



Office of  
Financial Management  
STATE OF WASHINGTON

# Activity Inventory Performance Measure Assessment

Department of Social and Health Services  
Mental Health Services

*January 5, 2007*

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**Agency Participants:**

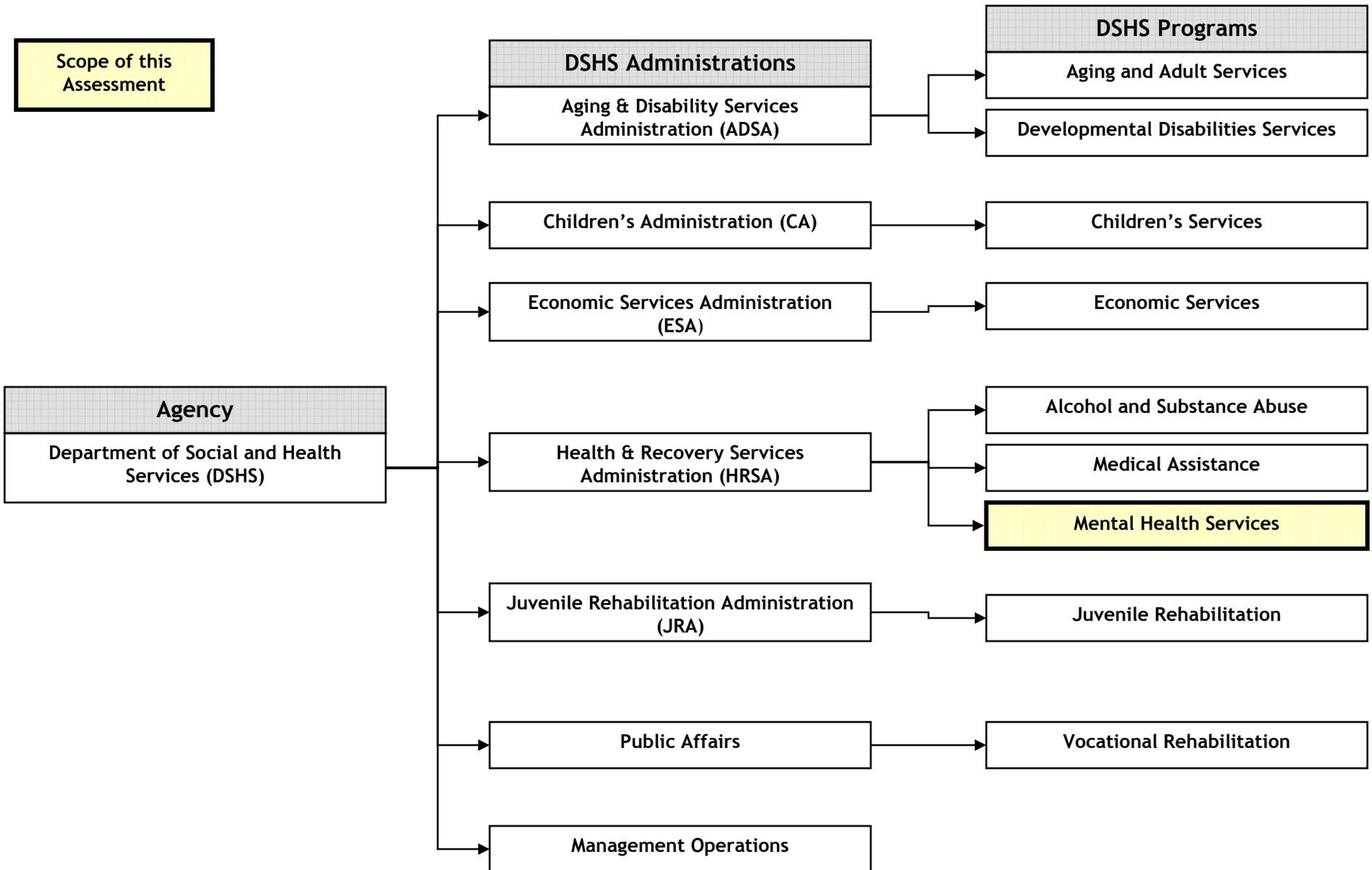
Judy Hall

Cheryl Strange

Roger Wilson

Based on a review of the following: The agency strategic plan, budget activities and performance measures in the OFM PMT system, a GMAP presentation, the DSHS website, and interviews with agency contacts

# DSHS Administration/Program Alignment - Scope of this Assessment



# Current Strengths and Good Practices

- In most cases, there was sufficient data available for some statistical analysis.
- It is obvious the agency closely monitors process-level and output performance data.
- Where change is desirable, the agency has action plans in place to address the issue.

# Comments About the Budget Activity Measures

- Having four separate sets of performance measures with little overlap for strategic planning, reporting to OFM, the website, and GMAP seems to be overly resource intensive.
- More outcome perspective performance measures should be developed and substituted for some of the current output or process-level measures currently in the OFM Performance Measure Tracking system.
- The performance measure titles do not all conform to OFM standards. They all include objective statements, and many include targets in the titles.
- There appear to be problems with a number of the performance targets:
  - Some do not agree with the stated objectives of the measure
  - Some do not take into account the current direction of the actual data
  - Some are set at levels that do not adequately describe what good performance would look like
  - Some measures do not have targets
- Because of the technical nature of the subject matter, the footnotes in the performance Measure Tracking system should be used more extensively to explain the purpose, relevance and context of the measures.
- Activities C069, C093, C074, and C900 are not linked to any activity performance measures.

# Potential Improvements

- As much as possible, find a common message to tell using one set of performance measures so the agency does not have to maintain and report four (Website, OFM, Strategic Plan, GMAP) different sets of data and measures.
- Consider replacing some of the existing process-level and output measures reported to OFM with some versions of the outcome measures from the DSHS website. (e.g. Outpatient change in homeless status, outpatient employment change over time, etc.)
- Apply plain talk principles to the language used in the measures.
- Standardize the performance measure titles by removing the targets and objective statements.
- Establish new performance targets that tell a story to the reader about what good performance should look like.
- Find either existing performance measures or develop new ones to link to the unlinked activities.

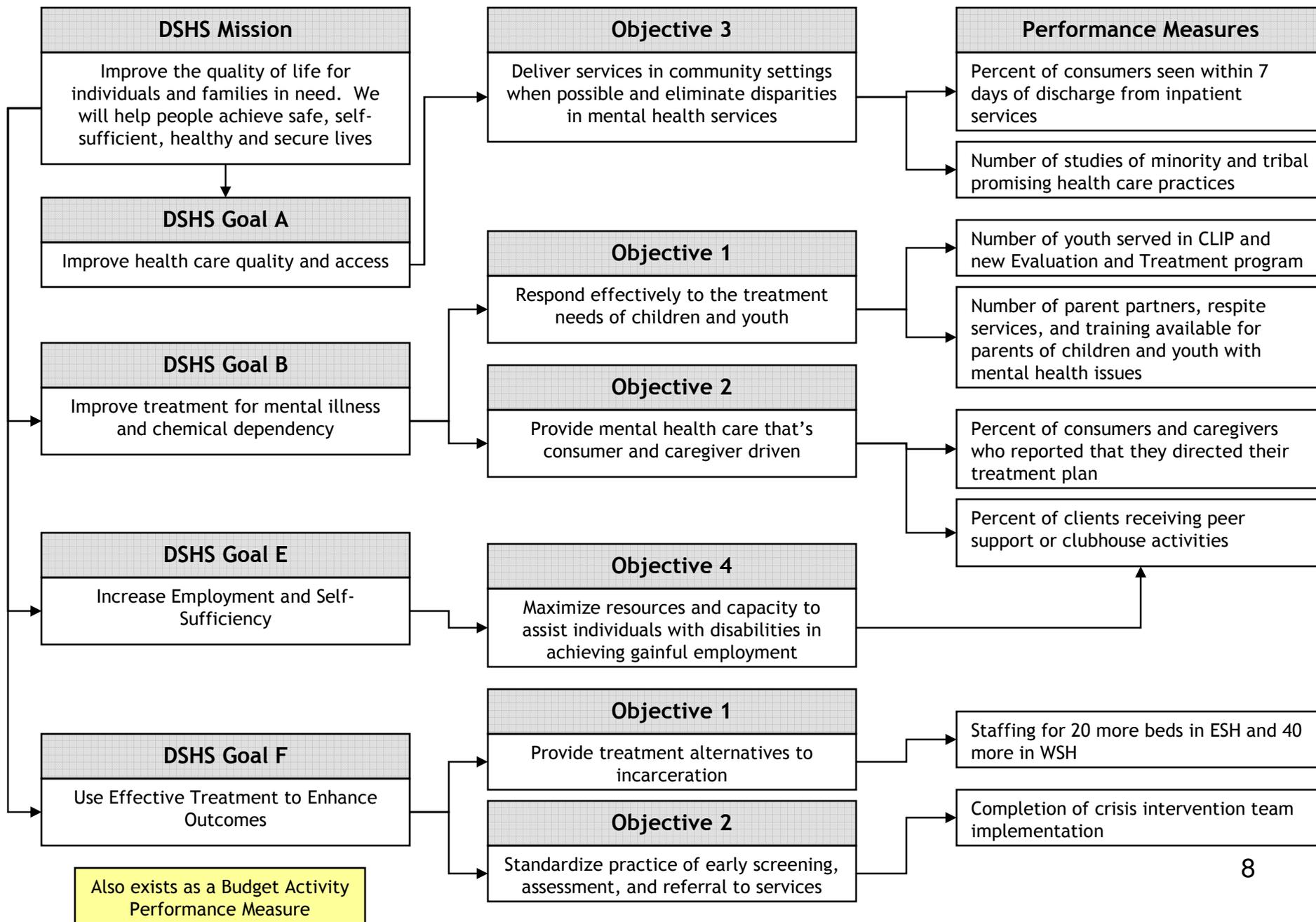
# Analysis of Current Activity Measure Data

