



**MHSIP POLICY GROUP**

**Mental Health Statistics Improvement Program (MHSIP)  
Consumer Oriented Report Card Workgroup  
Version 2**

**Purpose, Values and Charge to the Workgroup**

**January 17 – 18, 2002  
Westin Grand Hotel  
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MHSIP  
Mental Health Statistics Improvement Program

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**Our mission: to foster and enhance the quality and scope of information for decisions that will improve the quality of life and recovery of people with mental illness.**

## **MHSIP REPORT CARD VERSION 2.0**

# **PURPOSE**

**The purpose of MHSIP Report Card Version 2.0 is to consolidate the lessons and experiences of performance measures development and implementation in the mental health field and to develop a set of performance measures that reflect key concerns in describing the performance of mental health systems or organizations. The MHSIP Revision recognizes that different sets of measures may be needed for different populations in different settings but a major emphasis will be to develop consistency and commonality across these sets.**

- MHSIP Report Card 2.0 will address report card requirements for both adults and children and is intended to apply to the entire mental health field, both public and private.
- MHSIP Report Card 2.0 will build on the work of the Recovery Advisory Group and the Recovery Measurement Group and will incorporate the common measures developed by the Adult and Child Mental Health Performance Measurement Workgroup of Performance Measurement Forum held in March 2001.
- MHSIP Report Card 2.0 will emphasize the implementation, reporting and uses of performance measures.
- MHSIP Report Card 2.0 will give special attention to developing a second generation of consumer survey instruments building on the work done on the MHSIP Consumer Surveys and Experience of Care and Health Outcomes (ECHO) Survey.

# MHSIP REPORT CARD VERSION 2.0

## VALUES

### Report Card Development

The major impetus for MHSIP Report Card Version 2.0 is to maintain the momentum to build a consumer-centered system that helps consumers move towards recovery. The objective is to provide useful information for consumers, their families, mental health service oversight authorities, providers and other stakeholders in promoting evidence-based recovery, quality of care, accountability and system improvement.

### The Mental Health System

MHSIP Report Card Version 2.0 is value-based. Implicit in its measures are key values and expectations of the mental health system. These include:

- Consumers and their families should have quick and easy access to clinically and culturally appropriate services.
- Consumers and their families should receive state-of-the-art services appropriate to individual needs and preferences.
- The treatment and support that consumers and family members receive will address the problems and concerns for which services were sought.
- Consumers and family members should receive services that do no harm, either directly through the services received or in the environment within which services are provided.

# **MHSIP REPORT CARD VERSION 2.0**

## **CHARGE TO WORKGROUP**

### **Introduction**

In April 1996, the report of the MHSIP Consumer-oriented Mental Health Report Card was published and released at a public news conference. Shortly afterwards, the Center for Mental Health Services developed a grant program for states to implement mental health performance measurement systems using the indicators and measures in the report card as a model.

At the same time, other performance initiatives -- the NASMHPD performance measures initiative, the ACMHA initiative, AMBHA, NCQA -- have used the MHSIP report card as a basis for their work, some more than others. The report card was also endorsed by several advocacy organizations including NAMI, NASMHPAC, and the Association of Ambulatory Behavioral Healthcare. Standardization of measures across states has been and is being tested through the five-state feasibility study and the 16-state indicator project sponsored by the Center of Mental Health Services. Standardization efforts are also being tested by the combining of the MHSIP survey and the Consumer Assessment of Behavioral Health Systems (CABHS) into the ECHOS instrument.

Also, through various development efforts, new instruments and measures have emerged which refine and enhance the original MHSIP report card. Instruments related to children's measures, the measurement of recovery, and inpatient settings are currently under development or being tested.

Various lessons have been learned through these initiatives and so it is time to incorporate these into a new formulation of a performance measurement system for the field of behavioral health. This is essentially what the workgroup is charged to do.

### **Rationale for MHSIP Report Card 2.0**

The purpose of the MHSIP Report Card 2.0 effort is to maintain the momentum to build a consumer-driven, consumer-focused system that helps consumers move in the direction of recovery. Based on the factors described in the previous section, the time is opportune for the development of the next generation of recommendations for behavioral health performance measurement systems and it is fitting that the MHSIP community provide leadership to the field as it has in the past.

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More specifically, the rationale for the development of MHSIP Report Card 2.0 is:

1. To incorporate the lessons learned from the development and implementation experiences of MHSIP Report Card 1.0 (These are summarized in Appendix 1).
2. To incorporate refinements to existing measures, add new measures and delete measures that did not work.
3. To propose analytical and data presentation reports that could be adapted for various uses including systems accountability, quality improvement, contract management and consumer choice.

### **Charge**

The charge to the workgroup is to:

1. Build on the lessons learned and current refinements and developments related to performance measures proposed in MHSIP Report Card 1.0 and other behavioral health performance measurement initiatives to propose a set of behavioral health performance measures for the next generation of activity;
2. Develop a toolkit related to methodological and implementation issues related to the proposed measures;
3. Propose data presentation reports for different uses and audiences, and;
4. Incorporate new technologies for the implementation of performance measures and for the dissemination and distribution of reports.