



MENTAL HEALTH ASSOCIATION
of Rhode Island

Mental Health Association of Rhode Island

Mental Health Performance Measurement & Public Reporting

CHART BOOK

March 2010

Introduction

The Mental Health Association of Rhode Island (MHARI) believes that one powerful way to improve mental health in Rhode Island is through performance measurement and public reporting. It is our perception that most Rhode Islanders are not familiar with the parameters, workings, and outcomes of the mental health system. Yet this system is crucial to the lives of thousands of people in our State who suffer from serious mental illness. We believe that regular performance measurement and public reporting of the mental health system in Rhode Island will lead to greater awareness of the strengths and weaknesses of our system and ultimately to improvements in that system. As the old saying goes, “What gets measured gets done”. Hopefully, this chart book will establish a starting point and foundation for mental health performance measurement in the future.

MHARI with the assistance of key stakeholders is hoping to advance and expand this particular aspect of mental health improvement in the months and years ahead. This report

addresses specifically the publicly funded (i.e., Medicaid, State Appropriations) and public/nonprofit delivered (e.g., State Hospital, Community Mental Health Centers) mental health system in Rhode Island for the care of persons with serious mental illness (SMI).

MHARI gratefully acknowledges the assistance of two Brown University Public Health students in the completion of this Chart Book: Sharon Chakkalackal, MPH, and Qiyao Zhang, M.D. MPH candidate. This work was guided at MHARI by Vivian Wiseman, Executive Director, Richard Antonelli, Vice President, and Chair of the Community Mental Health System Committee, William Waters, Ph.D. and Joseph Bevilacqua, Ph.D., both members of the Mental Health System Committee

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Section One

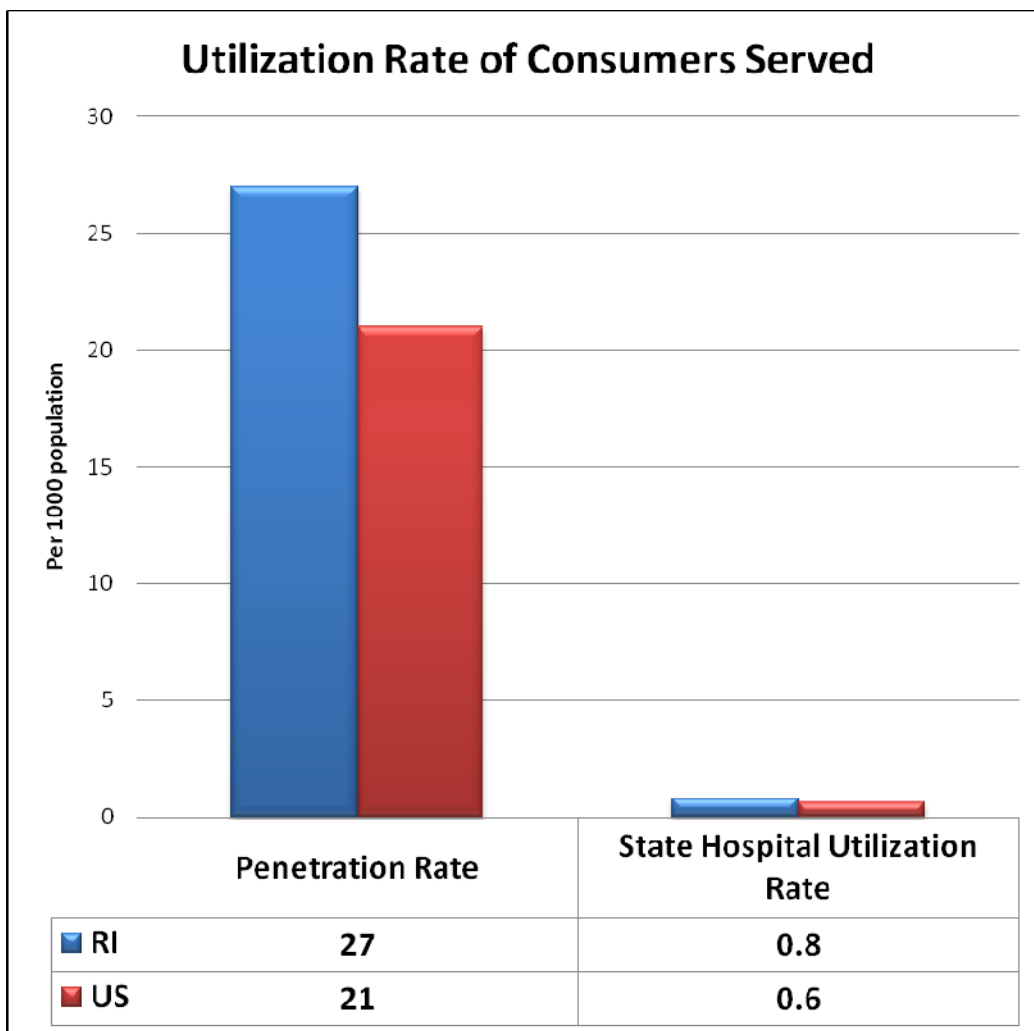
Rhode Island vis-à-vis United States

The data included in this section were obtained from the website of the Center for Mental Health Services (CMHS) of the U.S. Substance Abuse & Mental Health Services Administration (SAMHSA). Specifically, these data are drawn from the National Outcome Measures (NOMS) of the CMHS Uniform Reporting System (URS). URS data is submitted by the States to describe the public mental health system and the outcomes of its programs. The denominators in this section come from the U.S. Census. Note: that “Rhode Island has no State Psychiatric Hospital but rather State-funded adult psychiatric/forensic units in a general hospital and acute inpatient care contracted through private hospitals”.

For additional information about this section see:

<http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/>

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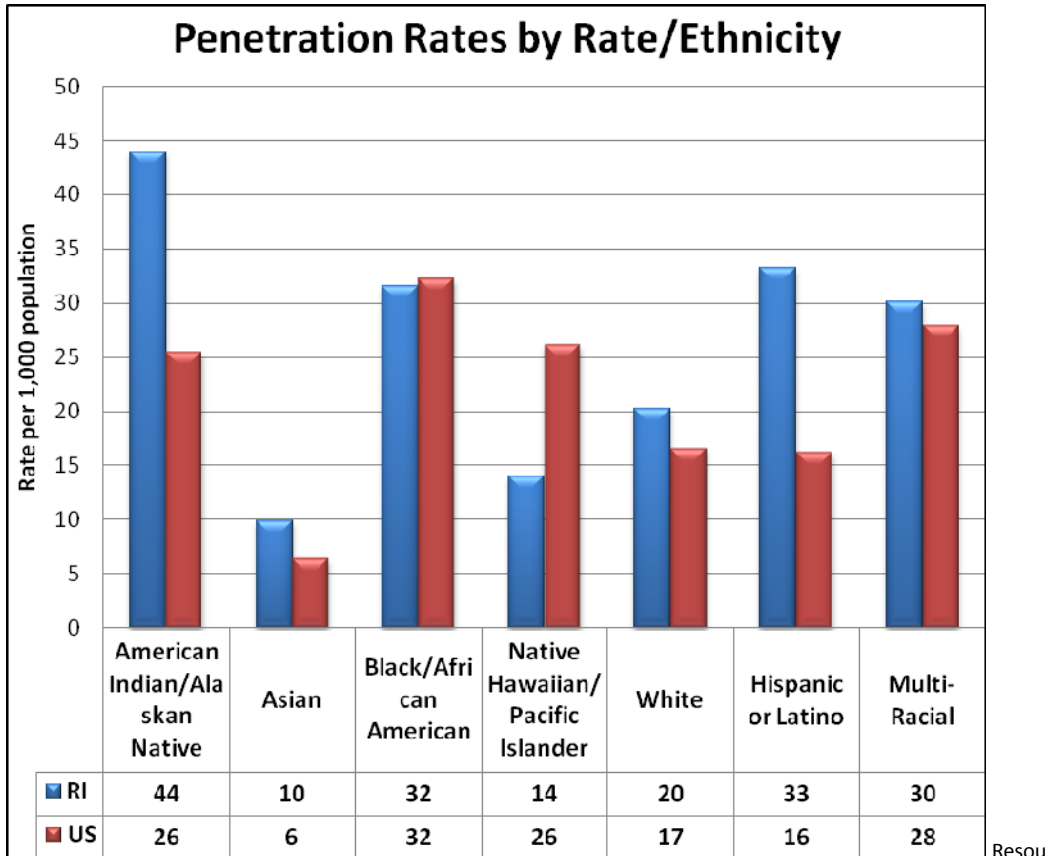
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 NOMs, P1.

Note: There were 58 reporting states for "Penetration rate", and 51 reporting states for "State Hospital Utilization rate".

Measures the penetration rate and state hospital utilization rate per thousand population between Rhode Island and United States average during 2008.
 Penetration rate: numbers served compared to those potentially in need (population as a whole)

In 2008, there were 27 per thousand mental health consumer served in Rhode Island; state hospital utilization rate in Rhode Island is 0.8 per thousand.

Demographic Characteristics of Persons Served by the State Mental Health System



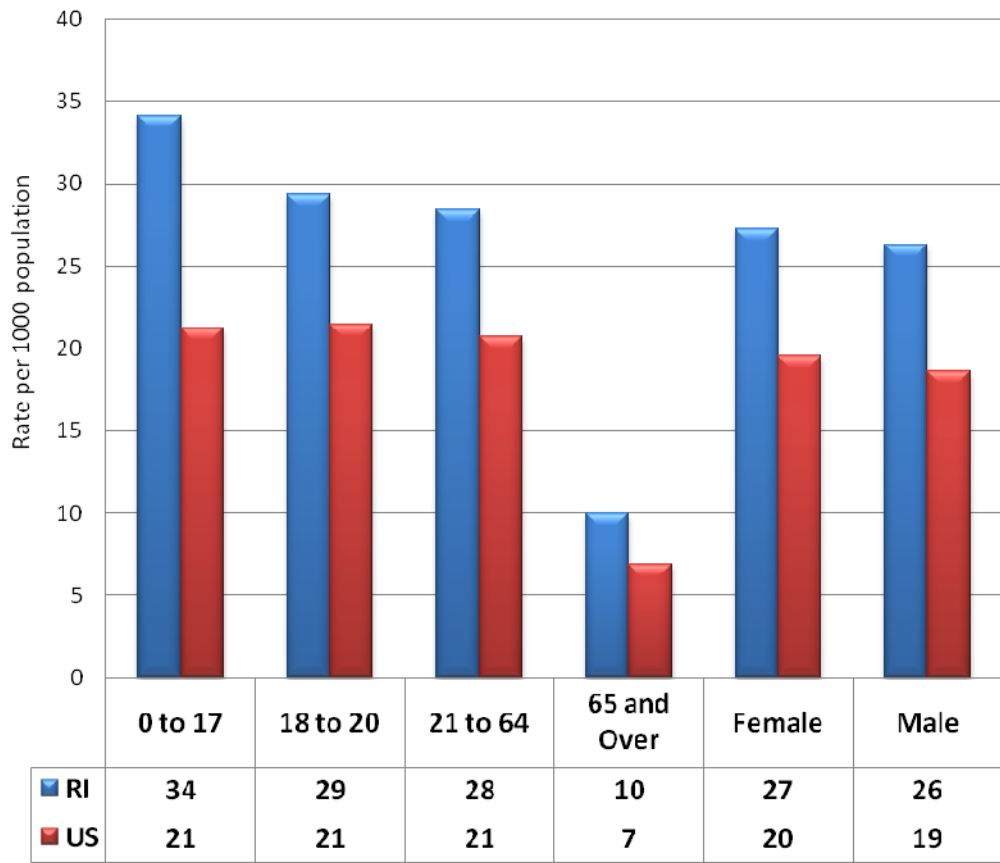
Source: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Acc1 p.4

Note: In 2008, there were 53 reporting states for "American Indian/Alaskan Native"; 54 reporting states for "Asian and Black/African American"; 49 reporting states for "Native Hawaiian/Pacific Islander"; 56 states reporting "White"; 10 reporting states for "Hispanic"; 45 states reporting for "Multi-racial".

Measures the numbers of mental health consumers served across the entire system (both community and hospital) by race/ethnicity. The numbers of persons served and the rate per 1,000 is shown for Rhode Island and the U.S.
 All denominators use U.S Census data from 2006
 Penetration rate: numbers served compared to those potentially in need (population as a whole)

In 2008, the rate of Asian population in RI who were mental health consumers served across the entire system was 10 per 1000 population, while the rate of American Indian/Alaskan Native population served across the entire system was 44 per 1000 population.

Persons Served in Community Mental Health Programs by Age and Gender

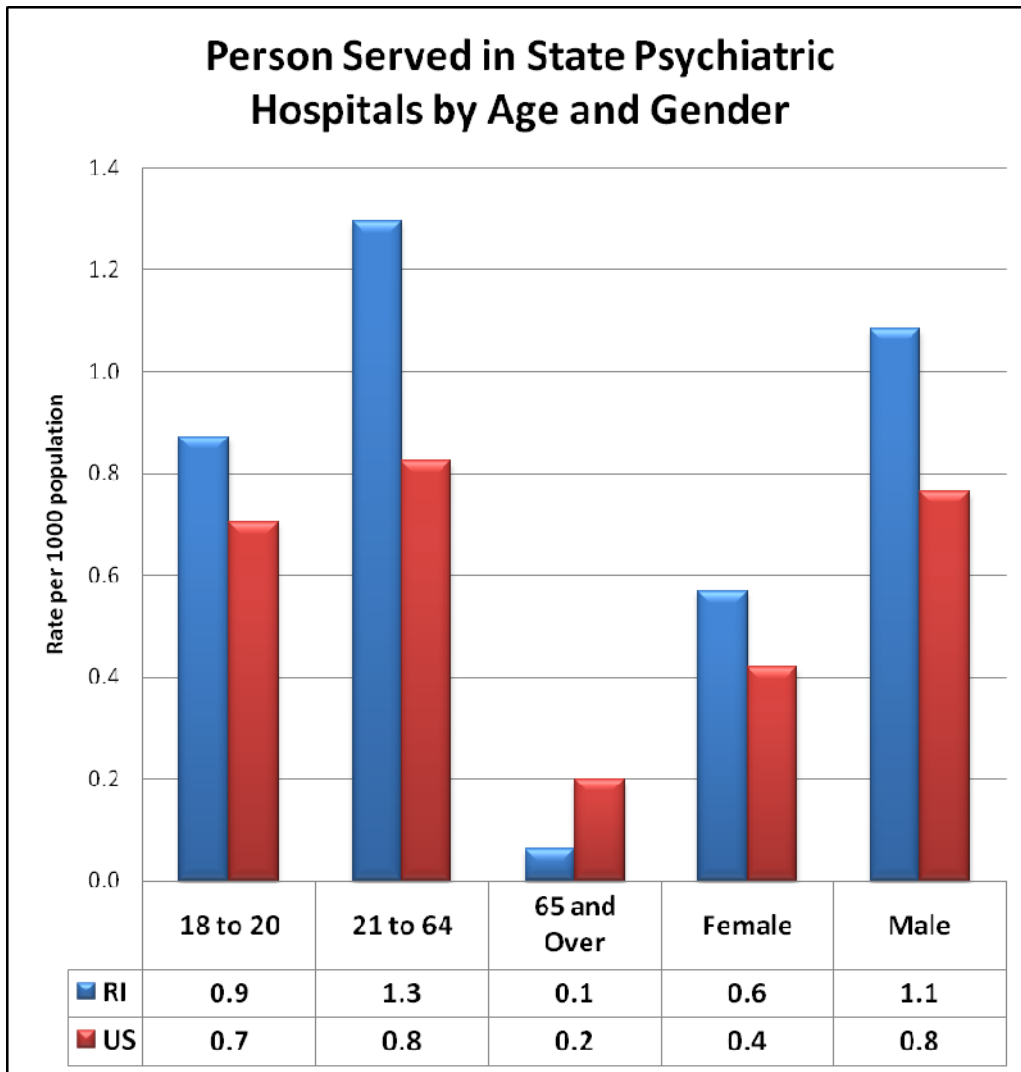


Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Acc2 p.5

Note: In 2008, there were 55 reporting states for age "0 to 17, 18 to 20, 65 and Over"; 56 reporting states for age "21 to 64" and Gender

Measures the numbers of persons served in community mental health programs by age and gender. The numbers of persons served and the rate served per 1000 is shown for Rhode Island and the U.S average.
 Penetration rate: numbers served compared to those potentially in need (population as a whole)

In 2008, the numbers of persons served in community mental health programs were 34 per 1000 population among people under 17 years old, while there were 10 persons per 1000 population aged over 65 years old in RI.



Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Acc3 p.6

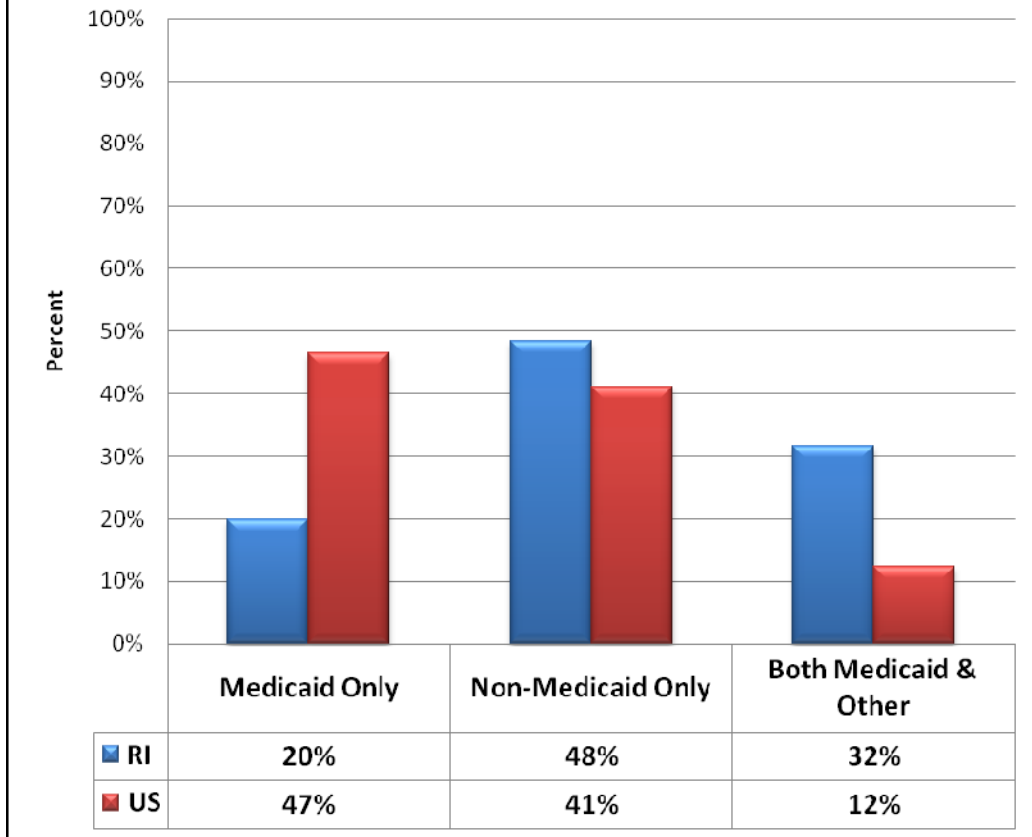
Note: -- In 2008, there were 38 reporting states for Age "0 to 17"; 51 reporting states for age "18 to 20, 21 to 64" and Gender; 50 reporting states for Age "50".

--RI has no state psychiatric hospital, but rather state-funded adult psychiatric/forensic units in a general hospital and acute inpatient care contracted through private hospitals.

Measures the numbers of persons served in state psychiatric hospitals by age and gender. The numbers of persons served and the rate served per 1000 is shown for Rhode Island and the U.S average.
 Penetration rate: numbers served compared to those potentially in need (population as a whole)

In 2008, the numbers of persons served in state-funded adult psychiatric/forensic units in general hospital and acute inpatient care compared to those in need of service were 1.3 per 1000 population among the age group of 21 to 64.

Persons Served by SMHA System through Medicaid and Other Funding Sources



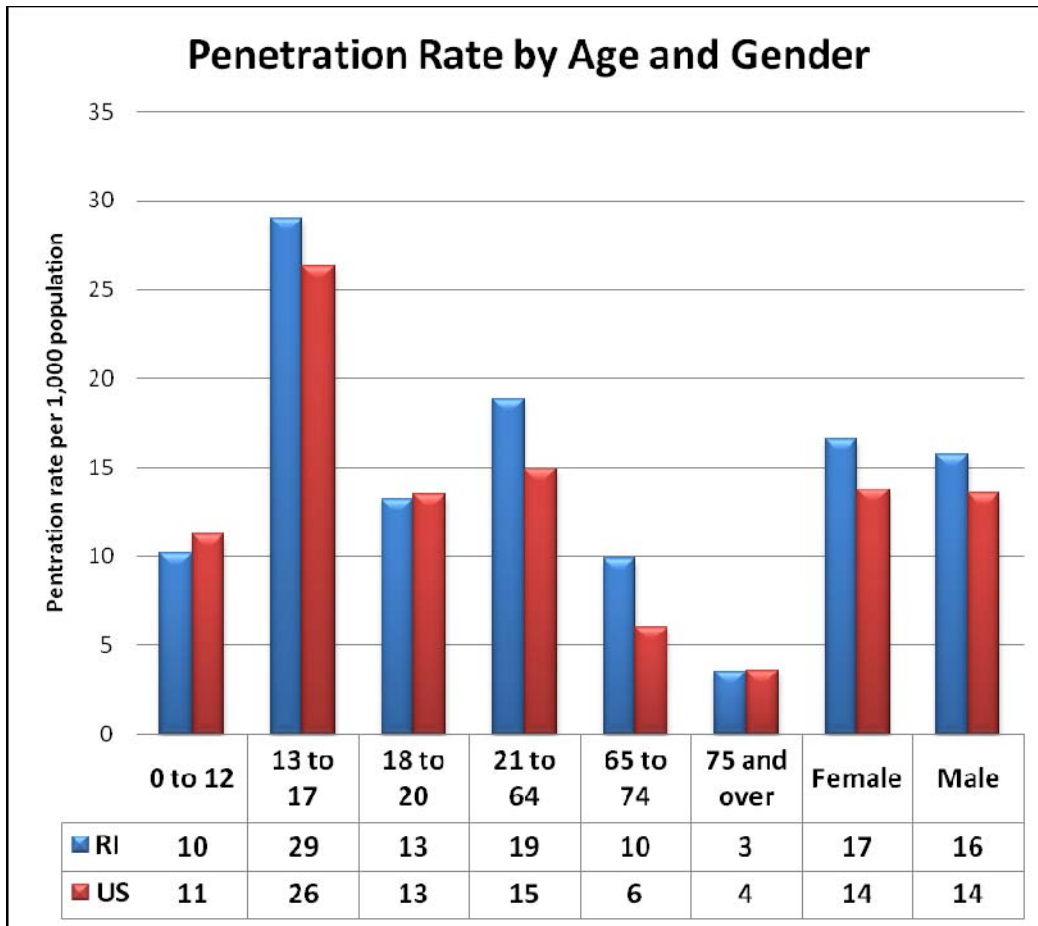
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Acc4 p.7

Note: there were 47 reporting states for "Person Served by SMHA System through Medicaid and Other Funding Sources".

Measures the percentage of persons served by each State mental health agency systems who had their mental health services paid for by Medicaid; the result is shown for Rhode Island vs. U.S average.

In 2008, there were 20% of persons served by RI mental health agency systems who were eligible to have their mental health services paid by Medicaid, 48% by non-Medicaid only and 32% paid by either Medicaid or other sources.