- Many performance measures demonstrate stable and predictable variation patterns that indicate nothing is changing despite objective statements and targets indicating change is desirable. In these instances, a significant agency-sponsored change to the system (e.g. Process improvement, staffing, funding, etc.) will need to be made if performance is to improve in the future.
  - Slide 15 - Medicaid penetration rates
  - Slide 18 - Patient restraint incidents
  - Slide 19 - Patient seclusion incidents
  - Slide 20 - CLIP seclusion incidents
  - Slide 23 - DMIO with 6 months of service
  - Slide 24 - DMIO with at least one service
- Likewise, the declining trend in Medicaid recipients is also stable and predictable. A significant agency-sponsored change to the system will need to be made to reverse this trend. (See slide 16)
- The abnormally low (desirable) percentage of L & I claims indicate a possible process improvement. This measurement should be monitored carefully to verify real change by demonstrated sustainability. (See slide 17)

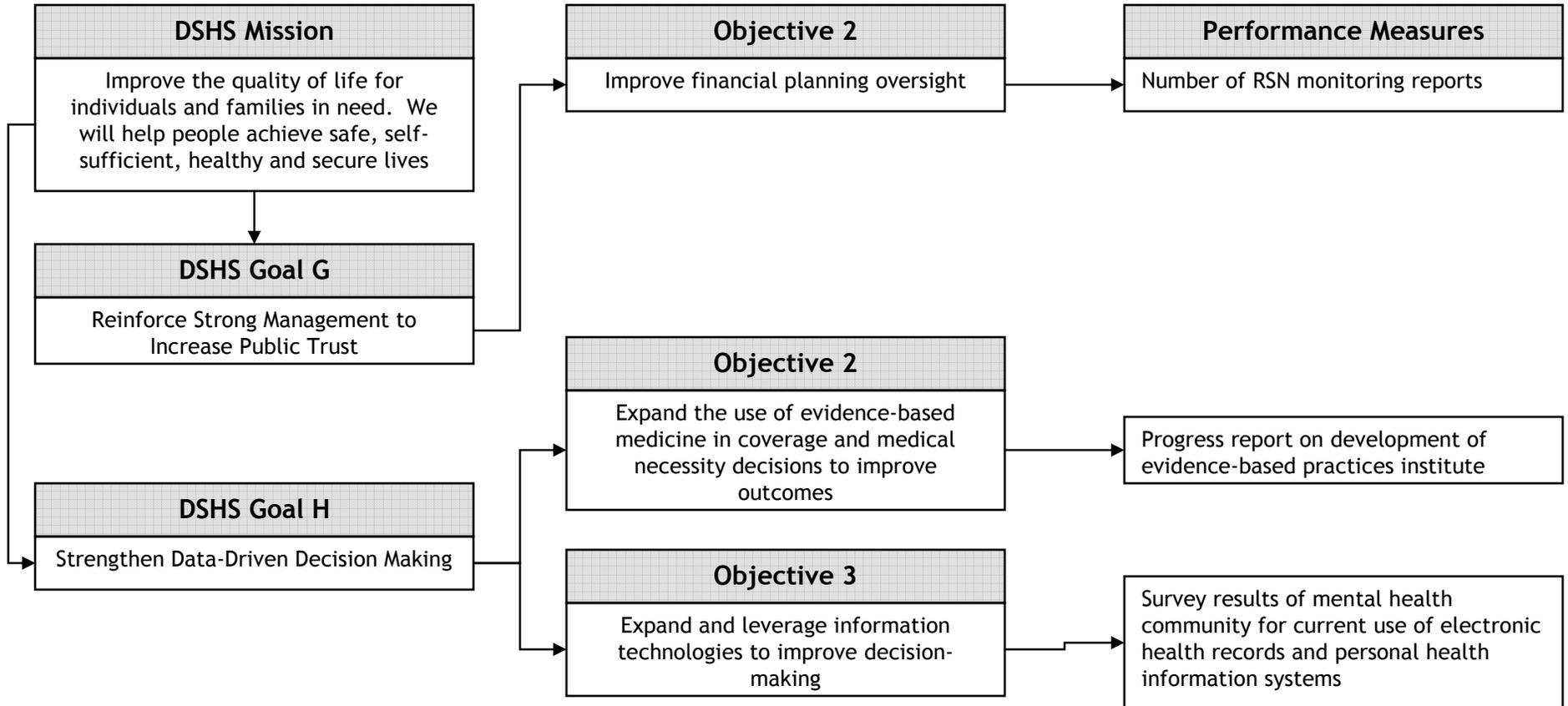
# Agency Comments and Future Actions

- MHD supports these recommendations.
- Recent organizational changes within the MHD and HRSA will greatly improve the integration of indicators across strategic planning, GMAP and OFM process.
  - The involvement of the Assistant Director in forming a workgroup to improve the MHD PMT indicators is a much needed step in integrating budget activities with strategic planning and program development.
- MHD looks forward to working with OFM to ensure that PMT tells a story about the achievement of MHD's desired outcomes.
  - changes have not appeared in indicators or targets
  - comment fields do not always show up
  - we are hopeful that improvements to the PMT system and staff training will decrease these difficulties
- MHD supports the move toward outcome measures and will work to incorporate these in the future.
- Changes to our data reporting structure in the next year will allow MHD to better report outcomes for specific programs and fund sources. Specifically MHD will be able to :
  - link clients to specific programs
  - disaggregate program spending from larger funding sources (e.g. Medicaid, non-Medicaid)

