

WASHINGTON STATE MENTAL HEALTH TRANSFORMATION PROJECT

# Measures of Statewide Performance *for Washington State*



**By the Mental Health Transformation Workgroup (TWG)**

REPORT NUMBER 3.37

**MAY 2011**



Washington State  
Department of Social  
& Health Services



Washington's  
**Mental Health Transformation Project**  
*Partnerships for Recovery & Resiliency*

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The Research and Data Analysis Division of the Department of Social and Health Services agreed to continue updating the report as long as it is useful to Washington State.



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# Measures of Statewide Performance

*for Washington State*

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MAY 2011

**T**HIS DOCUMENT presents a “dashboard” for monitoring the performance of the statewide system of care for individuals with mental illness in Washington State. The goals, outcomes, and associated performance measures included herein were developed by the leadership team of Washington’s “Mental Health Transformation Project,” federal funding for which was received in 2005.

These goals and measures are intended to be broader than any one system of care. Some reflect the whole population of the state. Some reflect county-funded mental health services. If they focus on low-income people, they usually include all clients of the state’s Department of Social and Health Services who have mental illness diagnoses, medications or treatment in their agency records—even if those people are not served by the DSHS Division of Behavioral Health and Recovery or the local Regional Support Networks.

The indicators of success represent a commitment to monitoring our collective, cross-agency performance, sharing information, and continually improving what we do. The leadership team hopes that they will continue to be used to assess the recovery orientation of the entire system of care in Washington State.

## Indicators of Individual Level Success

**GOAL:** *People of all ages can better manage their mental health, achieve their personal goals, and live, work, learn, and participate in their community. People of all ages have optimal mental and physical health, economic stability and social connections.*

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## Indicators of System Level Success

**GOAL:** When a system successfully transforms itself, practices, programs, and policies are responsive, flexible, open to the newest thinking, and expand possibilities for people across the life span. The system is based on continuous improvement and pushing forward; being responsive, flexible and open to the newest thinking; and that promotes changes. A comprehensive continuum of services and supports are available, accessible, and used to promote the mental health of all children, youth, families and adults.

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## Indicators of Community Level Success

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\* = Measure in development



# Measures of Statewide Performance for Washington State

May 2011

## Change Level 1. Individual Level Change

**SUCCESS STATEMENT** *People of all ages can better manage their mental health, achieve their personal goals, and live, work, learn, and participate in their community. People of all ages have optimal mental and physical health, economic stability and social connections.*

**OUTCOME 1. People of all ages manage their mental health, achieve their personal goals, and live, work, learn, and participate in their community.**

### INDICATORS FOR DSHS CLIENTS WITH MENTAL ILLNESS

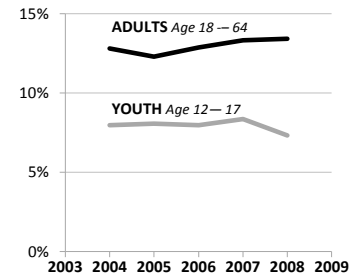
INDICATOR 1.1.1

#### Proportion of youth and adults arrested

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth	—	36,518	35,285	34,692	33,698	33,157	—
# youth arrested	—	2,910	2,838	2,760	2,815	2,432	—
Percent youth	—	7.97%	8.04%	7.96%	8.35%	7.33%	—
Total adults	—	173,077	175,335	174,811	175,261	177,639	—
# adults arrested	—	22,141	21,505	22,496	23,320	23,796	—
Percent adults	—	12.79%	12.27%	12.87%	13.31%	13.40%	—

BY AGE GROUP



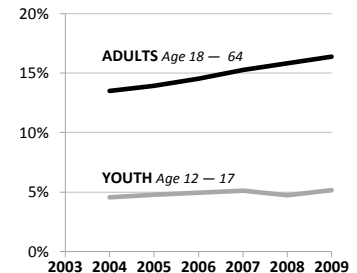
INDICATOR 1.1.2

#### Proportion of children, youth and adults who are homeless or whose residences are very unstable

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth	—	33,061	32,224	31,835	30,849	30,343	28,362
# homeless	—	1,508	1,534	1,568	1,573	1,433	1,457
Percent homeless	—	4.56%	4.76%	4.93%	5.10%	4.72%	5.14
Total adults	—	149,552	155,418	157,055	156,759	159,475	157,792
# homeless	—	20,139	21,666	22,833	23,933	25,230	25,860
Percent homeless	—	13.47%	13.94%	14.54%	15.27%	15.82%	16.39%

