Health Care HCF Foundation
OF GREATER KANSAS CITY

Strategies, Outcomes & Indicators Workbook
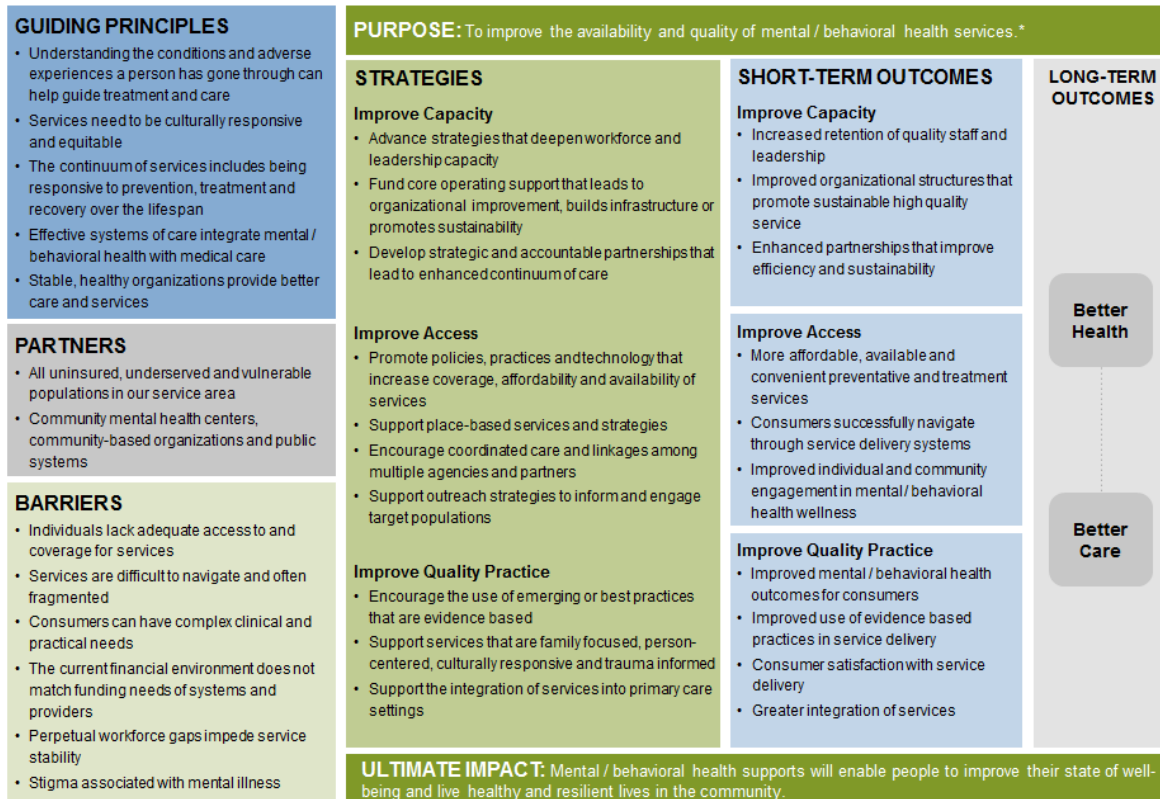# for Mental Health Grantees

INTRODUCTION TO OUTCOMES & INDICATORS

The goal of the Mental Health focus area is to improve the availability and quantity of mental/behavioral health services in order to enable people to improve their state of well-being and live healthy, resilient lives.

This worksheet describes and defines the indicators for mental/behavioral health outcomes that the Health Care Foundation (HCF) is measuring. These indicators allow HCF to collect data on progress toward short-term outcomes across grantees and allow your organization and HCF to measure and describe your impacts systematically.

For each strategy that you identified as part of your project, please review its outcomes and indicators and report on those most relevant for your project and for which you have or can obtain data. **HCF does not expect grantees to select every outcome/indicator from the HCF Indicator List**. Note—if there are outcomes/indicators that are important to you which are not represented in this list, you also have an opportunity to share those with HCF.

