

## **OUTCOME AND PERFORMANCE MEASUREMENT AT MHALA: A PRESENTATION TO THE BOARD OF DIRECTORS**

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## **Outline for the Presentation**

- History of the Impact that MHALA and the Village have had on the use of outcomes and performance measures in the mental health system in California
- Measuring Objective Quality of Life
- Defining and Operationalizing Recovery: Knowing it when we see it
- Linking Services with Milestones of Recovery

## **MHA's Movement towards Mental Health Outcomes: 1989-2005**

- **1989 – Mental Health Advocacy Day in Sacramento**
- **1990 - 1993 – Positive evaluation of the Village Integrated Service Agency**
- 1995 – Robert Ellis Simon grant for the development of an “Objective Quality of Life” (OQOL) outcome tracking system
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## **Independent Evaluator's Findings**

- Village members had significantly fewer hospital days than the comparison members. Village members also had significantly lower costs for inpatient care.
- At the Village, 72.6% of members tried paid employment over a three-year period, compared to 14.6% of the comparison group.
- The percentage of Village members living in group and institutional settings declined from 15.8% at baseline to 10.8% after three years. Among the comparison members, the percentage remained fairly constant from 23.7% at baseline to 23.2% after 3 years.

## Independent Evaluator's Findings

- Village members reported more solitary leisure activities and more activities with others during the week before the interview than did comparison members. Village members reported significantly more support at each of the three annual interviews.
- Families of Village members reported significantly less burden and less stress from burden than did family members of the comparison group. Families of Village members also were much more positive about the member's hopes for the future than families of the comparison group.
- Members at the Village were significantly more satisfied with mental health services than members in the comparison group.

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## Objective Quality of Life (OQOL) Outcomes

Objective quality of life measures are objective indicators of consumer status in the areas of:

- Residence
- Employment
- Education
- Hospitalization
- Incarceration
- Contact with the Criminal Justice System
- Income
- Control over one's own life (conservator/payee)
- Social support
- Physical health
- Etc...

## OQOL Data Are “Real Time”

- Consumer statuses on all relevant domains are assessed for the year prior to enrollment and on the day of enrollment.
- Whenever a status change occurs, it is entered into the information system.
- Comparisons can be made between pre-enrollment status and post-enrollment status.
- Programs have “up-to-the-day” knowledge of the current statuses of all of their consumers (e.g., what percentage are currently homeless, working, in school, hospitalized, etc.)

**PERCENT CHANGE FROM  
RESIDENTIAL ADMISSION STATUS**  
Village Members Admitted between July 1, 1996 and April 15, 1999

Residential Status as of 4/15/99	Admit	Current	Percent Change
Homeless / Shelter	18	4	-78%
Jail / Prison	0	2	***
State Hospital	15	1	-93%
SNF / IMD	15	3	-80%
Residential Program	3	1	-66%
Board and Care	38	36	-4%
Alcohol/ Substance Abuse Facility	8	13	64%
Family of Origin	18	12	-33%
Independent Living	74	115	57%
<b>Totals</b>	189	187	

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AB 34 Outcomes Language (FINAL)

- (1) Live in the most independent, least restrictive housing feasible in the local community.
- (2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- (3) Create and maintain a support system consisting of friends, family, and participation in community activities.
- (4) Access an appropriate level of academic education or vocational training.
- (5) Obtain an adequate income.
- (6) Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions which affect their lives.
- (7) Access necessary physical health care and maintain the best possible physical health.
- (8) Reduce or eliminate antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.
- (9) Reduce or eliminate the distress caused by the symptoms of mental illness.
- (10) Have freedom from dangerous addictive substances.

**Operationalization of AB 34 Outcomes**

HOSPITALIZATION

- Number of Consumers Hospitalized Pre- and Post-enrollment
- Number of Hospitalizations Pre- and Post-enrollment
- Number of Hospital Days Pre- and Post-enrollment

INCARCERATION

- Number of Consumers Incarcerated Pre- and Post-enrollment
- Number of Incarcerations Pre- and Post-enrollment
- Number of Incarceration Days Pre- and Post-enrollment

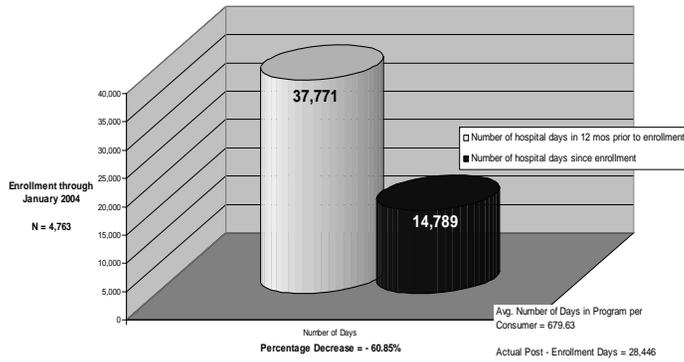
HOMELESSNESS

- Number of Consumers Homeless Pre- and Post-enrollment
- Number of Homelessness Episodes Pre- and Post-enrollment
- Number of Homeless Days Pre- and Post-enrollment

