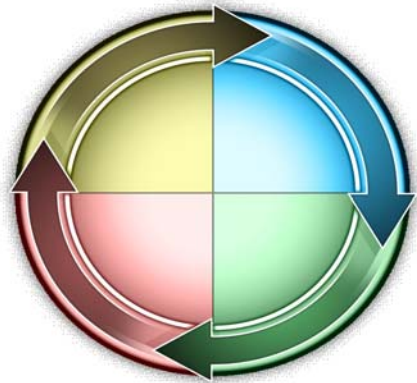


**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Performance Measure Definitions**

**SFY 2010**



Version 2  
July 9, 2009

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

**Performance Measure Definitions**

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### Version Control

**Changes between Version 1 and Version 2 of this document include the following:**

<b>Measure</b>	<b>Change</b>
Employment SMI	Restated numerator for clarity
Employment CA	Restated numerator for clarity
Criminal Justice Involvement SMI	<ul style="list-style-type: none"> <li>a. In Long Title clarified that the time frame for identifying number of arrests is within the 30 days prior to the current reassessment</li> <li>b. Clarified the numerator for calculation</li> </ul>
Criminal Justice Involvement CA	<ul style="list-style-type: none"> <li>a. In Long Title clarified that the time frame for identifying number of arrests is within the 30 days prior to the current reassessment</li> <li>b. Clarified the numerator for calculation</li> </ul>
Decrease in Use - CA	Restated numerator for clarity
Improvement in Substance Use – SMI (SFY 2011 proposed measure)	Corrected formula
Improvement in Substance Use – CA (SFY 2011 proposed measure)	Corrected formula

## **Introduction to Performance Measures and Definitions For State Fiscal Year 2010**

The performance measures contained in this document will be utilized by DMHA in Performance Based Contracting with DMHA certified managed care providers (MCPs) of mental health and/or addiction services in Indiana. Some of the measures have been refined for state fiscal year 2010 based on experience with the measures over the past two years and on recommendations from providers.

The Outcome Measures are designed around a service delivery system based on episodes of care. An episode of care is defined by an admission date and a discharge date. At the beginning of each episode of care for a consumer, an assessment is completed. This is the admission assessment. Depending upon the length of services, one or more reassessments will be completed. If the episode of care extends for six or more months, a reassessment is required at the end of each six months of treatment. Providers may perform reassessments more frequently based on the needs of the consumer. A reassessment is also needed at the time of discharge.

Assessments and reassessments are performed using the Child and Adolescent Needs and Strengths (CANS) assessment for youth and the Adult Needs and Strengths Assessment (ANSA) for persons aged 18 and over, except where otherwise noted. In addition to these assessment tools, DMHA requires reporting of the following data elements at admission, 180 day intervals, and discharge:

- Living Arrangement
- Employment
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ACT (adults only)
- Criminal Activity
- Supported Employment (adults only)
- Integrated Dual Diagnosis Treatment (adults only)
- Illness Management and Recovery
- Supported Housing (adults only)
- ROLES (youth only)

Some performance measures in this document utilize the above data elements, some use the CANS or ANSA data, and some use a combination of both.

## Definitions and Acronyms

<b><i>Adult</i></b>	person aged 18 and over <a href="#">An exception to this age grouping applies to persons who started receiving child and adolescent services prior to age 18 and whose child and adolescent services will continue post age 18 and end prior to age 22</a>
<b><i>Youth</i></b>	any person up to age 22 with an SED agreement type and youth with a CA agreement type who are aged 0 – 17 <a href="#">See above for special consideration for some persons aged 18 – 22:</a>
<b><i>SMI</i></b>	adult person with serious mental illness including those with co-occurring mental illness and addiction.
<b><i>CA</i></b>	person with addiction/substance abuse
<b><i>SED</i></b>	youth with serious emotional disturbance
<b><i>Population</i></b>	in this manual, each definition has been assigned a population identification. The population identifiers fall within three categories: SMI, Adult CA, or Youth (SED and CA) as defined above. <a href="#">All clients in these population groups (including those with a status of ACT, SOF, Deaf, etc) will be included in all performance measures.</a>
<b><i>DARMHA</i></b>	Data Assessment Registry for Mental Health and Addiction
<b><i>Medication Only</i></b>	DARMHA allows consumers to be identified as receiving Medication Only services. Since these services are provided only a few times per year, <a href="#">the consumers identified as Medication Only will not be included in Outcome Measures.</a> However, they will be counted for Average Monthly Number Served and Timeliness of Data Submission during the months in which services are provided.
<b><i>TBD</i></b>	To be determined – This is used in the proposed measures for SFY 2011 to indicate that there are elements of the measure that are still being developed.

**Performance Measures Changes**  
Effective July 1, 2010

Employment SMI	Increased increments of employment. Not included in dollars. Will be monitored only.
Employment CA	Increased increments of employment. Not included in dollars. Will be monitored only.
Housing SMI	Not included in dollars. Will be monitored only.
Housing CA	Not included in dollars. Will be monitored only.
Adult Improvement in Needs and Strengths	<b>NEW</b> – Improvement of Adults in at least one domain. Will be included in dollars.
Youth Improvement in Needs and Strengths	Improvement of Youth in at least one domain. Will be included in dollars.
Decreased Criminal Justice Involvement for Persons with SMI	Not included in dollars. Will be monitored only.
Decreased Criminal Justice Involvement for Persons with CA	Not included in dollars. Will be monitored only.
Decrease in Use CA	Decreased Frequency of Use of Addictive Substances – Adults. Not included in dollars. Will be monitored only.
Retention in Treatment CA	Not included in dollars. Will be monitored only.
Adults Served – SMI with LON 2 or lower	<b>NEW</b> -- Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON 2 or lower Served. Will be included in dollars.
Adults Served – SMI with LON of 3 or Higher	<b>NEW</b> -- Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON of 3 or Higher Served. Will be included in dollars.
Adults Served – CA with LON of 2 or Lower	<b>NEW</b> -- Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 2 or Lower Served. Will be included in dollars.

Adults Served CA LON 3 or Higher	<b>NEW</b> -- Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 3 or Higher Served. Will be included in dollars.
Youth Served SED & CA with a LON 2 or Lower	<b>NEW</b> -- Average Monthly Number of Youth with a LON of 2 or Lower Served. Will be included in dollars.
Youth Served SED & CA with a LON 3 or Higher	<b>NEW</b> -- Average Monthly Number of Youth with a LON of 3 or Higher Served. Will be included in dollars.
Reassessment – Outcomes in DARMHA	<b>Calculation Methodology has changed.</b> Percentage of reassessments completed within 7 months. Will be included in dollars.
Reassessment – CANS & ANSA	<b>NEW</b> – Percentage of reassessments completed within 7 months. Will be included in dollars.
Timely and Complete Data	No longer included in dollars. Will be monitored only.

**Proposed Performance Measures Changes**  
Effective July 1, 2011

All proposed measures will be based on Time 1 and Time 2 data from the CANS or ANSA.