BY AGE GROUP



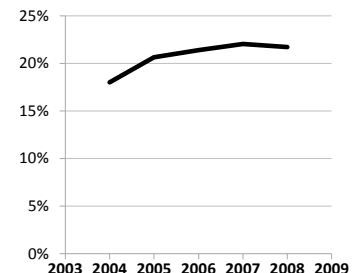
INDICATOR 1.1.3

#### Proportion of working age adults who are employed

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	140,331	153,634	156,502	156,660	158,417	—
# with earnings	—	25,209	31,676	33,452	34,540	34,314	—
Percent employed	—	18.0%	20.6%	21.4%	22.0%	21.7%	—

AGE 18 — 64

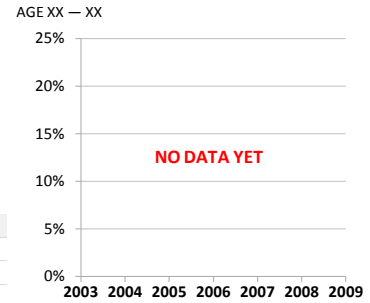


INDICATOR 1.1.4

### Proportion of youth receiving diploma or GED

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses. Measure to be constructed in context of newly funded grant project.

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth	—	—	—	—	—	—	—
# matriculated	—	—	—	—	—	—	—
Percent	—	—	—	—	—	—	—

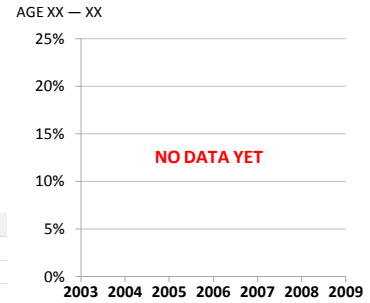


INDICATOR 1.1.5

### Proportion of adults attending training, technical or college

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses. Measure to be constructed in context of newly funded grant project.

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	—	—	—
# in studies	—	—	—	—	—	—	—
Percent	—	—	—	—	—	—	—

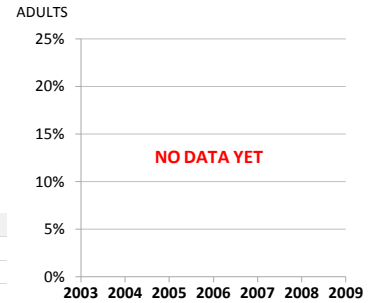


INDICATOR 1.1.6

### Proportion of adults with mental health conditions who are registered voters [Resource Dependent Measure]

SOURCE: Secretary of State Washington State Voter Registration Database (VRDB)

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	—	—	—
# registered	—	—	—	—	—	—	—
Percent	—	—	—	—	—	—	—



## OUTCOME 2. People of all ages have optimal mental and physical health, economic stability and social connections.

### INDICATORS FOR DSHS CLIENTS WITH MENTAL ILLNESS

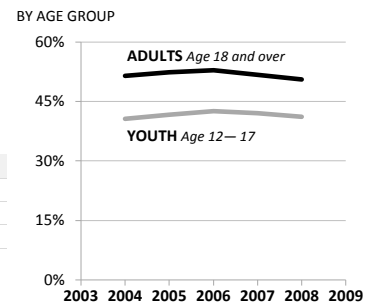
INDICATOR 1.2.1

### Rate of ER visits classified as “inappropriate”

ER visits that were avoidable, non-emergent, or could have been treated in primary care setting

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth	—	36,455	35,249	34,654	33,702	33,161	—
Youth ER visits	—	20,597	18,744	20,082	20,376	20,095	—
# avoidable visits	—	8,373	7,797	8,486	8,490	8,236	—
Percent avoidable	—	40.58%	41.60%	42.51%	41.99%	41.16%	—
Total adults	—	173,102	175,392	175,849	176,624	179,149	—
Adults ER visits	—	195,618	198,021	217,372	223,311	234,522	—
# avoidable visits	—	100,698	103,652	115,011	115,440	118,522	—
Percent avoidable	—	51.48%	52.34%	52.91%	51.69%	50.54%	—

