

# **An Assessment of the Utility and Cultural Appropriateness of the Mental Health National Outcome Measures to the Pacific Jurisdictions**

## **Summary Report**

**Facilitated by the State Data Infrastructure Coordinating Center  
(SDICC) of the National Association of State Mental Health Program  
Directors Research Institute (NRI, Inc) on May 20, 2008**

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## BACKGROUND

### ***Introduction:***

In light of the SAMHSA commitment to strengthen technical assistance for the Pacific Jurisdictions, the Center for Mental Health Services (CMHS) sponsored a one-day assessment meeting of the mental health National Outcomes Measures (NOMS). The State Data Infrastructure Coordinating Center (SDICC) of the National Association of State Mental Health Program Directors Research Institute (NRI, Inc.) facilitated the meeting on May 20, 2008 in Washington D.C. See Appendix A for meeting participants.

This document summarizes the meeting discussions, lists the training/technical assistance needs identified by each jurisdiction, and outlines the recommended short-term and long-term plan of action.

### ***Meeting Goal:***

*Definitional Goal:* The meeting goal was to review the general cultural appropriateness of the mental health National Outcome Measures (NOMS) to the Pacific Jurisdictions.

*Implementation Goal:* In view of the cultural diversity across jurisdictions, each Pacific Jurisdiction was to recommend ways in making the NOMS more culturally appropriate for their specific area. This effort was an offshoot of SAMHSA leadership's recognition that Jurisdictions are equal partners to the States and tribes. Refer to Appendix B for background on the Jurisdictions' role in mental health NOMS development process.

Two factors were considered in the process of NOM assessment:

- (1) Utility of the NOM – What does the particular NOM domain mean for the Pacific Jurisdiction? What modifications need to be made?
- (2) Data collection considerations – Are data available to collect the measure for each domain? Are there additional data elements that should be considered? Do current data collection methods work for the Pacific Jurisdictions? If not, what are the issues surrounding data collection (what works and what doesn't work)?

### ***Participants:***

All six Pacific Jurisdictions were represented: American Samoa, Guam, Marshall Islands, Micronesia, Palau, and Mariana Islands. The Virgin Islands participated as a guest. Various SAMHSA offices were represented at the meeting.

## **TIME LINE AND METHOD OF IMPLEMENTATION FOR SPECIFIC RECOMMENDATIONS**

The timeline and method of implementation to carry out specific recommendations outlined in succeeding pages and summarized in the proposed Plan of Action on page 15 of this Report are given below:

Starting in Fall 2008, a Workgroup will be established to address the recommended modifications to the following mental health NOMS:

- Social connectedness
- Employment
- Living Situation
- Criminal Justice

The Workgroup membership will be made up of representatives from each of the Pacific Jurisdictions, the NRI, CMHS, and invited subject area experts. The objective for this Workgroup is to define concrete action steps such as piloting survey questions for social connectedness, developing other relevant employment questions to better understand the employability of a person, identification of Jurisdiction-specific living arrangements, and appropriate measure for criminal justice involvement. The intent is for these action steps to be piloted in the short term and learn lessons from prior to making any final modifications to the NOMS. Along this line, the Workgroup will also address the development of local capacity to report change measures between two time periods (T1 and T2). This will involve identification of methods to collect data on a periodic time interval, assessment of local capacity to report and store big volume of data, and availability of local expertise.

Using the DIG grant money and depending on availability of additional resources, in Winter 2009, the Jurisdictions will initiate steps to piloting at least one evidence-based program. This will involve staff training and extension of technical assistance in the implementation of the EBP as well as development of local capacity to conduct performance measurement and evaluation of program fidelity of the piloted EBP.

At the June 2009 National Conference, a progress report in the implementation of the above-mentioned action steps will be provided.

It is anticipated that full implementation of the proposed modifications will be completed by 2010. During the course of implementing modifications to the mental health NOMS, CMHS will give consideration to the ongoing modification efforts undertaken by the Center for Substance Abuse with the Pacific Jurisdictions on the substance abuse NOMS to ensure consistency between these two areas, when applicable.