Demographic Characteristics of Adults with SMI and Children with SED Served by the State Mental Health Authority



Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Acc5 p.8

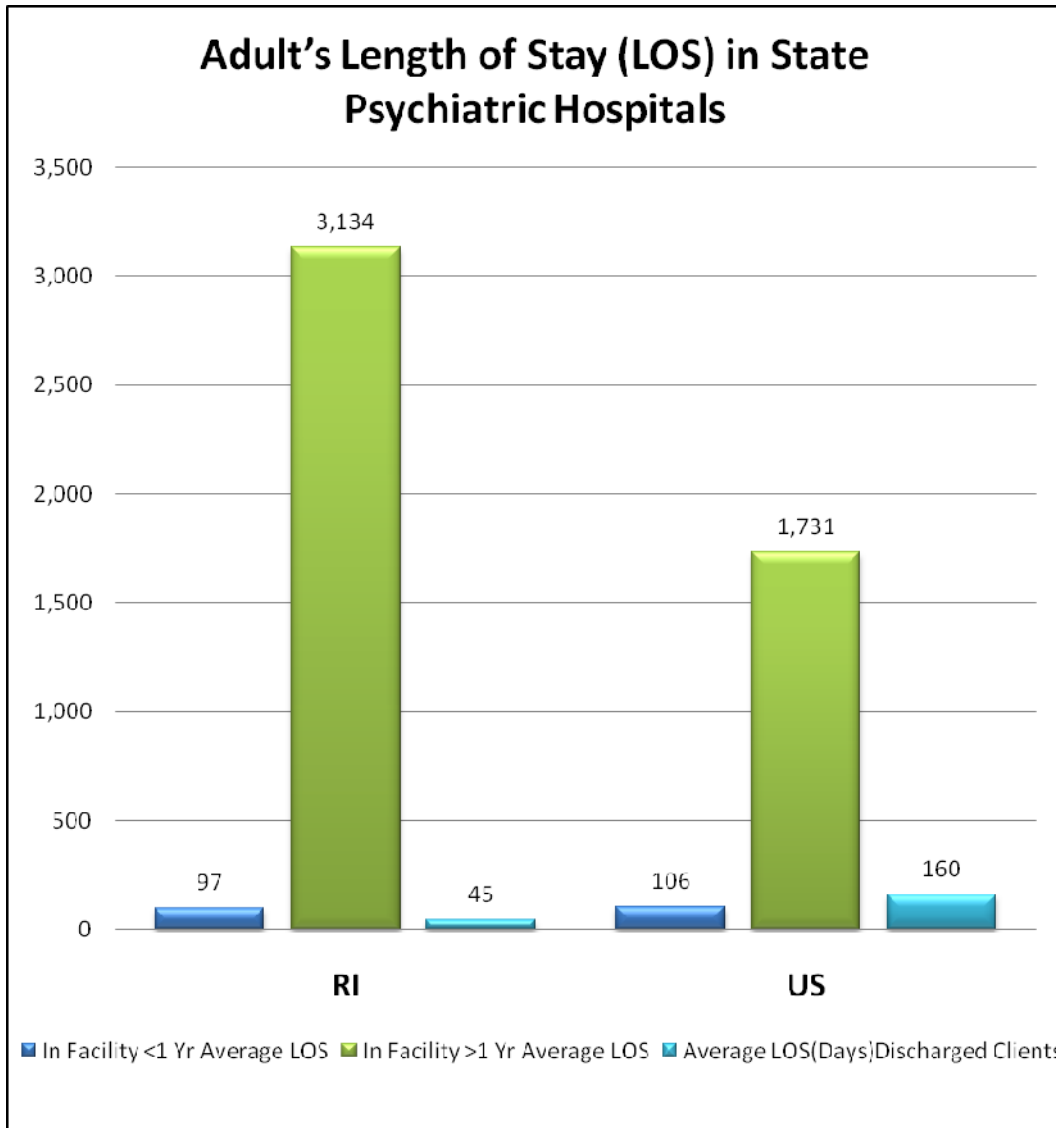
Note: -- All denominator use U.S census data from 2007

--There were 56 reporting states for Age "0 to 12, 13 to 17, 18 to 20, 75 and over"; 57 reporting states for "21 to 64, 65 to 74" and Gender.

Measures the rate per 1000 people of Adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) who were served by the state mental health authority. The rate per 1000 is shown in Rhode Island and the U.S average.

Penetration rate: numbers served compared to those potentially in need (population as a whole)

In 2008, there were 29 per thousand children aged 13 to 17 in Rhode Island with serious emotional disturbances served by the state mental health authority, and 19 per thousand adults aged 21 to 64 with Serious Mental Illness served by the state mental health authority in RI.



Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 App2 p.10

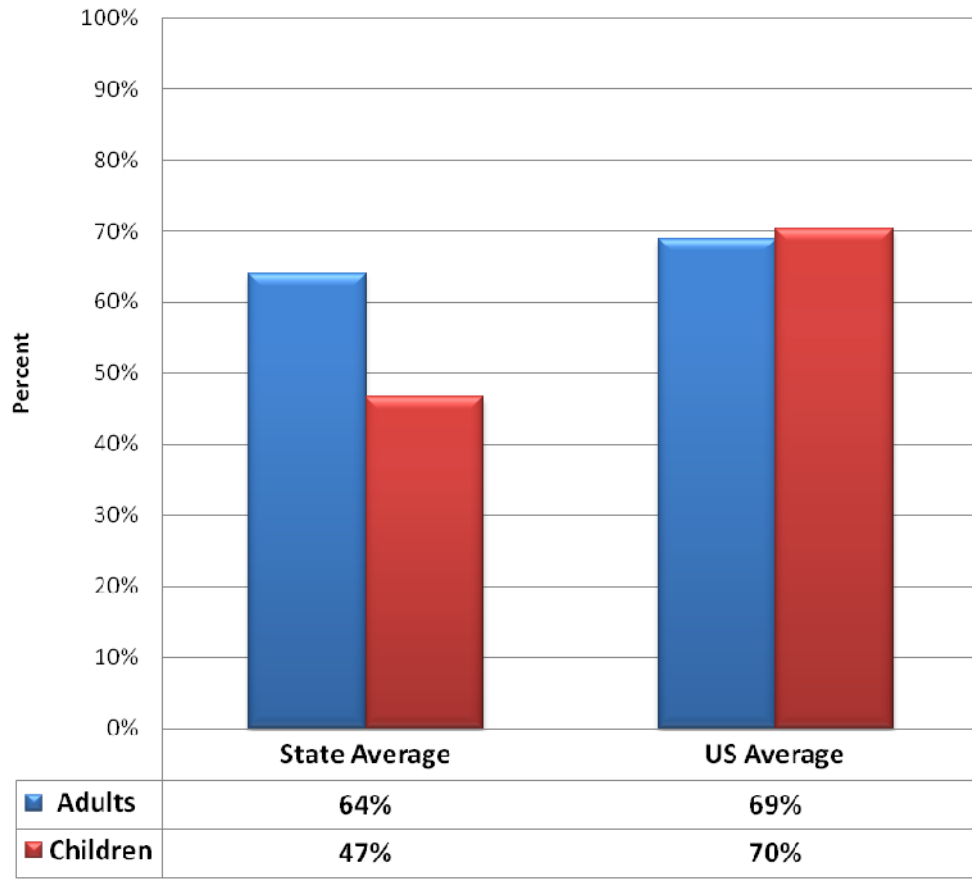
Note: --RI has no state psychiatric hospital, but rather state-funded adult psychiatric/forensic units in a general hospital and acute inpatient care contracted through private hospitals

--There were 50 reporting states for "adults' length of stay in state psychiatric hospitals"

Measures the average length of stay in State psychiatric hospitals for adults who were discharged during the year and those still residents at the end of the year. The average length of stay is shows for RI and the U.S average.

In 2008, the average LOS of discharged adults was 45 days in Rhode Island. Adults who resided longer than one year in a state psychiatric hospital had an average LOS of 3134 days.

Adults and Children who meet the Federal Definitions of SMI/SED

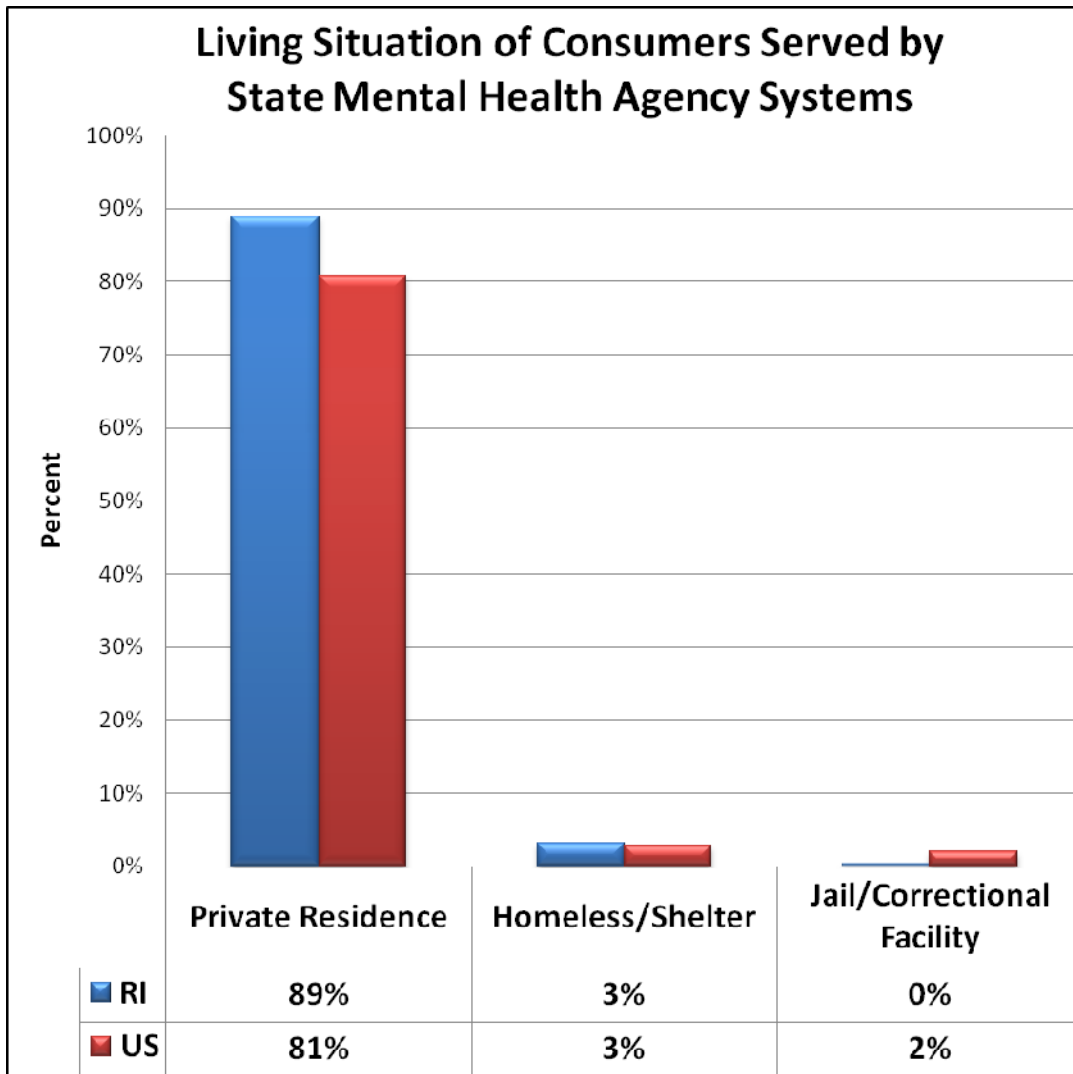


Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 App3, p11

Note: there were 55 reporting states for the adults and children who meet the federal definitions of SMI/SED.

Measures Rhode Island and the U.S. Average, the percent of the clients served who meet the State or Federal definitions of Adults with Serious Mental Illnesses (SMI) and Children with Serious Emotional Disturbances (SED).

In 2008, 64% of adults in Rhode Island served through the Community Mental Health system met the federal definitions of SMI, and 47% of children met the federal definitions of SED.



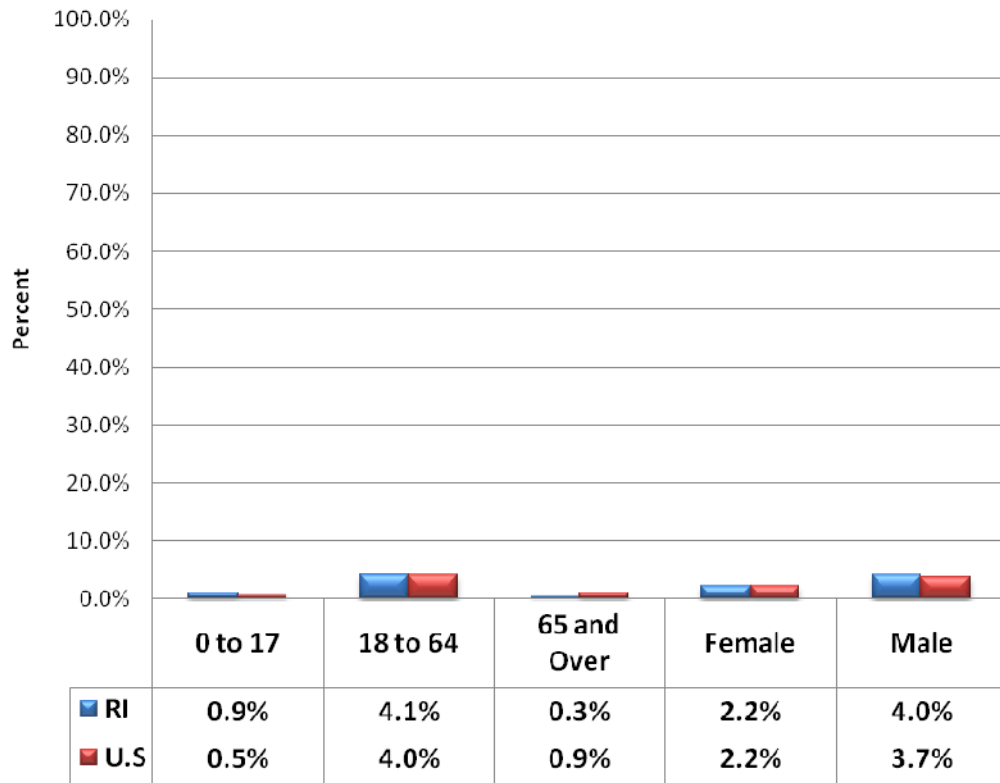
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 NOMs p.1

Note: there were 52 reporting states for living status as "Private Residence", 50 reporting states for "Homeless/shelter", 49 reporting states for "Jail/Correctional facility".

Measures the percent of mental health consumers living in private residence, homeless/shelter, or jail/correctional facility. The results are shown for Rhode Island and the U.S average.

In 2008, 88% community mental health consumers in Rhode Island were living in private residences, whereas 3% of mental health consumers were homeless/living in a shelter.

Mental Health Consumers Served Homeless/Living in Shelters By Age and Gender

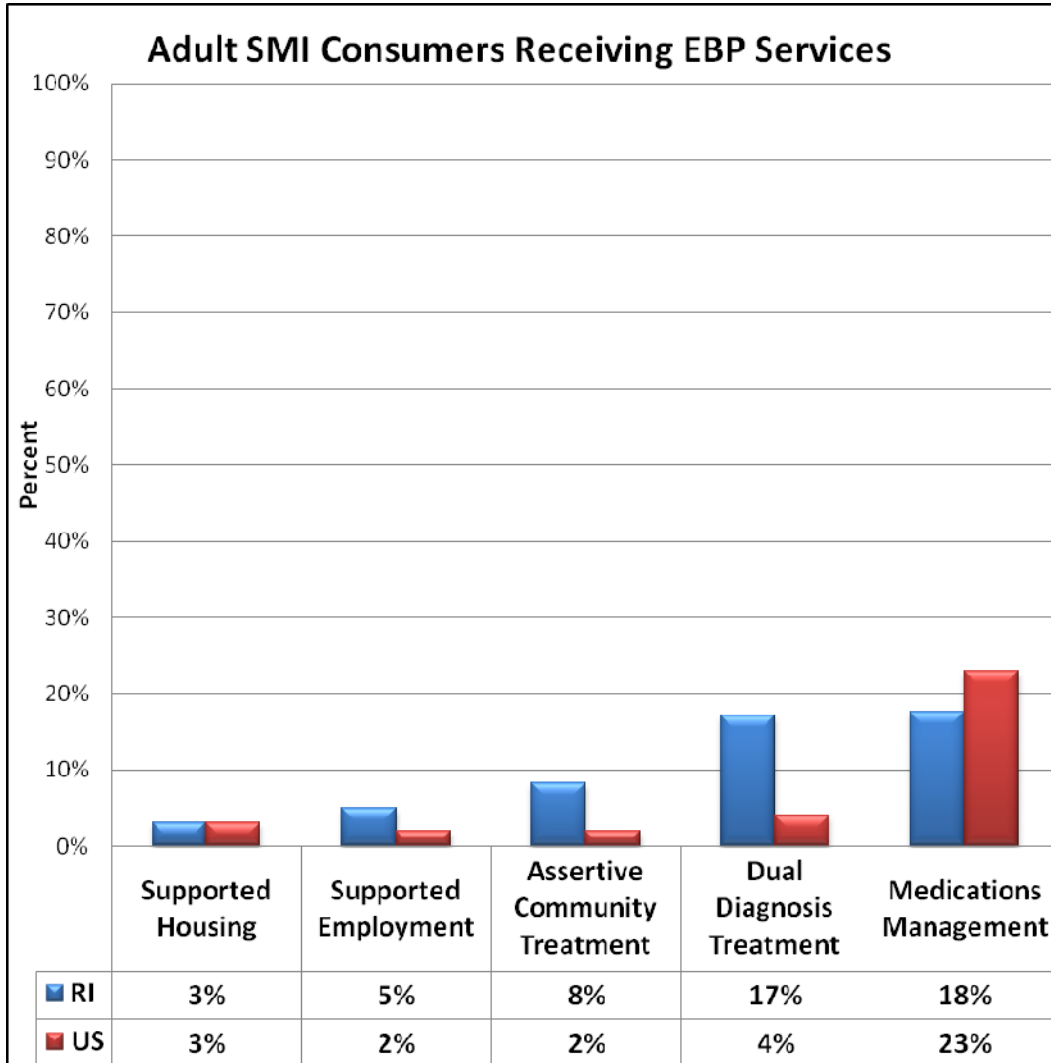


Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 App5 p.13

Note: there were 42 reporting states for mental health consumers served homeless/living in shelters aged "0 to 17", 50 reporting states for age "18 to 64", 48 reporting states for age "65 and over", 50 reporting states for "Gender".

Measures the percent of mental health consumers served who are homeless, by age and by gender. The results are shown for Rhode Island and the U. S average. Homelessness: homeless or living in a homeless shelter at some assessment during the reporting year.

In 2008, 4% of mental health consumers aged 18 to 64, were homeless or living in shelters in Rhode Island; 4% of male mental health consumers vs. 2.2% of female mental health consumers were homeless.



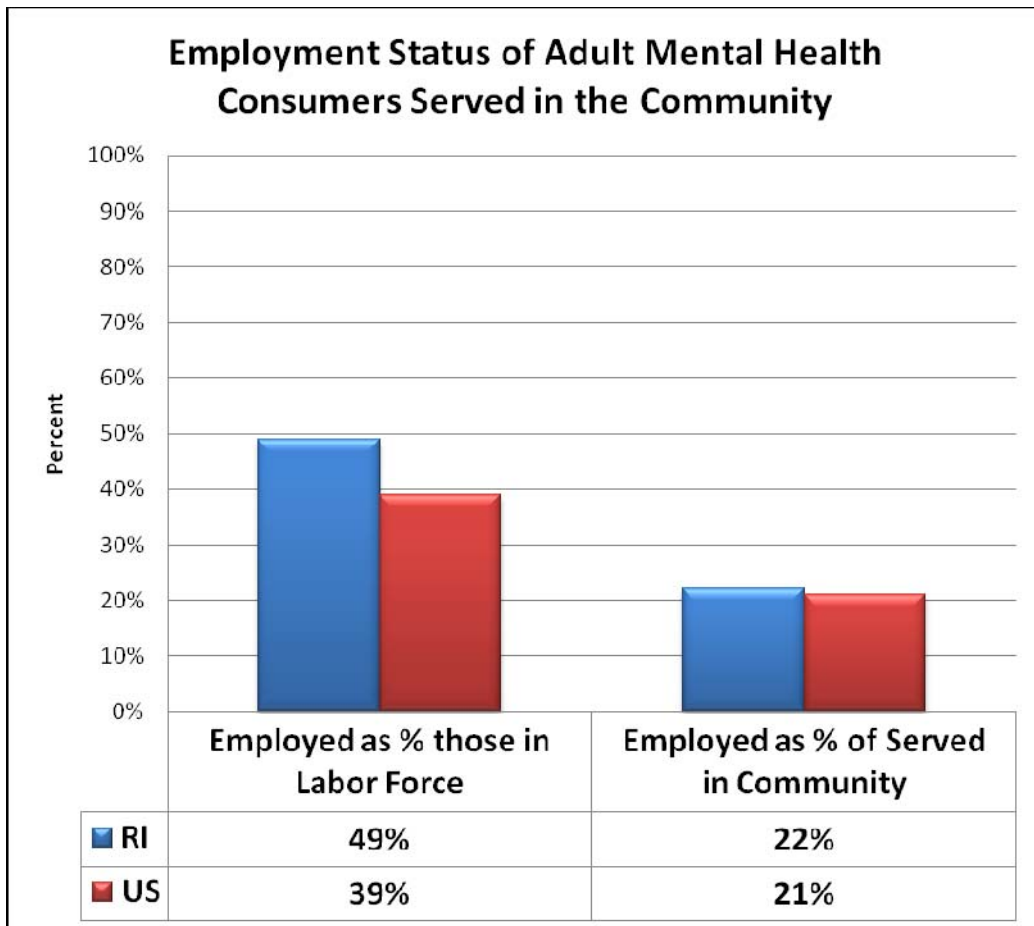
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 EBP overview p.14

Note: there were 34 reporting states for adult EBP services of "supported housing", 41 reporting states for "supported employment", and 40 reporting states for "assertive community treatment, 25 reporting states for "dual diagnosis treatment", and 17 reporting states for "medications management"

Measures the percent of adult Serious Mental Illnesses (SMI) consumers who received evidence-based practice (EBP) services. The result is shown for Rhode Island and the U.S average.

In 2008, 3% of adult SMI consumers received supported housing as n EBP, 5% received supported employment, 8% received ACT, 17% received dual diagnosis treatment, and 17% received medications management.

Note: in RI, each of the above counts of EBPs received (with the exception of ACT), are gathered once a year as a monthly snapshot of the percentage of clients receiving said service.



Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 NOMs p.1

Note: there were 56 reporting states for total employment status.