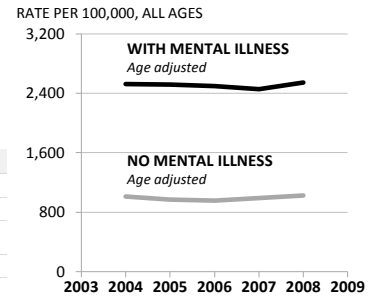


INDICATOR 1.2.2

**Mortality rates, crude and age-adjusted**

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnose; and Office of Financial Management Population Estimates

SFY	2003	2004	2005	2006	2007	2008	2009
Total with MI	—	328,333	350,107	351,206	351,360	350,006	—
# deaths w/MI	—	9,812	9,820	9,664	9,345	9,241	—
Adjusted/100,000	—	2,526	2,518	2,492	2,457	2,543	—
Total with NO MI	—	1,717,510	1,718,212	1,748,071	1,750,731	1,781,630	—
# deaths w/ NO MI	—	5,545	5,312	5,574	5,849	6,439	—
Adjusted/100,000	—	1,010	967	956	993	1,025	—



**OUTCOME 3. People of all ages have optimal mental and physical health.**

**INDICATORS FOR THE GENERAL POPULATION**

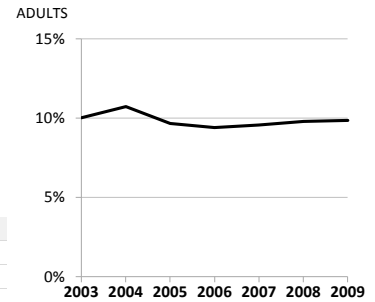
INDICATOR 1.3.1

**Rate of bad mental health days**

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), survey items for general population. Percentage reporting two weeks or more.

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	4,506,260	4,572,460	4,654,095	4,764,887	4,862,801	4,955,161	4,937,019
# bad mh	451,884	489,847	449,808	447,374	463,729	484,365	485,708
Percent adults	10.0%	10.7%	9.7%	9.4%	9.6%	9.8%	9.8%



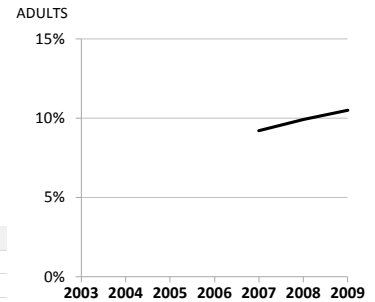
INDICATOR 1.3.2

**Rate of functional impairment due to mental illness**

“During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?”

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), survey items for general population. Percentage reporting any days of impairment.

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	4,763,554	—	4,765,613
# impaired	—	—	—	—	439,537	—	499,287
Percent adults	—	—	—	—	9.2%	—	10.5%



## Change Level 2. System Level Change

**SUCCESS STATEMENT** When a system successfully transforms itself, practices, programs, and policies are responsive, flexible, open to the newest thinking, and expand possibilities for people across the life span. The system is based on continuous improvement and pushing forward; being responsive, flexible and open to the newest thinking; and that promotes changes. A comprehensive continuum of services and supports are available, accessible, and used to promote the mental health of all children, youth, families and adults.

**OUTCOME 1. Practices, programs, and policies are responsive, flexible, open to the newest thinking, and expand possibilities for people across the life span.**

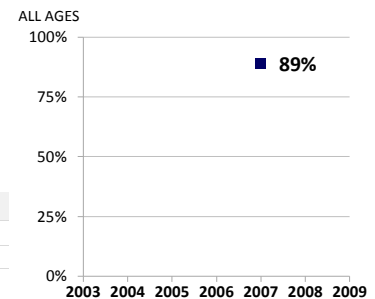
### INDICATORS FOR DSHS CLIENTS WITH MENTAL ILLNESS

INDICATOR 2.1.1

#### Consumer participation in treatment [Resource Dependent Measure]

SOURCE: State-level scores from External Quality Review Organization (EQRO 2008). Percentage of files where client's participation in developing treatment plan/goals is documented.