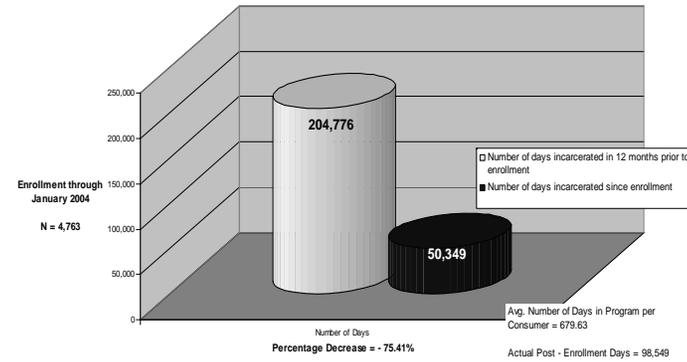
EMPLOYMENT

- Number of Consumers Employed Pre- and Post-enrollment
- Number of Employment Days Pre- and Post-enrollment

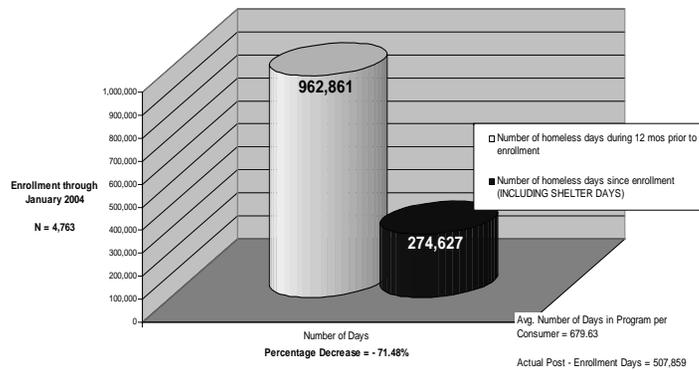
**Integrated Services for Homeless Adults (All Funded Programs)  
November 1, 1999 through January 31, 2004  
Psychiatric Hospitalizations - Number of Hospital Days**



**Integrated Services for Homeless Adults (All Funded Programs)  
November 1, 1999 through January 31, 2004  
Incarcerations - Number of Incarceration Days**

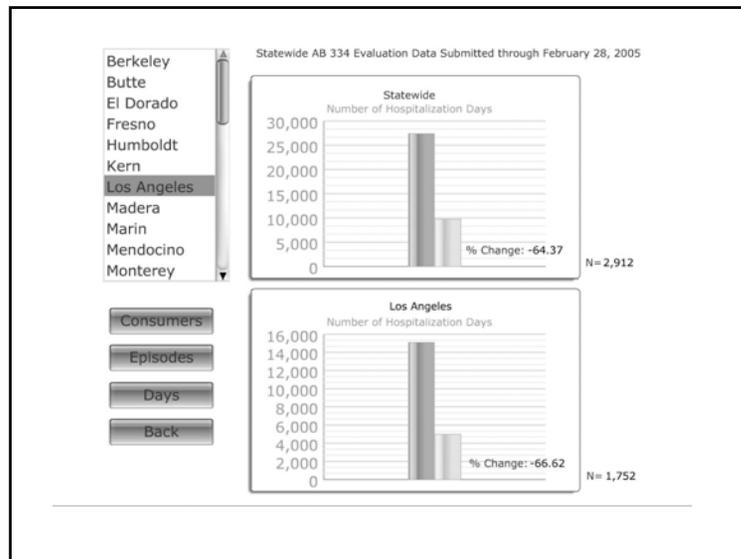


**Integrated Services for Homeless Adults (All Funded Programs)  
November 1, 1999 through January 31, 2004  
Homelessness - Number of Homeless Days**



**Pre-enrollment / Post-enrollment Comparison  
Hospitalization Data for Village ISA and L.A. County July 2004**

	Number of Consumers Currently Enrolled	Number of unduplicated Consumers Hospitalized in 12 months prior to enrollment	Number of Hospitalizations in 12 months prior to enrollment	Number of Hospital Days in 12 months prior to enrollment	Number of unduplicated Consumers Hospitalized since enrollment	Number of Hospitalizations in 12 months since enrollment	Number of Hospital Days in 12 months since enrollment
MHA Village	226	58	94	1,712	19 (-67.2%)	48 (-48.9%)	644 (-62.4%)
L.A. County	1529	273	579	11,522	160 (-41.4%)	387 (+2.1%)	4,210 (-63.5%)



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## The Mental Health Services Act

“Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers...” (Section 7)

## Recovery (New Freedom Commission Final Report)

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite their disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

# SAMHSA Consensus Statement

“Recovery must be the common, recognized outcome of the services we support.”