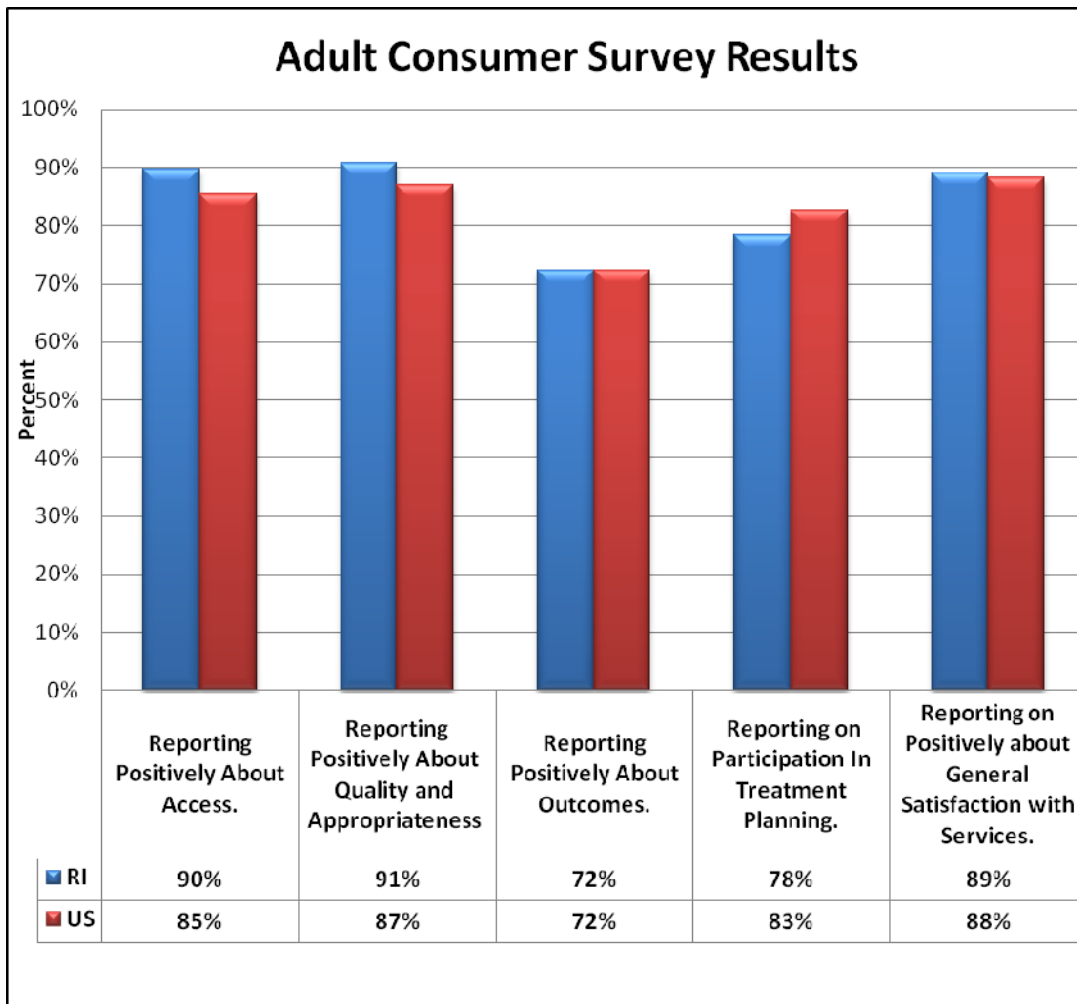
*Measures the percent of persons employed of all adult clients served, and again of all adult clients served who are in the labor force (e.g., disabled, retired, student, or homemaker). The percentages of competitively employed persons are shown for Rhode Island and the US average. "Employed" was defined as competitively employed (full or part-time) at the last assessment available during the reporting year.

*Adults Served in Labor Force is the sum of MH consumers employed plus unemployed.

*MH Consumers Employed as % of Total Adults Served uses Adults Served as the denominator.

*MH Consumers Employed as % of Adults served in Labor Force uses persons employed or Unemployed as the denominator.

In 2008, 22% of adult mental health consumers served in Rhode Island were competitively employed. However, of those in the labor force, 49% of adult mental health consumers were competitively employed.

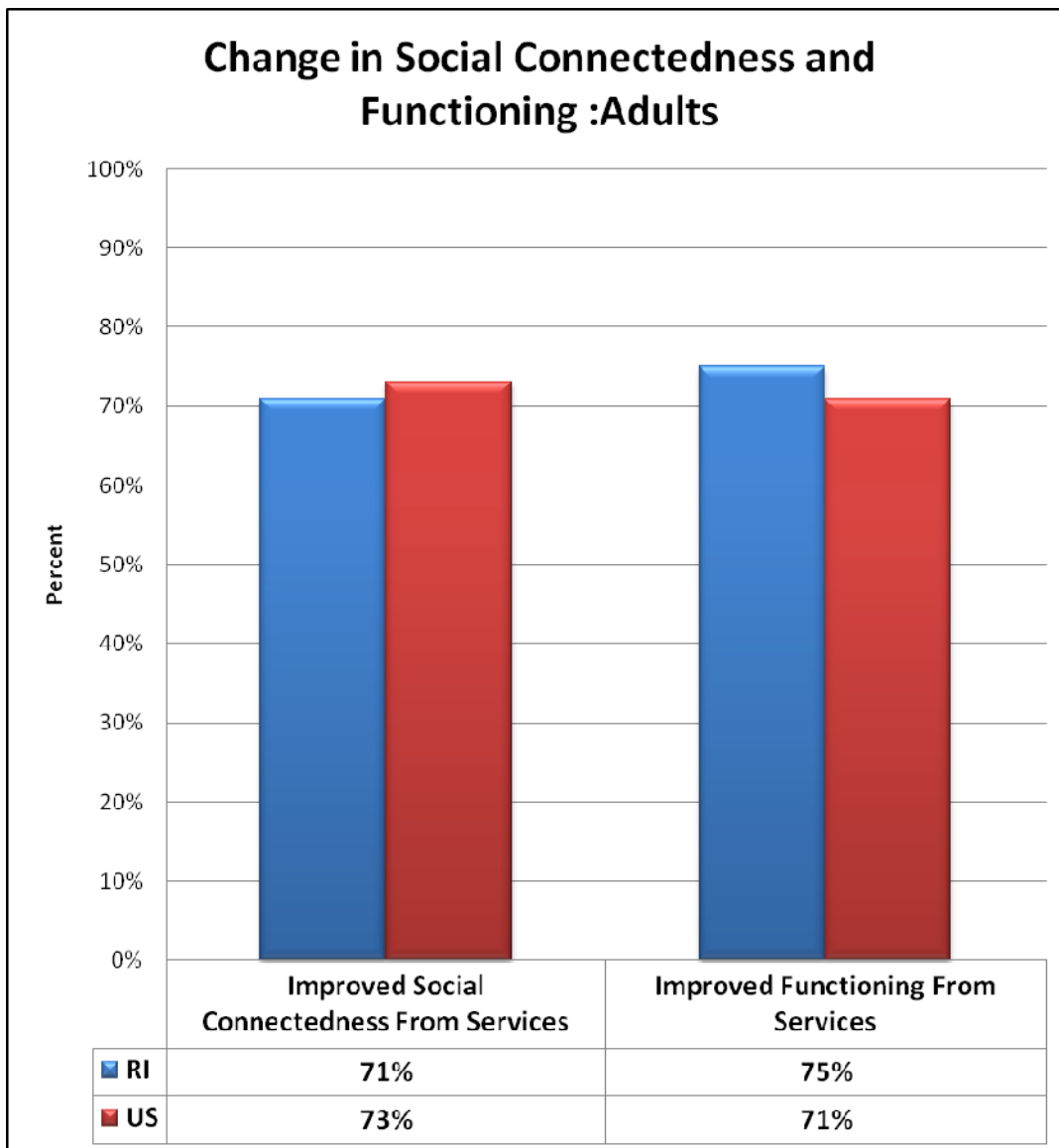


Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Out2 p.17

Note: there were 54 reporting states for consumer survey for "Reporting positively about access, reporting positively about quality and appropriateness, reporting positively about outcomes, reporting on participation in treatment planning, and reporting positively about general satisfaction with services."

Measures the percent of adults with SMI who responded positively (on average) to consumer survey questions about their access to services, their assessment of the quality/appropriateness of services received, the outcomes that resulted from services received, their participation in treatment planning, and their overall satisfaction with services. Consumer perceptions of care results are shown for the selected State and the national averages for each domain.

In 2008, 90% adults reported positively about access to services, 91% reported positively about quality and appropriateness, 72% reported positively about outcomes of services, 78% reported on participation in treatment planning, and 89% reported positively about general satisfaction with services.

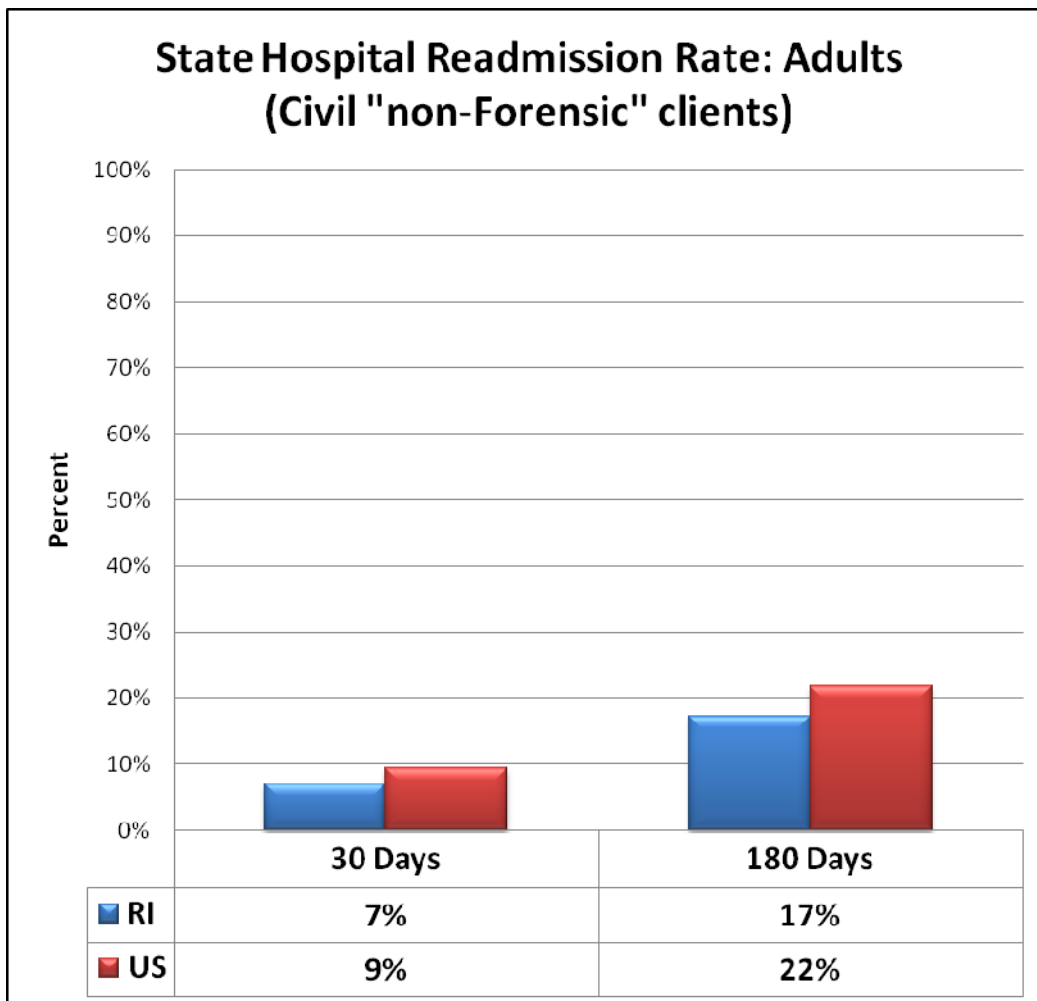


Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Out7SC p.19

Note: there were 51 reporting states for "percent reporting improved social connectedness from services", 52 reporting states for "percent reporting improved functioning from services".

Measures the percent of adults with SMI served who reported improved social connectedness improved functioning from services received. The results are shown for Rhode Island and the U.S average.

In 2008, 71% of adult consumers in Rhode Island reported improvement of social connectedness from services, whereas 75% reported improved functioning.



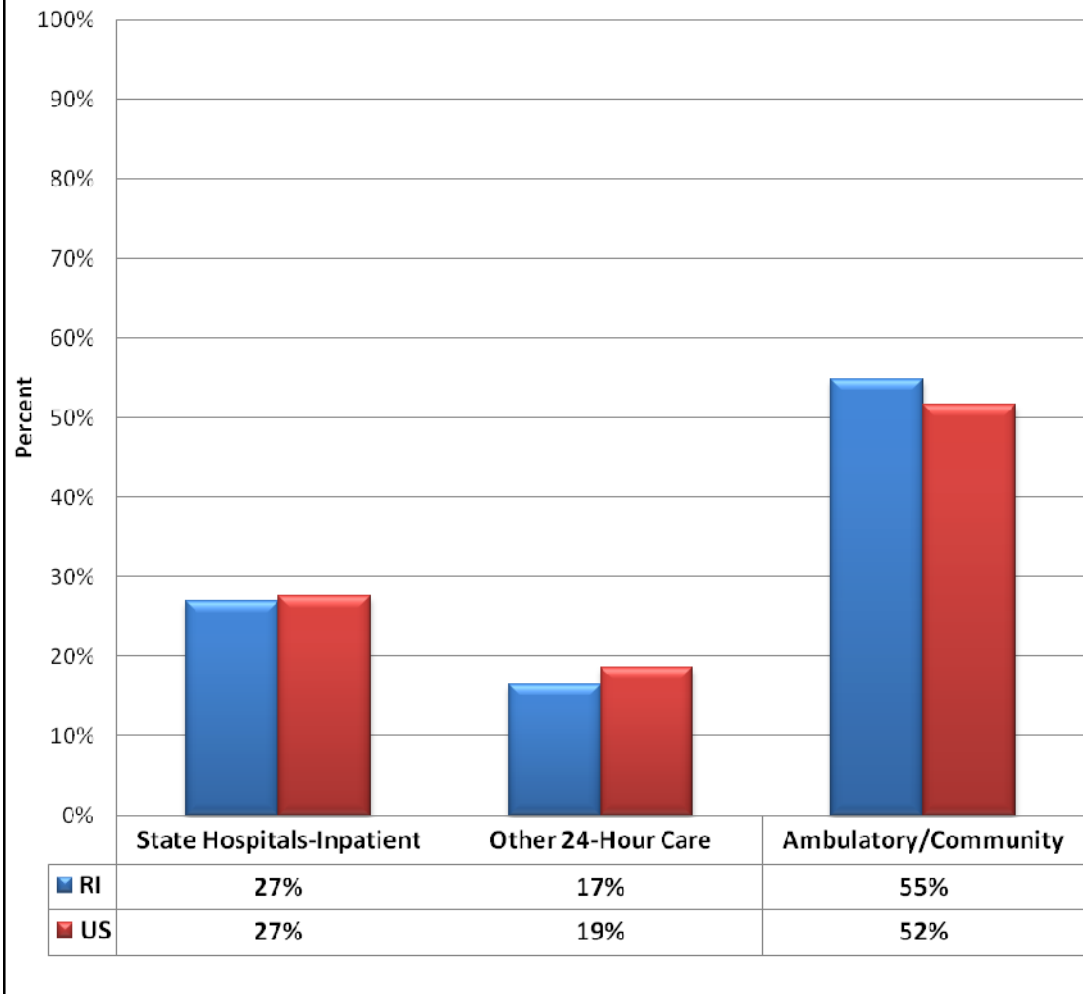
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 NOMs, P1.

Note: there were 48 reporting states for "state hospital readmission rate: adults". For RI, where we do not have a State psychiatric hospital, data includes state-funded adult psychiatric patients served in a general hospital and acute inpatient care contracted through private hospitals

Measures percent of adults (Civil "non-Forensic" clients) re-admitted to state hospitals within 30 days and 180 days of discharge in Rhode Island and the U.S average.

In 2008, 7% of adults (Civil "non-Forensic" clients) in Rhode Island discharged from a "State Hospital" were readmitted within 30 days, and 17% of adults were re-admitted in state hospitals within 180 days.

State Mental Health Agency Controlled Expenditures for Mental Health



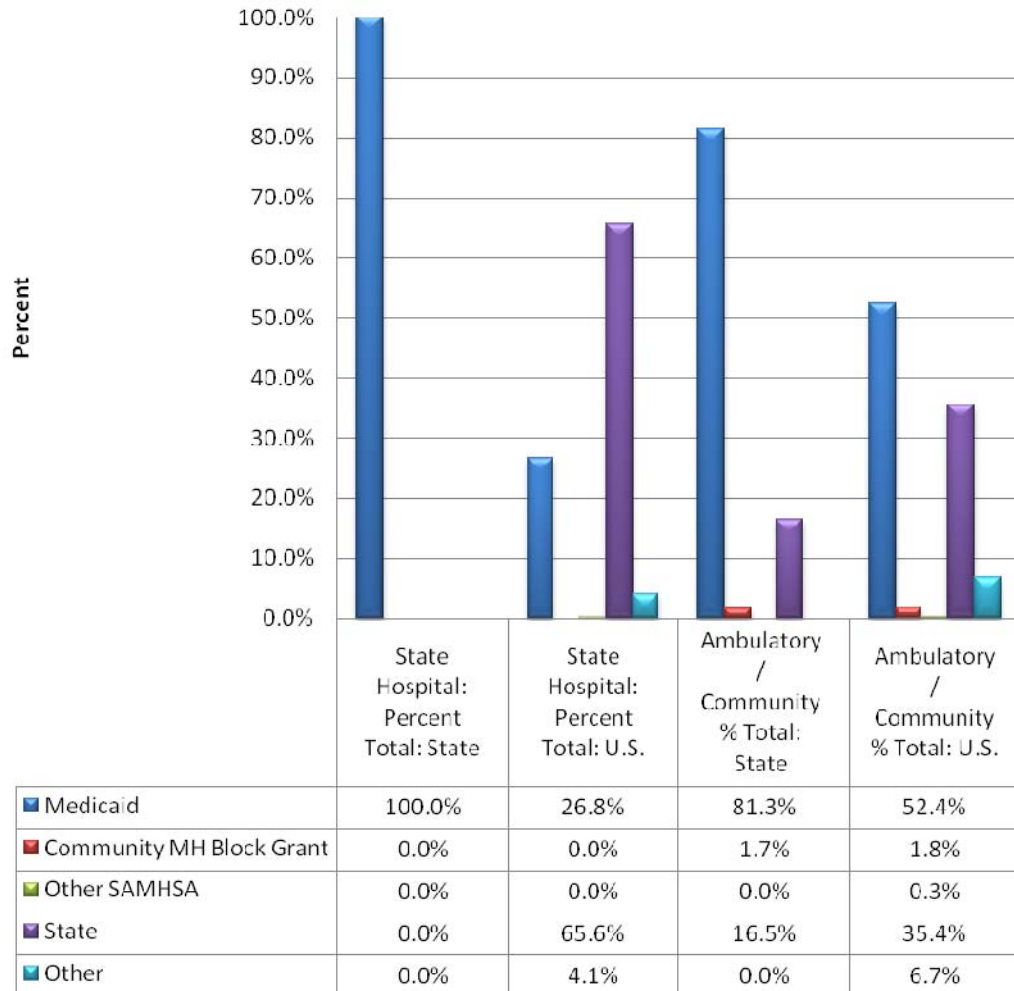
Resource: 2008 CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Struc1 p.22

Note: there were 51 reporting states for the State Mental Health Agency Controlled Expenditures for Mental Health of "State hospital-inpatient, other 24 hour care, and ambulatory/community".

Measures the mental health expenditures of State mental health agencies, by major delivery auspice (State psychiatric hospitals and community mental health providers). Date is shown for Rhode Island and the U.S average.

In 2008, 27% of expenditures of the state mental health authority were on state hospitals-inpatient care, 17% on other 24-hour care, and 55% on ambulatory/community treatment.

State Mental Health Agency Controlled Revenues by Funding Source



Source: CMHS Uniform Reporting System (URS) Output Tables 5/31/2009 Struc2 p.23

Note: This Table does not show Revenues for state central office including Research, Training, and Administration expenses.

Measures the funding sources for State mental health authorities. Revenues are depicted by: State sources, Medicaid, the CMHS Community Mental Health Block Grant, other Federal Funds, and other sources. Data are shown for the Rhode Island and for the national average.

In 2008, 100% of funding for Rhode Island’s long-term hospitalizations (i.e. ESH) came from Medicaid, 81% of funding for ambulatory or community came from Medicaid.

Section Two

Rhode Island vis-à-vis Other States

The data contained in this section were drawn from the Performance Indicator Project, Reports by Indicators with Multi-State Comparisons, of the Vermont Department of Mental Health, Agency of Human Services. The Mental Health Association of Rhode Island (MHARI) gratefully acknowledges the cooperation and assistance of John Pandiani, Ph.D., Mental Health Research & Statistics Chief, Vermont Mental Health Performance Indicator Project, and President & Director of Research, The Bristol Observatory.

Note: data collection practices can vary somewhat across States, so interstate comparisons should be made with caution.

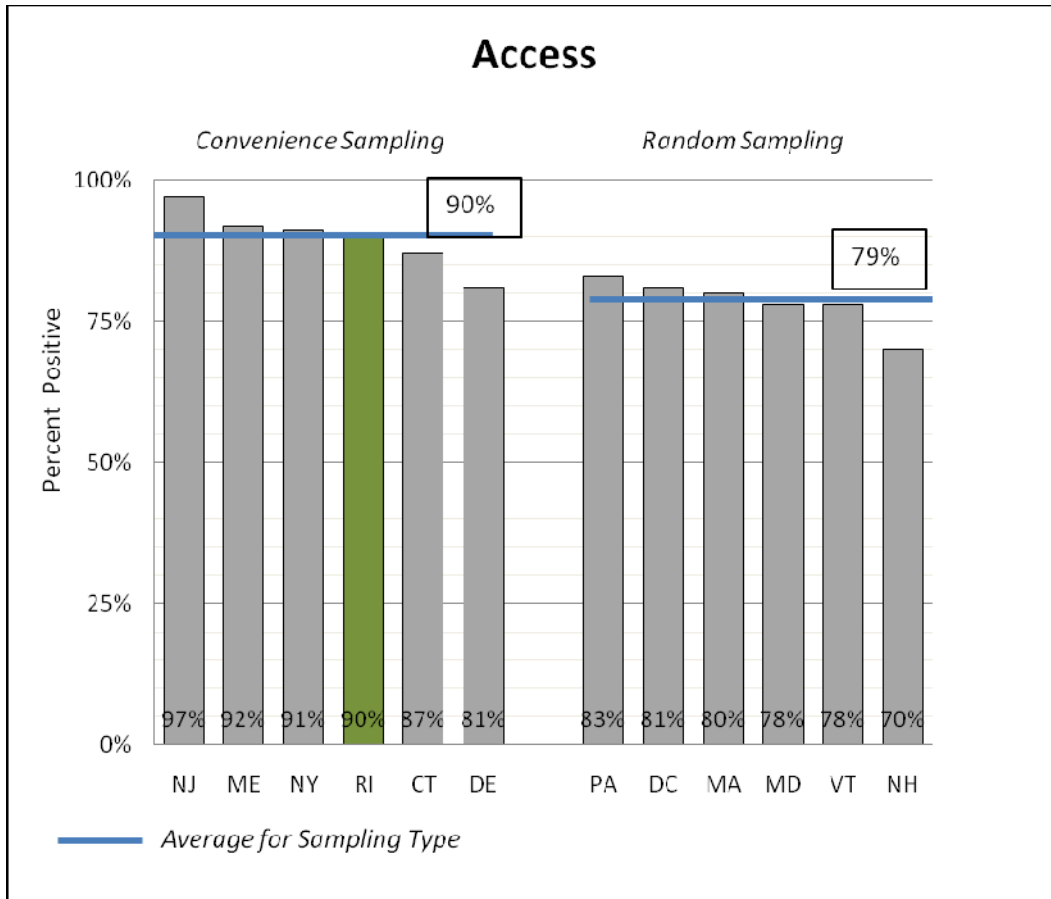
For additional information about this section see:

<http://mentalhealth.vermont.gov/report/pip/multistate>

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Adult Consumer Survey Results for Northeastern States

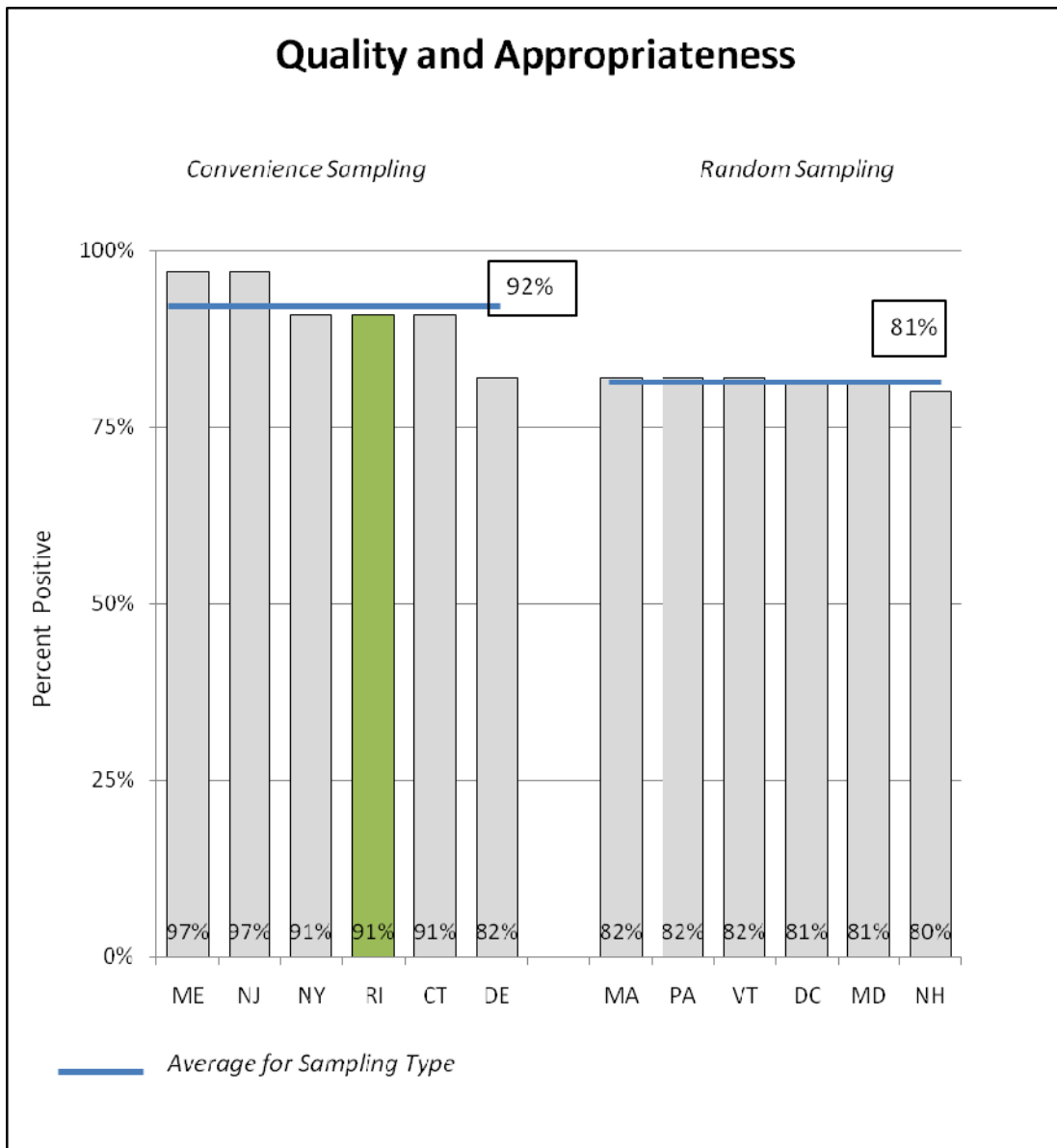
Positive Scale Scores by Sampling Method



Source: based on FY2008 CMHS Uniform Reporting System measures.