## RECOMMENDATIONS AND RATIONALE

### **Recommendation #1: Increased access to services (Service Capacity) - Expand definition of access to include change in service frequency and location**

NOM Description: Number of persons served by age, gender, race, and ethnicity

NOM Technical Specifications:

[1] Percentage of State population receiving any mental health service.

Numerator: Total persons served

Denominator: Total State population

[2] Percentage of State population receiving community mental health services.

Numerator: Total persons receiving community mental health services

Denominator: Total State population

[3] Percentage of State population with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) receiving services.

Numerator: Total persons with SMI/SED receiving services

Denominator: Total State Population

Proposed Modification: Expand the operational definition of access (i.e. to include improved frequency of services and better service location).

Discussion/Rationale: Counting the number of persons served as definition of access does not take into account the number of persons experiencing improvement in terms of (a) frequency in which a service is provided and (b) better service location (i.e. reduced travel time). This type of information is important for service planning.

To address this issue, it was recommended to develop a drill-down table that captures the expanded definition.

Other related issues discussed: How to measure mental health prevalence; workforce development as it impacts access to services.

**Recommendation #2: Increased/Retained Employment –  
Expand the employment categories and analyze movement of  
persons not in the Labor Force**

NOM Description: Percentage of adults competitively employed

NOM Technical Specifications:

Numerator: Total adults competitively employed at last assessment who received mental health services during the reporting period  
Denominator: Total adults served with known employment status

Proposed Modifications: Expand categories for employment and not in the Labor Force for analytical purposes. Include categories that will capture productive activities, e.g. fishing for domestic consumption. Analyze movement of people not in the Labor Force.

The Commonwealth of the Northern Mariana Islands is opting out of the proposed modification and instead will retain the existing URS definition of employment.

Discussion/Rationale: Develop follow-up employment questions useful for analyzing this measure. For example, other than simply asking for employment status, follow up questions such as: how long have you been employed? What type of job do you have? How many employers did you have for the past (state time duration)? How much in salary/wages did you receive in the past (state time duration)?

Other related issues discussed: Determine whether a common definition of employment across the Pacific Jurisdictions is necessary.

### **Recommendation #3: Return to/Stay in school - No modifications recommended**

NOM Description: Increased School Attendance

NOM Technical Specifications:

[1] Percentage of children who reported an improvement in their school attendance

Numerator: Total number reporting improvement (for new and continuing clients combined)

Denominator: Total responses (excluding N/A) of new and continuing clients

[2] Percentage of children suspended or expelled in year 2

Numerator: Total number suspended or expelled in year 2

Denominator: Total responses (excluding N/A) to the relevant survey question in year 2

[3] Percentage of children suspended in year 1 not suspended in year 2

Numerator: Total number not suspended/expelled in year 2 but suspended/expelled in year 1

Denominator: Total number suspended or expelled in year 1

Proposed Modifications: None

Discussion/Rationale: Pacific Jurisdictions agreed to implement the CMHS-recommended questions in the YSS-F:

1. Was your child expelled or suspended during the last 12 months? Yes/No
2. Was your child expelled or suspended during the 12 months prior to that? Yes/No
3. Over the last year, the number of days my child was in school is:
  - greater
  - about the same
  - less
  - does not apply (please select)
    - child did not have a problem with attendance before starting services
    - child is too young to be in school
    - child was expelled from school
    - child is home schooled
    - child dropped out of school
    - other

**Recommendation #4: Increased stability in family and living situation - Expand range of housing categories to include temporary living arrangements**

NOM Description: Profile of client's change in living situation (including homelessness)

NOM Technical Specifications:

[1] Percentage of persons receiving services that are homeless or living in shelters

Numerator: Total number of homeless/living in shelters

Denominator: Total number of persons with known living situation

[2] Percentage of persons receiving services living in private residence

Numerator: Total number of persons living in private residence

Denominator: Total number of persons with known living situation

[3] Percentage of persons in jails or prison

Numerator: Total number of persons in jail/prisons

Denominator: Total number of persons with known living situations

Proposed Modifications: Expand range of housing categories to include temporary living arrangements.