Mental Health Portfolio Theory of Change

PURPOSE: To improve the availability and quality of mental / behavioral health services.*

GUIDING PRINCIPLES
- Understanding the conditions and adverse experiences a person has gone through can help guide treatment and care
- Services need to be culturally responsive and equitable
- The continuum of services includes being responsive to prevention, treatment and recovery over the lifespan
- Effective systems of care integrate mental / behavioral health with medical care
- Stable, healthy organizations provide better care and services

PARTNERS
- All uninsured, underserved and vulnerable populations in our service area
- Community mental health centers, community-based organizations and public systems

BARRIERS
- Individuals lack adequate access to and coverage for services
- Services are difficult to navigate and often fragmented
- Consumers can have complex clinical and practical needs
- The current financial environment does not match funding needs of systems and providers
- Perpetual workforce gaps impede service stability
- Stigma associated with mental illness

STRATEGIES

Improve Capacity
- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure or promotes sustainability
- Develop strategic and accountable partnerships that lead to enhanced continuum of care

Improve Access
- Promote policies, practices and technology that increase coverage, affordability and availability of services
- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners
- Support outreach strategies to inform and engage target populations

Improve Quality Practice
- Encourage the use of emerging or best practices that are evidence based
- Support services that are family focused, person-centered, culturally responsive and trauma informed
- Support the integration of services into primary care settings

SHORT-TERM OUTCOMES

Improve Capacity
- Increased retention of quality staff and leadership
- Improved organizational structures that promote sustainable high quality service
- Enhanced partnerships that improve efficiency and sustainability

Improve Access
- More affordable, available and convenient preventative and treatment services
- Consumers successfully navigate through service delivery systems
- Improved individual and community engagement in mental / behavioral health wellness

Improve Quality Practice
- Improved mental / behavioral health outcomes for consumers
- Improved use of evidence based practices in service delivery
- Consumer satisfaction with service delivery
- Greater integration of services

LONG-TERM OUTCOMES

Better Health

Better Care

ULTIMATE IMPACT: Mental / behavioral health supports will enable people to improve their state of well-being and live healthy and resilient lives in the community.

* Mental / behavioral health services are referred to as "services" throughout this document.

The following requested organizational demographic information for your funded project do **not** constitute outcomes/indicators for your project. Rather, this information is being requested to develop a better understanding of the population you serve, vulnerable populations, and related conditions impacting the need for services.

Demographics Requests on End-of-Year Reporting Form

Type	Definition
Gender	n, % male, female, other
Race/Ethnicity	n, % Caucasian, African American, Hispanic/Latino, Asian/Pacific Islander, American Indian/Alaska, Native, other, unknown
Age	n, % infants (0–5), children (6–12), adolescents (13–19), young adults (20–35), adults (36–55), older adults (55+)
Federal Poverty Level	n, % below FPL, % FPL up to 2x FPL, >2x FPL, unknown/not captured
Coverage	n, % Medicaid, Medicare, private insurance, uninsured, unknown/not captured
Adverse Childhood Experiences (ACEs)	% of children and youth who have experienced one or more adverse childhood experiences
Major Depressive Episode (MDE) in the past year	% of youth ages 12–17
Major Depressive Episode (MDE) with severe impairment over past 12 months	% of adults (age 18 and older) whose depression caused severe problems with their ability to manage at home, manage well at work, have relationships with others, or have a social life.
Co-Occurring Mental Health Issues and Substance Use Disorder	% of adults (age 18 and older) who have the coexistence of a mental disorder and a SUD in the past year.
Suicidal Thoughts and Behaviors Among Adults	% of adults (age 18 and older) who have reported they had thought seriously about trying to kill themselves, made a plan, or attempted suicide
Suicidal Thoughts and Behaviors Among Youth	% of youth (ages 12–17) who have reported they had thought seriously about trying to kill themselves, made a plan, or attempted suicide

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Strategies to Improve Capacity

- ☐ Advance strategies that deepen workforce and leadership capacity
- ☐ Fund core operating support that leads to organizational improvement, builds infrastructure or promotes sustainability
- ☐ Develop strategic and accountable partnerships that lead to enhanced continuum of care