SFY	2003	2004	2005	2006	2007	2008	2009
Total	—	—	—	—	1,240	—	—
# participated	—	—	—	—	1,100	—	—
Percent	—	—	—	—	89%	—	—

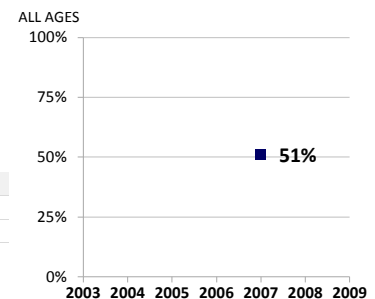


INDICATOR 2.1.2

#### Level of coordination with other agencies [Resource Dependent Measure]

SOURCE: State-level scores from External Quality Review Organization (EQRO 2008). Percentage of files where coordination of care by different agencies is documented.

SFY	2003	2004	2005	2006	2007	2008	2009
Total files	—	—	—	—	998	—	—
#coordinated	—	—	—	—	505	—	—
Percent	—	—	—	—	51%	—	—



**OUTCOME 2. The system is based on continuous improvement and pushing forward; being responsive, flexible and open to the newest thinking; and that promotes changes.**

### INDICATORS FOR DSHS CLIENTS WITH MENTAL ILLNESS

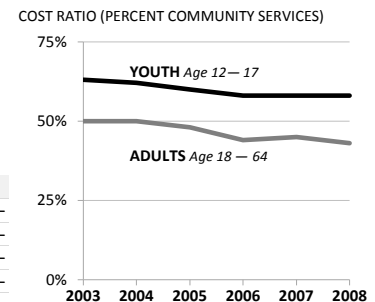
INDICATOR 2.2.1

#### System investment ratio

Dollars spent on community-based behavioral health services to dollars spent on inpatient behavioral health services, and avoidable ER (jail incarcerations to be added later)

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses.

SFY DOLLARS	2003	2004	2005	2006	2007	2008	2009
Youth Institutional	46,324,878	47,200,410	49,845,336	51,711,893	56,589,670	57,806,501	—
Youth Community	75,427,290	74,749,882	72,899,269	69,283,033	74,690,560	75,641,916	—
Total Cost - Youth	124,071,167	124,763,938	125,871,087	124,317,433	134,428,821	137,082,611	—
% Community	63%	62%	60%	58%	58%	58%	—
Adult Institutional	222,334,299	222,636,293	240,665,830	272,080,863	297,118,791	318,686,905	—
Adult Community	218,820,556	218,947,806	219,633,196	210,622,646	238,936,728	242,091,240	—
Total Cost - Adult	441,154,855	441,584,099	460,299,026	482,703,509	536,055,518	560,778,145	—
% Community	50%	50%	48%	44%	45%	43%	—





INDICATOR 2.2.2

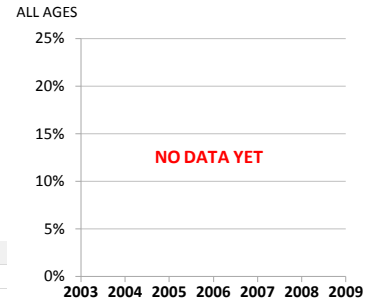
### Use of evidence-based and promising interventions and practices

[Resource Dependent Measure]

EBPs as proportion of all mental health services received (specific EBP service and modifier codes to be developed and stored in Provider One)

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses.

SFY	2003	2004	2005	2006	2007	2008	2009
Total clients	—	—	—	—	—	—	—
#	—	—	—	—	—	—	—
Percent	—	—	—	—	—	—	—



## OUTCOME 3. A comprehensive continuum of services and supports is available, accessible, and used to promote the mental health of all children, youth, families and adults.

### INDICATORS FOR DSHS CLIENTS WITH MENTAL ILLNESS

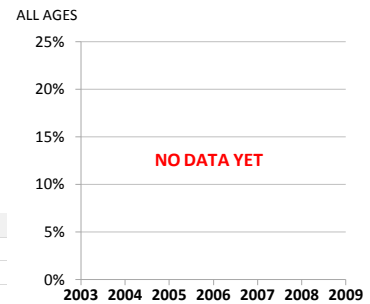
INDICATOR 2.3.1

### Rate of mental health treatment penetration

At least one mental health service received for individuals of all ages who need service—national prevalence estimates for state demographics

SOURCE: TBD.