The Commonwealth of the Northern Mariana Islands is opting out of the proposed modification and instead will retain the existing URS definition and categories for living situation.

Discussion/Rationale: The concept of homeless is defined differently by the Pacific Jurisdictions due to widespread practice of extended family living arrangement – which may understate the count of homeless individuals/families. There is therefore a need to expand the range of housing categories to include temporary living arrangements. Participants likewise raised the need to include the phrase 'consistent safe dwelling and basic needs met' in the current definition of 'private residence.'

Other related issues discussed: Potential effect to the count of homelessness if extended family living arrangement breaks down.

**Recommendation #5: Reduced utilization of psychiatric inpatient beds - Replace URS Table 20 with URS Table 21**

NOM Description: Decreased Rate of Readmission to State Psychiatric Hospitals within 30 and 180 Days

NOM Technical Specifications:

[1] Percentage of persons readmitted within 30 days to a state psychiatric hospital

Numerator: Total number of persons readmitted within 30 days

Denominator: Total number of persons discharged

[2] Percentage of persons readmitted within 180 days to a state psychiatric hospital

Numerator: Total number of persons readmitted within 180 days

Denominator: Total number of persons discharged

Proposed Modifications: Complete URS Table 21 instead of URS Table 20 to report this NOM. URS Table 20 reports the readmission rates in the state hospital while URS Table 21 (optional table) reports the readmission rates in any inpatient psychiatric facilities.

Discussion/Rationale: URS Table 20 is not applicable to the Pacific Jurisdictions because Jurisdictions use general hospitals psychiatric wards in lieu of state hospitals. There are no state hospitals in any of the Jurisdictions.

**Recommendation #6: Decreased criminal justice involvement  
- Conduct focus group of consumers**

NOM Description: Decreased Criminal Justice/Juvenile Justice Involvement

NOM Technical Specifications:

- [1] Percentage of persons arrested in year 1 who were not rearrested in year 2  
Numerator: Total number of persons who were arrested in year 1 who were not arrested in year 2 (for new and continuing clients combined)  
Denominator: Total number of persons arrested in year 1 (new and Continuing clients combined)
- [2] Percentage of persons arrested in year 2  
Numerator: Total number of persons arrested in year 2  
Denominator: Total number of persons with known arrest status
- [3] Percentage of persons reporting criminal justice contacts improved or stayed the same since starting MH services  
Numerator: Total persons with improved or unchanged criminal justice involvement since starting MH services  
Denominator: Total persons responding to the relevant survey question

Proposed Modifications: Review/develop relevant criminal justice measure.

Discussion/Rationale: Pacific Jurisdictions expressed the difficulty in what should be included in reporting this particular NOM since criminal justice contacts by clients are mostly in the form of informal diversion (e.g. taking the person to the emergency room or family/relatives) rather than formal diversion (i.e. involving legal violation). There was a discussion to consider reporting the rate of diversion rather than the number of arrest (which is currently used as proxy for criminal justice involvement).

Other related issues discussed: Define the outcome of diversion; identify incentives to keep people off the streets; evaluate this measure as it applies to children or adolescents in the juvenile justice system.

**Recommendation #7: Client perception of care - Conduct a focus group to get feedback from consumers and family members on consumer survey questions.**

NOM Description: Percentage of persons reporting positively about outcomes

NOM Technical Specifications:

Numerator: Total number of persons reporting positively about outcomes

Denominator: Total number of responses to the MHSIP Outcomes Domain (for adults) or YSS-F Outcomes Domain (for children/adolescents)

The following are the adult Outcomes Domain (5 Likert scale of strongly agree, agree, neutral, disagree, and strongly disagree):

*As a direct result of services I received:*

*I deal more effectively with daily problems.*

*I am better able to control my life.*

*I am better able to deal with crisis.*

*I am getting along better with my family.*

*I do better in social situations.*

*I do better in school and/or work.*

*My housing situation has improved.*

*My symptoms are not bothering me as much.*

The following are the YSS-F Outcomes Domain (5 Likert Scale of strongly agree, agree, Undecided, Disagree, Strongly Disagree):

*As a result of the services my child and/or family received:*

*My child is better at handling daily life.*

*My child gets along better with family members.*

*My child gets along better with friends and other people.*

*My child is doing better in school and/or work.*

*My child is better able to cope when things go wrong.*

*I am satisfied with our family life right now.*

*My child is better able to do things he or she wants to do.*

Proposed Modifications: No specific changes were proposed but a focus group of consumers in each Jurisdiction was recommended to get feedback on the clarity, relevance, interpretation (meaning), and cultural appropriateness of the survey questions.