<b>School Performance – Youth</b>	<b>NEW</b> – Percentage of youth whose overall school performance improves
<b>Housing – SMI</b>	<b>NEW</b> – Percentage of adults with SMI whose community and living situations improve
<b>Housing – CA</b>	<b>NEW</b> – Percentage of adults with CA whose community and living situations improve
<b>Stability of Living Situation – Youth</b> <b>TBD</b>	
<b>Criminal Justice Involvement – SMI</b>	<b>NEW</b> – Reduced Involvement with Law Enforcement
<b>Criminal Justice Involvement – CA</b>	<b>NEW</b> – Reduced Involvement with Law Enforcement
<b>Juvenile Justice Involvement – Youth</b>	<b>NEW</b> – Reduced Involvement with Law Enforcement
<b>Improvement in Substance Use – SMI</b>	<b>NEW</b> – Percentage of adults with SMI whose substance usage factors improve
<b>Improvement in Substance Use – CA</b>	<b>NEW</b> – Percentage of adults with CA whose substance usage factors improve
<b>Improvement in Substance Use – Youth</b>	<b>NEW</b> – Percentage of youth whose substance usage factors improve

## Outcome Measure Definitions

### Employment SMI

**Short Title:** Increased/Retained Employment

**Population:** SMI

**Long Title:** Percentage of adults with serious mental illness whose employment status remains the same or improves from the admission assessment for the episode of care to the most recent reassessment

**Definition:** Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 36 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system.. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. **Part-time – 16-20**
4. **Part-time – 11-15**
5. **Part-time – 6-10**
6. **Part-time – 1-5**
7. Unemployed
8. Not In Labor Force -- **disabled**

Retained employment means that the consumer was employed at time one and maintains that same level of employment at time two. Improved employment means that persons not in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. *Not in Labor Force due to other reasons or Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

Denominator is total number of persons with SMI with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at time one.

The numerator is: Of the above from the dominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

**Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.**

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance during the nine month period of July 2008 through March 2009. In setting the target for state fiscal year 2010, data will not be available for the multiple levels of part time employment so the target will be based on this revised definition using the employment levels in the data base for SFY 2008 – 2009.

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Future Considerations Recommended:** In future fiscal years, this measure should be revised calculating improved employment status only.

## Employment CA

**Short Title:** Increased/Retained Employment

**Population:** CA Adults

**Long Title:** Percentage of adults with alcohol and/or substance abuse diagnoses whose employment status remains the same or improves from the admission assessment for the episode of care to the most recent reassessment.

**Definition:** Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 36 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system.. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. **Part-time – 16-20**
4. **Part-time – 11-15**
5. **Part-time – 6-10**
6. **Part-time – 1-5**
7. Unemployed
8. Not In Labor Force -- **disabled**

Retained employment means that the consumer was employed at time one and maintains that same level of employment at time two. Improved employment means that persons

not in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. Not in Labor Force due to other reasons or Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

Denominator is total number of persons with chronic addiction with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at time one.

The numerator is: Of the above from the dominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

**Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.**

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance during the nine month period of July 2008 through March 2009. In setting the target for state fiscal year 2010, data will not be available for the multiple levels of part time employment so the target will be based on this revised definition using the employment levels in the data base for SFY 2008 – 2009.

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Future Considerations Recommended:** In future fiscal years, this measure should be revised calculating improved employment status only.

## **Housing SMI**

**Short Title:** Stability in Housing (Reduced Homelessness)

**Population:** SMI

**Long Title:** Percentage of adults with serious mental illness who were reported as homeless at the admission assessment in the episode of care who are reported as not homeless at most recent reassessment.

**Definition:** Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of three or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at the end of the episode of care or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the admission assessment of Living Arrangement will be “homeless” and the reassessment Living Arrangement will be a status other than “homeless”.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Living Arrangement. *Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

**Method of Calculation:**

The numerator is: Number of adults with mental illness who are reported as homeless at the Time 1 data point and who are reported as not homeless at the Time 2 data points.

The denominator is: Number of adults with mental illness who are reported as homeless at the Time 1 data point.

**Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.**

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Future Considerations Recommended:**

In 2011, Residential Stability item from ANSA will be used to define stability in housing and improvement or maintenance in stability. Baseline data for target setting will be calculated on ANSAs from January 2009 through March 2010.

## **Housing CA**

**Short Title:** Stability in Housing (Reduced Homelessness)

**Population:** CA Adults

**Long Title:** Percentage of adults with alcohol and/or substance abuse disorders who were reported as homeless at the admission assessment in the episode of care who are reported as not homeless at most recent reassessment.

**Definition:** Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of three or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at discharge or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the admission assessment of Living Arrangement will be “homeless” and the reassessment Living Arrangement will be a status other than “homeless”.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Living Arrangement. *Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

**Method of Calculation:**

The numerator is: Number of adults with mental illness who are reported as homeless at the Time 1 data point and who are reported as not homeless at the Time 2 data points.

The denominator is: Number of adults with mental illness who are reported as homeless at the Time 1 data point.

**Time two is the most recent assessment and time one is the assessment immediately prior to the time two assessment.**

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Future Considerations Recommended:**

In 2011, Residential Stability item from ANSA will be used to define stability in housing and improvement or maintenance in stability. Baseline data for target setting will be calculated on ANSAs from January 2009 through March 2010.

## **SMI Adult Improvement in Needs and or Strengths – NEW**

**Short Title:** Needs and strengths improvement

**Population:** All SMI Adults

**Long Title:** Percentage of adults with improvement in at least one ANSA domain.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

**Time 2 is defined as the most recent assessment or reassessment. Time 1 is defined as the first assessment completed during the most recent episode of care. Since the ANSA was implemented in July 2008 and there is evidence that the first three months did not provide accurate assessments, only ANSA assessments completed in October 2008 or later will be included in the calculation.**

### **Method of Calculation:**

**Rules for Calculating Respective Domain Scores:** For each adult active at any time during the reporting quarter who also has at least two assessments, Time 1 (the initial assessment) and Time 2 (the most recent reassessment), domain scores are calculated according to the formulas below for the ANSA.

### ***ANSA Domain Averages:***

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated. The change score for each adult in each domain is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to

determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 2 (T2) – Functioning Domain Time 1 (T1) => -2.68, improvement.
- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain Time 1 (T1) => -2.43, improvement.
- If Risk Domain Time 2 (T2) – Risk Domain Time 1 (T1) => -1.74, improvement.
- If Strengths Domain Time 2 (T2) – Strengths Domain Time 1 (T1) => -3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** 50% of adults will have reliable improvement in at least one domain.

**SFY 2010: Measure will be connected to dollars for performance contracting.**

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

**Future Considerations Recommended:** Beginning in SFY 2011 for consumers with an uninterrupted episode of care, Time 1 and Time 2 assessments will be defined by assessments completed within an eighteen month period. Time 2 will be the assessment completed closest to the reporting period and Time 1 will be the assessment most distant from the Time 2 assessment within the eighteen month window.

## CA Adult Improvement in Needs and or Strengths – NEW

**Short Title:** Needs and strengths improvement

**Population:** All CA Adults

**Long Title:** Percentage of adults with CA with improvement in at least one ANSA domain.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

**Time 2 is defined as the most recent assessment or reassessment. Time 1 is defined as the first assessment completed during the most recent episode of care. Since the ANSA was implemented in July 2008 and there is evidence that the first three months did not provide accurate assessments, only ANSA assessments completed in October 2008 or later will be included in the calculation.**

### **Method of Calculation:**

**Rules for Calculating Respective Domain Scores:** For each adult active at any time during the reporting quarter who also has at least two assessments, Time 1 (the initial assessment) and Time 2 (the most recent reassessment), domain scores are calculated according to the formulas below for the ANSA.