Measures the percentage of positive reports to the accessibility of mental health services.

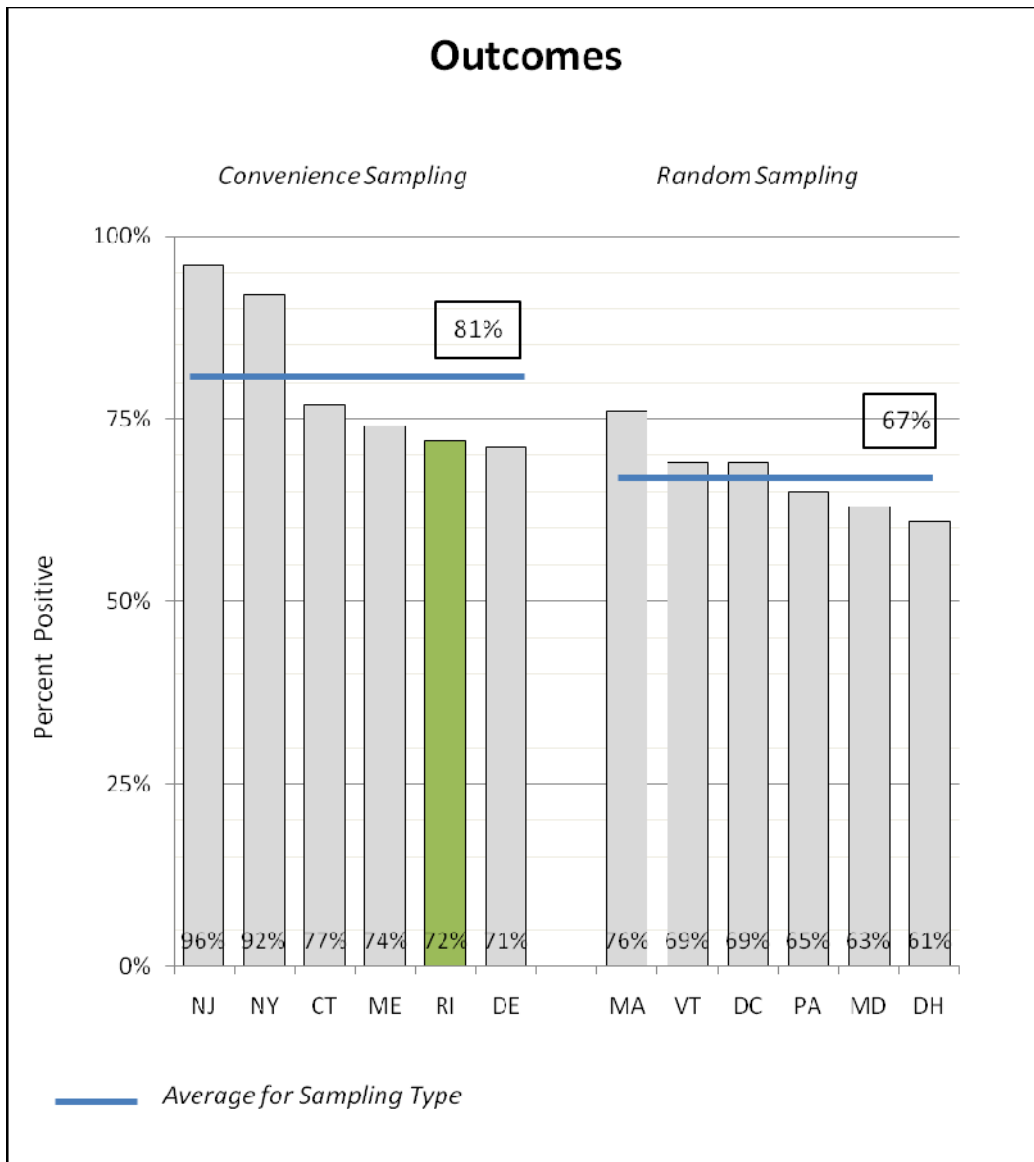
90% of adult consumers in Rhode Island reported positively on the accessibility of mental health services, which was at the average for the six northeastern states that used convenience sampling methods of self-selected consumers reporting positive to mental health accessibility.



Source: based on FY2008 CMHS Uniform Reporting System measures.

Measures the percentage of positive reports of receiving appropriate care or levels of treatment.

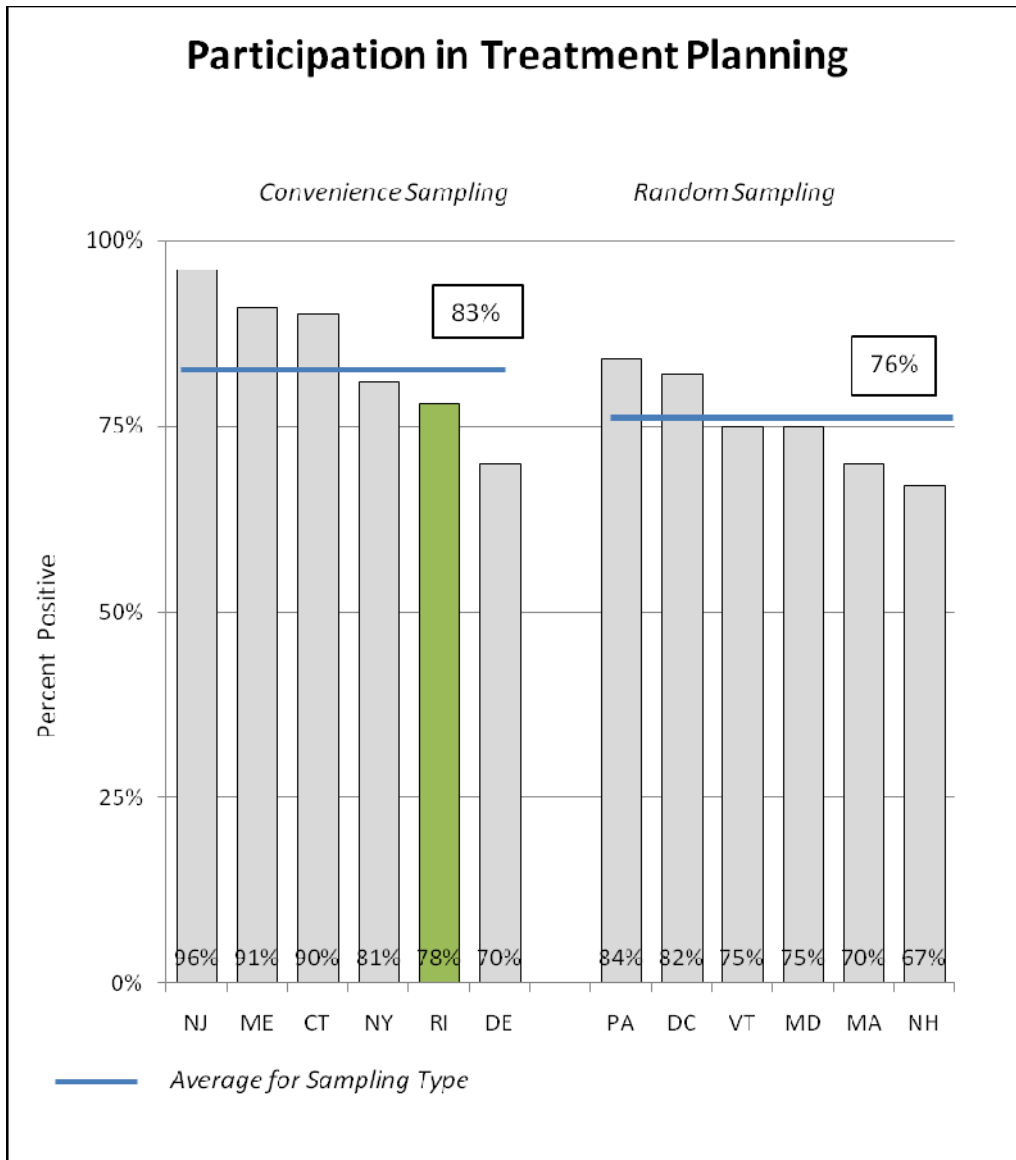
91% of RI adult consumers reported positively on the quality and appropriateness of care. Rhode Island was near the average (1% lower) of all six northeastern states that used a convenience sampling method.



Source: based on FY2008 CMHS Uniform Reporting System measures.

Measures the percentage of positive reports on the mental health outcomes from services.

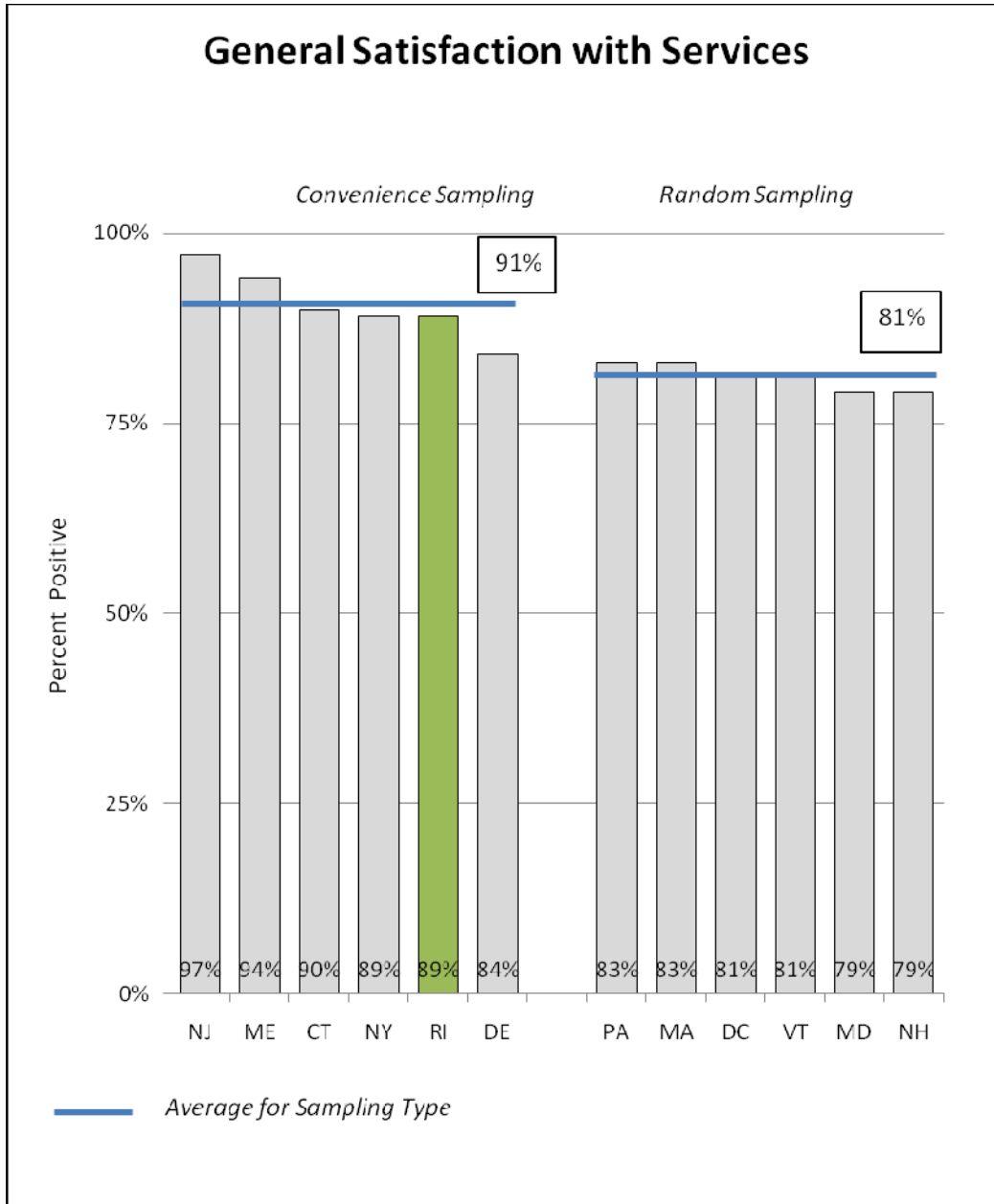
72% percent of adult consumers reported positively on the outcomes of mental health services in Rhode Island, which was lower than the average (9 % points) of all six northeastern states that used convenience sampling methods.



Source: based on FY2008 CMHS Uniform Reporting System measures.

Measures the percentage of positive reports on participating in “Mental health treatment plans”: guide for treatment for patients and clinicians. Plans include general and specific goals for the patient to meet and services provided by the clinician to assist the patient with achieving the goals.

78% of adult consumers in Rhode Island reported positively on their participation in mental health treatment planning, which was lower than the average (by 5% points) of the six northeastern states that use convenience sampling method.

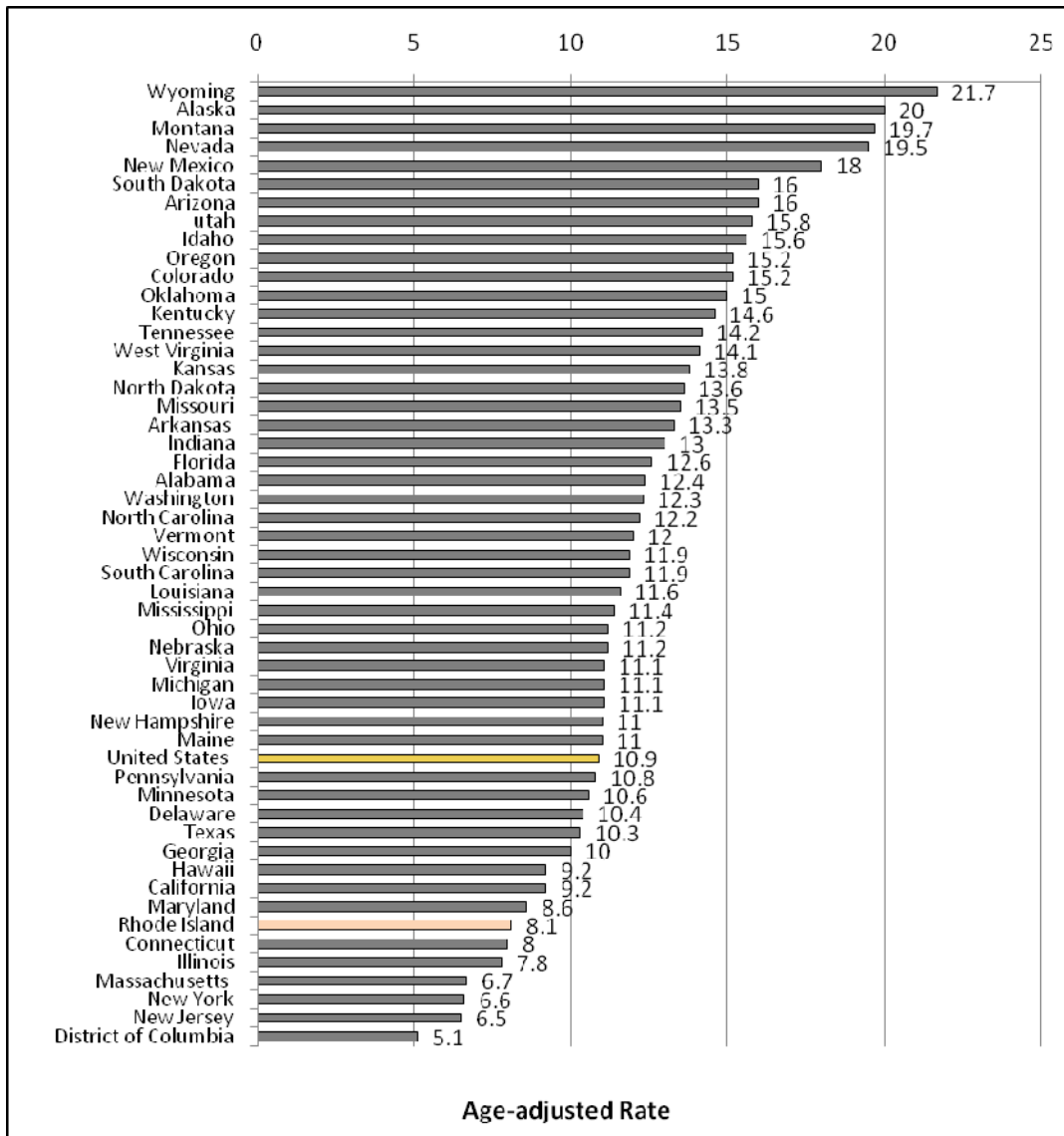


Source: based on FY2008 CMHS Uniform Reporting System measures.

Measures the percentage of positive report on general satisfaction with services

89% of adult consumers reported positively on their general satisfaction with mental health services in Rhode Island, which was 2% points lower than the average of the six northeastern states that used convenience sampling methods.

Age-adjusted Rates of Suicide in the United States: 2006

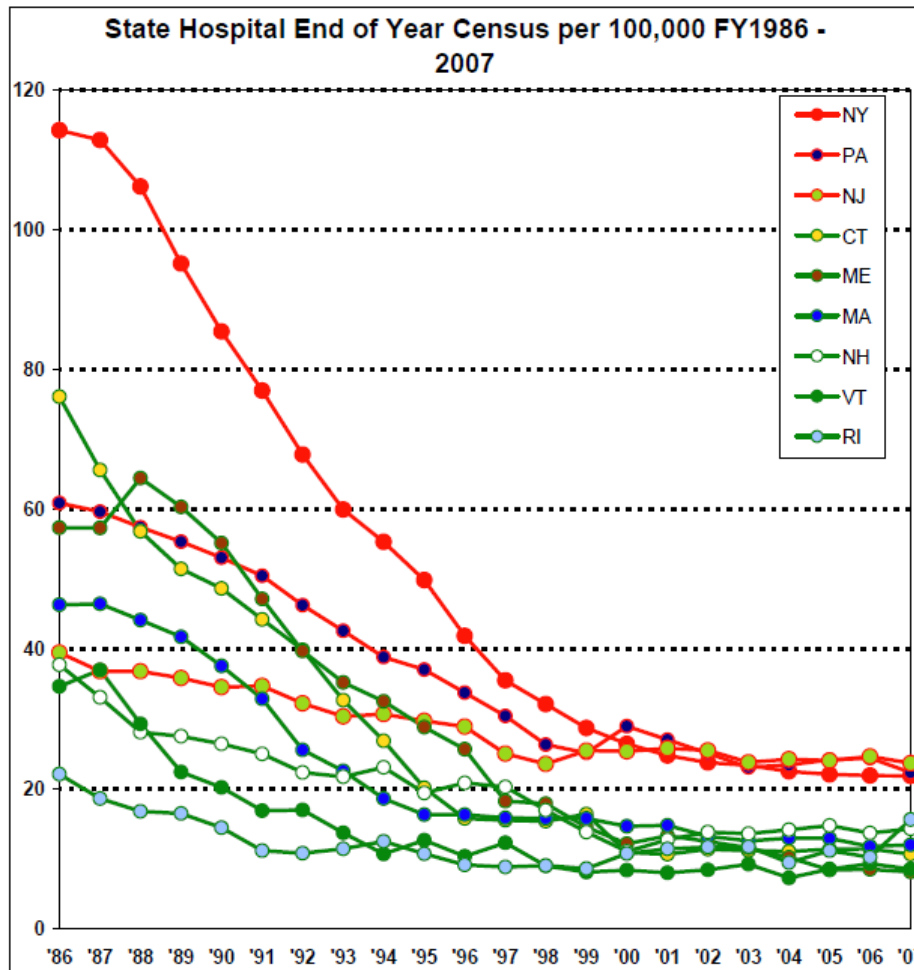


Source: based on age-adjusted rates in "Deaths: 2006 Final Data" in National Vital Statistics Reports: Vol 57(14), page 104.

Measures the age-adjusted suicide rates per hundred thousand in 52 states including Rhode Island during 2006.

The age-adjusted suicide rate in Rhode Island in 2006 was 8.1 per hundred thousand people. This placed Rhode Island 7th from the lowest in suicide risk among the 52 states.