SFY	2003	2004	2005	2006	2007	2008	2009
Total clients	—	8,888,888	8,888,888	8,888,888	8,888,888	8,888,888	8,888,888
# in treatment	—	##,###	##,###	##,###	##,###	##,###	##,###
Percent	—	XX%	XX%	XX%	XX%	XX%	XX%

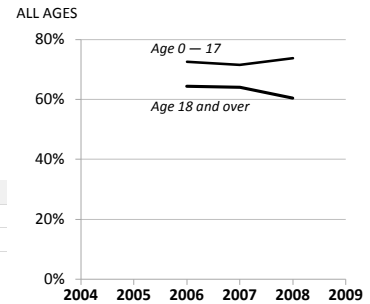


INDICATOR 2.3.2

### Rate receiving mental health outpatient services within 30 days after a mental health inpatient stay

SOURCE: DSHS Integrated Client Database for state clients who received RSN mental illness recovery services. Future iteration of this measure will exclude crisis services.

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth	—	—	—	1,000	1,081	998	—
# served	—	—	—	725	773	736	—
Percent	—	—	—	73%	72%	74%	—
Total adults	—	—	—	6,918	5,833	6,156	—
# served	—	—	—	4,447	3,735	3,717	—
Percent	—	—	—	64%	64%	60%	—

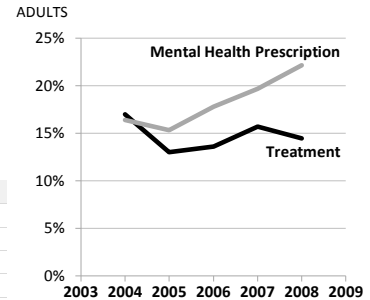


INDICATOR 2.3.3

### Rate receiving mental health outpatient services within 30 days after release from Washington State Department of Corrections

SOURCE: DSHS Integrated Client Database for state clients who received RSN mental illness recovery services, or psychotropic prescriptions. [Jails may be added later, Resource Dependent]

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	1,561	1,677	1,778	1,865	1,861	—
# in treatment	—	265	218	242	292	269	—
Percent adults in Tx	—	17.0%	13.0%	13.6%	15.7%	14.5%	—
# <sup>W</sup> MH Rx	—	256	257	316	367	412	—
Percent adults Rx	—	16.4%	15.3%	17.8%	19.7%	22.1%	—

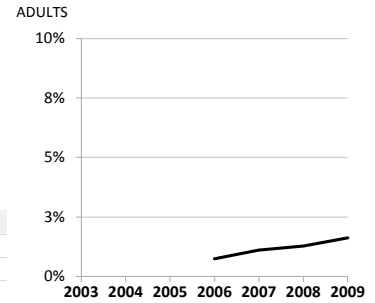


INDICATOR 2.3.4

### Rate of adult consumers receiving DBHR peer support and clubhouse services

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses.

SFY	2003	2004	2005	2006	2007	2008	2009
Total clients	—	—	—	240,563	240,537	241,743	239,813
# served	—	—	—	1,765	2,669	3,059	3,892
Percent	—	—	—	0.7%	1.1%	1.3%	1.6%

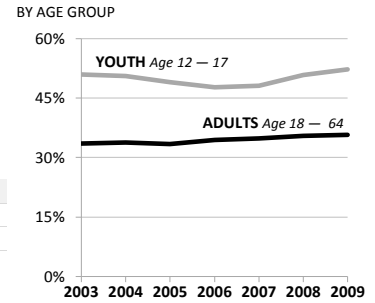


INDICATOR 2.3.5

### Proportion of youth and adults with co-occurring substance use who receive chemical dependency services

SOURCE: DSHS Integrated Client Database for state clients who received mental illness recovery services, prescriptions or diagnoses, and have an indicated substance use disorder.

SFY	2003	2004	2005	2006	2007	2008	2009
Total youth <sup>W</sup> /COD	4,488	5,077	5,256	5,121	4,762	4,501	4,284
# youth served	2,286	2,567	2,577	2,445	2,288	2,287	2,236
Percent served	50.9%	50.6%	49.0%	47.7%	48.1%	50.8%	52.2%
Total adults <sup>W</sup> /COD	43,188	47,821	52,761	56,865	60,261	62,598	62,018
# adults served	14,456	16,173	17,605	19,597	20,951	22,216	22,163
Percent served	33.5%	33.8%	33.4%	34.5%	34.8%	35.5%	35.7%



## Change Level 3. Community Level Change

**SUCCESS STATEMENT** When a community successfully transforms itself, the community is caring, respectful, informed and inclusive. The community understands that mental health is essential to overall health and acts as a systems partner to support consumers in ways that system cannot. Individuals with mental illness feel accepted, safe and empowered in their communities.