# Overview of Strategic Planning & Performance Measure Alignment

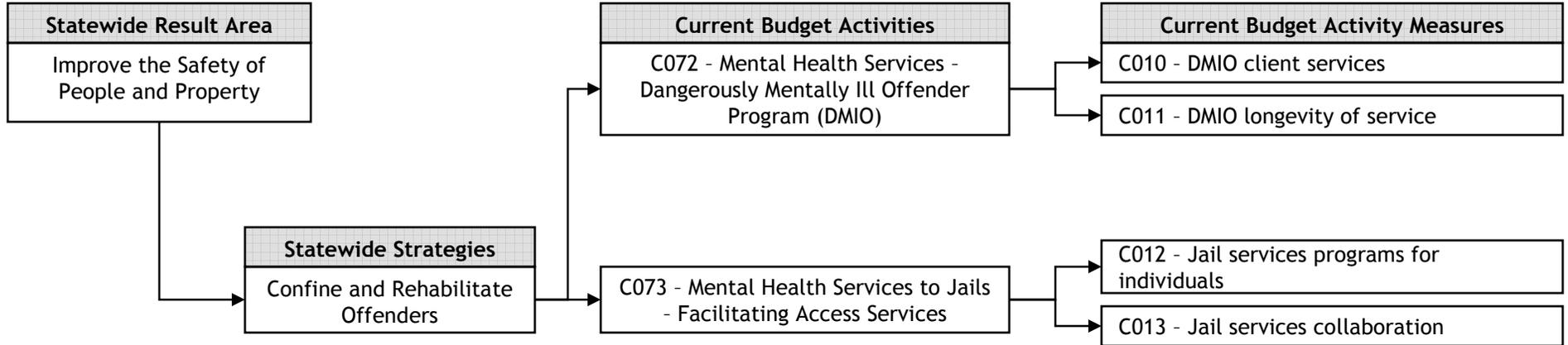


# Overview of Strategic Planning & Performance Measure Alignment (cont.)



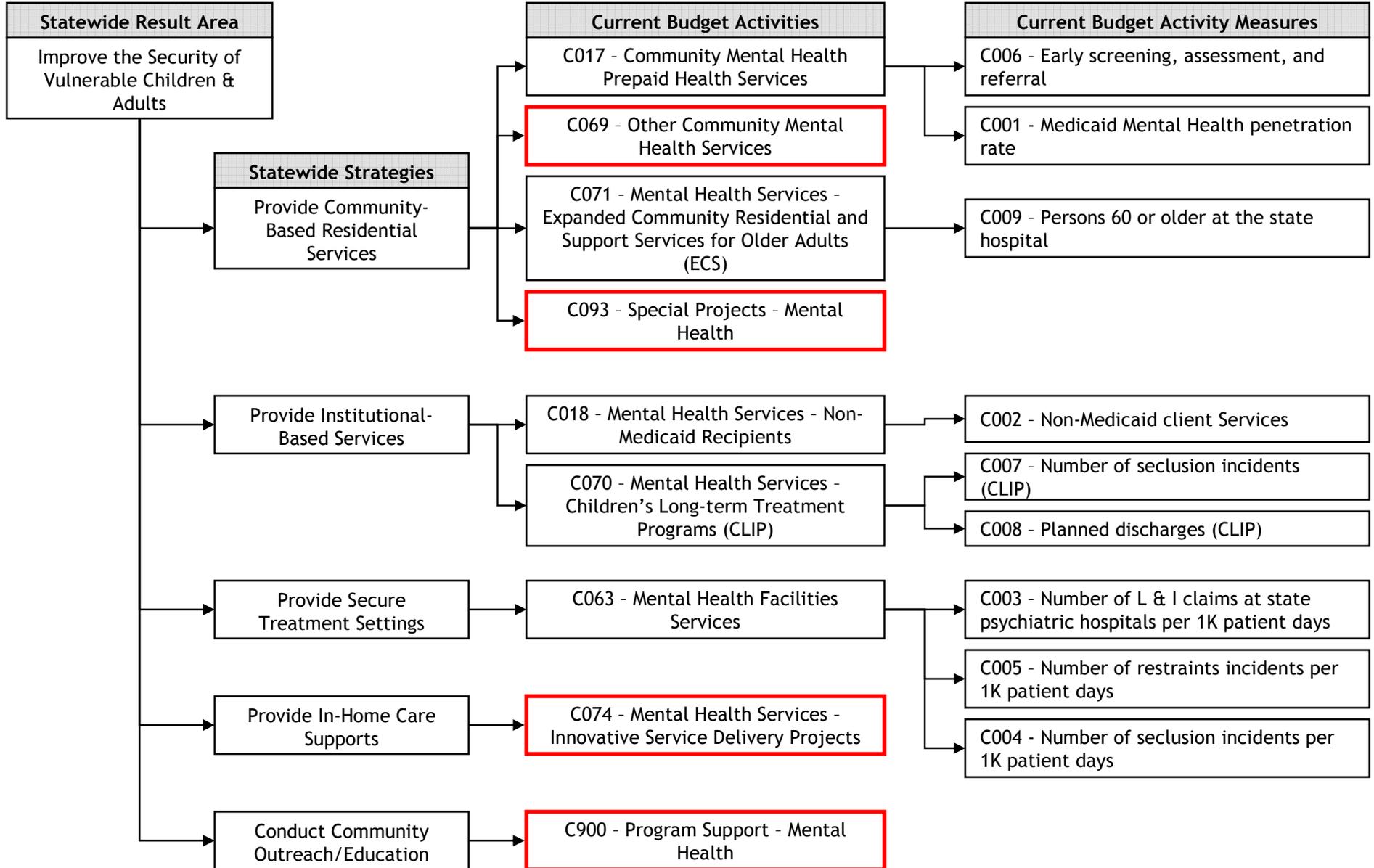
Also exists as a Budget Activity  
Performance Measure

# Budget Activity & Performance Measure Linkages (Safety)



Also exists as a performance measure in the agency strategic plan

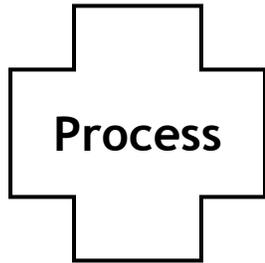
# Budget Activity & Performance Measure Linkages (Security)



Also exists as a performance measure in the agency strategic plan

# Strategic Plan and Activity Measure Perspectives

⑤ Process characteristics the customers/stakeholders want



⑥ Process characteristics the agency wants

Percent of consumers seen within 7 days of discharge from inpatient services\*\*

Survey results of mental health community for current use of electronic health records and personal health information systems

*Persons 60 or older at the state hospital\*\**

*Non-Medicaid client Services*

*Number of seclusion incidents (CLIP)*

*Number of L & I claims at state psychiatric hospitals per 1K patient days\*\**

*Number of restraints incidents per 1K patient days\*\**

*Number of seclusion incidents per 1K patient days\*\**

⑤

⑤

⑥

⑥

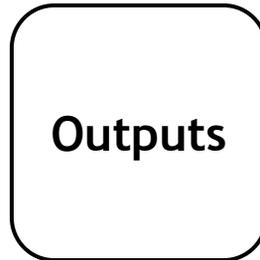
⑥

⑥

⑥

⑥

③ Product/service attributes customers/stakeholders want



④ Product/service attributes the agency wants

Number of studies of minority and tribal promising health care practices

Number of youth served in CLIP and new Evaluation and Treatment program

Number of parent partners, respite services, and training available for parents of children and youth with mental health issues

Percent of consumers and caregivers who reported that they directed their treatment plan

Percent of clients receiving peer support or clubhouse activities

Number of RSN monitoring reports

*Medicaid Mental Health penetration rate*

*DMIO client services*

*DMIO longevity of service*

*Number of working agreements and jail services programs for individuals*

④

④

③

③

③

④

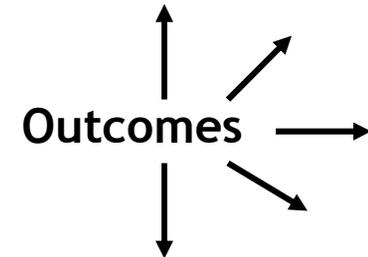
④

④

④

③

① Customer/stakeholder desired outcomes



② Agency desired outcomes

*Planned discharges (CLIP)*

②

**Legend**

\*\* Presented at GMAP

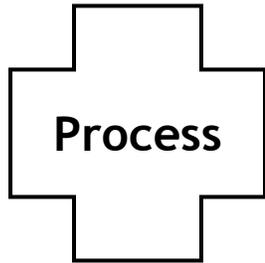
Strategic Plan Measure

**Budget Activity Measure**

**Strategic Plan and Budget Activity Measure**

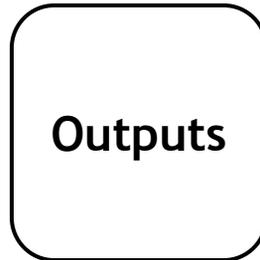
# GMAP Performance Measure Perspectives

⑤ Process characteristics the customers/stakeholders want



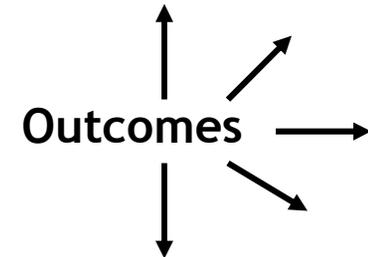
⑥ Process characteristics the agency wants

③ Product/service attributes customers/stakeholders want



④ Product/service attributes the agency wants

① Customer/stakeholder desired outcomes



② Agency desired outcomes

*Age of the clients served\*\**

⑥

Treatment modalities

⑥

Ratio of Crisis Only service hours to Outpatient service hours

⑥

Percentage of clients seen within 7 and 30 days of discharge\*\*

⑤

Bed utilization percentages by state hospitals

⑥

*Risk factors per 1k patient days (Medication Errors, Restraint and Seclusion Incidents, and L & I claims)\*\**