### **ANSA Domain Averages:**

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated. The change score for each adult in each domain is obtained by subtracting the Time 1 average from the Time 2

average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 2 (T2) – Functioning Domain Time 1 (T1) => -2.68, improvement.
- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain Time 1 (T1) => -2.43, improvement.
- If Risk Domain Time 2 (T2) – Risk Domain Time 1 (T1) => -1.74, improvement.
- If Strengths Domain Time 2 (T2) – Strengths Domain Time 1 (T1) => -3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** 50% of adults will have reliable improvement in at least one domain.

**SFY 2010: Measure will be connected to dollars for performance contracting.**

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

**Future Considerations Recommended:** Beginning in SFY 2011 for consumers with an uninterrupted episode of care, Time 1 and Time 2 assessments will be defined by assessments completed within an eighteen month period. Time 2 will be the assessment completed closest to the reporting period and Time 1 will be the assessment most distant from the Time 2 assessment within the eighteen month window.

## **Youth Improvement in Needs and or Strengths**

**Short Title:** Needs and strengths improvement

**Population:** Youth 5-17 (SED or CA)

**Long Title:** Percentage of youth ages 5 – 17 with improvement in at least one CANS domain.

**Definition:** The Child and Adolescent Needs and Strengths (CANS) assessment tool reports needs and strengths in six domains: Life Domain Functioning, Child Strengths, Acculturation, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Five domains (all except Acculturation) are used to measure improvement. Improvement in at least one of the five domains constitutes improvement for this measure. Measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. CANS 5-17 Assessments are used for the measurement. For each child with at least two CANS assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

**Time 2 is defined as the most recent assessment or reassessment. Time 1 is defined as the first assessment completed during the most recent episode of care.**

### **Method of Calculation:**

**Rules for Calculating Respective Domain Scores:** For each youth who is active at any time during the reporting quarter who also has at least two assessments, Time 1 (the initial assessment) and Time 2 the most recent reassessment), domain scores are calculated according to the formulas in Appendix B for the CANS 5 - 17 years.

### **CANS 5 to 17 Domain Averages:**

- **Behavioral Health Domain** = Average of *Child Behavioral/Emotional Needs* scores multiplied by 10
- **Risk Domain** = Average of *Child Risk Behaviors* scores multiplied by 10
- **Functioning Domain** = Average of *Child Life Domain Functioning* scores multiplied by 10
- **Strengths Domain** = Average of *Child Strengths* scores multiplied by 10
- **Caregiver Domain** = Average of Caregiver Strengths & Needs scores multiplied by 10

For each youth, the average score for the domain is calculated for Time 1 and Time 2. The change score for each youth in each domain is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index

(RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain T1 => **-2.20**, improvement.
- If Risk Domain T2 – Risk Domain T1 => **-1.58**, improvement.
- If Functioning Domain T2 – Functioning Domain T1 => **-2.27**, improvement.
- If Strengths Domain T2 – Strengths Domain T1 => **-3.36**, improvement.
- If Caregiver Domain T2 – Caregiver Domain T1 => **-2.78**, improvement.

The total number of youth with a positive change in at least one domain is the numerator.

The total number of youth with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** 50% of youth discharged will have reliable improvement in at least one domain.

**SFY 2010: Measure will be connected to dollars for performance contracting.**

**Data Limitations:** In order to have the most accurate reflection of the youth's progress in treatment, a discharge assessment is critical. Many providers continue to discharge youth without completing a discharge assessment. In these situations, there may be a low number of youth included in the calculation due to not having two assessments during the episode of care. Also for youth who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the child improved.

**Future Considerations Recommended:** The CANS for ages 0 – 5 may be included in SFY 2011.

## **Criminal Justice Involvement SMI**

**Short Title:** Decreased Criminal Justice Involvement for Persons with SMI

**Program:** Adults SMI

**Long Title:** Percentage of adults with serious mental illness who, at the time of the admission assessment, reported being arrested within the 30 days prior to current treatment episode who also, at the time of reassessment, report fewer arrests in the 30 days prior to the reassessment.

**Definition:** Criminal Justice Involvement is defined as any arrest by a law enforcement agency.

The performance measure for Criminal Justice Involvement requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. To be counted as decreased criminal justice involvement, the admission assessment of Criminal Activity will be one or more arrests and the reassessment of Criminal Activity will be at least one less arrest than reported at the admission assessment.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Criminal Activity.

### **Method of Calculation:**

For each adult in the data base with an admission assessment and a reassessment, subtract number of arrests on admission assessment from the number of arrests on reassessment. The numerator is the number of adults with a negative difference in the number of arrests.

The denominator is: Number of adults with an admission assessment and a reassessment who report one or more arrests at the time of the admission assessment during the current episode of care.

Group the results into three groups – negative difference (reduced arrests), zero difference (the same number of arrests) and positive difference (increased arrests).

$$\frac{\text{Number of adults with negative difference in number of arrests}}{\text{Number of adults with an initial assessment and a reassessment and one or more arrests at the time of the admission assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**Future Considerations Recommended:** The Crime Module from the ANSA should be used in SFY 2011.

## **Criminal Justice Involvement CA**

**Short Title:** Decreased Criminal Justice Involvement for Persons with CA

**Program:** Adults CA

**Long Title:** Percentage of adults with addiction disorders who, at the time of the admission assessment, reported being arrested within the 30 days prior to current treatment episode who also, at the time of reassessment, report fewer arrests in the 30 days prior to the reassessment.

**Definition:** Criminal Justice Involvement is defined as any arrest by a law enforcement agency.

The performance measure for Criminal Justice Involvement requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. To be counted as decreased criminal justice involvement, the admission assessment of Criminal Activity will be one or more arrests and the reassessment of Criminal Activity will be at least one less arrest than reported at the admission assessment.

**Measure Specific Source of Data:** Data will be current DARMHA data set for Criminal Activity.

### **Method of Calculation:**

For each adult in the data base with an admission assessment and a reassessment, subtract number of arrests on admission assessment from the number of arrests on reassessment. The numerator is the number of adults with a negative difference in the number of arrests.

The denominator is: Number of adults with an admission assessment and a reassessment who report one or more arrests at the time of the admission assessment during the current episode of care.

Group the results into three groups – negative difference (reduced arrests), zero difference (the same number of arrests) and positive difference (increased arrests).

$$\frac{\text{Number of adults with negative difference in number of arrests}}{\text{Number of adults with an initial assessment and a reassessment and one or more arrests at the time of the admission assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**Future Considerations Recommended:** The Crime Module from the ANSA should be used in SFY 2011.

## Decrease in Use CA

**Short Title:** Decreased Frequency of Use of Addictive Substances – Adults

**Program:** CA Adults

**Long Title:** Percentage of adults with an addiction disorder who have either a reassessment or a discharge reassessment who report a reduced frequency of use of primary substance since beginning of treatment at most recent reassessment.

**Definition:** The performance measure for Decrease in Frequency of Use of Addictive Substance requires two data sets. The first data is reported in DARMHA at the beginning of the episode of treatment and second data set is reported at DARMHA reassessment (at discharge or any other time a reassessment is completed such as after six months of services). To be counted as a decrease in use, the initial assessment must indicate a Primary Substance, Frequency of Use and the DARMHA reassessment must indicate a lower frequency of use of the primary substance.