Convergence in State Hospital Year End Census Rates in the Northeast

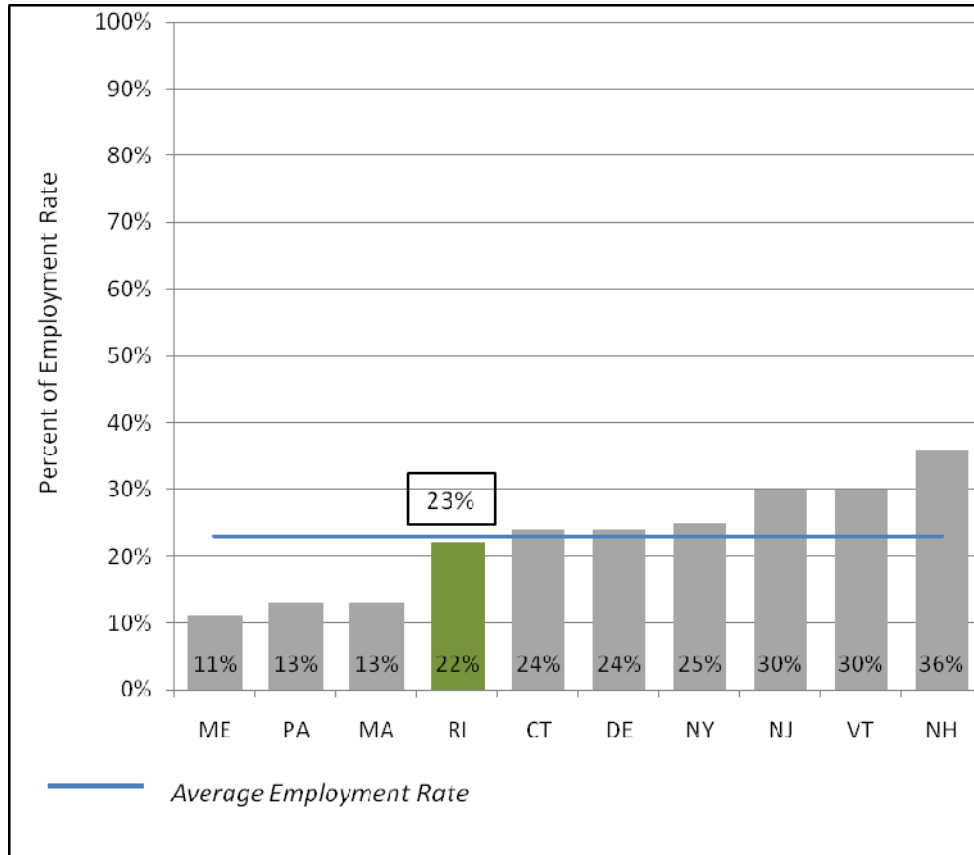


Measures the State Hospital Year End Census Rates per 100,000 population between 1986 and 2007 in the Northeast, includes forensic patients in the general population of state hospitals but exclude forensic patients in forensic facilities.

In 1986, State hospital year end census rates in Rhode Island averaged 22 people per hundred thousand populations, the lowest among New England states and other northeastern states. In 2007, State hospitalization rates in Rhode Island averaged 16 people per hundred thousand, lower than 1986, but higher than the average rates of New England.

Employment Status of Adult Mental Health Consumers Served in the Community by Diagnosis

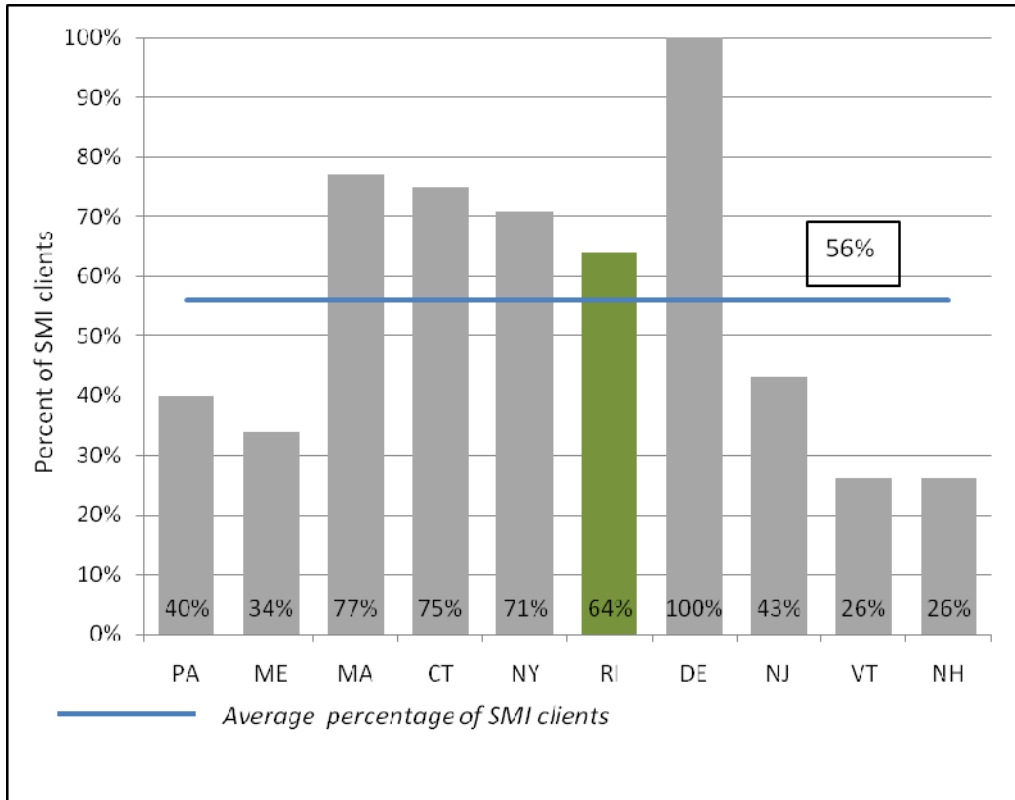
FY2008



*Measures Mental Health Consumers Employed as % of Total Adults
 *Adults Served with Known Employment Status excludes persons for whom employment status was unknown served
 *MH Consumers Employed as % of Total Adults Served uses Adults Served as the denominator.

Employment rates reported for community mental health recipients in the 10 northeastern states range from 11% to 36% in 2008, with an average of 23%. The employment rate for Community Mental Health Services recipients in Rhode Island during 2008 was 22%, just slightly lower than the average level.

**Adult Caseload Composition for 10 Northeastern States;
FY2008**



Measures the representation of adults with serious mental illness (SMI) in the community mental health caseload in 2004

The percentage of adult service recipients who were identified having a serious mental illness (SMI) varied considerably among the northeastern states, from 26% of service recipients in Vermont and New Hampshire to 100% in Delaware, with an average of 56%. In Rhode Island, 64% of clients served have an SMI, which is 8% points higher than the average level across the northeastern states.

Section Three

RI Trends: Mental Health Block Grant

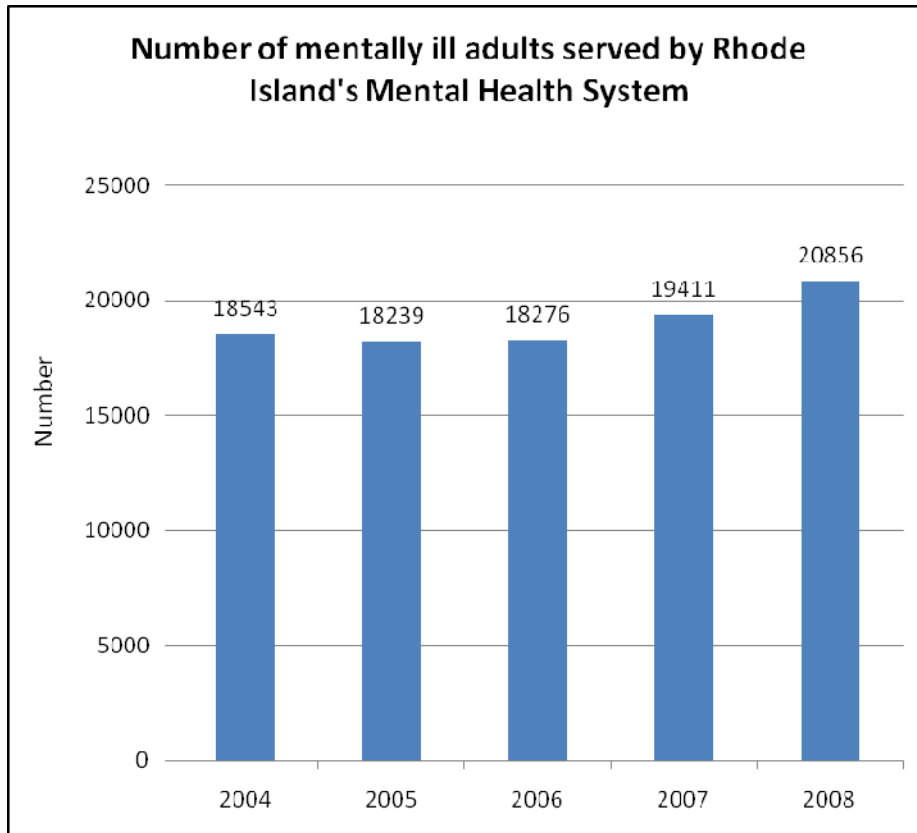
The data in this section were extracted from annual Rhode Island Mental Health Block Grant Applications to the Substance Abuse & Mental Health Services Administration (SAMHSA). The Mental Health Association of Rhode Island (MHARI) gratefully acknowledges the cooperation and assistance of Corinna Roy, MA, Karen Shepp, Gail Meisner, MA, and Noelle Wood, Ph.D. at the Rhode Island Department of Mental Health, Retardation & Hospitals (MHRH).

For additional information see:

http://www.mhrh.ri.gov/bhservices/governor_council.php

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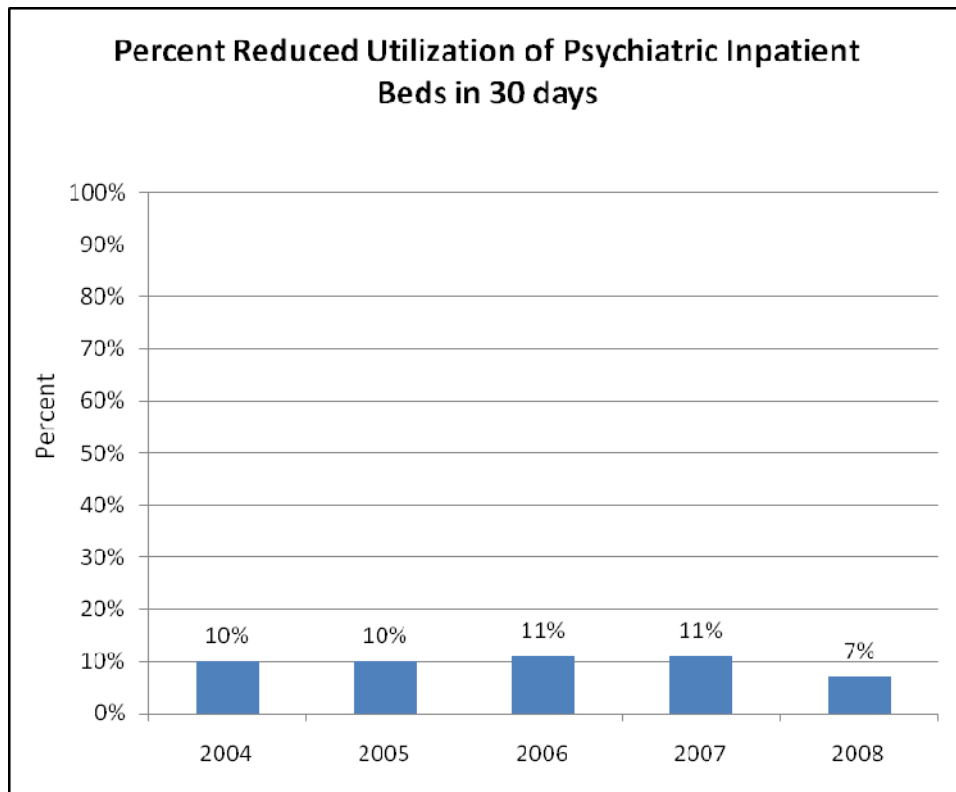
Adult Access to Services



Measure: The number of mentally ill adults served by Rhode Island's Mental Health System during the state fiscal year

The number of mentally ill adults served by Rhode Island's Mental Health System increased from 18239 to 20856 between fiscal years 2005 and 2008.

Adult Readmission Rate -- 30 Days



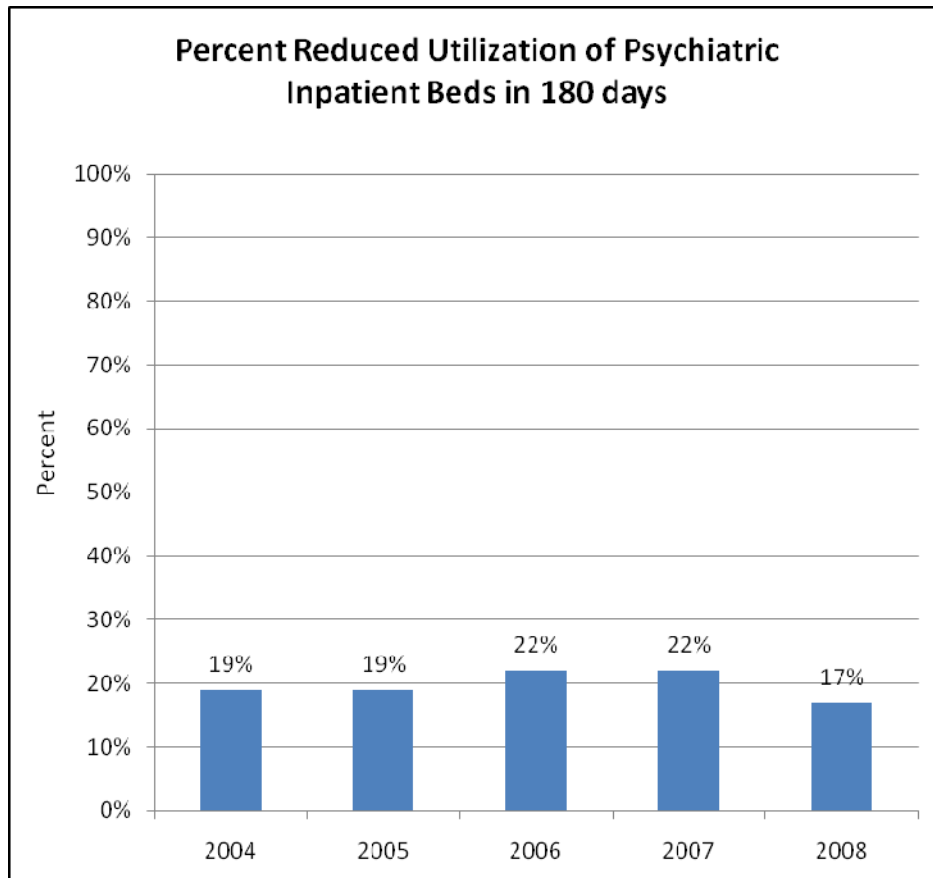
Measure: Readmission rates to State-funded Psychiatric Inpatient Beds within 30 days of discharge

Numerator: Number of readmissions to SMHA-funded hospital setting within 30 days of discharge

Denominator: Number of discharges from SMHA-funded hospitalization

The readmission rates to State-funded Psychiatric Inpatient Beds within 30 days of discharge from same was 10% between the years of 2003 and 2005, later increasing to 11% from 2006 to 2007, and then dropping to 7% in 2008.

Adult Readmission Rate – 180 days



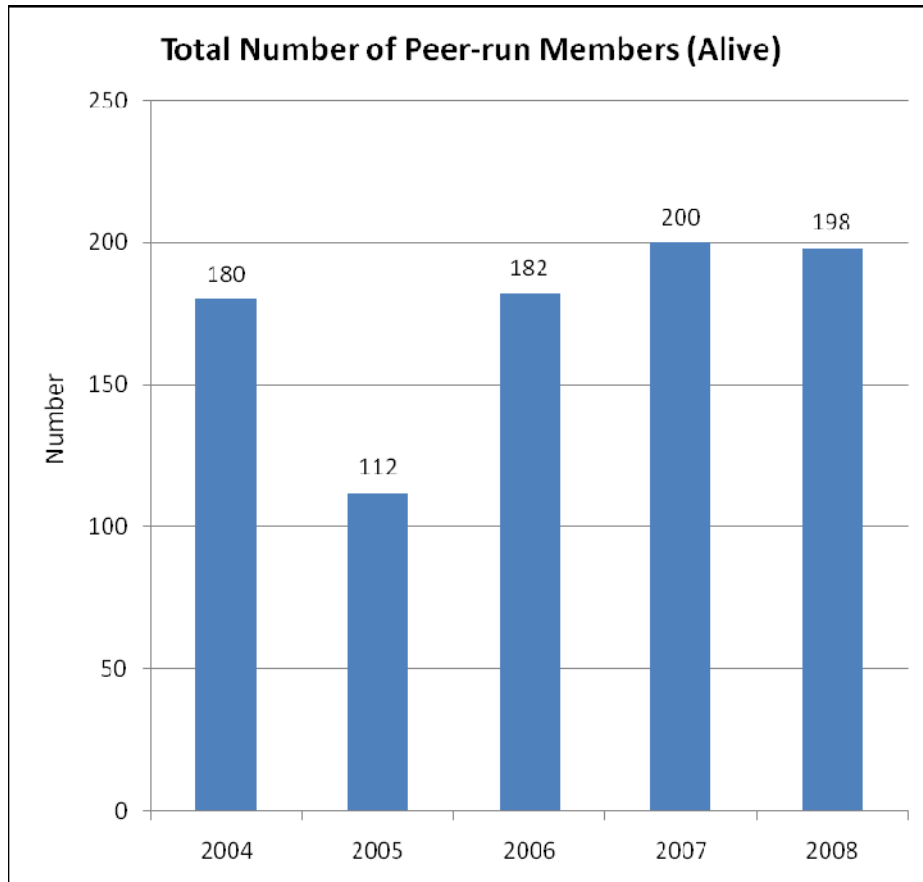
Measure: Readmission rates to State-funded Psychiatric Inpatient Beds within 180 days of discharge

Numerator: Number of readmissions to SMHA-funded hospital setting within 180 days of discharge

Denominator: Number of discharges from SMHA-funded hospitalization.

The readmission rates to State-funded Psychiatric Inpatient Beds within 180 days of discharge from same increased from 7 to 22% between 2003 and 2007, and then decreased to 17% in 2008.

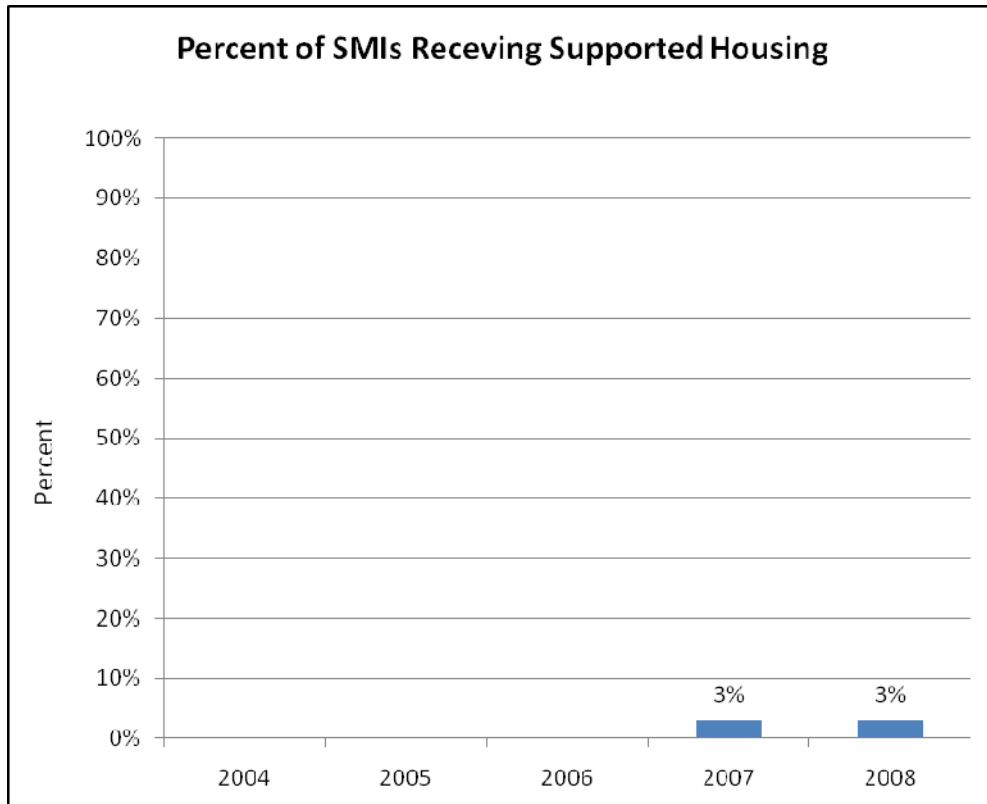
Peer-run membership



Measure: Total number of "Alive" members by fiscal year.

The number of “alive” peer-run members decreased from 180 to 112 between 2004 and 2005, and then increased since 2006 to 2008 from 182 to 198.

Evidence Based - Supported Housing



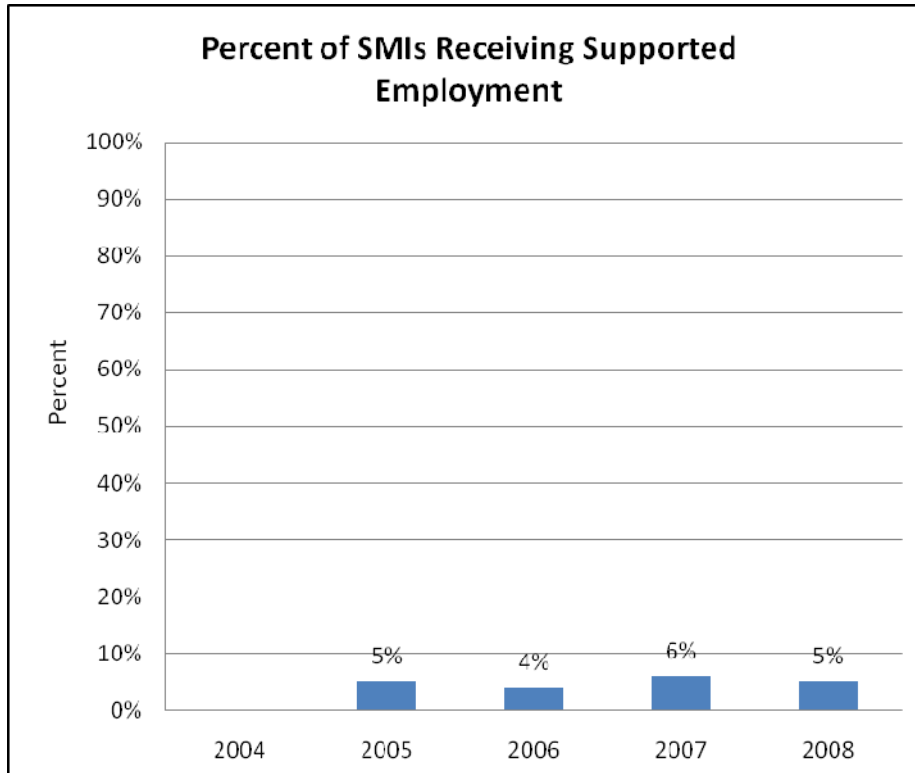
Measure: The percentage of seriously mentally ill adults receiving Supported Housing
Numerator: Number of seriously mentally receiving Supported Housing
Denominator: Number of seriously mentally ill adult clients in the community mental health population

In 2007 and 2008 3% of the seriously mentally ill clients served by the community mental health system received the evidence based practice of supported housing services.

Note: ---In RI, the above counts of EBPs received are gathered once a year as a monthly snapshot of the percentage of clients receiving said service.