### OUTCOME 1. The community is caring, respectful, informed and inclusive.

#### INDICATORS FOR GENERAL POPULATION

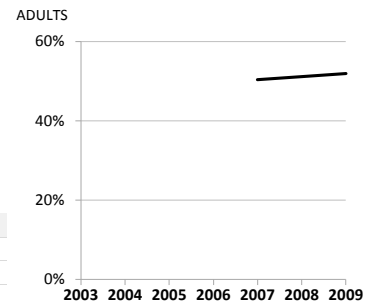
INDICATOR 3.1.1

### Care and sympathy for people with mental illness

“People are generally caring and sympathetic to people with mental illness. Do you agree slightly or strongly, or disagree slightly or strongly?”

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), survey items for general population.

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	4,625,875	—	4,655,411
# agreed	—	—	—	—	2,328,801	—	2,415,593
Percent agreed	—	—	—	—	50.3%	—	51.9%



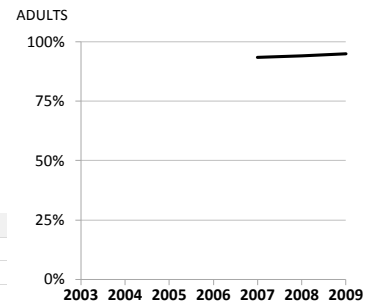
INDICATOR 3.1.2

### Effectiveness of treatment

“Treatment can help people with mental illness lead normal lives. Do you agree slightly or strongly, or disagree slightly or strongly?”

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), survey items for general population.

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	4,630,972	—	4,672,545
# agreed	—	—	—	—	4,321,099	—	4,427,626
Percent agreed	—	—	—	—	93.3%	—	94.8%

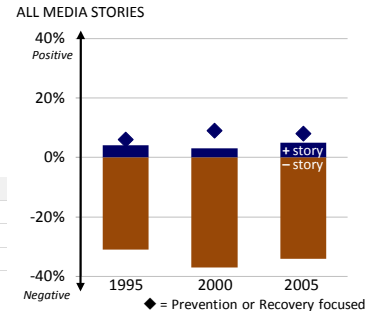


INDICATOR 3.1.3

**Rate of positive versus negative media portrayals of individuals with mental illness [Resource Dependent Measure]**

SOURCE: Content analysis of Washington State daily newspaper conducted by Jennifer Stuber, PhD, UW.

SFY	1995	2000	2005	2006	2007	2008	2009
Total MI portrayals	207	359	290	NA	NA	NA	NA
% positive stories	4%	3%	5%	NA	NA	NA	NA
% negative stories	31%	37%	34%	NA	NA	NA	NA
% recovery or prevention focused	6%	9%	8%	NA	NA	NA	NA



**OUTCOME 2. The community understands that mental health is essential to overall health and acts as a systems partner to support consumers in ways that system cannot.**

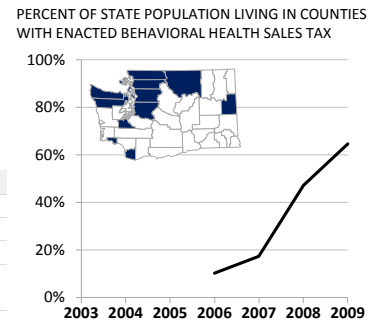
**INDICATORS FOR GENERAL POPULATION**

INDICATOR 3.2.1

**Rate of local governments enacting sales tax measures to expand behavioral health treatment**

SOURCE: Sales tax information from Washington State Department of Revenue. Population size estimates from Washington State Office of Financial Management intercensal estimates.