In determining primary substance abuse problems, clinical judgment will ultimately determine the degree of impairment that a substance has for an individual client. In determining the degree of impairment, the following considerations should be made: (1) pattern of drug involvement; (2) degree of present or past physical, mental, social dysfunction caused by the substance and (3) degree of present or past physical or psychological dependence on drugs, regardless of the frequency of use of a specific drug.

**Source of Data:** Data will be current DARMHA data set for Primary Substance, Frequency of Use. *Unknown* frequency at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

**Method of Calculation:**

For each adult with a chronic addiction agreement type in the data base with an initial assessment and a reassessment, for primary substance, subtract assessment frequency from reassessment frequency. The numerator is the number of adults with a negative difference in frequency of use.

The denominator is: Number of adults an initial assessment and a reassessment with a chronic addiction agreement type diagnosis who report use of one or more substances at the time of the initial assessment during the current fiscal year.

Group the results into three groups – negative difference (reduced frequency), zero difference (the same frequency) and positive difference (increased frequency).

$$\frac{\text{Number of adults with negative difference in frequency of use}}{\text{Number of adults with an initial assessment and a reassessment and one or more substances used at the time of the initial assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**SFY 2010: Measure will not be included in performance contracting. DMHA will monitor performance on this measure.**

**Data Limitations:** The data for this measure is either self-reported by the consumer or reported by collateral/referral sources. This measure is only reporting on the primary substance of use. It is known that some persons may decrease use in primary substance while increasing use in secondary/tertiary substance. This change is not captured by this measure.

**Future Consideration Recommendations:** The current definition does not address persons who may increase use during the treatment episode. The change from less use to more use could become a separate measure, or a ratio between those who had a positive change and those who had a negative change in could be measured.

## Process Measure Definitions

### Retention in Treatment CA

**Short Title:** Increased Retention in Treatment

**Program:** CA Adults

**Long Title:** Percentage of adult addiction clients served who are retained in treatment for three consecutive months with at least three services per every 30 days.

**Definition:** Retention is defined as remaining in treatment services over a period of time. For this measure, retention is further defined as having at least three separate encounters (services) on different days of the month for three consecutive 30 day periods. An encounter is defined as a valid procedure code with a unit value (not a NULL value).

**Source of Data:** Data will be current DARMHA encounter data set.

**Method of Calculation:**

In order to capture three months of data per consumer, the calculations will be performed during the fourth month following the month in which the consumer was admitted to an episode of care. Therefore, for all admissions during the month of July, the calculation will be performed in November, admissions in August will be calculated in December, etc. The first data point will be the date of admission for the episode of care. The second data point will be at least 90 days from the admission assessment.

The numerator is: Number of adults with addiction who have a minimum of three separate encounter records (on different days of the month) for three consecutive 30 day periods.

The denominator is: Unduplicated number of adults with addiction who are admitted in the specified month (see above) and who have at least one encounter (a procedure code with a unit value) recorded in DARMHA.

Calculations will be performed for each provider submitting data to DARMHA.

**Target:** The state fiscal year 2010 target performance for each provider will be equal to or greater than the provider performance in state fiscal year 2009 (July through March).

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.**

**Future Consideration Recommendations:** In the future, the measure may change to Average Length of Time in Treatment. The calculation would be time elapsed between date of admission and date of last contact or the date of discharge.

**Adults Served – SMI with LON 2 or lower -- New**

**Short Title:** Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON 2 or lower Served

**Population:** Adults with Mental Health Diagnoses

**Long Title:** Average monthly number of unduplicated adult consumers with SMI agreement identifier and an ANSA level of need 0, 1, or 2 who receive one or more services each month

**Definition:** Adult consumers with mental health diagnoses include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system. For this measure, adult consumers with a mental health diagnosis is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 0, 1, or 2.

A service during the month is defined as one or more encounter records during the month. [Carve-out population types are included in this measure.](#)

**Measure Specific Source of Data:** Data will be the current DARMHA data set for SMI and a LON of 0, 1, or 2.

**Method of Calculation:**

On a monthly basis, this is a simple count of the unduplicated number of consumers with a SMI agreement identifier and an ANSA LON of 0, 1, or 2 who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from September 2008 through March 2009.

**Future Consideration Recommendations:** None noted

## **Adults Served – SMI with LON of 3 or Higher -- New**

**Short Title:** Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON of 3 or Higher Served

**Population:** Adults with SMI

**Long Title:** Average monthly number of unduplicated adult consumers with SMI agreement identifier and an ANSA level of need 3 or higher who receive one or more services each month

**Definition:** Adult consumers with SMI include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system. For this measure, adult consumers with SMI is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 3 or higher.

A service during the month is defined as one or more encounter records during the month. [Carve-out population types are included in this measure.](#)

**Measure Specific Source of Data:** Data will be the current DARMHA data set for SMI and a LON of 3 or higher.

### **Method of Calculation:**

On a monthly basis, this is a simple count of the unduplicated number of consumers with a SMI agreement identifier and an ANSA LON of 3 or higher who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from September 2008 through March 2009.

**Future Consideration Recommendations:** None noted

**Adults Served – CA with LON of 2 or Lower -- New**

**Short Title:** Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 2 or Lower Served

**Population:** Chronic Addiction

**Long Title:** Average monthly number of unduplicated adult consumers with a chronic addiction agreement identifier and an ANSA level of need 0, 1, or 2 who receive one or more services each month

**Definition:** Adult consumers with CA include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system. For this measure, adult consumers with CA is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 0, 1, or 2.

A service during the month is defined as one or more encounter records during the month. [Carve-out population types are included in this measure.](#)

**Measure Specific Source of Data:** Data will be the current DARMHA data set for CA and a LON of 0, 1, or 2.

**Method of Calculation:**

On a monthly basis, this is a simple count of the unduplicated number of consumers with a CA agreement identifier and an ANSA LON of 0, 1, or 2 who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from September 2008 through March 2009.

**Future Consideration Recommendations:** None noted

## **Adults Served CA LON 3 or Higher -- New**

**Short Title:** Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 3 or Higher Served

**Population:** Adults with CA

**Long Title:** Average monthly number of unduplicated adult consumers with CA agreement identifier and an ANSA level of need 3 or higher who receive one or more services each month

**Definition:** Adult consumers with CA include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system. For this measure, adult consumers with CA is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 3 or higher.

A service during the month is defined as one or more encounter records during the month. [Carve-out population types are included in this measure.](#)

**Measure Specific Source of Data:** Data will be the current DARMHA data set for CA and a LON of 3 or higher.

### **Method of Calculation:**

On a monthly basis, this is a simple count of the unduplicated number of consumers with a CA agreement identifier and an ANSA LON of 3 or higher who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from September 2008 through March 2009.

**Future Consideration Recommendations:** None noted

**Youth Served -- SED and CA with a LON 2 or Lower -- New**

**Short Title:** Average Monthly Number of Youth with a LON of 2 or Lower Served

**Population:** All youth (SED and CA)

**Long Title:** Average monthly number of unduplicated child and adolescent consumers with a CA or SED agreement type who have a CANS level of need of 2 or lower and who receive one or more services each month.