⑥

Average length of stay

⑥

Number of clients served

④

Percentage of outpatients employed

①

## Legend

\*\* Also a Strategic Plan Measure

\*\* *Also a Budget Activity Measure*

## Existing Activity Measure - RSN Federal Block Grant Activities

| <b>Performance Measure Description:</b> Number of early screening activities   | <b>No actual performance data is entered into the PMT system – Only targets</b>  |  |
|--|--|--|
| <b>Budget Activity Links:</b> C017 - Community Mental Health Prepaid Health Services                                       |  |  |
| <b>Category of Measure:</b> An agency-desired output   |  |  |
| <b>Analysis of Variation:</b> No analysis possible - There is no data.   |  |  |
| <b>Analysis of Targeted vs. Actual Performance:</b> No analysis possible - There are no targets and no data in the system. |  |  |
| Comments About Desirable Characteristics   |  | General Comments & Explanations:   |
| <b>Relevance:</b> Early screening is an upstream measure related to preventing other negative mental health consequences.  | <b>Timeliness:</b> Annual data*  | * Annual data - First report from 10/05 to 9/06 will be available 12/06. |
| <b>Understandability:</b> The current title does not conform to OFM standards.   | <b>Reliability:</b> Data is based on RSN annual reports.   |  |
| <b>Comparability:</b> Unknown  | <b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP. |  |

# Existing Activity Measure - Medicaid Penetration Rates

| <p><b>Performance Measure Description:</b> The overall patient population eligible for federal Medicaid assistance</p>                 | <p style="text-align: center;"><b>Increase to and Maintain the Mental Health Medicaid Penetration Rate at 10%</b></p> <table border="1" style="margin-top: 10px;"> <caption>Approximate Data from Graph</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q5</th> <th>Q6</th> <th>Q7</th> <th>Q8</th> </tr> </thead> <tbody> <tr> <td>2003-05</td> <td>6.6%</td> <td>6.6%</td> <td>6.9%</td> <td>7.1%</td> <td>6.8%</td> <td>6.8%</td> <td>7.1%</td> <td>6.7%</td> </tr> <tr> <td>2005-07</td> <td>7.0%</td> <td>6.6%</td> <td>7.1%</td> <td>5.3%</td> <td>5.3%</td> <td>5.3%</td> <td>5.3%</td> <td>5.3%</td> </tr> </tbody> </table> | Year | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8 | 2003-05 | 6.6% | 6.6% | 6.9% | 7.1% | 6.8% | 6.8% | 7.1% | 6.7% | 2005-07 | 7.0% | 6.6% | 7.1% | 5.3% | 5.3% | 5.3% | 5.3% | 5.3% |
|--|---|------|------|------|------|------|------|------|------|----|---------|------|------|------|------|------|------|------|------|---------|------|------|------|------|------|------|------|------|
| Year   |   | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8   |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| 2003-05  |   | 6.6% | 6.6% | 6.9% | 7.1% | 6.8% | 6.8% | 7.1% | 6.7% |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| 2005-07  |   | 7.0% | 6.6% | 7.1% | 5.3% | 5.3% | 5.3% | 5.3% | 5.3% |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Budget Activity Links:</b> C017 - Community Mental Health Prepaid Health Services</p>  |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Category of Measure:</b> An agency-desired output</p>  |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Analysis of Variation:</b> Stable and predictable - There is no evidence of non-random variation patterns indicating change.</p> |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> The normal range of variation already exceeds future performance targets.*</p>  |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |

| Comments About Desirable Characteristics   |   | General Comments & Explanations:   |
|--|---|--|
| <p><b>Relevance:</b> It is not clear what the agency can do to affect the performance of this measure.</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>  | <p>* The performance targets do not match the 10% target stated in the title.</p> <p>**The title of this measure has recently been changed in the OFM Performance Measurement Tracking system.</p> |
| <p><b>Understandability:</b> The current title does not conform to OFM standards.**</p>                    | <p><b>Reliability:</b> Data are collected from automated reporting systems.</p>   |  |
| <p><b>Comparability:</b> Unknown</p>   | <p><b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP.</p> |  |

# Existing Activity Measure - Non-Medicaid Service Recipients

**Performance Measure Description:** The percentage of non-Medicaid clients who receive only outpatient service.

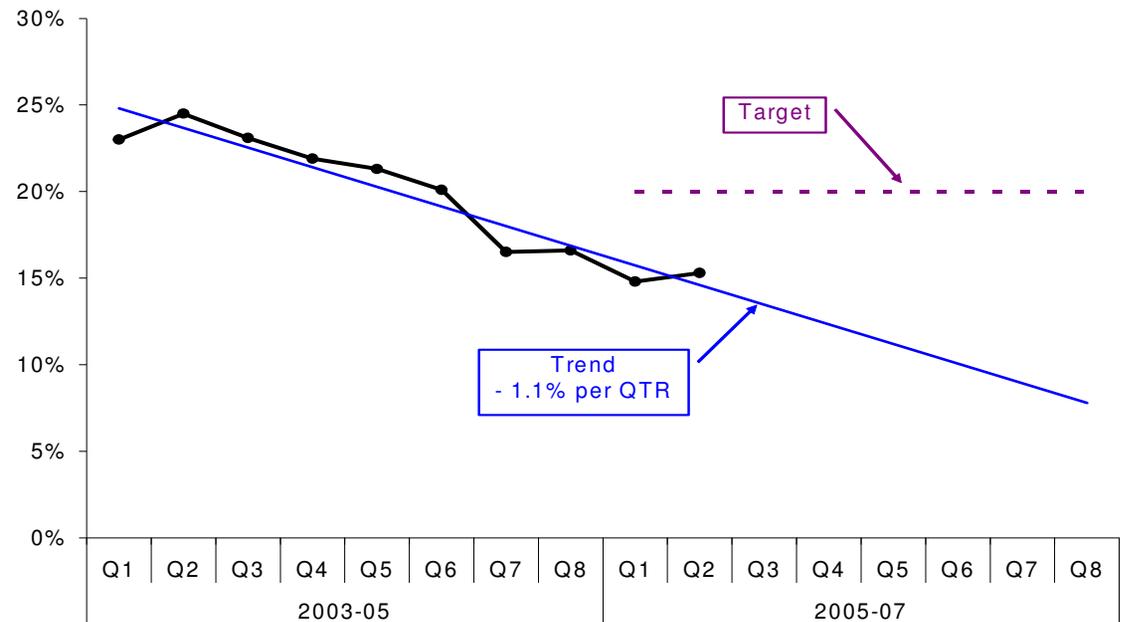
**Budget Activity Links:** C018 - Mental Health Services - Non-Medicaid Recipients

**Category of Measure:** An undesirable process-level attribute.

**Analysis of Variation:** This is a stable and predictable downward trend that shows no sign of leveling off or changing direction.\*

**Analysis of Targeted vs. Actual Performance:** Not only is there a performance gap, but the stable trend appears to be moving in the wrong direction.\*

To Provide Access to Mental Health Services for All Populations



## Comments About Desirable Characteristics

**Relevance:** Good - Since the budget activity exists to cover the associated costs, this decrease should have budget implications.

