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To: Interested Stakeholders  
Fr: Ronald S. Welch  
Re: Quality and Outcomes  
Date: July 15, 2008

### Background

*Good quality in mental health services means doing the right thing at the right time in the right way for the right person and having the best possible results.*

Consumers, providers, and the Office of Adult Mental Health Services (OAMHS) all share a common quest for quality mental health services. In the last decade, there has been on-going discussion about how to measure the success and quality of care in the public mental health system. We must be able to describe not only how many people are receiving which services, but how those services are impacting the lives of individuals and families. Most of us try to obtain the best value in any purchase. The same must apply to the Office of Adult Mental Health Services (OAMHS) as a purchaser of services.

OAMHS has been building the foundation for measuring value over the last several years by:

- Improved data collection through contract performance indicators, the enrollment and RDS, and consumer surveys, for example;
- Defining the criteria for the appropriate level of care and contracting with APS Healthcare to implement and collect data on level of care;
- Conducting fidelity reviews of selected services such as Assertive Community Treatment (ACT) and using the results to improve performance;
- Engaging in discussions with consumers about recovery and measures for recovery.

In March 2008, the DHHS Office of Adult Mental Health Services and the Office of Quality Improvement (OQI) began a plan for reviewing and selecting adult mental health

behavioral/functional outcome tools. Implementation of the selected tools is projected for December 2008.

These outcome tools become the first steps in an effective outcome measurement system and will be used to:

- Guide and inform adult mental health services planning and decision-making including the appropriate level and intensity of services that may be needed;
- Measure and document agency progress in identified functional outcome and strength areas;
- Measure and document aggregated individual progress in identified functional outcomes and areas of strength;
- Guide and inform caseload supervision and resource planning activities;
- Evaluate the effectiveness of services and supports provided; and
- Guide statewide services system planning and implementation.

#### Implementation

OAMHS, OQIS, and the Office of Substance Abuse (OSA) agreed to focus on those people receiving community integration services, a pool of about 10,500 people. This group was chosen as it is an easily defined group, is comprised of people with serious mental illness or severe and persistent mental illness. This service category also tends to be delivered over a moderate to longer time period so change can be tracked over time.

OAMHS, OQIS, and OSA developed the following criteria for choosing outcome tools:

- Must be easy to administer and be as short in length as possible;
- Must not be burdensome or expensive to administer;
- Must be able to be used by a trained lay interviewer, a clinician, or the consumer him or herself;
- Shall have adequate measurement characteristics for the people with serious/severe and persistent mental illness:
  - Reliability---Consistency of measurement
  - Validity—Measures what it is intended to measure
- Demonstrate adaptability to differing cultural contexts;
- Demonstrate evidence that the tool is sensitive enough to detect change in behavior/functioning over time;

- Shall be useful to clinician, individual and family for informing planning and for tracking individual outcomes over time.
- Measurement of functioning across multiple areas such as home, peers, work, community, etc. are preferable to global measures;
- Contain questions that focus on both positive and negative aspects of functioning/adaptive behaviors;
- Measurements should be consistent with the mission of the DHHS Office of Adult Mental Health Services;
- Measurements must be consistent with principles of consumer recovery and include measures for quality of life;
- Must be administrated no more than annually;
- Be applicable for co-occurring disorders of substance abuse and mental illness, and for physical health;
- Build on existing data collection as much as possible;
- Provide measures at individual, provider, and system levels.

OAMHS, OQIS, and OSA met over several months to review tools currently in use across the United States. Based on the criteria above, several tools have been selected for consideration. These tools are:

- Consumer Recovery Outcomes System 3.0
- Ohio Outcomes System
- Recovery Assessment Survey
- Quality of Life Inventory
- BASIS-24
- MHSIP Consumer Survey
- HRQOL-4
- Level of Care Utilization System (LOCUS)

We are now asking for your assistance in recommending other tools that you know about or are using that should be considered as well. Tools should meet the criteria listed above

and include supporting literature describing the administration method and psychometric testing. Please send suggestions to Karen Glew, OQIS (tel: 207 287-4210) by August 18, 2008:

[karen.glew@maine.gov](mailto:karen.glew@maine.gov)

or

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Next steps

OAMHS is collaborating with OQIS to invite a small work group including consumer and provider representation, to review the tools and methodology for implementation in December 2008. The work group will be convening at the end of August and plans to finish its work by the beginning of October. Information on the progress of this work will be made available to stakeholders thorough posting on the OAMHS website.

We thank you for any help that you can provide as we begin this exciting work on outcomes.

*Caring..Responsive..Well-Managed..We are DHHS.*

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