...Charles Curie, Former Director, 2/6/06

## What is Recovery?

- Many consumers speak about the “process” of recovery in terms of their own internal experience – this is often phrased in such terms as “becoming empowered,” “taking charge of my own life,” “improving my self-esteem,” or “becoming responsible for myself.”
- The mitigation of psychiatric symptoms and improvement in functioning.
- Finding and taking on meaningful roles in one’s life.

## Stages of Recovery (As experienced by the consumer)

- Hope
- Empowerment
- Self-Responsibility
- Meaningful Roles

## Recovery Definition Matrix

	Service Provision/Practices	Outcomes
Service Recipient Perspective	Recovery Self-Assessment (RSA) “Staff at this agency listen to and follow my choices and preferences.”	Internal Experience of the Client Consumer Recovery Outcome System (CROS) “I am coping better in my life”
	Consumer Recovery Outcome System (CROS) “How do I feel about the choices I get about my care?”	Recovery Measurement Tool (RMT) “I participate in meaningful activities”
	Recovery Oriented System Indicators (ROSI) “I do not have enough good service options to choose from.”	Spirituality Index of Well Being (SIWB) “There is not much I can do to make a difference in my life”
Service Provider/ Family Member/ System Perspective	Fidelity to Specific Practices	Symptom Reduction
	Evidence-Based Practices	Improvement in Functioning
	Clinical Strategies Implementation Scale	Reductions in Adverse Impact (hospitalization, incarceration, homelessness, mortality)
	Assertive Community Treatment (ACT) Supported Employment (SE)	Improved Quality of Life (Increases in independent living, employment, education rates, more supportive social network)

## Components and Milestones of Recovery

### Components of Recovery

1. Level of Risk
2. Level of Engagement
3. Level of Skills and Supports

### Milestones of Recovery

1. Extreme Risk
2. High Risk/Unengaged
3. High Risk/Engaged
4. Poorly Coping/ Unengaged
5. Poorly Coping/Engaged
6. Coping/Rehabilitating
7. Early Recovery
8. Advanced Recovery

## Early Recovery

These individuals are actively managing their mental health treatment to the extent that mental health staff rarely need to anticipate or respond to problems with them. They are rarely using hospitals and are not being taken to jails. They are abstinent or have minimal impairment from drugs or alcohol and they are managing their symptom distress. With minimal support from staff, they are setting, pursuing and achieving many quality of life goals (e.g., work and education) and have established roles in the greater (non-disabled) community. They are actively managing any physical health disabilities or disorders they may have (e.g., HIV, diabetes). They are functioning in many life areas and are very self-supporting or productive in meaningful roles. They usually have a well-defined social support network including friends and/or family.

## Stages of Recovery: The Importance of Perspective

- Risk tolerance and “engageability” as system characteristics
- Level of Engagement vs. Insight
- Level of Engagement vs. Treatment Compliance

## Recovery-Based Service Delivery

- Value Driven AND Consumer Centered
  - Cost containment, increased safety, being good neighbors (socially driven)
  - Improved quality of life (greater independence, self-sufficiency)
  - Recovery

## Recovery-Based Service Delivery

- Unengaged  
(Milestones 2 and 4)
- Engaged, but poorly self-directed  
(Milestones 3, 5 and 6)
- Self-responsible  
(Milestones 6, 7, and 8)

Milestones of Recovery Levels of Service (Recovery Based Spectrum of Care)						
Extreme risk	Unengaged		Engaged, but not self coordinating		Self-responsible	
Locked settings (State Hospital, IMDs, etc.)	Outreach and engagement	Drop- in center	Intensive case management	Case management team	Appointment based clinic	Wellness center
Extreme risk (1)	High risk, unengaged (2) Poorly coping, unengaged (4)		High risk, engaged (3)	Poorly coping, engaged (5) Coping, rehabilitating (6)	Coping, rehabilitating (6) Early recovery (7)	
1:1 supervision Legal interventions Community protection Acute treatment Engagement	Welcoming/Charity Evaluation and triage Documentation Benefits assistance Accessible Medications Drop-in services		Case management Full Service Partnership Accessible medications Supportive services (Supported Housing, Employment, Education) Direct subsidies Rehabilitation		Appointment based therapy "Medications only" Wellness activities (WRAP) Self-help Peer support Community integration	

## Service Differentiation by Stage of Recovery (Employment)

- Stage 1: day labor, "work for a day"
- Stage 2: agency businesses, supported employment including job development and coaching, group placements, supported mental health employment (peer provider)
- Stage 3: non-disclosure competitive employment job development, competitive mental health employment (regular staff)

**THANK YOU!**