**Timeliness:** The agency states that there is a 4 to 6 month lag in this data.

**Understandability:** The current title is not clear, and it does not conform to OFM standards.

**Reliability:** Data are collected from automated reporting systems.

**Comparability:** Unknown

**Cost Effectiveness:** Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP.

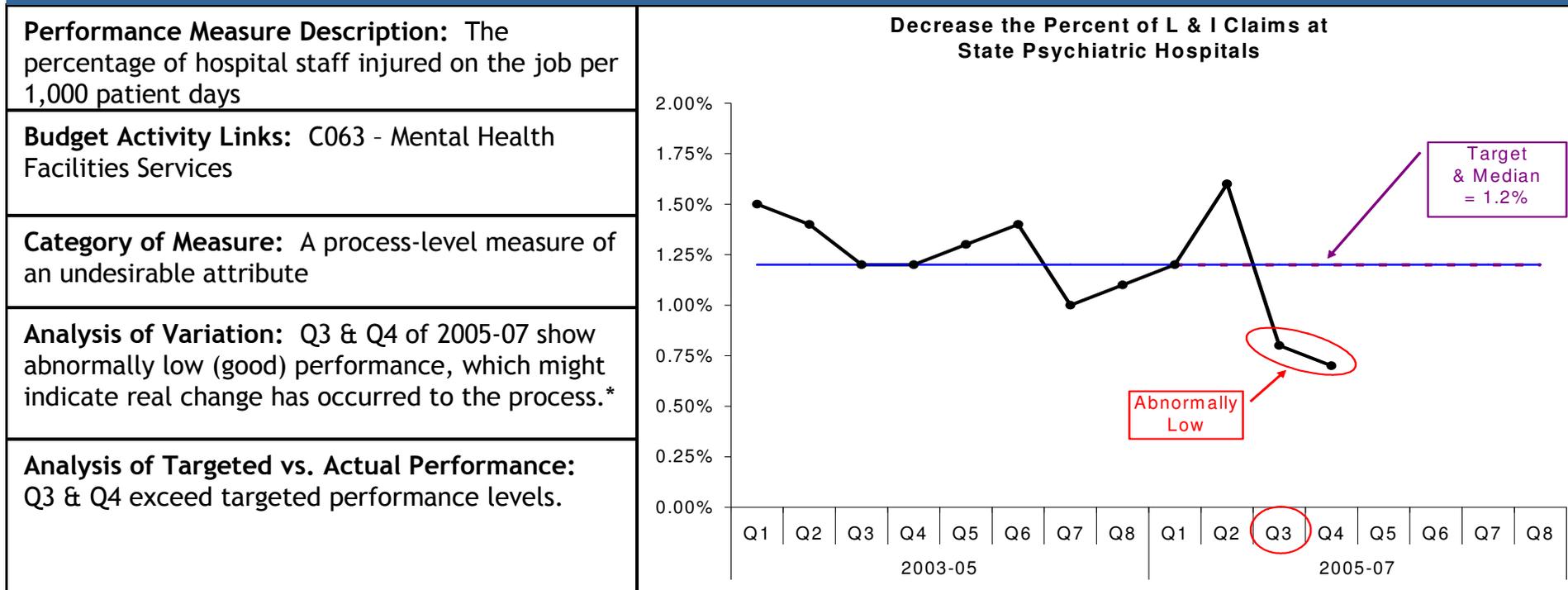
## General Comments & Explanations:

\* This undesirable downward trend is likely to continue until significant and systematic changes are made to the process.

This is the result of re-prioritized funding levels. The source of the federal funds, CMS, changed policy so that Medicaid savings can no longer be spent on non-Medicaid services or individuals.

In general, the non-Medicaid population uses expensive crisis services disproportionately and burns through available funding at a faster rate.

# Existing Activity Measure - Hospital Staff L & I Claims



| Comments About Desirable Characteristics   |  | <p><b>General Comments &amp; Explanations:</b></p> <p>* This preliminary evidence of process change should be tracked to see if future performance can be sustained at this new rate. It is possible the low numbers might be caused by incomplete reporting instead of a process change.</p> <p>The agency has received a grant to reduce seclusion and restraint rates, which should lower the number &amp; severity of L &amp; I claims by hospital staff.</p> <p>**The title has now been changed in the OFM Performance Measure Tracking System.</p> |
|--|--|---|
| <p><b>Relevance:</b> Good, and there is a possible correlation with restraint and seclusion incidents.</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>   |   |
| <p><b>Understandability:</b> Fairly clear, but the title does not conform to OFM standards.**</p>          | <p><b>Reliability:</b> Operational definitions are based on national standards and are used by all the state hospitals.</p>                      |   |
| <p><b>Comparability:</b> Unknown</p>   | <p><b>Cost Effectiveness:</b> Good - The measure is used for multiple purposes, and the data collection methodology is not overly expensive.</p> |   |

# Existing Activity Measure - Patient Restraint Incidents

| <p><b>Performance Measure Description:</b> The percent of patient incidents involving the use of restraints per 1,000 patient days</p>                                     | <p style="text-align: center;"><b>Decrease the Percent of Restraint Incidents at the State Psychiatric Hospitals</b></p> <table border="1" style="margin-top: 10px;"> <caption>Approximate Data Points from Graph</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q5</th> <th>Q6</th> <th>Q7</th> <th>Q8</th> </tr> </thead> <tbody> <tr> <td>2003-05</td> <td>7.1%</td> <td>5.4%</td> <td>6.4%</td> <td>5.6%</td> <td>7.3%</td> <td>6.0%</td> <td>5.0%</td> <td>6.6%</td> </tr> <tr> <td>2005-07</td> <td>6.8%</td> <td>5.7%</td> <td>7.6%</td> <td>6.6%</td> <td>6.5%</td> <td>6.5%</td> <td>6.5%</td> <td>6.5%</td> </tr> </tbody> </table> | Year | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8 | 2003-05 | 7.1% | 5.4% | 6.4% | 5.6% | 7.3% | 6.0% | 5.0% | 6.6% | 2005-07 | 6.8% | 5.7% | 7.6% | 6.6% | 6.5% | 6.5% | 6.5% | 6.5% |
|--|---|------|------|------|------|------|------|------|------|----|---------|------|------|------|------|------|------|------|------|---------|------|------|------|------|------|------|------|------|
| Year   |   | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8   |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| 2003-05  |   | 7.1% | 5.4% | 6.4% | 5.6% | 7.3% | 6.0% | 5.0% | 6.6% |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| 2005-07  |   | 6.8% | 5.7% | 7.6% | 6.6% | 6.5% | 6.5% | 6.5% | 6.5% |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Budget Activity Links:</b> C063 - Mental Health Facilities Services</p>  |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Category of Measure:</b> A process-level measure of an undesirable attribute</p>   |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Analysis of Variation:</b> Stable and predictable - There is no evidence of non-random variation patterns indicating change.*</p>                                    |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> The median and the target are the same. The process should meet or exceed its target roughly 50% of the time.**</p> |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |      |      |      |      |      |

| Comments About Desirable Characteristics  |  | General Comments & Explanations:   |
|---|--|--|
| <p><b>Relevance:</b> Not only are these incidents undesirable, but there should also be a correlation with the number of L &amp; I injuries staff report.</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>   | <p>* Stability is precisely what the agency does not want to see. The agency has received a grant to reduce seclusion and restraint rates, which should lower the number &amp; severity of L &amp; I claims by hospital staff.</p> <p>**Random chance will determine whether the process meets or exceeds its current performance target.</p> <p>***The title has now been changed in the OFM Performance Measure Tracking System.</p> |
| <p><b>Understandability:</b> Fairly clear, but the title does not conform to OFM standards.***</p>  | <p><b>Reliability:</b> Operational definitions are based on national standards and are used by all the state hospitals.</p>                      |  |
| <p><b>Comparability:</b> National data exist for this indicator. Current agency performance is about the same as other states.</p>                            | <p><b>Cost Effectiveness:</b> Good - The measure is used for multiple purposes, and the data collection methodology is not overly expensive.</p> |  |

# Existing Activity Measure - Patient Seclusion Incidents

| <p><b>Performance Measure Description:</b> The percent of patient incidents involving the use of seclusion per 1,000 patient days</p>   | <p style="text-align: center;"><b>Reduce the Percent of Seclusion Incidents at the State Psychiatric Hospitals</b></p> <table border="1" style="margin-top: 10px;"> <caption>Seclusion Incident Data (Estimated from Graph)</caption> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Percent of Incidents</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>2003-05</td><td>6.7%</td></tr> <tr><td>Q2</td><td>2003-05</td><td>6.3%</td></tr> <tr><td>Q3</td><td>2003-05</td><td>6.1%</td></tr> <tr><td>Q4</td><td>2003-05</td><td>6.0%</td></tr> <tr><td>Q5</td><td>2003-05</td><td>6.6%</td></tr> <tr><td>Q6</td><td>2003-05</td><td>5.0%</td></tr> <tr><td>Q7</td><td>2003-05</td><td>6.5%</td></tr> <tr><td>Q8</td><td>2003-05</td><td>6.4%</td></tr> <tr><td>Q1</td><td>2005-07</td><td>5.5%</td></tr> <tr><td>Q2</td><td>2005-07</td><td>6.6%</td></tr> <tr><td>Q3</td><td>2005-07</td><td>5.3%</td></tr> <tr><td>Q4</td><td>2005-07</td><td>4.8%</td></tr> </tbody> </table> | Quarter | Year                 | Percent of Incidents | Q1 | 2003-05 | 6.7% | Q2 | 2003-05 | 6.3% | Q3 | 2003-05 | 6.1% | Q4 | 2003-05 | 6.0% | Q5 | 2003-05 | 6.6% | Q6 | 2003-05 | 5.0% | Q7 | 2003-05 | 6.5% | Q8 | 2003-05 | 6.4% | Q1 | 2005-07 | 5.5% | Q2 | 2005-07 | 6.6% | Q3 | 2005-07 | 5.3% | Q4 | 2005-07 | 4.8% |
|---|--|---------|----------------------|----------------------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|----|---------|------|
| Quarter   |  | Year    | Percent of Incidents |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q1  |  | 2003-05 | 6.7%                 |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q2  |  | 2003-05 | 6.3%                 |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q3  |  | 2003-05 | 6.1%                 |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q4  | 2003-05  | 6.0%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q5  | 2003-05  | 6.6%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q6  | 2003-05  | 5.0%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q7  | 2003-05  | 6.5%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q8  | 2003-05  | 6.4%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q1  | 2005-07  | 5.5%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q2  | 2005-07  | 6.6%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q3  | 2005-07  | 5.3%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| Q4  | 2005-07  | 4.8%    |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| <p><b>Budget Activity Links:</b> C063 - Mental Health Facilities Services</p>   |  |         |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| <p><b>Category of Measure:</b> A process-level measure of an undesirable attribute</p>  |  |         |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| <p><b>Analysis of Variation:</b> Stable and predictable - Even though there is a drop in the last 2 quarters, the drop is not significant enough to indicate something is changing.</p> |  |         |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> Performance has met or exceeded the target since the first quarter of the 2003-05 biennium.</p>                                  |  |         |                      |                      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |    |         |      |