Outcomes for Improving Capacity

- ■ **1a. Increased retention of quality staff and leadership**
- ■ **1b. Improved organizational structures that promote sustainable high-quality service**
- ■ **1c. Enhanced partnerships that improve efficiency and sustainability**

Indicator Name	Indicator Definition and Instructions
☐ **1a) Enhanced staff retention efforts**	Describe any professional development opportunities, policies, or other activities that promote staff retention during this grant year. Indicate if the efforts are new or existing.
☐ **1a) Increased retention rate of staff**	*Complete Staff Retention Table on the next page.*
☐ **1b) Enhanced quality improvement processes**	Describe any accomplishments during this grant year that have enhanced capacity, including improvements in operations, evaluation, workflow, physical structure(s), and/or policies *(e.g., new staff positions, new technologies, facility improvements)*.
☐ **1b) New accreditations/ affiliations**	List any new accreditations or affiliations obtained during the grant year.
☐ **1b) Fiscal sustainability efforts**	Describe any changes or improvements during this grant year that promote fiscal sustainability *(e.g., leveraging of new dollars, restructuring of budget, strategic development outcomes and cost reductions)*.

☐ **1b) Organizational or institutional policy changes to improve organizational capacity**	Describe any new internal policies you have implemented or worked on during the grant year to improve organizational capacity.
☐ **1c) Strengthened partnerships**	Describe changes to existing partnerships with other organizations, health care delivery providers, or social services agencies. Name the partner organization(s) and describe how you have strengthened existing partnerships over the grant year.
☐ **1c) New partnerships**	Describe new partnerships with other organizations, health care delivery providers, or social services agencies that have increased capacity. Provide the number of new partners, names of the new partner organization(s), and a description of the new partnership(s) that have been secured over the grant year.
☐ **1d) Other**	Describe any additional indicators not already mentioned that support the Improving Capacity outcome(s) you selected above.

TABLE 1: STAFF RETENTION TABLE

Type of Staff	Previous year		2017, Current grant year	
	# retained in category	% of total staff	# retained in category	% of total staff
Credentialed Staff *(Holds active or provisional clinical or medical license or Masters-level degree)*				
Credentialed Staff in Managerial Roles *(Managerial roles include supervisors, directors, VPs, COO, CFO, and other staff not working in a direct clinical capacity)*				
Non-Credentialed Staff *(care staff, case managers, support staff, etc.)*				

Strategies to Improve Access

- ☐ Promote policies, practices and technology that increase coverage, affordability and availability of services
- ☐ Support place-based services and strategies
- ☐ Encourage coordinated care and linkages among multiple agencies and partners
- ☐ Support outreach strategies to inform and engage target populations

Outcomes for Improving Access

- ■ **2a. More affordable, available and convenient preventative and treatment services**
- ■ **2b. Consumers successfully navigate through service delivery systems**
- ■ **2c. Improved individual and community engagement in mental/behavioral health wellness**

Indicator Name	Indicator Definition and Instructions
☐ **2a) Consumer experience improvements**	Describe any improvements in consumer experience during this grant year *(e.g., reduction in waiting times, hours of operation, provision of culturally responsive care, trauma informed care, peer support, improved safety, enhanced amenities, child care).*
☐ **2a) Decrease in average number of days until initial assessment/evaluation for new consumers**	*Complete Consumer Table on the next page.*
☐ **2a) Local, state, or national policy changes to improve access to behavioral health services**	Describe your organization's efforts to impact local, state, or national policies to improve access to behavioral health services during this grant year.

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☐ **2a) Enhancements to service availability**	Describe any organizational changes during this grant year to existing or new efforts to increase service availability *(e.g., extended hours, locations, increased workforce, transportation, SSI/Medicaid enrollment activities, sliding scale).*
☐ **2a) Service delivery sites**	Report three numbers at the project level: 1) the percentage of services provided in-office for this project, 2) the percentage in-home, and 3) the percentage in alternative locations (*e.g., schools, churches, community centers*). Describe any changes from the prior year.
☐ **2b) Increased numbers of consumers served**	*Complete Consumer Table on the next page.*
☐ **2b) Increased number of visits by consumers**	*Complete Consumer Table on the next page.*
☐ **2b) Strengthened partnerships that enhance consumer navigation**	Describe new or enhanced partnerships with other organizations, health care delivery providers, or social services agencies that have specifically enhanced consumer navigation and improved your referral systems pertaining to this project. Name the partner organization(s) and describe how this partnership has impacted consumers over the grant year.