Discussion/Rationale: Consumer feedbacks will be used to make recommendations for changes in the consumer survey.

**Recommendation #8: Social connectedness - Conduct a focus group to get consumer feedback on cultural appropriateness of the recommended indicators for this NOM**

NOM Description: Percentage of persons reporting positively about social connectedness

NOM Technical Specifications:

Numerator: Total number of persons reporting positively about social connectedness

Denominator: Total number of responses to the recommended Social Connectedness survey questions

The following are the adult questions on social connectedness (5 Likert scale of strongly agree, agree, neutral, disagree, and strongly disagree):

*Please answer for relationships with persons other than your mental health provider:*

*I am happy with the friendships I have.*

*I have people with whom I can do enjoyable things.*

*I feel I belong in my community.*

*In a crisis, I would have the support I need from family or friends.*

The following are the YSS-F questions on social connectedness (5 Likert Scale of strongly agree, agree, Undecided, Disagree, Strongly Disagree):

*Please answer for relationships with persons other than your child's mental health providers:*

*I know people who will listen and understand me when I need to talk.*

*I have people that I am comfortable talking with about my child's problems.*

*In a crisis, I would have the support I need from family or friends.*

*I have people with whom I can do enjoyable things.*

Proposed Modifications: Include peer support groups and other related concepts in the definition of social connectedness (e.g. participation in faith based support such as Bible study or church involvement, participation in family custom, etc)

In the conduct of the focus group, gather consumer feedback on social connectedness NOM (i.e. what does this NOM mean to them?) and the current method of measurement (i.e. interpretation, relevance, and cultural appropriateness of the survey questions on social connectedness).

**Recommendation #9: Improved functioning - Conduct a focus group to get consumer feedback on the recommended survey questions**

NOM Description: Percentage of persons who agreed with improvements in functioning.

NOM Technical Specifications:

Numerator: Total number of persons who agreed with improvements in functioning

Denominator: Total number of responses to the recommended Improved Functioning questions

The following are the adult questions on improved functioning (5 Likert scale of strongly agree, agree, neutral, disagree, and strongly disagree):

*As a direct result of services I received:*

*I do things that are more meaningful to me.*

*I am better able to take care of my needs.*

*I am better able to handle things when they go wrong.*

*I am better able to do things that I want to do.*

*My symptoms are not bothering me as much.*

The following are the YSS-F questions on improved functioning (5 Likert Scale of strongly agree, agree, Undecided, Disagree, Strongly Disagree):

*As a result of the services my child and/or family received:*

*My child is better able to do things he or she wants to do.*

*My child gets along better with family members.*

*My child gets along better with friends and other people.*

*My child is doing better in school and/or work.*

*My child is better able to cope when things go wrong.*

*My child is better able to do things he or she wants to do.*

Proposed Modifications: Include a question on the ability of adult consumer to address family needs (such as the one used for YSS-F).

In the conduct of consumer survey focus group, gather consumer feedback on the improved functioning NOM (i.e. what does this NOM mean to them?) and the current method of measurement (i.e. interpretation, relevance, and cultural appropriateness of the survey questions on improved functioning).