| Comments About Desirable Characteristics  |  | General Comments & Explanations:   |
|---|--|--|
| <p><b>Relevance:</b> Not only are these incidents undesirable, but there should also be a correlation with the number of L &amp; I injuries staff report.</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>   | <p>Possible Correlation - The low percentage of seclusion incidents mirrors a similar downturn in L &amp; I claims. (See slide 18)</p> <p>The agency has received a grant to reduce seclusion and restraint rates, which should lower the number &amp; severity of L &amp; I claims by hospital staff.</p> <p>* The title has now been changed in the OFM Performance Measure Tracking System.</p> |
| <p><b>Understandability:</b> Fairly clear, but the title does not conform to OFM standards.*</p>  | <p><b>Reliability:</b> Operational definitions are based on national standards and are used by all the state hospitals.</p>                      |  |
| <p><b>Comparability:</b> National data exist for this indicator. Current agency performance is about the same as other states.</p>                            | <p><b>Cost Effectiveness:</b> Good - The measure is used for multiple purposes, and the data collection methodology is not overly expensive.</p> |  |

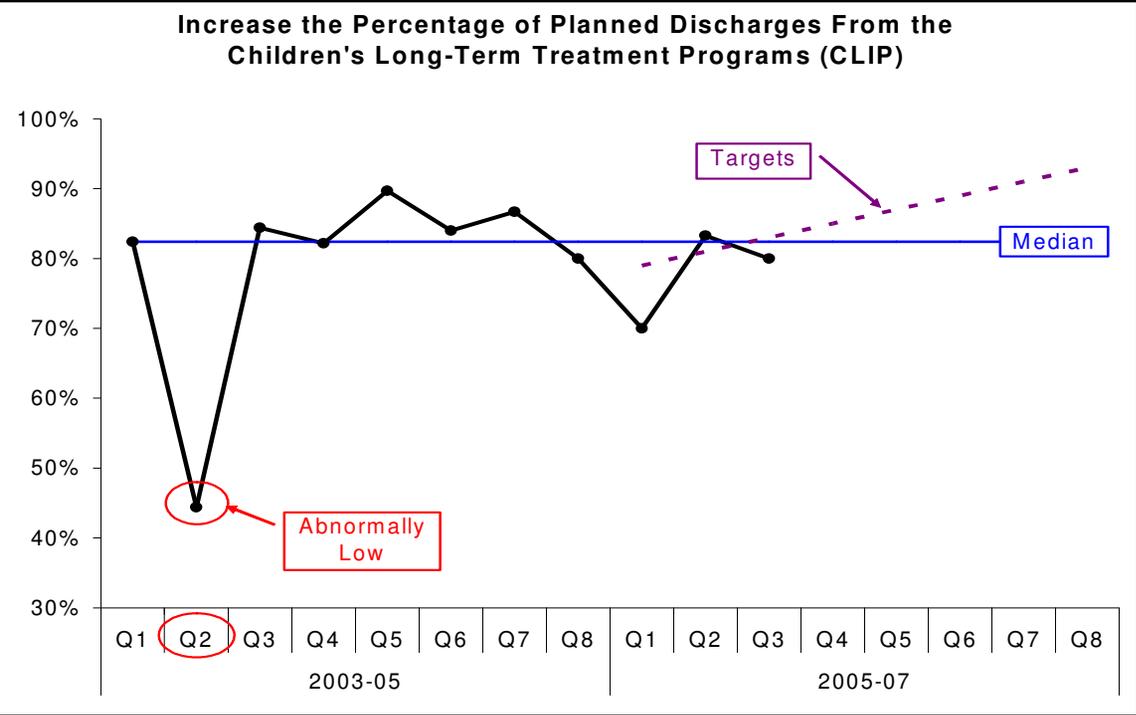
# Existing Activity Measure - CLIP Seclusion Incidents

| <p><b>Performance Measure Description:</b> The percent of CLIP patient incidents involving the use of seclusion per 1,000 patient days</p> | <p style="text-align: center;"><b>Decrease the Number of Seclusion Incidents in Children's Long-Term Treatment Programs (CLIP)</b></p> <table border="1" style="display: none;"> <caption>Seclusion Incidents Data (Estimated)</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q5</th> <th>Q6</th> <th>Q7</th> <th>Q8</th> </tr> </thead> <tbody> <tr> <td>2003-05</td> <td>3.5%</td> <td>3.3%</td> <td>3.5%</td> <td>2.7%</td> <td>2.3%</td> <td>2.3%</td> <td>3.5%</td> <td>3.3%</td> </tr> <tr> <td>2005-07</td> <td>2.0%</td> <td>4.0%</td> <td>3.0%</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table> | Year | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8 | 2003-05 | 3.5% | 3.3% | 3.5% | 2.7% | 2.3% | 2.3% | 3.5% | 3.3% | 2005-07 | 2.0% | 4.0% | 3.0% | - | - | - | - | - |
|--|---|------|------|------|------|------|------|------|------|----|---------|------|------|------|------|------|------|------|------|---------|------|------|------|---|---|---|---|---|
| Year   |   | Q1   | Q2   | Q3   | Q4   | Q5   | Q6   | Q7   | Q8   |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| 2003-05  |   | 3.5% | 3.3% | 3.5% | 2.7% | 2.3% | 2.3% | 3.5% | 3.3% |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| 2005-07  |   | 2.0% | 4.0% | 3.0% | -    | -    | -    | -    | -    |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| <p><b>Budget Activity Links:</b> C070 Mental Health Services - Children's Long-term Treatment Programs (CLIP)</p>                          |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| <p><b>Category of Measure:</b> A process-level measure of an undesirable attribute</p>   |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| <p><b>Analysis of Variation:</b> Stable and predictable - There is no evidence of non-random variation patterns indicating change.</p>     |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> There is no target on record in the Performance Measure Tracking system.*</p>       |   |      |      |      |      |      |      |      |      |    |         |      |      |      |      |      |      |      |      |         |      |      |      |   |   |   |   |   |

| Comments About Desirable Characteristics  |  | General Comments & Explanations:   |
|---|--|--|
| <p><b>Relevance:</b> Not only are these incidents undesirable, but there should also be a correlation with the number of L &amp; I injuries staff report.</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>   | <p>* Without a performance target, the reader is left to assume that lower is better.</p> <p>**The title has now been changed in the OFM Performance Measure Tracking System.</p> <p>Agency Comment - While this measure is important, CLIP serves a small population (47). MHD will add explanatory language to help the readers understand the volatility of the performance data.</p> |
| <p><b>Understandability:</b> Fairly clear, but the title does not conform to OFM standards.**</p>   | <p><b>Reliability:</b> Operational definitions are based on national standards and are used by all the state hospitals.</p>                      |  |
| <p><b>Comparability:</b> National data exist for this indicator. Current agency performance is about the same as other states.</p>                            | <p><b>Cost Effectiveness:</b> Good - The measure is used for multiple purposes, and the data collection methodology is not overly expensive.</p> |  |

