/or organizations.
4. Additional work is needed to establish the best way to organize the dashboard.
5. Address concerns regarding the quality of data. For instance, some information is self-reported by clients; and data quality is contingent upon timely completion of Key Event Changes (KECs) and quarterly updates (3Ms).



# Wellness Dashboard Measures



# Outcome 1: Freedom From Addiction

1. Client abuses substances? (FSP)
1. Is the client currently receiving substance abuse services? (FSP)

## Outcome 2: Emotional Well-being

- Currently collected measures for FSP and FCCS mainly gauge functional outcomes.
- PEI outcomes gauge symptom endorsement
- There may be FSP and FCCS domains that can be identified as proxies for emotional well-being

# Outcome 3: Optimal Physical Health

1. Client uses a primary care physician (FSP)
2. Does the client have a chronic health care problem or problems that require medical services? (FSP)
3. Is the client obese (based on Body Mass Index)? (FSP)
4. Client states that s/he is in good physical health (FSP)

## **Outcome 4: Minimal Involvement with Institutions** (Justice System and Hospitalizations)

1. Was the client arrested within the last 12 months? (FSP)
2. Did the client receive services in an Emergency Room or Crisis Stabilization in the last 12 months? (FSP)
3. Acute psychiatric hospitalization. (FSP)

# Outcome 5: Strong Families

## (Preserve Children in Families)

1. Is the client at risk of being removed from his/her current living arrangement? (FSP)
2. Is the client's living arrangement suitable? (FSP and FCCS)
3. Socializes with others (FSP)
4. Age appropriate peer relationships (FSP)

# Outcome 6: Decreased Suicide

- Measures for suicide are not currently being captured via FSP or FCCS.
- PEI practices with a focus on depression – PHQ-9 measures suicidal ideation



# Outcome 7: Meaningful Use of Time

## CHILDREN AND TAY

1. Within the last 4 weeks, on average, how many hours per week did the client participate in extra-curricular activities? (FSP)
2. Within the last 4 weeks, on average, how many hours per week did the client attend class? (FSP)
3. During the past 12 months, number of suspensions, and number of expulsions? (FSP)
4. Current grades (very good, good, average, below average, poor) (FSP)

# Outcome 7: Meaningful Use of Time

## ADULT AND OLDER ADULT

1. Does the client's recovery goals include any kind of education at this time? (FSP)
2. Education settings last 12 months (number of weeks, average number of hours / week). (FSP)
3. Does one of the client's current recovery goals include employment at this time? (FSP)
4. Current employment (average number of hours/week, average hourly rate). (FSP)

# Outcome 7: Meaningful Use of Time

## ADULT AND OLDER ADULT

5. Does the client have age appropriate involvement in the community? (FCCS)
6. Does the client have activities that he/she defines as meaningful? (FCCS)

# Outcome 8: Safe and Stable Housing

(still need to select measures)

## **FSP:** Living Arrangements (for Child, TAY and Older Adult)

1. Is the client at risk of being removed from their current living arrangement?
2. Is the client's current living arrangement suitable?
3. Is the current living arrangement in the least restrictive setting?
4. Is the client satisfied with current living arrangement?
5. Have there been suspected child abuse/elder adult reports made related to living arrangements in last 12 months?
6. Have there been incidents of violence related to living arrangements in the last 12 months?

# Outcome 8: Safe and Stable Housing

(still need to select measures)

**FCCS:** Living arrangements (at baseline, 6 m., 12 m.)

1. Is the client's current living arrangements suitable?
2. Is the client's current living arrangements free from abuse, neglect and DV?
3. Is the client satisfied with their current living arrangement?
4. If the client's living arrangements have changed, why?