



# Measures Commentary



**January 2000**

**Report No. 99-23**

## **Department of Children and Families Mental Health Institutions Program Proposed Performance Measures for Fiscal Year 2000-01**

### ***Background***

The Mental Health Institutions Program provides treatment for adults with mental illness who meet Chapter 916, F.S., forensic commitment criteria or Chapter 394, F.S., civil commitment criteria. Persons under forensic commitment are adjudicated by the courts as incompetent to proceed or not guilty for reason of insanity. Persons under civil commitment are judged to be a danger to themselves, a danger to others, or unable to care for themselves.

The mission of forensic mental health treatment facilities is to restore, in a timely manner, the competency of persons who are incompetent to proceed in the courts. Whenever feasible, forensic institutions are to transfer persons who are not guilty for reason of insanity to civil mental health treatment facilities or to community mental health programs. The mission of civil mental health treatment facilities is to enable residents to manage their symptoms and acquire and use skills and supports necessary to return to the community.

As required by law, the Department of Children and Families is proposing a set of performance measures for use in the Appropriations Act for 2000-2001. This report presents the Office of Program Policy and Government Accountability's assessment of and recommendations for improving these proposed measures.

### ***Recommended Program Performance Measures***

Agency accountability systems should include two levels of performance measures. First, they should include policy-level outcome and output measures that help the Legislature assess program effectiveness and make budget decisions. These measures should be included in agencies' legislative budget requests and the appropriations act. Second, agencies should maintain program-level measures that provide more detailed information about interim outcome measures that can be tied more closely to program operations. Agencies should inform the Legislature about the internal measures they are keeping and make data for the measures available for legislative review as needed.

The number of measures in the Fiscal Year 1999-2000 implementing appropriations act for mental health institutions can be reduced to the few indicators listed in Exhibit 1. These indicators provide information on how effective institutions have been achieving their mission of enabling civil residents to move to community settings, restoring forensic residents to competency, and providing safe treatment settings. Be aware that the Adult Community Mental Health Program as well as the Mental Health Institutions Program affects one of the measures, the percentage of persons served discharged to the community. Therefore, the department needs to keep more detailed measures of institutional activities for accountability purposes. With some modifications, the remaining measures in the Fiscal Year 1999-2000 implementing appropriations act are appropriate. Although these measures need not be placed in the appropriations act, they should be routinely published and made available to legislative committees. Our recommendations for these measures are in Exhibit 2. Our recommendations for changes to current measures concur with the department's, but our recommendations for which measures to include in the appropriations act differ.

Because the Mental Health Institutions and Adult Community Mental Health Programs both provide services to enable persons with severe mental illness to live in the community, the Legislature may want to consider establishing performance indicators for a combined program.

**Exhibit 1**  
**OPPAGA Recommends Five Measures for**  
**Inclusion in the Appropriations Act for Fiscal Year 2000-01**

<b>Mental Health Institution</b>	<b>Measures</b>	<b>OPPAGA Comments</b>
Civil	Percentage of persons served discharged to the community	This indicator is affected by the mental health institutions' ability to mitigate residents' psychiatric symptoms, improve their skills for functioning in the community, and the availability of community mental health services.
Forensic	Average number of days to restore competency	
Civil and Forensic	Annual number of harmful events per 100 residents in each mental health institution	
Civil and Forensic	Number of people served	
Civil and Forensic	Annual cost per person served	

**Exhibit 2**  
**OPPAGA Recommends the Department of Children and Families Track Eight Additional Measures**

<b>Mental Health Institution</b>	<b>Current Measures</b>	<b>OPPAGA Comments</b>	<b>Recommended Measures</b>
Civil and Forensic	Percentage of residents who improve mental health based on the Positive and Negative Syndrome Scale	The recommended change allows the department flexibility in their choice of psychiatric assessment tools if a more appropriate assessment tool than the Positive and Negative Syndrome Scale is available.	Percentage of residents who improve mental health
Civil	Average score on community ability/readiness survey	The recommended change reflects improvement in residents' community readiness. The department chose the Multnomah Community Ability Survey as a community readiness measure.	Percentage of residents who improve on the community ability/readiness survey
Civil	Percentage of residents who meet readiness for discharge criteria between 6 months and 12 months after admission	We recommend tracking the time to discharge for short and long-term residents. The indicators are mental health system measures that are impacted by institution and community services. Our analysis of Fiscal Year 1998-99 data indicated that 365 days appropriately distinguishes between short and long-term residents	Percentage discharged to the community within 365 days  Percentage discharged to the community in 365 days or more
Civil	Percentage of patients readmitted within a year	We recommend tracking the use of inpatient treatment facilities by discharged residents within 14 and 30 days after discharge as a check on premature discharging. The current measure is indicative of community mental health services.	Percentage discharged admitted to an inpatient mental health treatment facility within 14 and 30 days after discharge
Forensic	Percentage of residents restored to competency and ready for discharge within 6 months after admission  Percentage of residents restored to competency and ready for discharge between 6 months and 12 months after admission	We recommend tracking the days to restore competency for short and long-term residents who are incompetent to proceed. Our analysis of Fiscal Year 1998-99 data indicated that 180 days appropriately distinguishes between short and long-term residents.	Percentage incompetent to proceed restored to competency within 180 days  Percentage incompetent to proceed restored to competency in 180 days or more

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