# Existing Activity Measure - CLIP Planned Discharges

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| <b>Performance Measure Description:</b> Measure of planned youth discharges from state hospitals.  |
| <b>Budget Activity Links:</b> C070 Mental Health Services - Children's Long-term Treatment Programs (CLIP)   |
| <b>Category of Measure:</b> An agency-desired outcome  |
| <b>Analysis of Variation:</b> The process seems to have stabilized after the abnormally low rate recorded in Q2 of the 2003-05 biennium.*  |
| <b>Analysis of Targeted vs. Actual Performance:</b> Problematic - The target indicates the agency would like to see an increasing trend, but the data shows no signs of an upward trend. |



| Comments About Desirable Characteristics   |  |
|--|--|
| <b>Relevance:</b> The real issues behind this measure are the length of stay and the availability of community placements. | <b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.  |
| <b>Understandability:</b> Fairly clear, but the title does not conform to OFM standards.**                                 | <b>Reliability:</b> This is also a proxy measure for the success of placing these children in the community.                             |
| <b>Comparability:</b> Unknown  | <b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP. |

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| <b>General Comments &amp; Explanations:</b>  |
| * The agency does not currently keep a calendar of significant events, and the collective institutional memory does not know what caused the abnormally low performance in Q2 of the 2003-05 Biennium. |
| **The title has now been changed in the OFM Performance measure Tracking System.   |

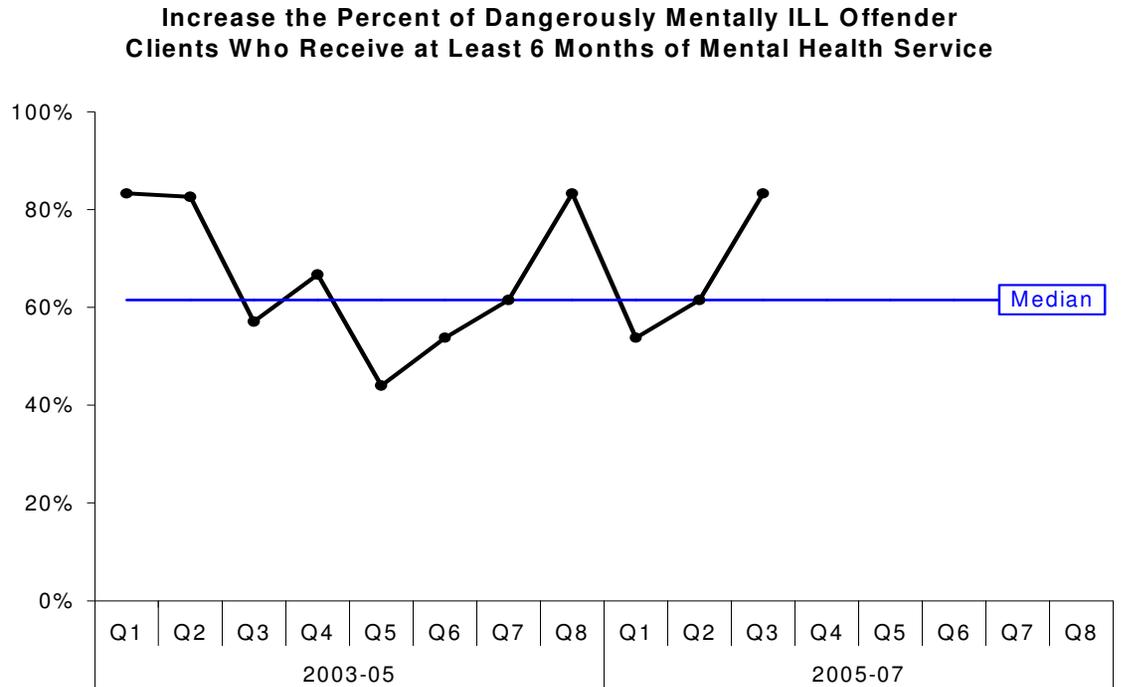
## Existing Activity Measure - ADC of 60 Year Olds

| <p><b>Performance Measure Description:</b> Tracks the number of elderly committed to state mental hospitals</p>   | <p><b>Maintain the Average Daily Census (ADC) of People Over 60 Years of Age at the State Hospitals at 216</b></p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>ADC Data (Estimated)</caption> <thead> <tr> <th>Fiscal Year</th> <th>ADC</th> </tr> </thead> <tbody> <tr> <td>FY 04</td> <td>200</td> </tr> <tr> <td>FY 05</td> <td>165</td> </tr> <tr> <td>FY 06</td> <td>175</td> </tr> <tr> <td>FY 07</td> <td>-</td> </tr> <tr> <td><b>Target</b></td> <td>216</td> </tr> </tbody> </table> | Fiscal Year | ADC | FY 04 | 200 | FY 05 | 165 | FY 06 | 175 | FY 07 | - | <b>Target</b> | 216 |
|---|--|-------------|-----|-------|-----|-------|-----|-------|-----|-------|---|---------------|-----|
| Fiscal Year   |  | ADC         |     |       |     |       |     |       |     |       |   |               |     |
| FY 04   |  | 200         |     |       |     |       |     |       |     |       |   |               |     |
| FY 05   |  | 165         |     |       |     |       |     |       |     |       |   |               |     |
| FY 06   |  | 175         |     |       |     |       |     |       |     |       |   |               |     |
| FY 07   | -  |             |     |       |     |       |     |       |     |       |   |               |     |
| <b>Target</b>   | 216  |             |     |       |     |       |     |       |     |       |   |               |     |
| <p><b>Budget Activity Links:</b> C071 - Mental Health Services - Expanded Community Residential and Support Services</p>  |  |             |     |       |     |       |     |       |     |       |   |               |     |
| <p><b>Category of Measure:</b> A process-level measure of an agency-desired attribute</p>   |  |             |     |       |     |       |     |       |     |       |   |               |     |
| <p><b>Analysis of Variation:</b> No analysis possible - Too few data points</p>   |  |             |     |       |     |       |     |       |     |       |   |               |     |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> The target is a number the agency does not want to exceed. Every year, actual performance has been below the undesirable level.*</p> |  |             |     |       |     |       |     |       |     |       |   |               |     |

| Comments About Desirable Characteristics   |   | General Comments & Explanations:  |
|--|---|---|
| <p><b>Relevance:</b> Low - Tracking the number of elderly in the state mental hospital only indirectly measures the success of the program to transition them to a nursing home setting.**</p> | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>  | <p>* The number 216 is not significant. It was the baseline number of patients in the hospital the first time this data was tracked. The agency expects the actual performance to decrease over time.</p> <p>**The enhanced community services program helps transition elderly patients out of state mental health hospitals and into nursing homes where appropriate.</p> |
| <p><b>Understandability:</b> Low - In fact, the agency does not want to maintain this number, but wants it to decrease over time.</p>  | <p><b>Reliability:</b> Data are collected from automated reporting systems.</p>   |   |
| <p><b>Comparability:</b> Unknown</p>   | <p><b>Cost Effectiveness:</b> O.K. - Data comes from automated systems, but is only reported to OFM, and not used for other purposes.</p> |   |
|  |   |   |

# Existing Activity Measure - DMIO with 6 Months of Service

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| <b>Performance Measure Description:</b> Percent enrolled receiving 6+ months of treatment after discharge from a correctional facility |
| <b>Budget Activity Links:</b> C072 - Mental Health Services - Dangerously Mentally ILL Offender Program (DMIO)                         |
| <b>Category of Measure:</b> An agency-desired output measure   |
| <b>Analysis of Variation:</b> Stable and predictable - There is no evidence of non-random variation patterns indicating change.        |
| <b>Analysis of Targeted vs. Actual Performance:</b> There is no target on record in the Performance Measure Tracking system*           |



| Comments About Desirable Characteristics   |  |
|--|--|
| <b>Relevance:</b> Limited - The percentage receiving services does not speak to the intended benefits of receiving the services.   | <b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.  |
| <b>Understandability:</b> It is not obvious that this measure refers only to those enrolled in the DMIO program, not the entire population of offenders that fit the classification. | <b>Reliability:</b> Service Data are collected from automated reporting systems.   |
| <b>Comparability:</b> Unknown  | <b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP. |

|   |
|---|
| <b>General Comments &amp; Explanations:</b>   |
| <ul style="list-style-type: none"> <li>Without a performance target, the reader is left to assume that higher is better, and does not know what a desirable level of performance looks like.</li> </ul> |
| 23  |