**Definition:** Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system during the reporting month. Low level of need is defined as a CANS recommendation of 0, 1 or 2. A service during the month is defined as one or more encounter records during the month.

**Measure Specific Source of Data:** Data will be the current DARMHA data for all youth with a SED agreement identifier and youth with a CA agreement identifier who are aged 0 – 17.

**Method of Calculation:**

On a monthly basis, this is a count of the total number of SED and youth CA consumers aged 0 - 17 with one or more encounters reported during the month and a CANS level of need recommendation of 0, 1, or 2.

The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**Note:** When the total number of youth served is less than 25, this is considered insufficient population size to measure by level of need. Therefore, the total youth served will be used for the overall performance calculation.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from July 2008 through March 2009.

**Future Consideration Recommendations:** None noted

## **Youth Served -- SED and CA with a LON 3 or Higher -- New**

**Short Title:** Average Monthly Number of Youth with a LON of 3 or Higher Served

**Program:** All youth (SED and CA)

**Long Title:** Average monthly number of unduplicated child and adolescent consumers with a CA or SED agreement type who have a CANS level of need of 3 or higher and who receive one or more services each month

**Definition:** Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system during the reporting month. High level of need is defined as a CANS recommendation of 3 or higher. A service during the month is defined as one or more encounter records with a unit value greater than 0 during the month.

**Measure Specific Source of Data:** Data will be the current DARMHA data for all youth with a SED agreement identifier and youth with a CA agreement identifier who are aged 0 – 17.

**Method of Calculation:**

On a monthly basis, this is a count of the total number of SED and youth CA consumers aged 0 - 17 with one or more encounters reported during the month and a CANS level of need recommendation of 3 or higher.

The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

**Note:** When the total number of youth served is less than 25, this is considered insufficient population size to measure by level of need. Therefore, the total youth served will be used for the overall performance calculation.

**SFY 2010:** Measure will be connected to dollars for performance contracting.

**Target:** The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from July 2008 through March 2009.

**Future Consideration Recommendations:** None noted

## Reassessment DARMHA Outcomes– [New Methodology](#)

**Short Title:** Percentage of DARMHA Outcome reassessments completed

**Population:** All

**Long Title:** Percentage of consumers who are reassessed at 180 day intervals or at discharge during an episode of care.

**Definition:** Reassessment includes updating demographic information as defined in DARMHA and reporting current and updated information on the client in the following Outcome areas:

- Living Arrangement
- Employment
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ACT (adults) or ROLES (youth)
- Criminal Activity
- Supported Employment
- Integrated Dual Diagnosis Treatment
- Illness Management and Recovery
- Supported Housing

Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of Reassessments Completed” during state fiscal year 2010, consumers with an active episode of care or a mutual discharge at any time during the reporting month will be included in the calculation. **All active consumers except those identified as Medication Only will be included in the calculation. Reassessments completed within seven months of the prior assessment will count as completed within 180 days.**

**Measure Specific Source of Data:** Data will be the current DARMHA data set.

**Method of Calculation:**

The calculation identifies all consumers active at any time during the reporting month who were eligible to be reassessed and measures the percentage that were reassessed within seven months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within seven months of previous assessment/reassessment and persons who did receive a reassessment.

The denominator is the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all active consumers during the reporting month who have at least two assessments/reassessments plus all other active consumers with one assessment

where the assessment date is at least 6 months prior to the end of the reporting month (the target date).

The numerator is the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

**SFY 2010: Measure will be connected to dollars for performance contracting.**

**Target:** The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2009 will be: 80% of all consumers (SMI, CA, or Youth) will have either a discharge reassessment or a 180 day reassessment within seven months of last assessment.

**Future Consideration Recommendations:** None noted.

## Reassessment CANS or ANSA – New

**Short Title:** Percentage of CANS or ANSA reassessments completed

**Population:** All

**Long Title:** Percentage of consumers who are reassessed with the CANS or ANSA at 180 day intervals or at discharge during an episode of care.

**Definition:** Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of CANS or ANSA Reassessments Completed” during state fiscal year 2010, consumers with an active episode of care or a mutual discharge at any time during the reporting month will be included in the calculation. **All active consumers except those identified as Medication Only will be included in the calculation. Reassessments completed within seven months of the prior assessment will count as completed within 180 days.**

**Measure Specific Source of Data:** Data will be the current DARMHA data set.

### **Method of Calculation:**

The calculation identifies all consumers active at any time during the reporting month who were eligible to be reassessed and measures the percentage that were reassessed within seven months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within seven months of previous assessment/reassessment and persons who did receive a reassessment.

The denominator is the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all active consumers during the reporting month who have at least two assessments/reassessments plus all other active consumers with one assessment where the assessment date is at least 6 months prior to the end of the reporting month (the target date).

The numerator is the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

**SFY 2010: Measure will be connected to dollars for performance contracting.**

**Target:** The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2009 will be: 80% of all consumers (SMI, CA, or Youth) will have either a discharge reassessment or a 180 day reassessment within seven months of last assessment.

**Future Consideration Recommendations:** None noted.

## **Timely and Complete Data**

**Short Title:** Submission of timely and complete data

**Population:** All

**Long Title:** Percentage of encounter data submitted to the DARMHA that is submitted by of the end of the month following the month in which the service occurred.

**Definition:** Timely submission of data is defined as data entered into DARMHA by of the end of the month following the month in which the service occurred. Complete data is defined as passing the DARMHA edit checks. Since data cannot be submitted that is incomplete, all data that is stored in DARMHA is considered complete even though it may not be fully accurate. It is the provider's responsibility to ensure accuracy of data submitted to DARMHA.

**Measure Specific Source of Data:** Data will be the current DARMHA data set for Agreement Identification and the encounter data set.

### **Method of Calculation:**

Reporting for this measure occurs on the 15<sup>th</sup> of the second month following the reporting month. (In the event the 15<sup>th</sup> is a non-business day, the data will be reported the next business day.) The "date stamp" for each encounter record submitted by the provider is compared to the date on which the encounter record would be considered "on time", that is submitted by of the end of the month following the month in which the service occurred. The actual calculation is based on clients with encounter records. The number of all clients with encounters during the reporting month is totaled by provider. The number of these clients with no encounters submitted past the "due date" is then calculated. The percentage of all clients with encounters submitted "on time" is calculated.

This measure is recalculated each month during the reporting year. When data is submitted after the end of the month following the month in which the services occurred, it is accepted by the DARMHA up to the fiscal year close date. Therefore, in subsequent reports, this "late data" will result in changes in the percentage of target met for timeliness in previously reported months.

**SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure. Timely submission of data is a contract expectation. Failure to submit timely data may negatively impact performance payments.**

**Target:** The target performance for each provider will be 80% of all encounter data submitted by of the end of the month following the month in which the service occurred.

**Data Issues that may affect measurement:**

Encounter record selection is not tied to an open episode of care. Therefore, encounter records submitted after a discharge will be counted.

**Future Consideration Recommendations:** None noted

## Appendix A: Draft Proposed Measures for SFY 2011

### School Performance – Youth

### Proposed Measure for SFY 2011

**Short Title:** Improved School Performance

**Population:** Youth

**Long Title:** Percentage of youth whose overall school performance shows improvement on the CANS from Time 1 to Time 2.