**Recommendation #10: Evidence-based practices (Number of persons receiving evidence-based practices and Number of evidence-based practices provided by the Jurisdiction) - Allow Jurisdictions to choose a specific EBP to implement and report**

NOM Description: Percentage of adults with SMI receiving EBPs  
Percentage of children with an SED receiving EBPs

NOM Technical Specifications:

[1] Percentage of adults with SMI receiving EBPs

Numerator: Total number of adults with SMI receiving an EBP

Denominator: Total number of adults served with SMI

[2] Percentage of children with SED receiving EBPs

Numerator: Total number of children with SED receiving an EBP

Denominator: Total number of children served with SEC

The following are reportable adult EBPs:

*Assertive Community Treatment*

*Supported employment*

*Supported housing*

*Family psycho-education*

*Integrated treatment for co-occurring disorder*

*Illness management/recovery*

*Medication management*

The following are reportable children EBPs:

*Multi-systemic therapy (MST)*

*Therapeutic foster care*

*Functional family therapy (FFT)*

Proposed Modifications: Allow each Jurisdiction to select one EBP to implement and report on.

Discussion/Rationale: The primary issue is the lack of resources in the Pacific Jurisdictions to implement EBP. A secondary issue is the lack of reporting capacity to complete URS Tables 16 and 17 (EBP reporting).

One of the Jurisdictions represented at the meeting recommended an assessment of the effectiveness of existing programs and determine if any can qualify for EBP reporting in the URS.

## PROPOSED PLAN OF ACTION

The group indicated the following goals as a general plan of action. They also indicated interest in continuing to collaborate with SAMHSA and CSAT in coordinating efforts to refine the NOMS.

### ***Short-Term:***

- Conduct a focus group to conclude recommendations for refinements of the following NOMS:
  - Social connectedness
  - Employment
  - Living situation
  - Criminal justice
- Determine available resources that can be used to support piloting of evidence-based practices in the Jurisdictions

### ***Long-Term:***

- Conduct a focus group on all other survey questions. Depending on available resources, customize the (adult and youth) surveys consistent to the needs of the Pacific Jurisdictions.
- Development of local capacity to report change data (T1 and T2 analysis).
- Provision of resources for the implementation and reporting of EBPs.

## **TRAINING AND TECHNICAL ASSISTANCE NEEDS IDENTIFIED BY THE JURISDICTION**

### **American Samoa:**

- Integration of the NOMS in existing data system
- Need TA related to inter-agency data exchange
- Existing EBP toolkit training and how to modify to fit jurisdiction
- Develop effective practices that are culturally relevant

### **Guam:**

- Would like to move toward a web-based system.
- TA with definitions for employment, etc. helpful for local analysis but still consistent with NOMS reporting.
- Hardware needs improvement.
- Develop infrastructure.
- Ability to come up with scope of work for web interface to work alongside existing system.

### **Marshall Islands:**

- Need training on how to analyze data
- How to develop a database system
- TA on definition of improved functioning
- TA to analyze and interpret survey results

### **Palau:**

- How to translate EBPs into data collection.
- Need hardware and software
- TA on survey administration: issue of confidentiality, who administers, etc.
- TA in holding focus group on the survey questionnaire
- TA in the use of data for decision making
- TA to evaluate existing programs if they qualify as evidence-based programs or how to enhance the program to become an evidence-based program, and establish performance measures for program efficiency and effectiveness

### **Micronesia:**

- Capacity for data gathering is challenged by geographical location.
- TA in providing feedback to states on submitted data.
- TA in the use of data for quality improvement.
- TA in analyzing and using collected data.

**Mariana Islands:**

- TA to assess quality of data collection, analysis, and reporting
- Training and TA for providers/support personnel on the importance of quality documentation
- TA to assess feasibility of developing and implementing a paperless health records system

**Virgin Islands (Guest):**

- Moving to a mail survey. Will participate in the Consumer Survey TA scheduled in June.
- Operating on Microsoft SQL, but Department of Health is looking at EHR – development will start this year.
- Reporting needs:
  - EBPS
  - Readmission Rates
  - Atypical Medication
- TA on strategic planning

## **APPENDICES**

**Appendix A: List of Participants**

**Appendix B: Development and Reporting of the Mental Health NOMS:  
The Role and Participation of the Pacific Jurisdictions**

**Power Point Presentation by Dr. Olinda Gonzalez at the  
Pacific Jurisdictions Meeting held in Guam (April 2008)**

**Utility and Burden Rating of the NOMS by the States and  
the Pacific Jurisdictions**