# Existing Activity Measure - DMIO Receiving at Least One Service

| <p><b>Performance Measure Description:</b> Percent enrolled receiving mental health services after discharge from a correctional facility.</p>                                       | <p style="text-align: center;"><b>Increase the Percent of DMIO Clients Who Receive at Least One Mental Health Service</b></p> <table border="1" style="margin-top: 10px;"> <caption>Approximate Data Points from Graph</caption> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>2003</td><td>88%</td></tr> <tr><td>Q2</td><td>2003</td><td>92%</td></tr> <tr><td>Q3</td><td>2003</td><td>79%</td></tr> <tr><td>Q4</td><td>2003</td><td>74%</td></tr> <tr><td>Q5</td><td>2003</td><td>56%</td></tr> <tr><td>Q6</td><td>2003</td><td>54%</td></tr> <tr><td>Q7</td><td>2003</td><td>69%</td></tr> <tr><td>Q8</td><td>2003</td><td>89%</td></tr> <tr><td>Q1</td><td>2005</td><td>89%</td></tr> <tr><td>Q2</td><td>2005</td><td>63%</td></tr> <tr><td>Q3</td><td>2005</td><td>75%</td></tr> </tbody> </table> | Quarter | Year       | Percentage | Q1 | 2003 | 88% | Q2 | 2003 | 92% | Q3 | 2003 | 79% | Q4 | 2003 | 74% | Q5 | 2003 | 56% | Q6 | 2003 | 54% | Q7 | 2003 | 69% | Q8 | 2003 | 89% | Q1 | 2005 | 89% | Q2 | 2005 | 63% | Q3 | 2005 | 75% |
|--|---|---------|------------|------------|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|----|------|-----|
| Quarter  |   | Year    | Percentage |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q1   |   | 2003    | 88%        |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q2   |   | 2003    | 92%        |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q3   |   | 2003    | 79%        |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q4   | 2003  | 74%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q5   | 2003  | 56%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q6   | 2003  | 54%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q7   | 2003  | 69%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q8   | 2003  | 89%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q1   | 2005  | 89%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q2   | 2005  | 63%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| Q3   | 2005  | 75%     |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| <p><b>Budget Activity Links:</b> C072 - Mental Health Services - Dangerously Mentally ILL Offender Program (DMIO)</p>  |   |         |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| <p><b>Category of Measure:</b> An agency-desired output measure</p>  |   |         |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| <p><b>Analysis of Variation:</b> Stable and predictable - There is no evidence of non-random variation patterns indicating change.</p>   |   |         |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |
| <p><b>Analysis of Targeted vs. Actual Performance:</b> The median exceeds the target by 5%. Therefore, more often than not, the process will exceed the target by chance alone.*</p> |   |         |            |            |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |    |      |     |

| Comments About Desirable Characteristics  |   | General Comments & Explanations:  |
|---|---|---|
| <p><b>Relevance:</b> Limited - The number receiving a service does not speak to the intended benefits of receiving the services.</p>  | <p><b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.</p>  | <p>* By definition, there is a 50-50 chance a data point will fall either above or below the median. The process will meet or exceed its current performance target most of the time because of luck, rather than any improvement efforts .</p> |
| <p><b>Understandability:</b> It is not obvious that this measure refers only to those enrolled in the DMIO program, not the entire population of offenders that fit the classification.</p> | <p><b>Reliability:</b> Service Data are collected from automated reporting systems.</p>   |   |
| <p><b>Comparability:</b> Unknown</p>  | <p><b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP.</p> |   |

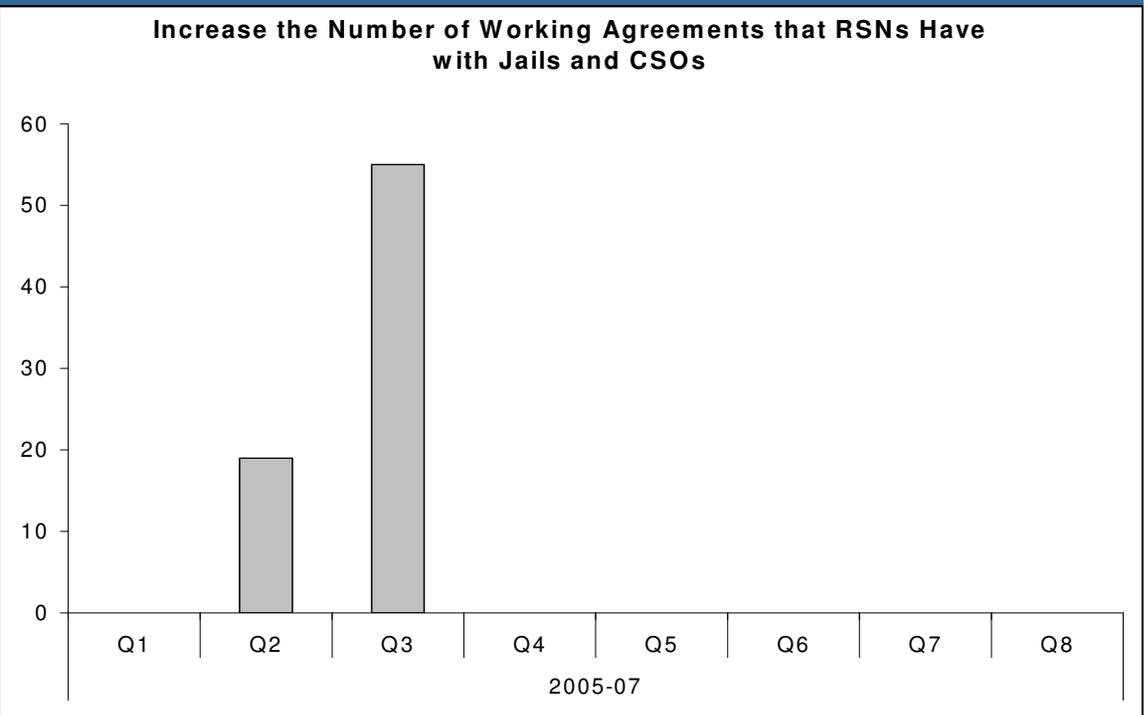
## Existing Activity Measure - Amount of Jail Services Delivered

No actual performance data or targets are entered into the PMT system

| <b>Performance Measure Description:</b> The number of services being delivered through the new jail services programs.     |  | <p style="color: red; font-weight: bold;">No actual performance data or targets are entered into the PMT system</p>   |
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| <b>Budget Activity Links:</b> C073 - Mental Health Services to Jails - Facilitating Access Services                        |  |   |
| <b>Category of Measure:</b> An output measure from the customers' /stakeholders' perspective                               |  |   |
| <b>Analysis of Variation:</b> No analysis possible - There is no data.   |  |   |
| <b>Analysis of Targeted vs. Actual Performance:</b> No analysis possible - There are no targets and no data in the system. |  |   |
| Comments About Desirable Characteristics   |  | General Comments & Explanations:  |
| <b>Relevance:</b> Limited - The number of services delivered does not speak to the intended benefit of the services.       | <b>Timeliness:</b> The lack of data in the PMT system stems from data quality problems, not reporting timeliness issues                  | Program just started in FY05 - New money. The agency anticipates an increase in services delivered.<br><br>* Data quality and reporting issues related to identifying individuals enrolled in this program have delayed any reporting. The agency is making system changes to correct this problem. |
| <b>Understandability:</b> The purpose of this measure, operational definitions, and context need more explanation in PMT.  | <b>Reliability:</b> The automated reporting system is experiencing difficulties identifying individuals in this treatment program.*      |   |
| <b>Comparability:</b> Unknown  | <b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP. |   |

# Existing Activity Measure - Working Agreements Between RSNs, Jails & CSOs

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| <b>Performance Measure Description:</b> Number of formal agreements between service providers and the local jails  |
| <b>Budget Activity Links:</b> C073 - Mental Health Services to Jails - Facilitating Access Services  |
| <b>Category of Measure:</b> An output measure from the customers' /stakeholders' perspective   |
| <b>Analysis of Variation:</b> No analysis possible - Too few data points   |
| <b>Analysis of Targeted vs. Actual Performance:</b> There are only two data points and no targets. The agency is predicting future increases and then a plateau. |



## Comments About Desirable Characteristics

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| <b>Relevance:</b>   | <b>Timeliness:</b> The agency states that there is a 4 to 6 month lag in this data.  |
| <b>Understandability:</b> Poor - Acronyms and even the term "Working Agreement" mean little to readers not involved in the program. | <b>Reliability:</b> Depends on a universal definition of what is a working agreement and the reporting methodologies.                    |
| <b>Comparability:</b> The agency states that benchmarking data is available as of July, 2006.                                       | <b>Cost Effectiveness:</b> Questionable - This data is only reported to OFM. It is not a strategic plan measure, nor is it used in GMAP. |

## General Comments & Explanations:

Part of the new jail services program is that Regional Service Networks (RSNs) develop working agreements with local jails to provide services and linkage with benefits and needed treatment. This measure looks at whether those agreements are being put in place.