**Definition:** Both the 5 - 17 Comprehensive and the Reassessment Child and Adolescent Needs and Strengths (CANS) tools contain three items that relate to school performance. These items are School Behavior, School Achievement, and School Attendance. The three items will be used to measure improved school performance. Improvement is defined as a lower level of need rating at Time 2. This measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. CANS assessments are used for the measurement. For each youth with a SED agreement identifier or a CA agreement identifier and at least two CANS assessments, improvement in School Performance is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

#### Method of Calculation:

For each youth with at least two assessments, a score for school performance is calculated by adding the scores for School Behavior, for School Achievement, and for School Attendance, dividing the sum by 3 and multiplying the result by 10. [School Performance = ((School Behavior + School Achievement + School Attendance) divided by 3) multiplied by 10] This calculation is completed for both the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If  $T2 - T1 \Rightarrow$  TBD, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

#### Data Limitations:

#### Future Considerations Recommended:

**Housing SMI****Proposed Measure for SFY 2011**

**Short Title:** Improved Community and Residential Stability

**Population:** SMI

**Long Title:** Percentage of adults with SMI whose community and living situations ratings on the ANSA shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains three items that relate to community or residential stability. These items are Residential Stability, Social Connectedness, and Community Connection. The three items will be used to measure improved community and residential stability. Improvement is defined as a lower level of need rating at Time 2. This measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, improvement in Community and Residential Stability is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with at least two assessments, a score for community and residential stability is calculated by adding the scores for Residential Stability, for Social Connectedness, and for Community Connection, dividing the sum by 3 and multiplying the result by 10. [School Performance = ((Residential Stability + Social Connectedness + Community Connection) divided by 3) multiplied by 10] This calculation is completed for both the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If  $T2 - T1 \Rightarrow$  TBD, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:**

**Future Considerations Recommended:**

**Housing CA****Proposed Measure for SFY 2011**

**Short Title:** Improved Community and Residential Stability

**Population:** CA

**Long Title:** Percentage of adults with CA whose community and living situations ratings on the ANSA shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains three items that relate to community or residential stability. These items are Residential Stability, Social Connectedness, and Community Connection. The three items will be used to measure improved community and residential stability. Improvement is defined as a lower level of need rating at Time 2. This measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, improvement in Community and Residential Stability is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with at least two assessments, a score for community and residential stability is calculated by adding the scores for Residential Stability, for Social Connectedness, and for Community Connection, dividing the sum by 3 and multiplying the result by 10. [School Performance = ((Residential Stability + Social Connectedness + Community Connection) divided by 3) multiplied by 10] This calculation is completed for both the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If  $T2 - T1 \Rightarrow$  TBD, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:**

**Future Considerations Recommended:**

**Housing Youth**

**Proposed Measure for SFY 2011**

**Short Title:** Stability in Living Situation

**Population:** Youth

**Measure is under development**

DRAFT

**Criminal Justice SMI****Proposed Measure for SFY 2011**

**Short Title:** Reduced Involvement with Law Enforcement

**Population:** SMI

**Long Title:** Percentage of adults with serious mental illness whose ratings on the ANSA Crime Module item scores shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains a Crime Module which is used when the Criminal Behavior item has a rating of 2 or 3. The measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, reduction in involvement with law enforcement is measured using a statistically reliable change index applied to the item scores in the Crime Module. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with at least two assessments with the Crime Module completed, the item scores are averaged and multiplied by ten for the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Crime Module T2 – Crime Module T1 => **TBD**, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is

not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

**Future Considerations:**

DRAFT

**Criminal Justice CA****Proposed Measure for SFY 2011**

**Short Title:** Reduced Involvement with Law Enforcement

**Population:** CA

**Long Title:** Percentage of adults with chronic addiction whose ratings on the ANSA Crime Module item scores shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains a Crime Module which is completed when the Criminal Behavior item has a rating of 2 or 3. The measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, reduction in involvement with law enforcement is measured using a statistically reliable change index applied to the item scores in the Crime Module. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with at least two assessments with the Crime Module completed, the item scores are summed and multiplied by 10 for the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Crime Module T2 – Crime Module T1 => **TBD**, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is

not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

**Future Considerations:**

DRAFT

**Juvenile Justice Involvement – Youth**

**Proposed Measure for SFY 2011**

**Short Title:** Reduced Involvement with Law Enforcement

**Population:** Youth

**Measure is under development**

DRAFT

**Improvement in Substance Use SMI****Proposed Measure for SFY 2011**

**Short Title:** Improved Functioning for Adults with a Substance Use Disorder

**Program:** SMI Adults

**Long Title:** Percentage of adults with a SMI agreement indicator whose ratings on the ANSA Substance Use Disorder Module item scores shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains a Substance Use Disorder Module which is completed when the Substance Use item has a rating of 2 or 3. The measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with at least two ANSA assessments, improved functioning specific to a substance use disorder is measured using a statistically reliable change index applied to the item scores in the Substance Use Disorder Module. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with a SMI agreement indicator and at least two assessments with the Substance Use Disorder Module completed, the item scores are summed and multiplied by 10 for the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Substance Use Disorder Module T2 – Substance Use Disorder Module T1 => **TBD**, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is

not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

DRAFT

**Improvement in Substance Use CA****Proposed Measure for SFY 2011**

**Short Title:** Improved Functioning for Adults with a Substance Use Disorder

**Program:** CA Adults

**Long Title:** Percentage of adults with a chronic addiction agreement indicator whose ratings on the ANSA Substance Use Disorder Module item scores shows improvement from Time 1 to Time 2.

**Definition:** The Adult Needs and Strengths Assessment (ANSA) tool contains a Substance Use Disorder Module which is completed when the Substance Use item has a rating of 2 or 3. The measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with at least two ANSA assessments, improved functioning specific to a substance use disorder is measured using a statistically reliable change index applied to the item scores in the Substance Use Disorder Module. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each adult with a CA agreement indicator and at least two assessments with the Substance Use Disorder Module completed, the item scores are summed and multiplied by 10 for the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Substance Use Disorder Module T2 – Substance Use Disorder Module T1  $\geq$  **TBD**, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:** In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180

days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

DRAFT

**Improvement in Substance Use Youth****Proposed Measure for SFY 2011**

**Short Title:** Improved Functioning for Youth with a Substance Use Disorder

**Program:** All Youth

**Long Title:** Percentage of youth whose overall substance use shows improvement on the CANS from Time 1 to Time 2.

**Definition:** Both the 5 - 17 Comprehensive and the Reassessment Child and Adolescent Needs and Strengths (CANS) tools contain four items that relate to substance use. These items are Severity, Peer Influences, Parental Influences, and Stage of Recovery. The four items will be used to measure improvement in substance use. Improvement is defined as a lower level of need rating at Time 2. This measure is reported quarterly.

**Measure Specific Source of Data:** All data is from DARMHA. CANS assessments are used for the measurement. For each youth with a SED agreement identifier or a CA agreement identifier and at least two CANS assessments, improvement in Substance Use is measured using a statistically reliable change index. *Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.*

**Method of Calculation:**

For each youth with at least two assessments, a score for school performance is calculated by adding the scores for Severity, for Peer Influences, for Parental Influences, and for Stage of Change, dividing the sum by 4 and multiplying the result by 10. [Substance Use = ((Severity + Peer Influences + Parental Influences + Stage of Change) divided by 4) multiplied by 10] This calculation is completed for both the Time 1 and the Time 2 assessment. The change score for each adult is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If  $T2 - T1 \Rightarrow$  TBD, improvement.

