Performance Indicators and Quality Improvement Standards

APPENDIX: ADULT MENTAL HEALTH DATA SOURCES

Annual Class Member Survey:
Data Type/Method: Mail Survey
Target Population: AMHI Class Members.
Approximate sample size: 600 annually.

The Annual Class Member Survey is administered by mail in the spring. It is sent to all AMHI class members who reside in Maine. Consumers are asked to rate the quality and accessibility of their services. The survey contains demographic data, information about consumer satisfaction and information on questions to consumer outcomes.

Adult Consumer Satisfaction Survey (Data Infrastructure Grant):
Data Type/Method: Mail Survey
Target Population: Stratified random sample of consumers receiving Medicaid reimbursable Adult Mental Health Services.
Approximate Sample Size: 1200-1400

The Maine DHHS/OAMHS consumer survey is an adapted version of the National Mental Health Statistics Improvement (MHSIP) Consumer Survey that was specifically designed for use by adult recipients of mental health services. The survey is administered by mail in the summer. It is currently used by all State Mental Health Authorities across the country and will allow for state-to-state comparisons of satisfaction trends. The survey was designed to assess consumer experiences and satisfaction with their services and support in four primary domains, including: 1) Access to Services; 2) Quality and Appropriateness; 3) General Satisfaction; and 4) Outcomes.

Community Hospital Utilization Review Summary:
Data Type/Method: Service Review/Document Review
Target Population: Individuals admitted to community inpatient psychiatric hospitals on an emergency involuntary basis.
Approximate Sample Size: 75 to 100 admissions per quarter.

The Regional Utilization Review Nurses have responsibility to perform a clinical review of all individuals who are authorized for a community psychiatric admission utilizing Department funds. Utilization Review Nurses review all community admissions for appropriateness of the admission, including: compliance with active treatment guidelines; whether medical necessity was established; Blue Paper process completed; and patients rights were maintained, etc. The data collected as part of the clinical review is captured regionally and entered into EIS.

Community Support Enrollment Data:
Data Type/Method: Demographic, clinical and diagnostic data for all consumers in Adult Mental Health Community Support Services (community integration, ACT, Community Rehabilitation Services and Intensive Case Management) maintained and reported from the Department's EIS (Enterprise Information System).
Target Population: Adult Mental Health Consumers receiving Community Support.

Approximate Sample Size: 1500 class members of the total consumers enrolled in Community Support.

The Enrollment database contains data elements for all Adult Mental Health Consumers who receive Community Support. The database was established in July of 2004 and began collecting the following data elements upon consumer enrollment into services; demographic data, DSM diagnostics, LOCUS scores, GAF scores, insurance type, and current services.

Community Support Services Census/Staffing Data:
Data Type/Method: Provider Completed Survey; Completed by supervisors of Assertive Community Treatment (ACT) and Community Integration (CI). Intensive Case Management (ICM) data is captured from ICM case records in EIS.
Target Population: Consumers receiving CI/ACT from DHHS/OAMHS contracted agencies and ICM services provided by OAMHS.
Approximate Sample Size: Collected from all providers of these services on a quarterly basis.

OAMHS data specialists collect census/staffing data quarterly from contracted agencies that provide ACT and CI services, and from the EIS system for ICM services. This data source provides a snapshot of case management staff vacancies as well as consumer to worker ratios.

Grievance Tracking Data:
Data Type/Method: Information pertaining to Level II and Level III Grievances.
Target Population: Consumers receiving any Mental Health Services licensed, contracted or funded by DHHS.

The Data Tracking System contains grievances and rights violations for consumers in Adult Mental Health Services. The data system tracks the type of grievance, remedies, resolution and timeliness.

Class Member Treatment Planning Review:
Data Type/Method: Service Review/Document Review
Target Population: Class Members receiving Community Support Services (ACT, CI, CRS, ICM)
Approximate Sample Size: 100 reviews per quarter.

The Regional Consent Decree Coordinators have responsibility to perform a review of class members receiving Community Support Services. Data collected as part of the review is captured regionally and entered into a database within EIS. The Treatment Planning Review focuses on: education on and use of authorizations, assessment of domains, incorporation of strengths and barriers, crisis planning, needed resources including the identification of unmet needs and service agreements.

Individualized Support Plan (ISP) Resource Data Summary (ISP RDS) tracking System:
Data Type/Method: ISP RDS submitted by Community Support providers
Target Population: Adult Mental Health Consumers who receive Community Support Services (ACT, CI, ICM and CRS).

The ISP Resource Data tracking system was implemented in March 2006. The data is maintained and reported on through the DHHS Enterprise Information System (EIS). The ISP RDS captures ISP

completion dates and consumer demographic data. The ISP RDS also captures data on the current housing/living situation of the person receiving services as well as the current vocational and employment statuses. Needed resources are also tracked and include the following categories; Mental Health Services, Peer, Recovery and Support Services, Substance Abuse Services, Housing Resources, Health Care Resources, Legal Resources, Financial Resources, Educational Resources, Vocational Resources, Living Skills Resources, Transportation Resources, Personal Growth Resources and Other. The ISP RDS calculates unmet needs data by comparing current 90 day reviews to previous 90 days reviews.

Quarterly Contract Performance Indicator Data:
Data Type/Method: Performance Indicators
Target Population: All consumers receiving DHHS/OAMHS contracted services.
Approximate Sample Size: All consumers receiving DHHS/OAMHS contracted services.

The Quarterly Contract Performance Indicator System was implemented in July of 1998 at which time common performance indicators and reporting requirements were included in all contracts with provider agencies. Specific indicators were developed for each of the Adult Mental Health services areas. As of July 2008, most QA/QI contract performance indicators were deleted as much of the data is now being collected by APS Healthcare. Some specific service areas, for example crisis services and peer services, continue to have specific indicators within their contracts that they must report on quarterly.