SFY	2003	2004	2005	2006	2007	2008	2009
Total counties	39	39	39	39	39	39	39
# counties	0	0	0	4	6	8	13
Percent counties	0%	0%	0%	10.3%	15.4%	20.5%	33.3%
Population of enacting counties	-	-	-	652,900	1,118,400	3,102,300	4,311,300
WA population	6,098,300	6,167,800	6,256,400	6,375,600	6,488,000	6,587,600	6,668,200
% WA population	0%	0%	0%	10.2%	17.2%	47.1%	64.7%



**OUTCOME 3. Individuals with mental illness feel accepted, safe, and empowered in their communities.**

**INDICATORS FOR PEOPLE WITH MENTAL ILLNESS**

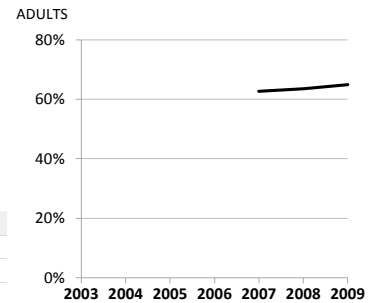
INDICATOR 3.3.1

**Feeling accepted by the community**

*"I feel I belong in my community?"*

SOURCE: SAMHSA National Outcomes Measures, Washington Institute for Mental Health, Research and Training, random sample survey of RSN clients. Consumers who responded "agree" or "strongly agree."

SFY	2003	2004	2005	2006	2007	2008	2009
Total adults	—	—	—	—	1406	1321	1453
# agree	—	—	—	—	880	838	942
Percent agree	—	—	—	—	62.59%	63.44%	64.83%



## TECHNICAL NOTES and DATA SOURCES

### DSHS Integrated Client Database, State Fiscal Years 2003-2008

The Research and Data Analysis Division (RDA) of DSHS maintains a longitudinal client database containing over 10 years of detailed service risks, history, costs and outcomes. A full description of the integrated database is at <http://publications.rda.dshs.wa.gov/1394/>.

DSHS clients are defined as children, youth, and adults receiving any DSHS services during a state fiscal year. Age is defined as age during the last month of the fiscal year.

Mental illness for DSHS clients is identified through medical records and service files. Any receipt of mental health services through the DSHS Division of Behavioral Health and Recovery (DBHR/MH), prescribed psychotropic medications, or mental health related medical diagnoses during the current or prior fiscal year is considered an indicator of mental illness.

#### 1.1.1. Youth and Adult Arrests

Arrests are primarily felonies and gross misdemeanors, but include some youth misdemeanors as well.

#### 1.1.2. Homelessness and Housing Instability

The “housing instability” indicator means that the client had a period of time in the fiscal year when they were identified as being in one of the following conditions:

1. Living in a battered spouse shelter,
2. Living in an emergency housing shelter,
3. Being homeless without housing,
4. Being homeless with housing,
5. Living in an inappropriate living situation without housing, or
6. Nominal rent recorded in shelter expenses.

#### 1.1.3. Employment

Annualized employment is calculated as an average quarterly number and percentage of clients who have reported earned wages.

#### 1.1.4, 1.1.5. Education and Training

The education measures will be calculated as part of the recently funded Education and Social Services Research (ESSR), which is part of the Washington Statewide Longitudinal Data System collaborative project.

#### 1.1.6. Voter Registration

Voter registration data from the Washington State voter Registration Database (VRDB) to be matched to client data for those with mental illness in the Client Services Database (CSDB).

#### 1.2.1. Inappropriate Emergency Room Visit

An algorithm developed for use with administrative data by researchers at New York University was used to classify emergency department visits into the following categories based on codes recorded in claims data.

This algorithm has recently been validated based on associations with subsequent hospitalizations and death in a study published in Medical Care (Ballard, et al., 2010). Only those ED visits in the first three categories were considered “inappropriate” for our measure:

- Nonemergent,
- Emergent/primary care treatable,
- Emergent/ED care needed, but preventable/avoidable, or
- Emergent/ED care needed, not preventable/avoidable.

#### 1.2.2. Mortality Rate

Age-adjusted mortality rates are calculated based on population size estimates by age (ages to 85) available from the Office of Financial Management in Washington State and are adjusted by age based on these estimates for DSHS clients with mental illness.

### 1.3.1, 1.3.2, 3.1.1, 3.1.2. Behavioral Risk Factor Surveillance System (BRFSS), Survey data from Calendar Years 2003-07

Survey data were retrieved from the Washington State Department of Health. Weighted sample numbers are reported here. For the mental health and stigma items, only limited data are available, as these items were included in 2007 and 2009 versions of the survey.