☐ **2c) Increased consumer engagement with their healthcare experience**	Describe any strategies during this grant year used to increase consumer engagement in their healthcare experience *(e.g., access to health records, consumer education of rights/benefits, improved communication, improved tracking and follow-up, consumer boards, inclusion in advocacy, consumer involvement in treatment design and decisions).*
☐ **2c) Enhancements to reach target populations**	Describe any enhancements of services during this grant year to reach target populations and/or new consumer groups (e.g., *policy changes, media campaigns, peer support, stigma reduction efforts, diversified workforce).*
☐ **2d) Other**	Describe any additional indicators not already mentioned that support the Improving Access outcome(s) you selected above.

TABLE 2: CONSUMER TABLE

Indicators on Consumers Served	Previous year	Current grant year
Number of unduplicated consumers receiving care from the funded project		
Number of visits by consumers receiving care from the funded project		
Number of unduplicated consumers accessing clinical services		
Number of consumers receiving clinical services for the first time		
Number of unduplicated consumers accessing non-clinical or preventative care		
Average number of days until initial assessment/evaluation		

Strategies to Improve Quality Practice

☐ Encourage the use of emerging or best practices that are evidence based
☐ Support services that are family focused, person-centered, culturally responsive and trauma informed
☐ Support the integration of services into primary care settings
☐ Align strategically with local, regional, or state coalitions and networks

Outcomes for Improving Quality Practice

■ **3a. Improved mental/behavioral health outcomes for consumers**
■ **3b. Improved use of evidence-based practices in service delivery**
■ **3c. Consumer satisfaction with service delivery**
■ **3d. Greater integration of services**

Indicator	Indicator Definition and Instructions
☐ **3a) Consumers increase understanding of their own emotional, psychological, and social well-being**	Describe any improvements or changes in consumers' understanding of own emotional, psychological, and social well-being (from surveys, tracking, or interviews). Report your data here and include the name of the assessment tools used, where applicable.
☐ **3a) Reduced hospital admission and readmission rates**	*Complete Admission Rate Table below.*
☐ **3a) Reduction in disparities (racial/ethnic or socioeconomic) for mental or behavioral health issues**	Report any evidence in how services contributed to reducing disparities for mental and behavioral health issues this past year.
☐ **3b) Use of evidence-based, practice-based, or promising practices in service delivery**	List any evidence-based, practice-based, or promising practices used in this project. Describe any fidelity measures and/or necessary adjustments to model.

☐ **3b) Measured improvement of functioning, emotional, psychological, social wellbeing, or recovery from trauma**	Report the number and percentage of consumers who have demonstrated improvement in mental and behavioral wellness as measured by a mental/ behavioral health or pro-social assessment tool. Provide the name of the assessment tool used.
☐ **3c) Consumer satisfaction with their visit/experience/services**	Report the number (%) of consumers reporting satisfaction with their visit/experience/provider through surveys, interviews or data tracking during this grant year.
☐ **3d) Linkages connecting mental and behavioral health services with primary care services**	Describe any linkages connecting mental and behavioral health services with primary care services (*e.g., teams, MOUs, shared data*) used during this grant year.
☐ **3e) Other**	Describe any additional indicators not already mentioned that support the Improving Quality Practice outcome(s) you selected above.

TABLE 3: ADMISSION RATE TABLE

Admission Rate Indicators	2016, previous year		2017, current year	
	Number	**%**	**Number**	**%**
Consumers admitted to hospitals				
Consumers readmitted to hospitals				

4. Other Outcomes/Indicators Not Described Elsewhere

Indicator Definition and Instructions

Please describe any other relevant outcomes for your project that are not included above. For example, you may have increased family involvement in treatment decisions and may want to describe the strategies used to increase family involvement and the results.