---The result above does not mean only 3% of SMI clients received housing supports. Probably the vast majority of SMI clients received supportive services around housing issues. It means that only 3% received those services through an EBP-like model. The same is true for the other EBP measures (e.g. Supported employment)

Evidence Based - Supported Employment



Measure: The percentage of seriously mentally ill adults receiving supported employment

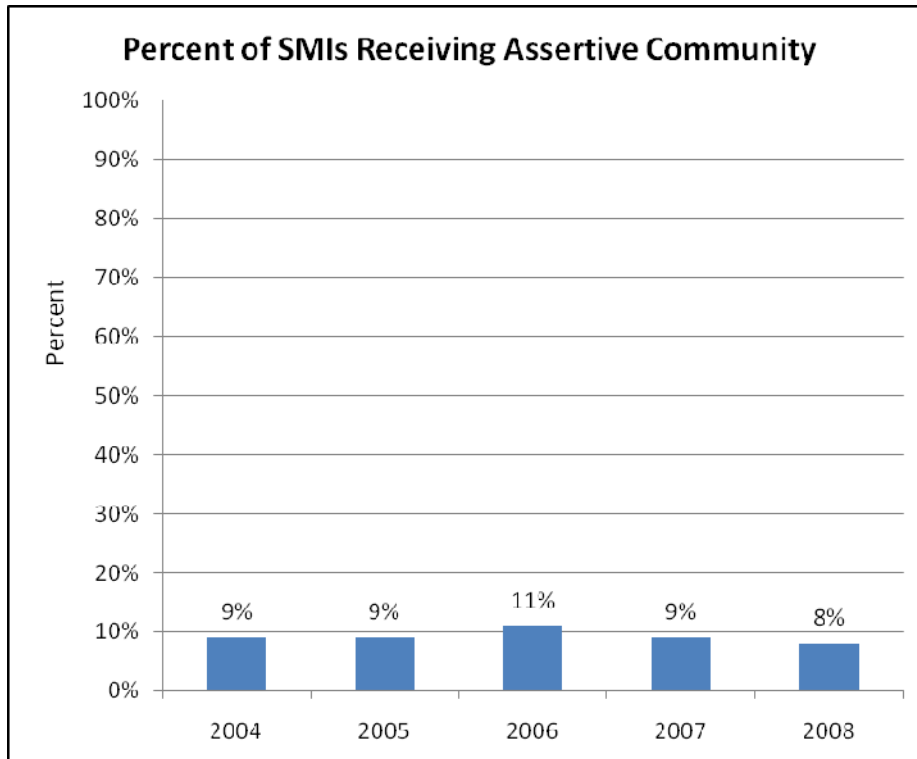
Numerator: Number of seriously mentally receiving Supported Employment

Denominator: Number of seriously mentally ill adult clients in the community mental health population

Between 2005 and 2008, approximately 5% of the seriously mentally ill clients served by the community mental health system received the evidence based practice of supported employment services.

Note: In RI, the above counts of EBPs received are gathered once a year as a monthly snapshot of the percentage of clients receiving said service.

Evidence Based - Assertive Community Treatment



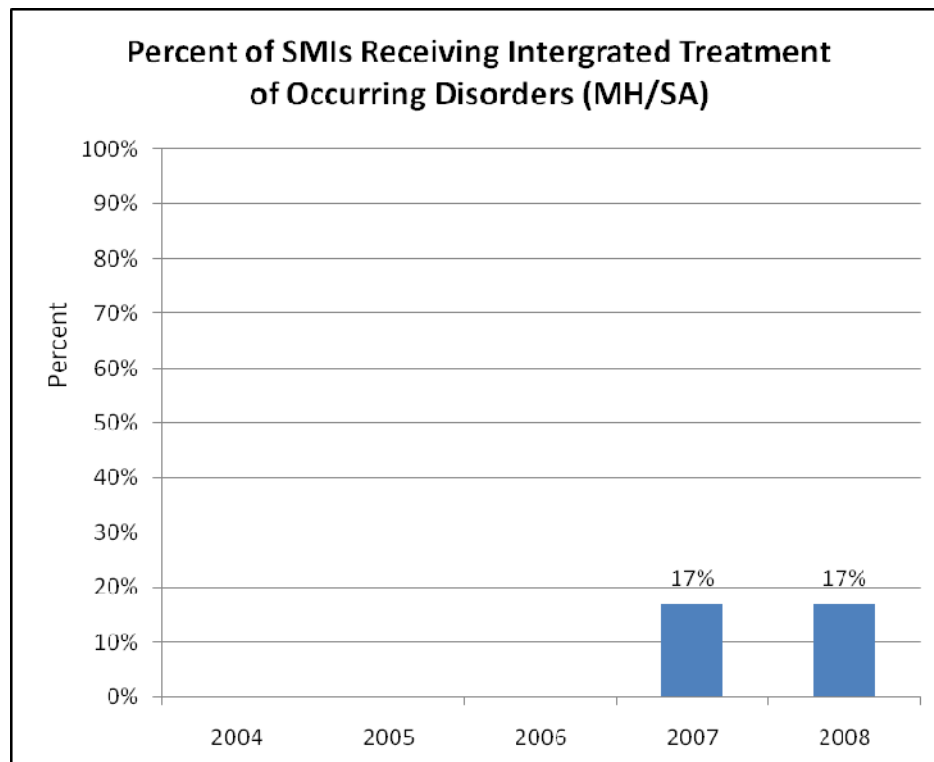
Measure: The proportion of seriously mentally ill adults receiving Assertive Community Treatment (ACT).

Numerator: Number of seriously mentally ill adults receiving ACT.

Denominator: Number of seriously mentally ill adult clients in the community mental health population

The percent of SMI adults receiving Assertive Community Treatment was at 9% between 2003 and 2005, then increased to 11% in 2006, and decreased to 8% in 2008. To note, the decrease from 2006 to 2008 is largely due to a portion of ACT clients being re-assigned to a newly developed level of less intensive ACT-like treatment (RI-ACT II).

Evidence Based –Integrated Treatment of Co-Occurring Disorders



Measure: The percentage of seriously mentally ill adults receiving Integrated Treatment for Co-occurring Disorders (MH/SA).

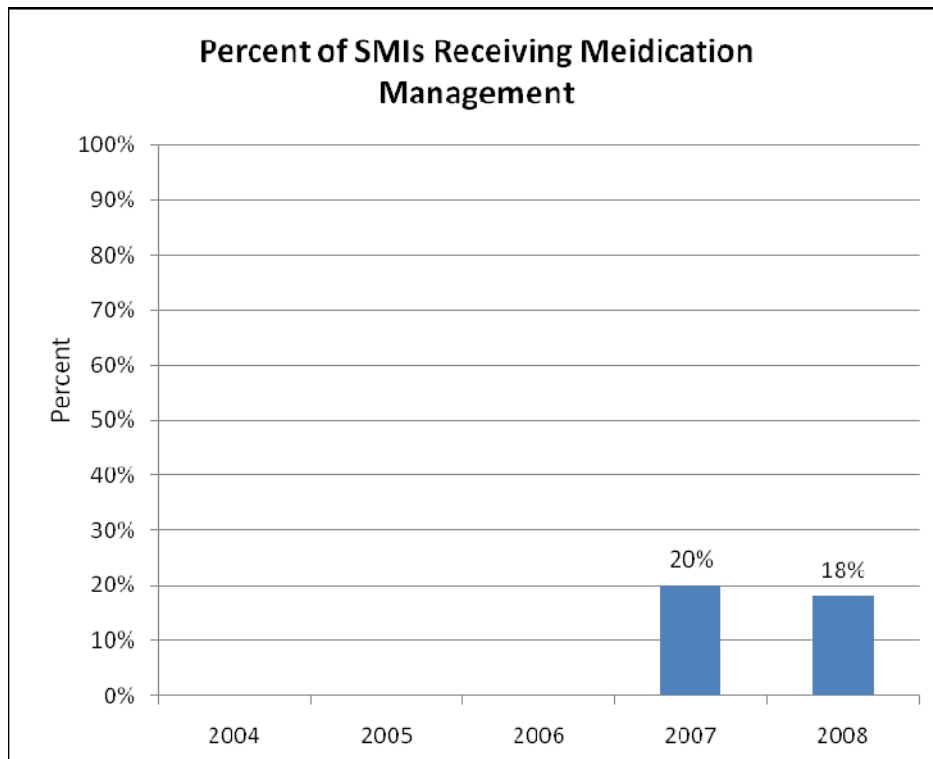
Numerator: Number of seriously mentally receiving Integrated Treatment.

Denominator: Number of seriously mentally ill adult clients in the community mental health population

For both 2007 and 2008, 17% of SMI adults served through the community mental health system were receiving Integrated Treatment for Co-occurring Disorders (MH/SA).

Note: In RI, the above counts of EBPs received are gathered once a year as a monthly snapshot of the percentage of clients receiving said service.

Evidence Based - Medication Management

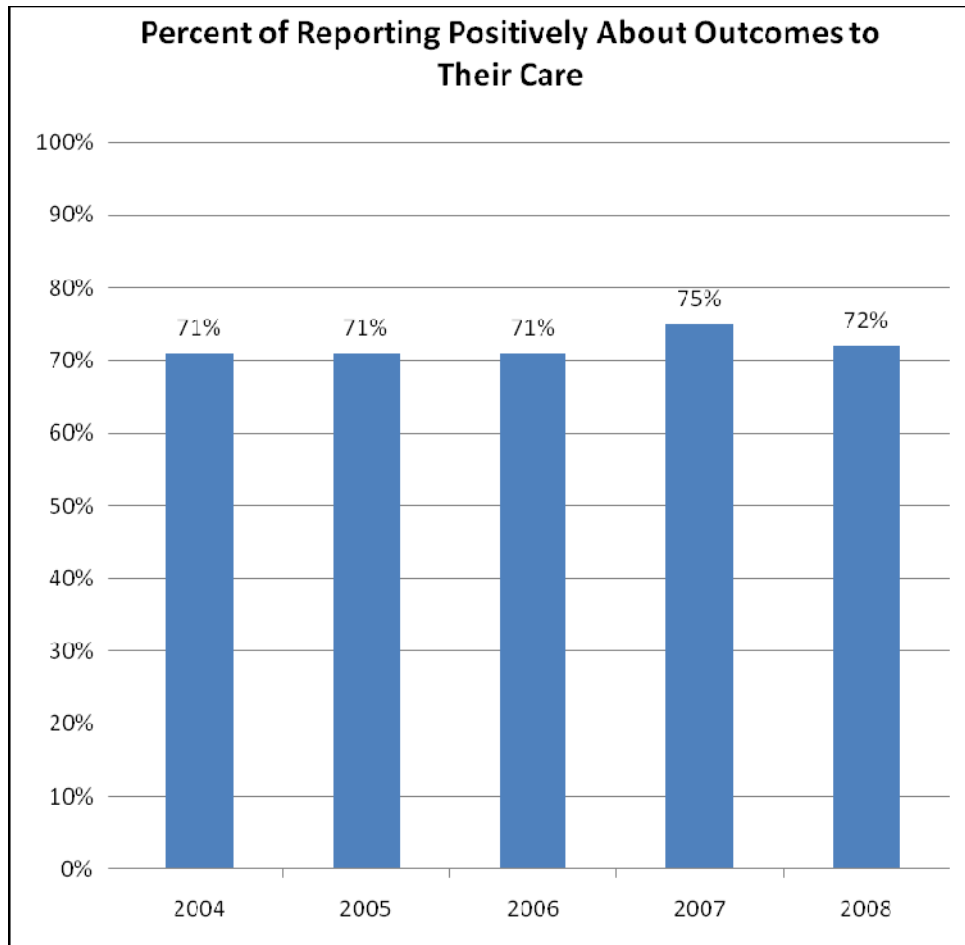


Measure: The percentage of seriously mentally ill adults receiving Medication Management
Numerator: Number of seriously mentally ill adults receiving Medication Management
Denominator: Number of seriously mentally ill adult clients in the community mental health population

The percent of SMI adults receiving Medication Management those served in the community mental health system decreased from 20% to 18% between 2007 and 2008.

Note: In RI, the above counts of EBPs received are gathered once a year as a monthly snapshot of the percentage of clients receiving said service.

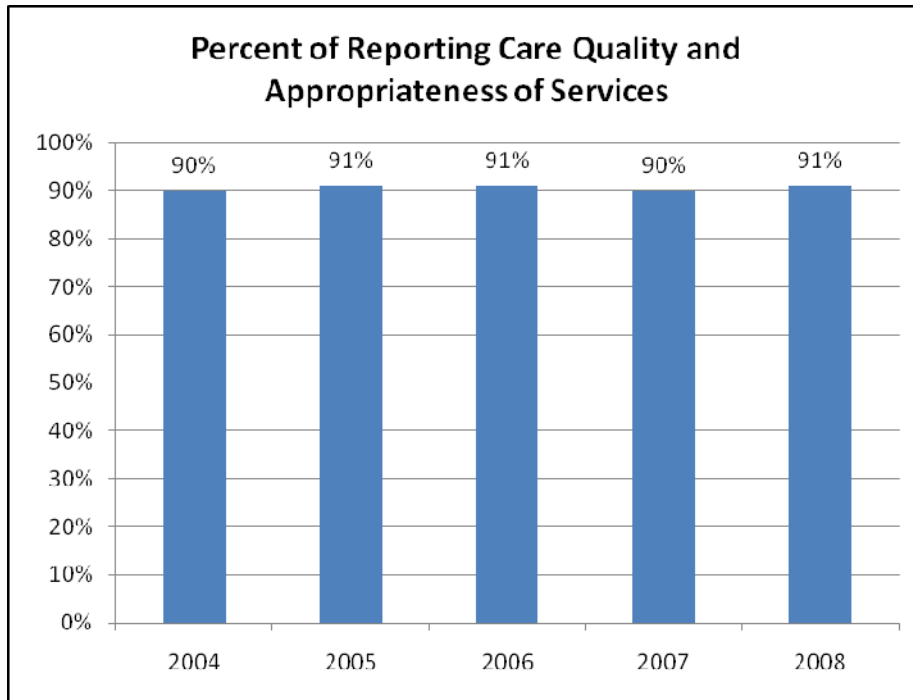
Client Perception of Care – Positive Outcomes



Measure: Percentage of adult SMI clients reporting positively regarding outcomes of their care.
Numerator: Number of SMI adults responding positively about outcomes.
Denominator: Number of SMI adult consumers responding to survey

The percent of adult CSP clients reporting positively regarding outcomes of their care among the population of consumers responding to the survey has been remarkably stable at 71% over the past few years, with a small uptick to 72% in 2007 and 2008.

Care Quality and Appropriateness



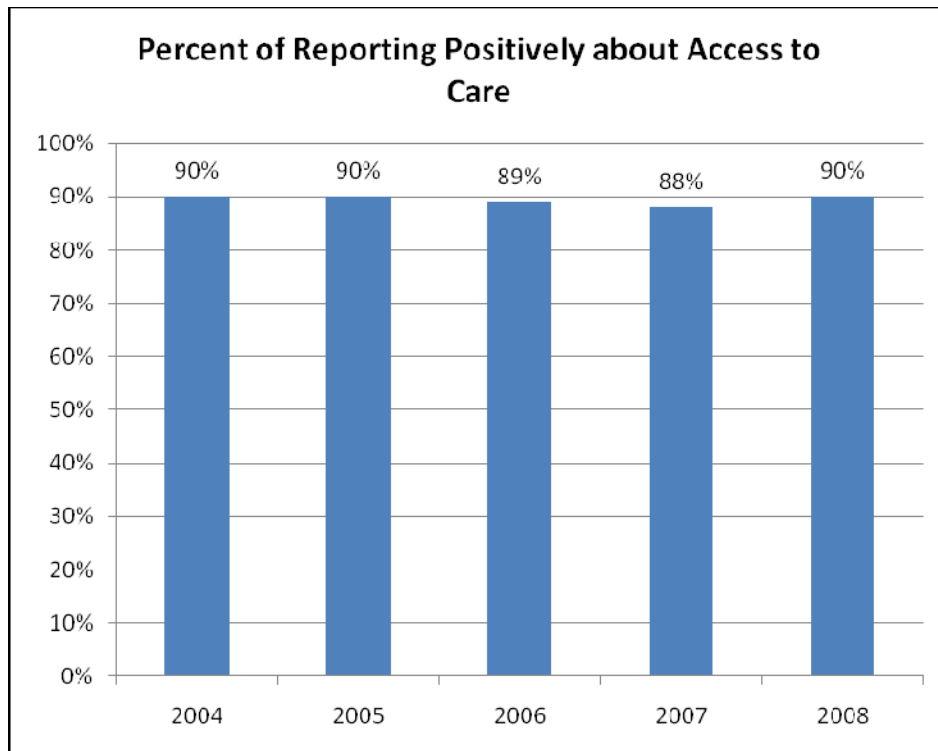
Measure: Percentage of adult SMI clients reporting positively regarding the quality and appropriateness of their care.

Numerator: Number of SMI adults responding positively about the quality and appropriateness of their care.

Denominator: Number of SMI adult consumers responding to survey

The percent of adult CSP clients reporting positively regarding the quality and appropriateness of their care has hovered around 90% for the past several years.

Client Satisfaction with Access to Care



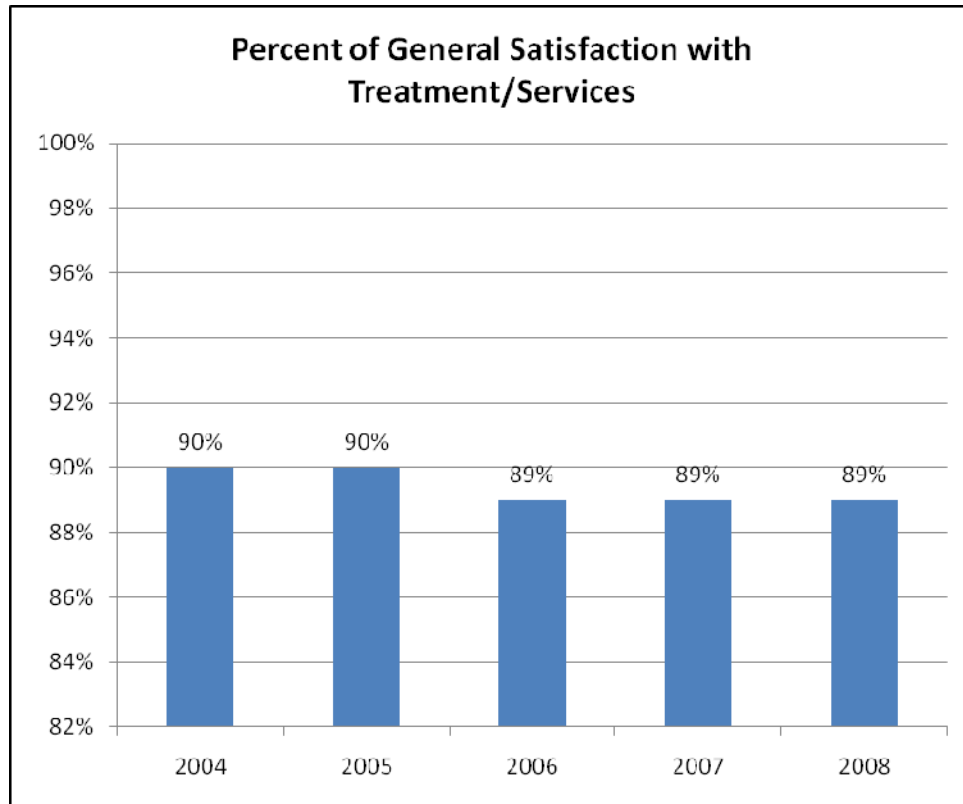
Measure: Percentage of adult SMI clients reporting positively regarding access to care.

Numerator: Number of SMI adults responding positively about access to care

Denominator: Number of SMI adult consumers responding to survey

The percent of adult SMI clients reporting positively regarding access to care was 90% between 2003 and 2005, declined to 88% in 2007, then increased to 90% for 2008.

General Satisfaction with Care



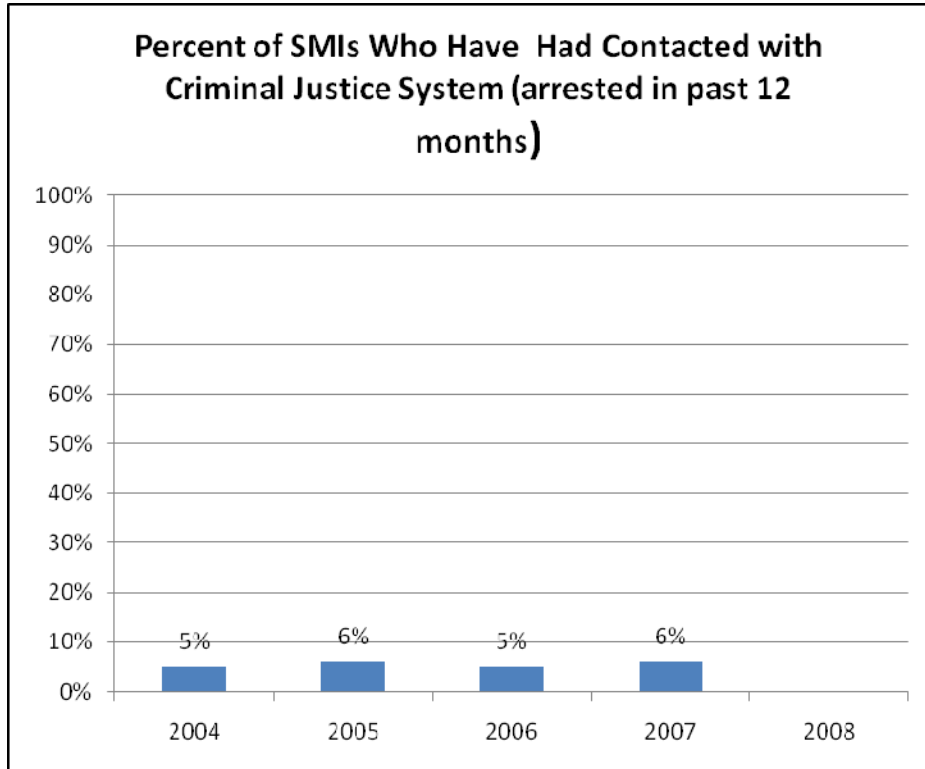
Measure: Percentage of adult SMI clients reporting positively on their general satisfaction with services.

Numerator: Number of SMI adults responding positively about general satisfaction with services.

Denominator: Number of SMI adult consumers responding to survey

The percent of adult SMI clients reporting positively on their general satisfaction with services was 90% between 2003 and 2005, and 89% between 2006 and 2008.

SIMs Arrested

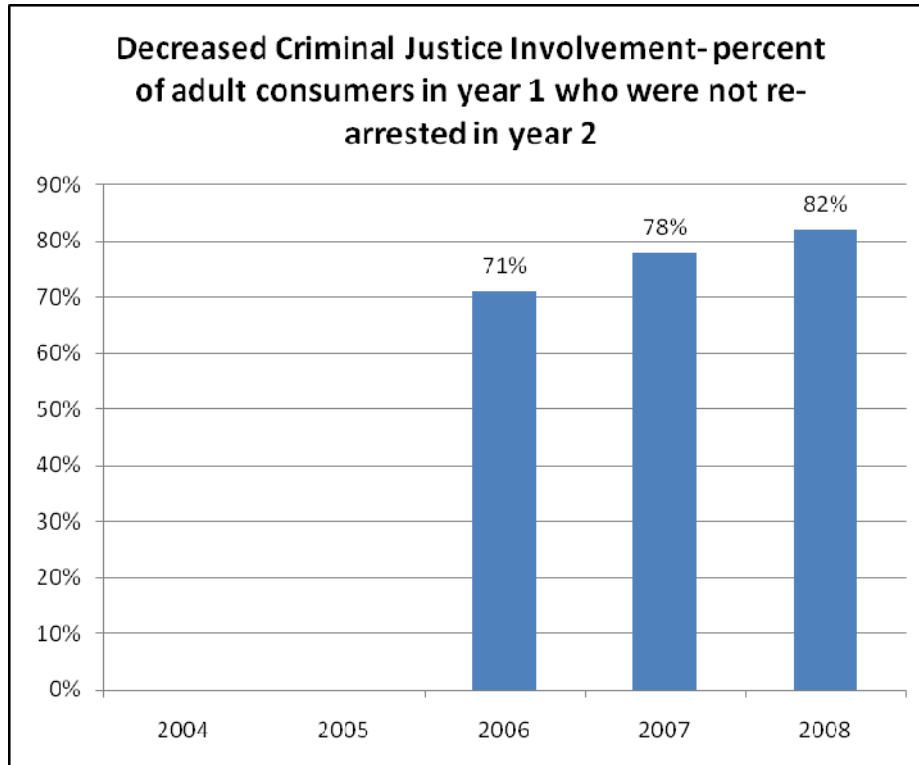


Measure: Percentage of seriously mentally ill adults responding to the Outcome Evaluation Instrument (OEI) who report having contact with criminal justice system in the past 12 months.
Numerator: Number of seriously mentally ill adults who report having been arrested in the past 12 months.
Denominator: Number of seriously mentally ill adults in OEI sample.

The percent of seriously mentally ill adults responding to the Outcome Evaluation Instrument having been arrested in the past 12 months among the population of SIMs adults in OEI sample varied between 5% in 2003, 2004 and 2006 to 6% in 2005 and 2007.