The total number of adults with a positive change is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

**Target:** To be determined.

**Data Limitations:**

Future Considerations Recommended:

**Appendix B: CANS and ANSA Domains/Scales/Modules Referenced in the Text****SCHOOL ITEMS**  
**Coding Definitions****SCHOOL BEHAVIOR** *Please rate the highest level from the past 30 days*

- 0 Child is behaving well in school.
- 1 Child is behaving adequately in school although some behavior problems exist.
- 2 Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
- 3 Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

**SCHOOL ACHIEVEMENT** *Please rate the highest level from the past 30 days*

- 0 Child is doing well in school.
  - 1 Child is doing adequately in school although some problems with achievement exist.
- 2 Child is having moderate problems with school achievement. He/she may be failing some subjects.
- 3 Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

**SCHOOL ATTENDANCE** *Please rate the highest level from the past 30 days*

- 0 Child attends school regularly.
- 1 Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
- 2 Child is having problems with school attendance. He/she is missing at least two days each week on average.
- 3 Child is generally truant or refusing to go to school.

**Residential Stability**

*This item is used to rate the individual's or caregiver's current and likely future housing circumstances. If the individual lives independently, rate his or her history of residential stability.*

- 0 There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
- 1 The individual has relatively stable housing, but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. This level also reflects a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
- 2 The individual has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
- 3 The individual has experienced periods of homelessness in the past six months. This level also includes a significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

**SOCIAL CONNECTEDNESS**

*This item is used to refer to the interpersonal skills of the individual as they relate to others.*

- 0 Individual has significant interpersonal strengths. The individual is seen as well liked by others and has significant ability to form and maintain positive relationships. The individual has multiple close friends and is friendly with others.
- 1 Individual has a moderate level of interpersonal strengths. The individual has formed positive interpersonal relationships with peers and other non-caregivers. The individual may currently have no friends, but has a history of making and maintaining friendships with others.
- 2 Individual has a minimal level of interpersonal strengths. The individual has some social skills that facilitate positive relationships with peers and has a history of making and maintaining healthy friendships with others, but may not have any current healthy relationships.
- 3 Individual has no known interpersonal strengths. The individual currently does not have any friends nor has he/she had any friends in the past.

**COMMUNITY CONNECTION**

*This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.*

- 0 This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.
- 1 This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year).
- 2 This level indicates an individual with limited ties and/or supports from the community.
- 3 This level indicates an individual with no known ties or supports from the community.

**CRIME MODULE***Crime Module*

{(Seriousness + History + Arrests + Planning + Community Safety + Legal Compliance) divided by 6}\* 10 = **Crime Module Score**

## Coding Definitions

**SERIOUSNESS** *Please rate the highest level from the past 30 days.*

- 0 Individual has engaged only in status violations (e.g. curfew).
- 1 Individual has engaged in delinquent behavior.
- 2 Individual has engaged in criminal behavior.
- 3 Individual has engaged in criminal behavior that places other citizens at risk of significant physical harm.

**HISTORY** *Please rate using time frames provided in the anchors.*

- 0 Current criminal/delinquent behavior is the first known occurrence.
- 1 Individual has engaged in multiple criminal/delinquent acts in the past one year.
- 2 Individual has engaged in multiple criminal/delinquent acts for more than one year, but has had periods of at least three months where he/she did not engage in criminal/delinquent behavior.
- 3 Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least three months where he/she did not engage in criminal/delinquent behavior.

**ARRESTS** *Please rate the highest level from the past 30 days.*

- 0 Individual has no known arrests in past.
- 1 Individual has history of arrests, but no arrests past 30 days.
- 2 Individual has one to two arrests in last 30 days.
- 3 Individual has more than two arrests in last 30 days.

**PLANNING** *Please rate the highest level from the past 30 days.*

- 0 No evidence found of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
- 1 Evidence suggests that individual places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
- 2 Evidence indicates some planning of criminal/delinquent behavior.
- 3 Considerable evidence indicates significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

**COMMUNITY SAFETY** *Please rate the highest level from the past 30 days.*

- 0 Individual presents no risk to the community. He/she could be unsupervised in the community.
- 1 Individual engages in behavior that represents a risk to community property.
- 2 Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.
- 3 Individual engages in behavior that directly places community members in danger of significant physical harm.

**LEGAL COMPLIANCE** *Please rate the highest level from the past 30 days.*

- 0 Individual is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders), or no court orders are currently in place.
- 1 Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
- 2 Individual is in partial noncompliance with standing court orders (e.g. individual is going to school, but not attending court-order treatment)
- 3 Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

**SUBSTANCE USE DISORDER (SUD) MODULE ANSA**Substance Use Module

{(Severity of Use + Duration of Use + Stage of Recovery + Peer Influences + Environmental Influences) divided by 5}\* 10 = **Substance Use Module Score**

*Coding Definitions*

**SEVERITY OF USE** *Please rate the highest level from the past 30 days.*

- 0 Individual has been free from alcohol and/or drug use for at least six months.
- 1 Individual is currently free from alcohol and/or drug use, but only in the past 30 days, or individual has been free from alcohol or drug use for more than 30 days, but is living in an environment that makes staying alcohol or drug free difficult.
- 2 Individual actively uses alcohol and/or drugs, but not daily.
- 3 Individual uses alcohol and/or drugs on a daily basis.

**DURATION OF USE** *Please rate the highest level from the past 30 days.*

- 0 Individual has begun use in the past year.
- 1 Individual has been using alcohol and/or drugs for at least one year, but has had periods of at least 30 days where he/she did not have any use.
- 2 Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- 3 Individual has been using alcohol and/or drugs daily for more than the past year or intermittently for at least five years.

**STAGE OF RECOVERY** *Please rate the highest level from the past 30 days.*

- 0 Individual is in maintenance stage of recovery. Individual is free from alcohol and/or drug use and able to recognize and avoid risk factors for future alcohol and/or drug use.
- 1 Individual is actively trying to use treatment to remain free from alcohol and/or drug use.
- 2 Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3 Individual is in denial regarding the existence of any substance use problem.

**PEER INFLUENCES** *Please rate the highest level from the past 30 days.*

- 0 Individual's primary peer social network does not engage in alcohol and/or drug use.
- 1 Individual has peers in his/her primary peer social network who do not engage in alcohol and/or drug use, but has some peers who do.
- 2 Individual predominantly has peers who engage in alcohol and/or drug use.
- 3 Individual is a member of a peer group that consistently engages in alcohol and/or drug use.

**ENVIRONMENTAL INFLUENCES** *Please rate the environment around the individual's living situation.*

- 0 No evidence that the individual's environment stimulates or exposes the individual to any alcohol and/or drug use.
- 1 Mild problems in the individual's environment that might expose the individual to alcohol and/or drug use.
- 2 Moderate problems in the individual's environment that clearly expose the individual to alcohol and/or drug use.
- 3 Severe problems in the individual's environment that stimulate the individual to engage in alcohol and/or drug use.