#### 2.1.1, 2.1.3. External Quality Review Annual Report (2008)

The federal Balanced Budget Act requires that an evaluation of the quality of healthcare delivered to Medicaid recipients be conducted annually. In the past, this independent external quality review (EQR) was limited to physical health services.

The 2008 report expanded this to include mental health services provided through the Regional Support Network (RSN) system in Washington State. Indicators drawn from this report are based on review of RSN and outpatient provider clinical records, and the degree to which each met or partially met standards put forth by the Mental Health Division.

#### 2.2.1. System Investment Ratio

The percentage of dollars spent on community-based services as a function of total community, residential, and institution-based care. *Note that more details about the System Investment Ratio are presented in the Appendix section.*

#### Community service costs include:

- DBHR/MH community outpatient services,
- JRA parole,
- JRA community placement,
- Tribal mental health service,
- Chemical dependency outpatient treatment, opiate substitution, assessment, or case management,
- Children’s Administration behavioral rehabilitation services.

#### Institutional/residential costs include:

- DHBR/MH community inpatient,
- State institution stays,
- CLIP stays,
- JRA institution stays,
- Avoidable emergency room costs,
- Chemical dependency residential treatment,
- Chemical dependency detoxification.

#### 2.2.2. Evidence Based Practices

The measurement of evidence-based and promising interventions and practices is resource dependent. Current measurement plans would entail the development of new policy, procedures, codes, and consistent recording of such codes for multiple systems.

### 2.3.1, 2.3.2, 2.3.3, 2.3.4. Mental Health Services

Mental health treatment and other services rendered as recorded in the RSN consumer periodic tables. Outpatient services are any services delivered in the community and do not include those delivered while in an inpatient, state hospital or other institutional setting.

#### 2.3.5. Substance Use Disorders

Substance use disorders are indicated by medical and administrative data that reflect services, medications, or arrests recorded for substance-related problems in the current or prior fiscal year.

### 3.1.1, 3.1.2. Behavioral Risk Factor Surveillance System (BRFSS), Survey data from Calendar Years 2003-07

See 1.3.1 through 3.1.2, above.

## TECHNICAL NOTES and DATA SOURCES, *continued*

### 3.1.3. Media Portrayals

News stories were identified from Washington State's major daily newspapers using the search terms "mental illness", "schizophrenia", "mentally ill", "mental health".

One year's worth of coverage was coded over three time periods, 1995, 2000, and 2005: specifically, January-April (1995), May-August (2000), and September-December (2005).

Methodology developed and analysis conducted by Jennifer Stuber, PhD, University of Washington.

### 3.2.1. Department of Revenue

The number of counties implementing the one-tenth of one-percent sales tax was drawn from actual revenue dollars as reported via a web query system maintained by the Department of Revenue (<http://dor.wa.gov>).

Counties that had reported revenue dollars from this source as of December 2009 are listed in the table shown below.

DOR TABLE 13  
Local Sales/Use Tax for Mental Health

COUNTY	2009 Year to Date Revenue
Clallam County	\$930,266.39
Clark County	\$4,444,331.43
Island County	\$799,662.72
Jefferson County	\$379,448.19
King County	\$41,372,068.58
Okanogan County	\$515,765.43
San Juan County	\$227,850.36
Skagit County	\$2,118,485.92
Snohomish County	\$5,749,343.58
Spokane County	\$7,267,877.80
Thurston County	\$1,669,863.52
Wahkiakum County	\$12,416.90
Whatcom County	\$1,321,020.29
State Admin Fee	\$684,356.24
<b>TOTAL</b>	<b>\$66,808,401.11</b>

### 3.3.1. Adult Consumer Surveys

The Washington Institute for Mental Health, Research and Training (WIMHRT) conducts an annual consumer survey that samples adults 18 and over served by the DSHS Division of Behavioral Health and Recovery who meet Regional Support Network access to care standards in Washington State.

WIMHRT uses a stratified random sample design and computer assisted telephone interviews (CATI) to complete the surveys.

The item included here ("I feel I belong in my community?") is drawn from the Mental Health Statistics Improvement Project (MHSIP) social connectedness scale.



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