Note: Data is no longer collected after 2008; see proxy under Federal NOM on criminal justice contact (see next measure).

SIMs Not Rearrested



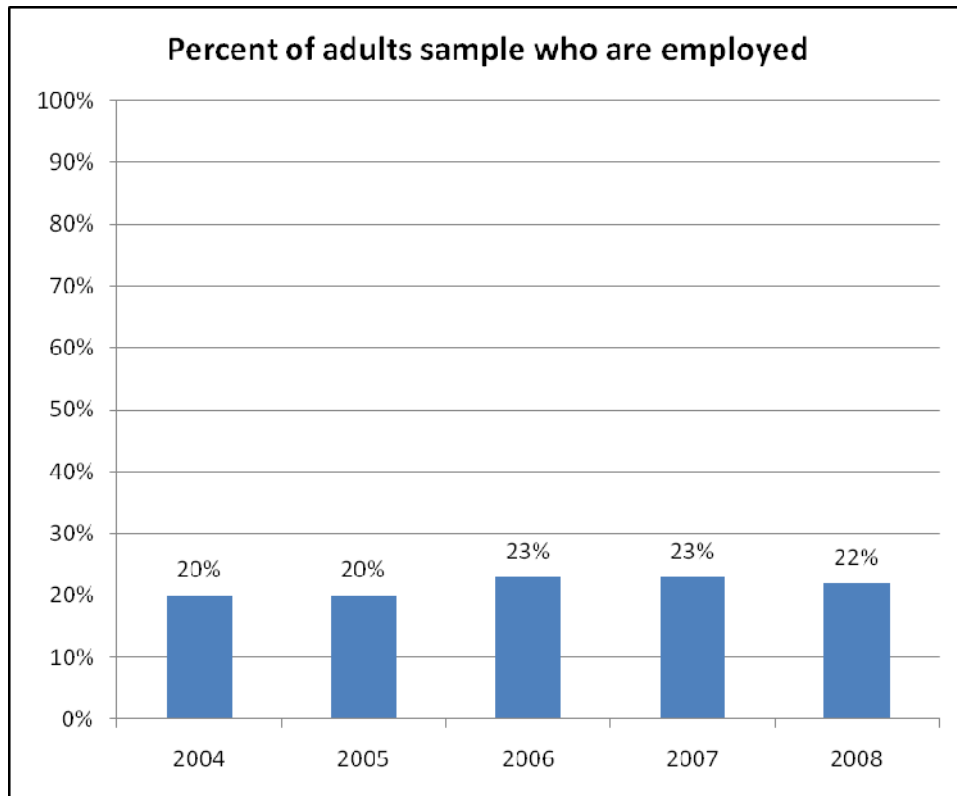
Measure: Percent of adult consumers receiving mental health services who were arrested in Year 1 of treatment, but were not re-arrested in Year 2.

Numerator: Number of adult consumers arrested in T1 who were not re-arrested in T2 (new and continuing clients combined)

Denominator: Number of adult consumers arrested in T1 (new and continuing clients combined)

The percent of adult consumers arrested in T1 who were not re-arrested in T2 among all adult consumers arrested in T1 increased from 71% in 2006 to 82% in 2008.

Retained Employment



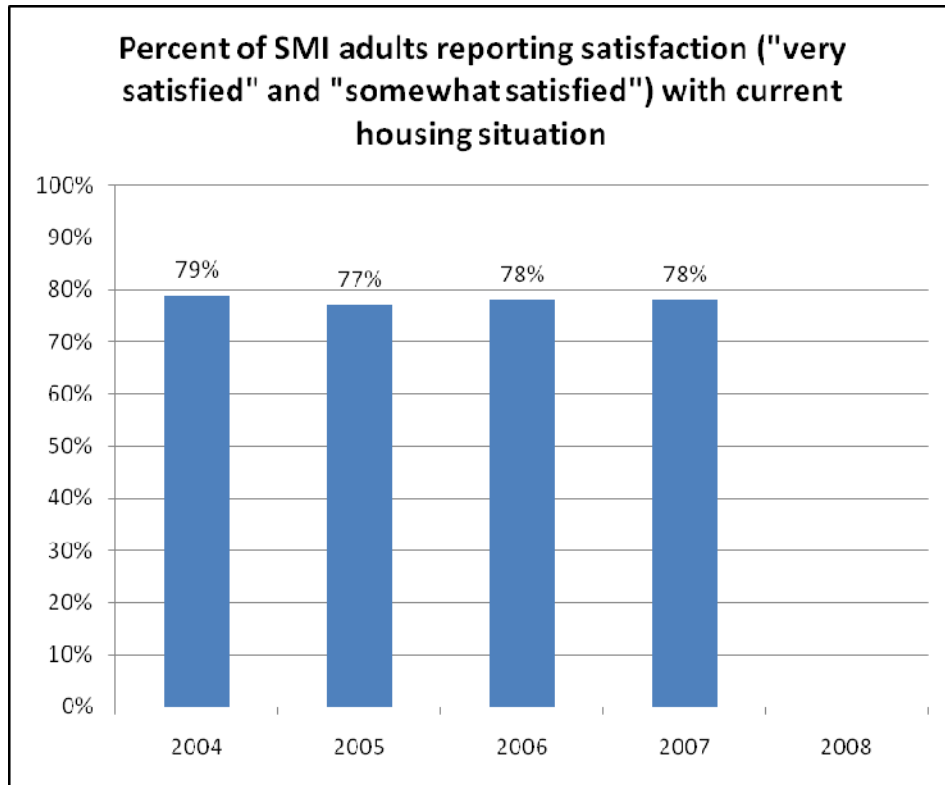
Measure: Percentage of adult mentally ill clients who are employed.

Numerator: Number of adult mentally ill clients who are employed

Denominator: Number of adult mentally ill clients with known employment status

The percent of adult clients receiving mental health services who are employed increased from 20% in 2004 and 2005 to 22% in 2008.

Satisfaction with Housing



Measure: Percentage of seriously mentally ill adults reporting that they are satisfied with their housing

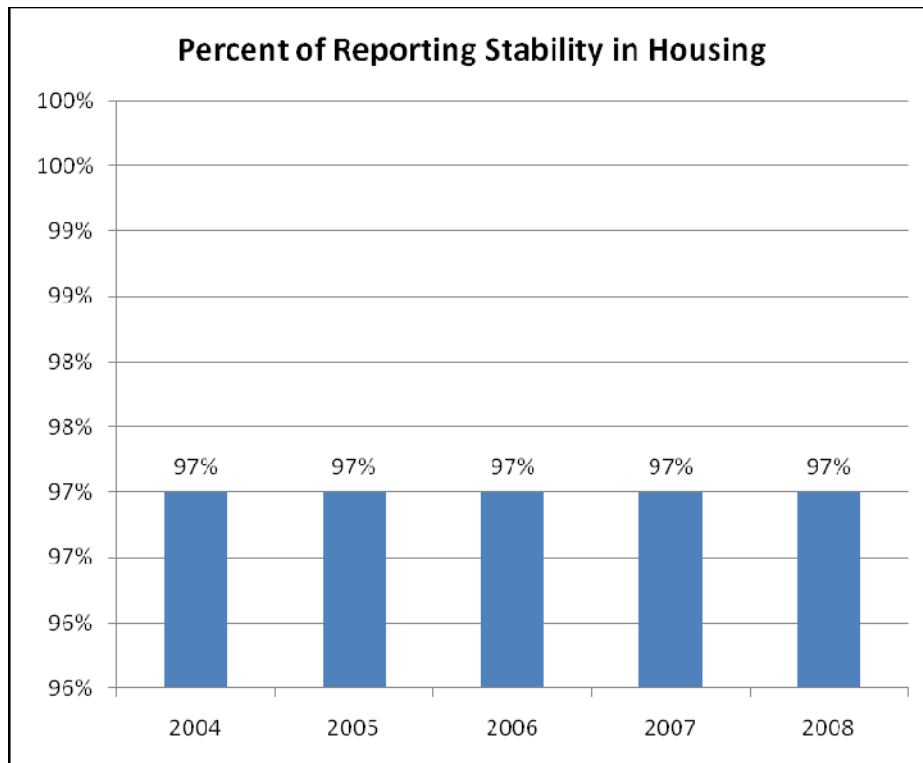
Numerator: Number of seriously mentally ill adults reporting they are “very satisfied” and “somewhat satisfied” with their current housing arrangement.

Denominator: Number of seriously mentally ill adults who completed the consumer survey.

The percent of SMI adults reporting in the OEI that they are “very satisfied” and “somewhat satisfied” with their current housing arrangement among SMI adults in the OEI sample was 80% in 2003 and 78% in 2007.

Note: This indicator was dropped, stability began collection in 2007

Stability in Housing

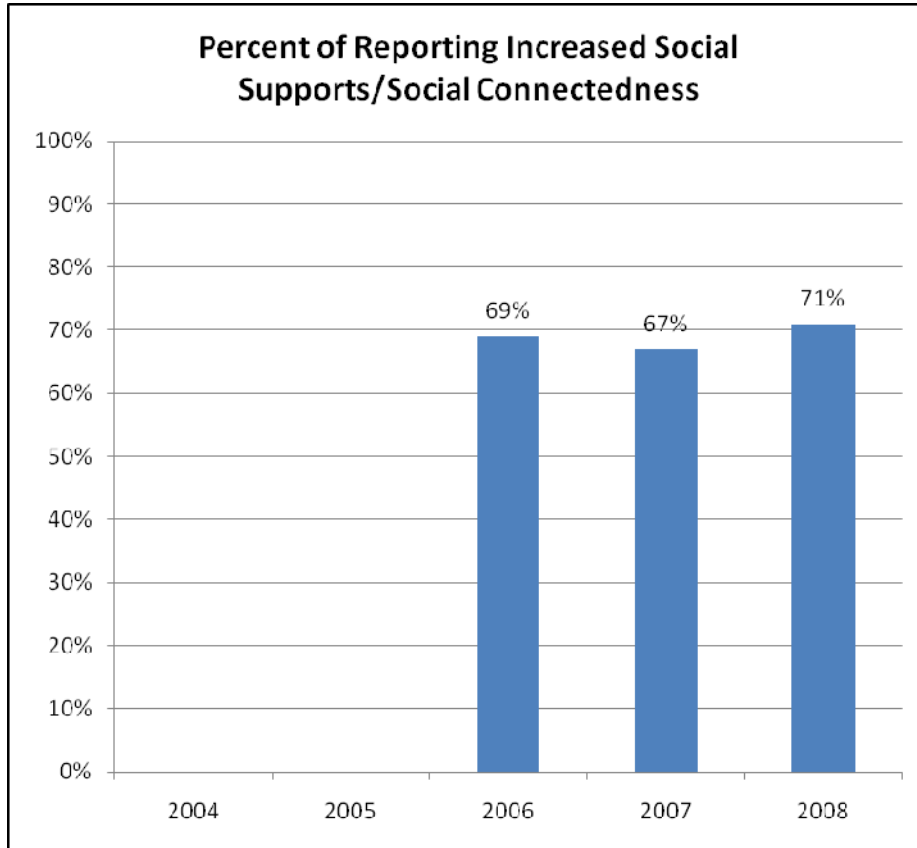


Measure: Percentage of adult clients who have stable housing
Numerator: Number of adult clients who have stable housing
Denominator: Number of adult with known living arrangements.

The percentage of adult clients who have stable housing among adults with known living arrangements was 97% between 2007 and 2008.

Note: *Began collection in 2007.*

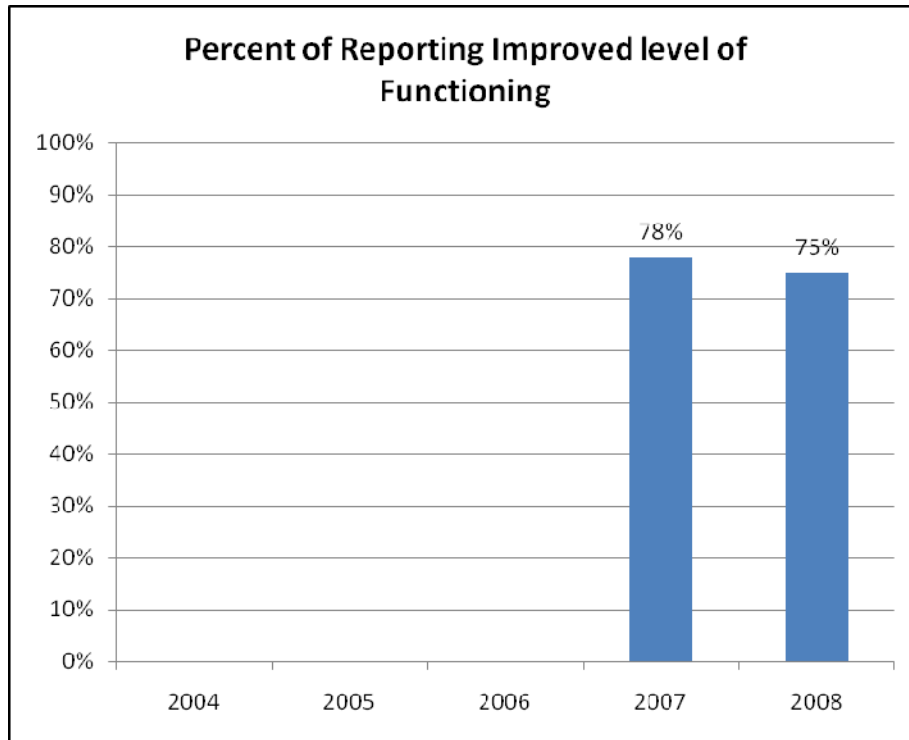
Social Supports/ Social Connectedness



Measure: Percentage of adult SMI clients reporting positively regarding their social connectedness.

The percent of CSP adults responding positively regarding their social connectedness among consumers responding to the client satisfaction survey was 71% in 2008.

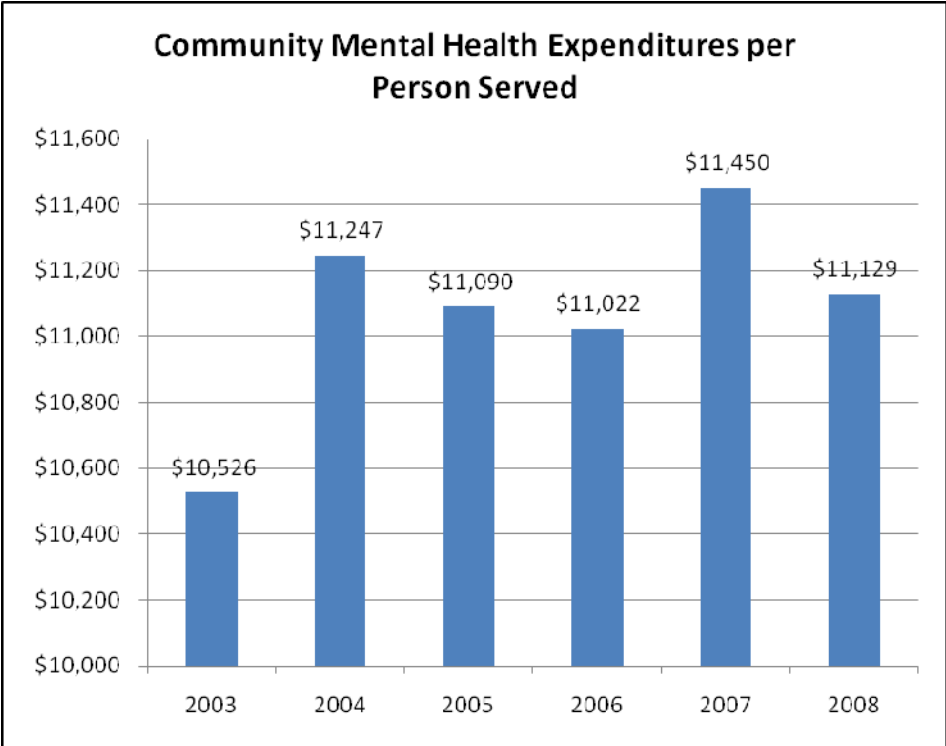
Improved Level of Functioning



Measure: Percentage of adult CSP clients reporting positively about their level of functioning
Numerator: Number of SMI adults responding positively about their improved level of functioning.
Denominator: Number of SMI adult consumers responding to survey

The percent of SMI adults responding positively about their improved level of functioning in 2008 was 75%.

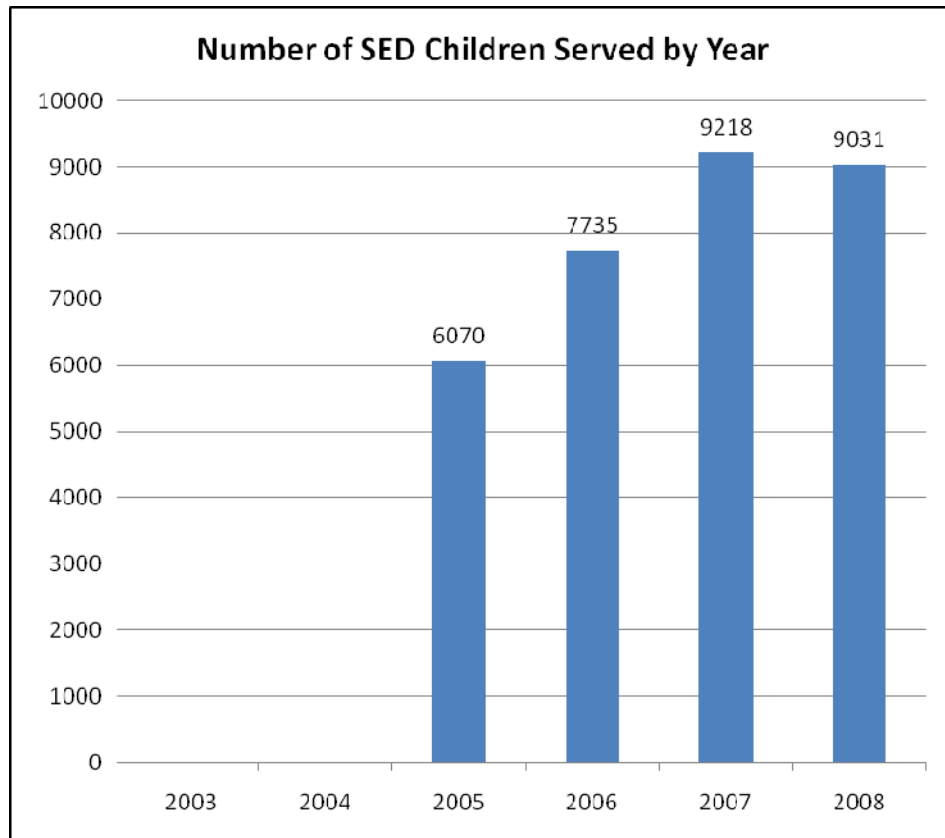
Mental Health Expenditures



Measure: Community mental health expenditures per fiscal year and per person served
Numerator: Funds expended on services for seriously mentally ill clients
Denominator: Number of seriously mentally ill clients served through State Medicaid and matching funds, and other specific revenue streams.

The community mental health expenditures per fiscal year per person served increased from 2003 and reached the highest point in 2007, then decreased in 2008.

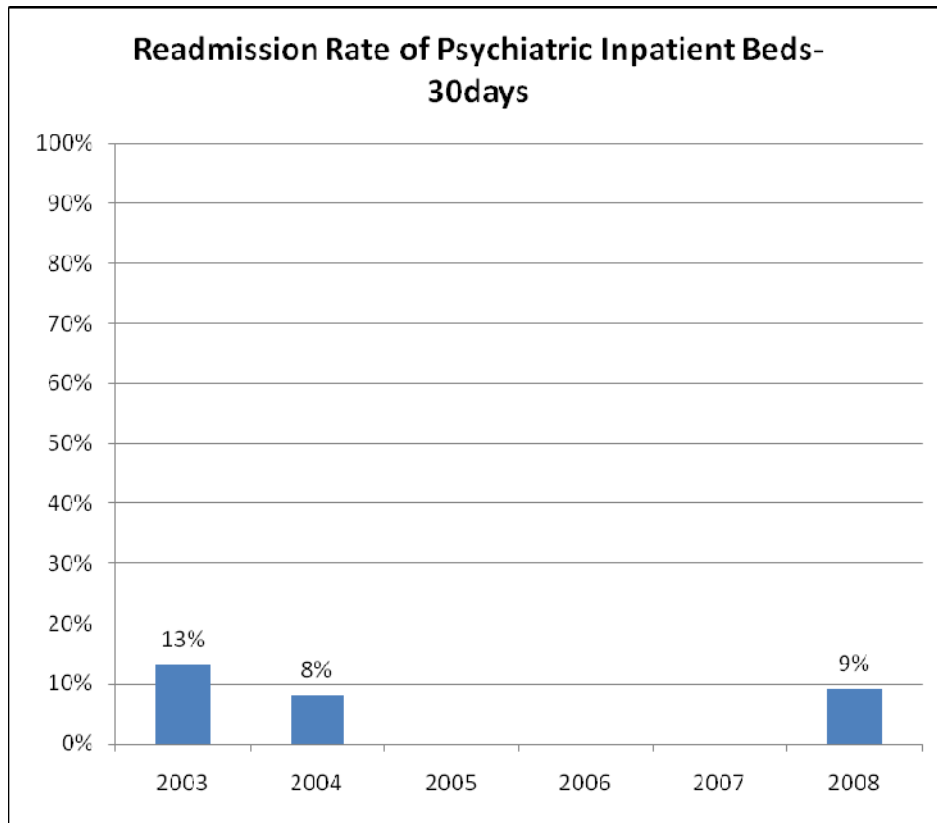
Child Access to Services



Measure: Count of Children with SED served by Rhode Island's Department of Children, Youth and Families FCCP, CASSP, CES, YDP, O&T, HOPE, CIS, and CAITS programs during the State fiscal year.

The number of children with SED served by Rhode Island's Department of Children, Youth and Families programs increased from 2005 to 2008.

Child Readmission Rate - 30 Days



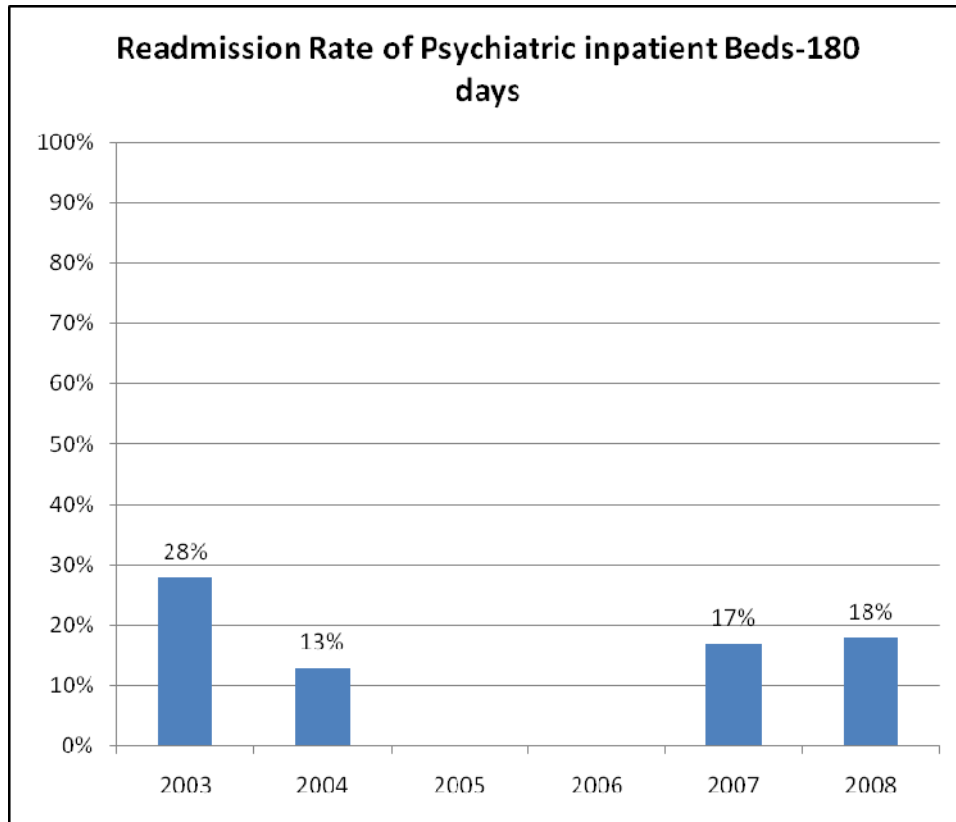
Measure: 30-day return rates to publicly-funded psychiatric hospitalizations

Numerator: Number of readmissions to publicly-funded psychiatric hospitalizations within 30 days of discharge

Denominator: Number of discharges from publicly-funded psychiatric hospitalizations

The percent of readmissions to publicly-funded psychiatric hospitalizations within 30 days of discharge among discharges from publicly-funded psychiatric hospitalizations was 13% in 2003 and 9% in 2008.