**CANS SUBSTANCE USE ITEMS**  
**Coding Definitions**

**Check SEVERITY OF USE** *Please rate the highest level from the past 30 days*

- 0 Child is currently abstinent and has maintained abstinence for at least six months.
- 1 Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
- 2 Child actively uses alcohol or drugs but not daily.
- 3 Child uses alcohol and/or drugs on a daily basis.

**Check STAGE OF RECOVERY** *Please rate the highest level from the past 30 days*

- 0 Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 1 Child is actively trying to use treatment to remain abstinent.
- 2 Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3 Child is in denial regarding the existence of any substance use problem.

**Check PEER INFLUENCES** *Please rate the highest level from the past 30 days*

- 0 Youth's primary peer social network does not engage in alcohol or drug use.
- 1 Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
- 3 Youth is a member of a peer group that consistently engages in alcohol or drug use.

**Check PARENTAL INFLUENCES** *Please rate the highest level from the past 30 days*

- 0 There is no evidence that youth's parents have ever engaged in substance abuse.
- 1 One of youth's parents has history of substance abuse but not in the past year.
- 2 One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
- 3 One or both of youth's parents use alcohol or drugs with the youth.

## CANS Domain Items and Calculation Methodology for Improvement

### *Comprehensive CANS 0 to 5 Domain Averages:*

- *Child Behavioral/Emotional Needs*  
{(Attachment +Regulatory + Failure to Thrive + Depression + Anxiety + Atypical Behaviors + Impulsive + Oppositional + Trauma) divided by 9}\* 10 = **Behavioral Health Domain**
- *Child Risk Behaviors*  
{(Birth Weight + Pica + Prenatal Care + Labor/Delivery + Substance Exposure + Parent/Sibling Problem + Maternal Availability + Self Harm + Abuse/Neglect + Social Behavior) divided by 10} \* 10 = **Risk Domain**
- *Child Life Domain Functioning*  
{(Family + Living Situation + Pre-School/Day Care + Social Functioning + Recreation/Play + Developmental + Motor + Communication + Medical + Physical + Sleep + Relationship Permanence) divided by 12}\* 10 = **Functioning Domain**
- *Child Strengths*  
{(Family + Extended Family Relationships + Interpersonal + Adaptability + Persistence + Curiosity) divided by 6} \* 10 = **Strengths Domain**
- *Caregiver Strengths & Needs*  
{(Physical + Mental Health + Substance Use + Development + Safety + Involvement + Knowledge + Organization + Social Resources + Residential Stability + Family Stress) divided by 11} \* 10 = **Caregiver Domain**

### *CANS 5 to 17 Domain Averages:*

- *Child Behavioral/Emotional Needs*  
{(Psychosis + Impulsivity + Depression + Anxiety + Oppositional + Conduct + Trauma + Anger + Eating Disturbance + Substance Use [Severity of Use]) divided by 10}\* 10 = **Behavioral Health Domain**
- *Child Risk Behaviors*  
{(Suicide + Self Mutilation + Other Self Harm + Danger to Others + Sexual Aggression + Runaway + Delinquency + Fire Setting + Social Behavior + Bullying) divided by 10} \* 10 = **Risk Domain**
- *Child Life Domain Functioning*  
{(Family + Living Situation + School [Highest of School Behavior, Attendance or Achievement] + Social Functioning + Recreation + Developmental + Communication + Judgment + Legal + Medical + Physical + Sleep + Independent Living) divided by 13}\* 10 = **Functioning Domain**
- *Child Strengths*  
{(Family + Interpersonal + Optimism + Educational + Vocational + Talents/Interests + Spiritual + Community Life + Relationship Permanence + Youth Involvement + Natural Supports) divided by 11} \* 10 = **Strengths Domain**

- Caregiver Strengths & Needs  
1{(Physical + Mental Health + Substance Use + Developmental + Safety + Supervision + Involvement + Knowledge + Organization + Social Resources + Residential Stability + Family Stress) divided by 12} \* 10 = **Caregiver Domain**

### ANSA Domain Items and Calculation Methodology for Improvement

- Life Domain Functioning  
{(Physical/Medical + Family + Employment + Social Functioning + Recreational + Sexuality + Living Skills + Residential Stability + Legal + Sleep + Self Care + Involvement in Recovery + Transportation) divided by 13} \* 10 = **Functioning Domain**
- Behavioral Health Needs  
{(Psychosis + Impulse Control + Depression + Anxiety + Interpersonal Problems + Antisocial Behavior + Adjustment to Trauma + Anger Control + Substance Use + Eating Disturbance) divided by 10} \* 10 = **Behavioral Health Domain**
- Risk Behaviors  
{(Danger to Self/Others + Self Injurious Behavior + Other Self Harm + Exploitation + Gambling + Sexual Aggression + Criminal Behavior) divided by 7} \* 10 = **Risk Domain**
- Strengths  
{(Family + Social Connections + Optimism + Talents/Interests + Educational + Volunteering + Job History + Spiritual/Religious + Community Connectedness + Natural Supports + Resiliency + Resourcefulness) divided by 12} \* 10 = **Strengths Domain**

## Appendix C: Process to Identify Time 1 Assessment and Time 2 Reassessment

### Time 1 and Time 2 in DARMHA

The following several paragraphs detail how DMHA identifies clients with reassessments that can be used for Outcome Reporting as well as Reassessed within seven days reporting.

The goal for this report is to catch the most recent reassessment and previous assessment and then use that data for the various performance reports including outcome measures and percent reassessed within seven months.

Below are the logical steps that the data selection process goes through in the script to retrieve the primary data list.

Select all active population for a particular period of time typically fiscal year or any time within a given timeframe. The time frame is determined by the user/executive.

Resolve child/adult indicator – this is needed because we have a large population that age out of SED and the Agreement Category is also resolved.

Child/Adult resolution involves looking at the most recent RDO record.  
The Agreement category is also resolved in the same manor.

The initial target list is ranked to select consumers with only one record, these individuals are determined (by default) to not have a reassessment available. The consumers that fall in this category have the one date defined as the Time 1 point. (Records are ranked based upon the “Enrollment Date” field in descending order - most recent first order, secondarily the Object Key descended – which is a system generated integer value that is created by order of entry into the system.)

For the Reassessment Report, Consumers with only a time one record and a more than 180 day interval to the predefined target date, are then included in the “Total Eligible” count as eligible.

We then look at all consumers where their record counts or rank is greater than one. The selection process then takes the two first records in the rank (remember, the rank is ordered in descending order). These two records are used as the Time 2 and Time 1 points respectively.

Specifically for the Reassessment report, all consumers with a Time 1 and Time 2 are considered eligible for reassessment (Total Reassessed count) these consumers are also included in “Total Eligible” count.

Records with Reason Code Nine (Status Change) are eliminated at this point and are not included as possible Time 2 because it can contain NULL values for outcomes purposes.

All Time 2 records are evaluated for valid outcome data which means excluding Administrative Discharge records that contain no valid outcome data. This is a small percentage of less than 10% of records that get dropped.

The consumer's Time 1 date is established as a control point from the Time 2 date for the determination if it is an eligible reassessment – this is based upon the DMHA standard of 180 days reassessment point.

Consumers with a Valid Time 2 RDO record are then used in all outcome reports.