Child Readmission Rate - 180 Days



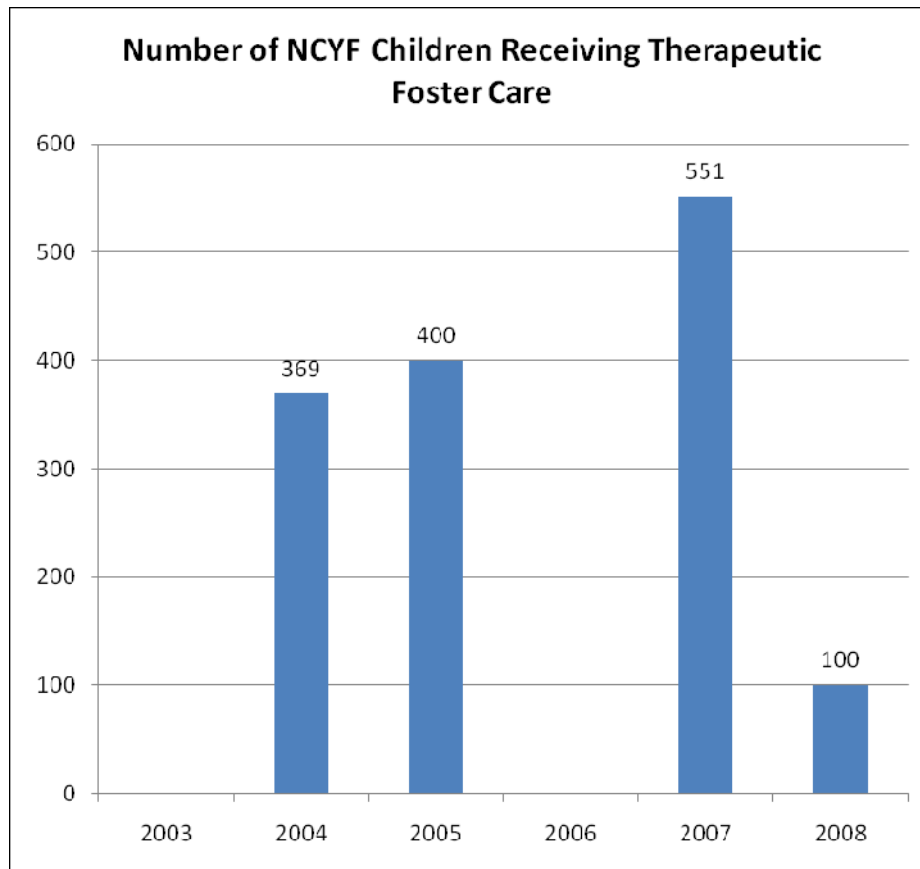
Measure: 180-day return rates to publicly-funded psychiatric hospitalizations

Numerator: Number of readmissions to publicly-funded psychiatric hospitalizations within 180 days of discharge

Denominator: Number of discharges from publicly-funded psychiatric hospitalizations

The percent of readmissions to publicly-funded psychiatric hospitalizations within 108 days of discharge among discharges from publicly-funded psychiatric hospitalizations was 28% in 2003 and 18% in 2008.

Evidence Based - Therapeutic Foster Care



Measure: Number of DCYF-involved children receiving therapeutic foster care in Rhode Island
Total count of DCYF-involved children receiving therapeutic foster care in Rhode Island's
Purchase of Service and Contracted placements

The number of DCYF-involved children receiving therapeutic foster care in Rhode Island increased from 369 in 2004 to 551 in 2007, and then dramatically decreased to 100 in 2008.

Section Four

RI Trends: Governor's Council on Behavioral Health

The data in this section are drawn from a 2009-2010 report of the Governor's Council on Behavioral Health in accordance with the "Governor's Council Performance Measures Availability & Responsibility" work plan. The Mental Health Association of Rhode Island (MHARI) gratefully acknowledges the work of Noelle Wood, Ph.D. of the Department of Mental Health Retardation & Hospitals (MHRH), and the cooperation and support of Richard Leclerc, Chairman of the Governor's Council on Behavioral Health.

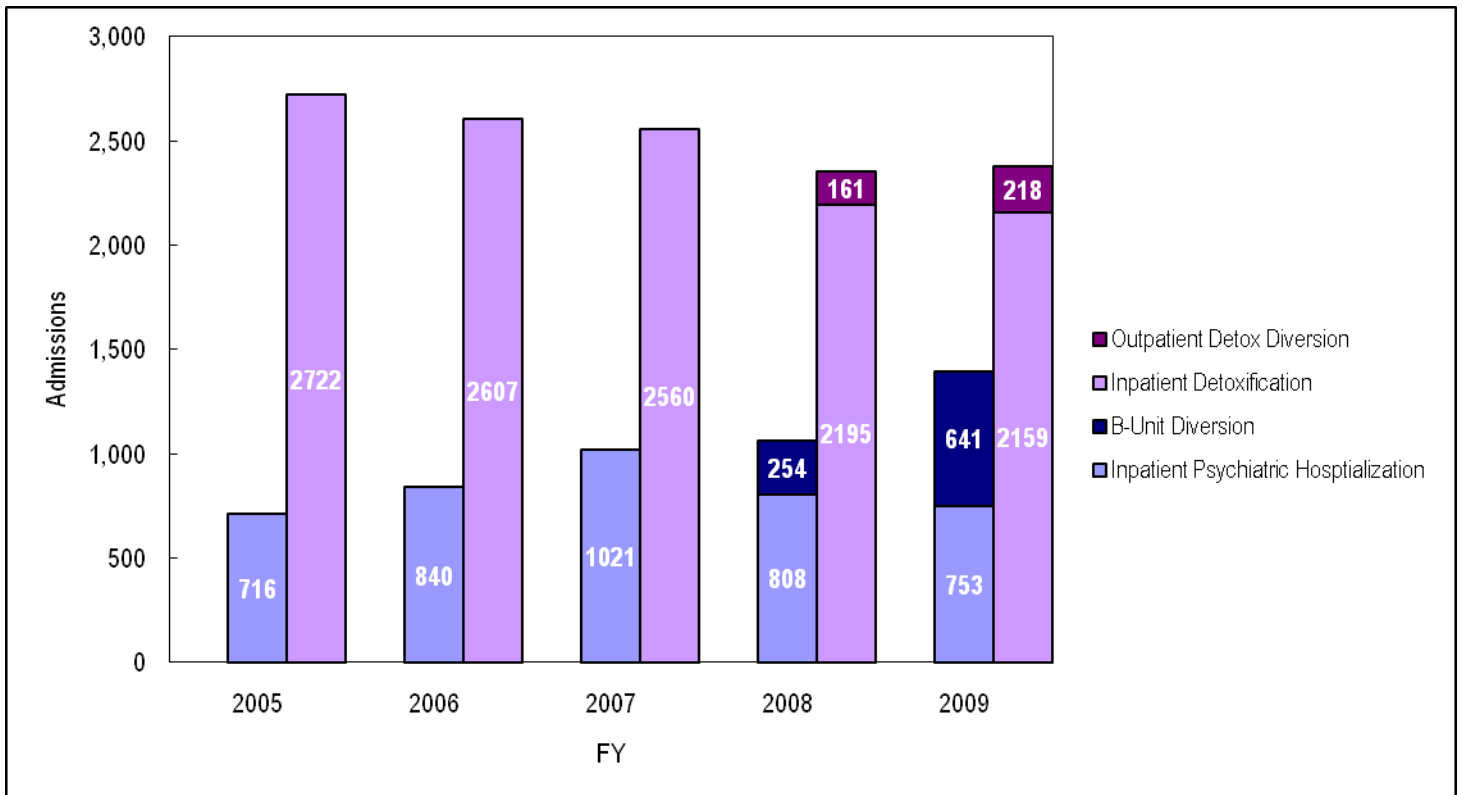
For additional information see:

http://www.mhrh.ri.gov/bhservices/governor_council.php

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ADMISSIONS to DBH-FUNDED INPATIENT MH & SA CARE

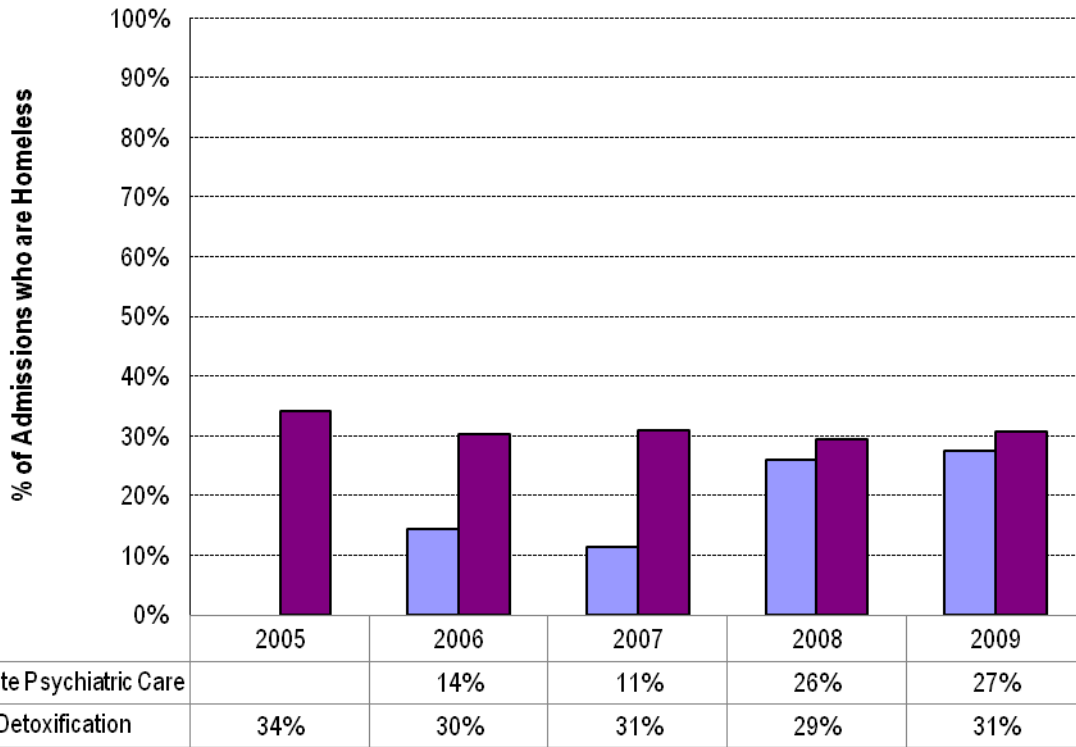
Fiscal Year 2005-2009



Measure: Number of client admissions to DBH-funded Inpatient Psychiatric and Substance abuse care for the past 5 Fiscal years in Rhode Island.

Notes: --Transition from Butler to SSTAR contract for Acute Inpatient Psychiatric Care occurred 6/4/2007
 --In 2008, as part of the SSTAR contracted services, 374 patients received stepdown care following the above admissions. In 2009, 203 patients received same.

HOMELESSNESS of DBH-FUNDED ACUTE PSYCHIATRIC AND SA DETOX ADMISSIONS by FISCAL YEAR



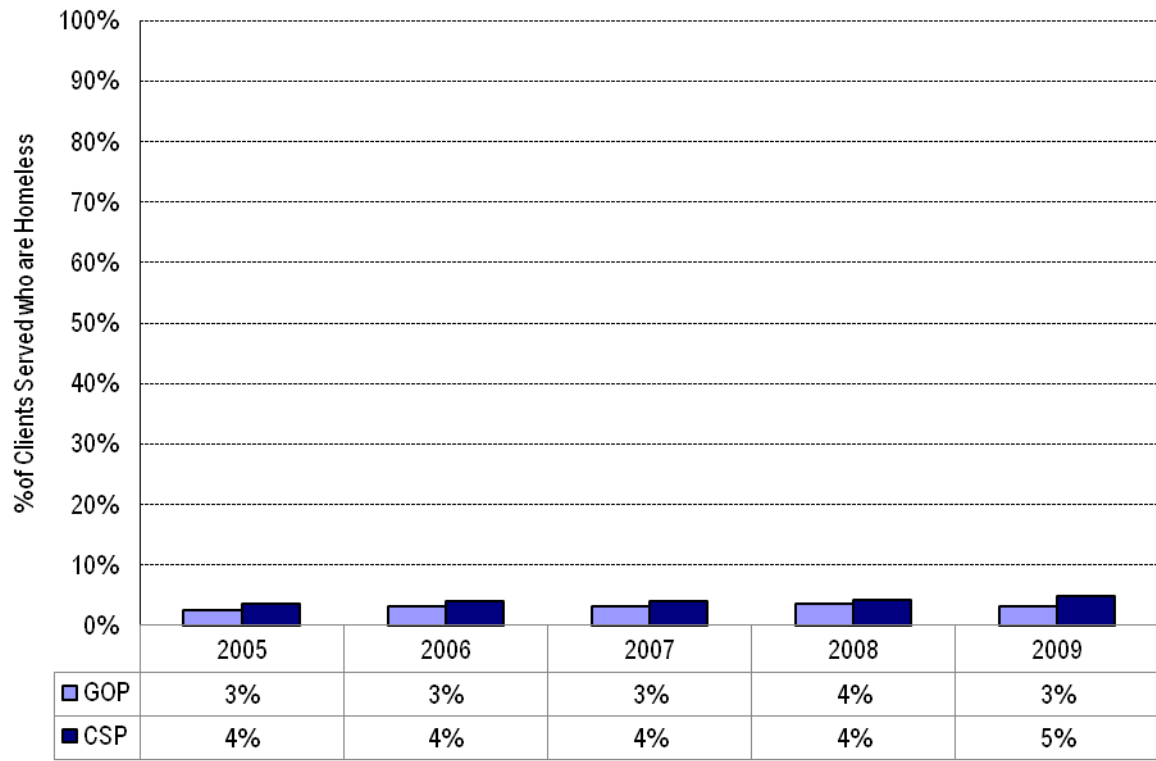
Measure: Percentage of admissions to DBH-funded Inpatient Psychiatric and Substance abuse care of people who were homeless, for the past 5 Fiscal years in Rhode Island.

Numerator: Number of admissions (Psych vs. SA admissions) of people who were homeless.

Denominator: Total number of admissions in each category (Psych vs. SA admissions)

- Notes:** --Living arrangement field not consistently completed until FY2006 for Acute Psychiatric Hospitalization patients
- FY2008-2009 counts include B-Unit Diversion and Outpatient Narcotic Detox admissions, both of which are funded through the SSTAR contract
- Counts are duplicative in that a client admitted more than one time to a service in a given fiscal year is counted multiple times.

HOMELESSNESS of MH ADULT CLIENTS SERVED at CMHOs by FISCAL YEAR



Measure: Percentage of clients served through the Community Mental Health system who were homeless, for the past 5 Fiscal years in Rhode Island.

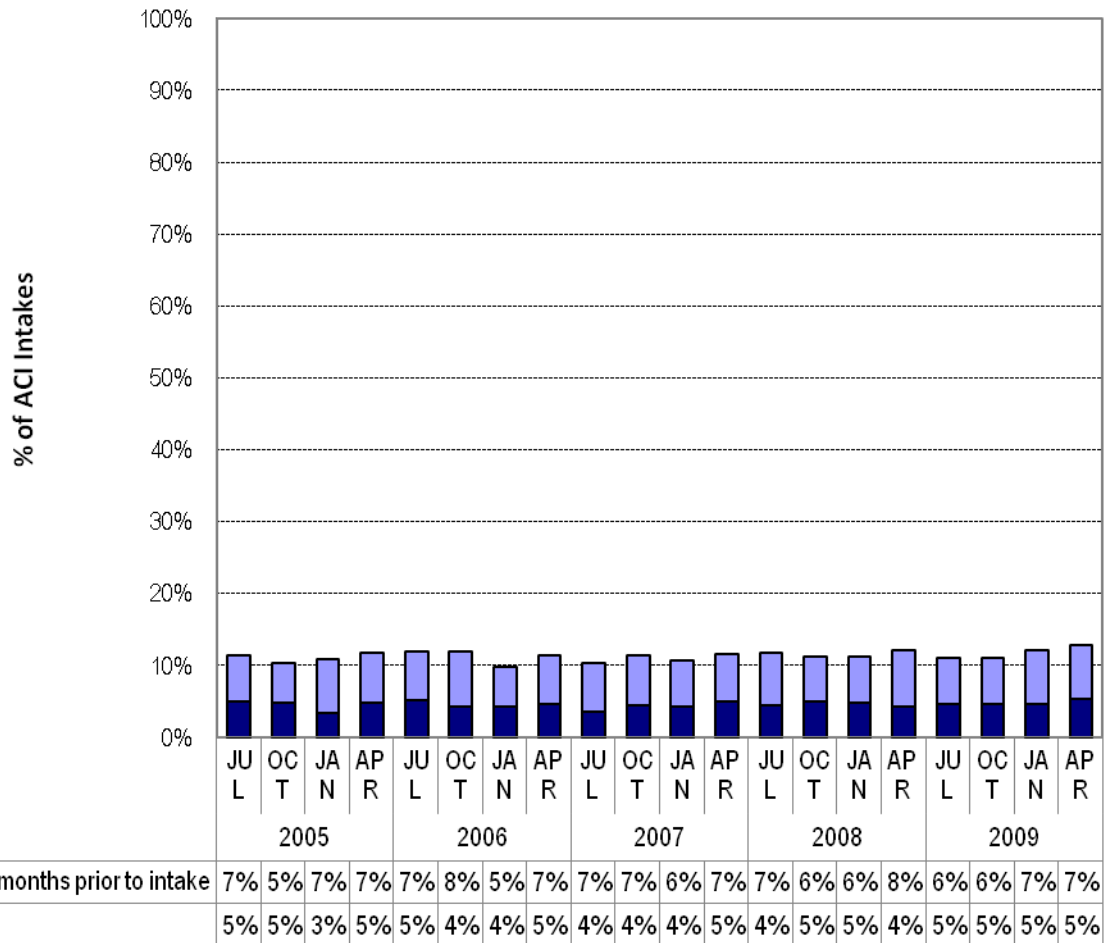
Numerator: Number of clients served (GOP vs. CSP) who were homeless.

Denominator: Total number of clients served (GOP vs. CSP).

Note: --CSP counts include RIACTI and RIACTII clients, GOP includes "Contacts"

--Counts are duplicative in that a client served at more than one Community Mental Health Organization in a given year is counted multiple times.

MH Client Status for Persons Intaked into the ACI by FY



Measure: Percentage of adult intakes into the ACI of clients of the Community Mental Health system at intake or up to 12 months prior to intake.

Numerator: Number of intakes who were mental health system clients (at intake or up to 12 months prior).

Denominator: Total number of intakes per month.

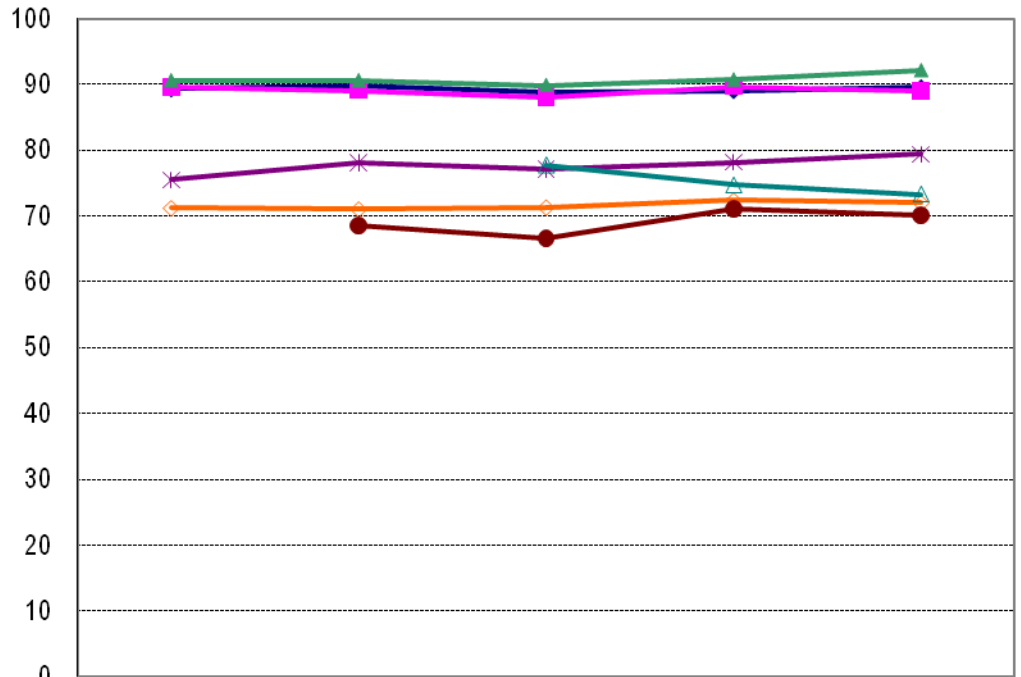
Notes: --The average number of ACI intakes per month for FY2005-2009 was 1114.

--The above chart shows data points from every 3rd month for the past 5 fiscal years.

--Counts of intakes of people who are active mental health clients at intake are unique from those of people who are active clients up to 12 months prior to intake

MH CONSUMER SURVEY DOMAIN SCORES BY FY

Percentage of Client Responding Positively



	2005	2006	2007	2008	2009
Consumer Perception of Satisfaction	89	90	89	89	90
Consumer Perception of Access	90	89	88	90	89
Consumer Perception of Appropriateness	91	91	90	91	92
Perception of Treatment Outcomes	71	71	71	72	72
Participation in Treatment Planning	76	78	77	78	79
Consumer Perception of Social Connectedness		69	67	71	70
Consumer Perception of Improved Functioning			78	75	73

Measures the percent of adults with SMI who responded positively (on average) to consumer survey questions about their access to services, their assessment of the quality/appropriateness of services received, the outcomes that resulted from services received, their participation in treatment planning, and their overall satisfaction with services. Consumer perceptions of care results are shown for each domain across the past 5 fiscal years.

Notes: --The Consumer Survey is offered to all active CSP client (including RIACT I & II) annually at the time of a treatment plan review or rewrite.

--Domain scores are calculated as the % of consumers responding positively (on average) to a set of items for each domain.

Appendix: Acronyms

- . ACI – RI Adult Correctional Institute
- . CMHS – Center for Mental Health Services, SAMHSA
- . CMH – Community Mental Health
- . CMHO – Community Mental Health Organization
- . CSP – Community Support Program
- . DBH – Division of Behavioral Health, MHRH
- . DCYF – RI Department of Children, Youth & Families
- . Detox – Detoxification Service
- . EBP – Evidence Based Practice
- . LOS – Length of Stay
- . MH – Mental Health
- . MHARI – Mental Health Association of Rhode Island
- . MHRH – RI Dept. of Mental Health, Retardation & Hospitals
- . MTT – Mobile Treatment Team
- . OEI – Outcome Evaluation Survey
- . RIACT – Rhode Island Assertive Community Treatment

- . SA – Substance Abuse
- . SAMHSA – U.S. Substance Abuse & Mental Health Services Admn.
- . SED – Serious Emotional Disturbance
- . SMHA – State Mental Health Agency
- . SMI – Serious Mental Illness
- . URS – Uniform Reporting System of CMHS