

THE MHSIP CONSUMER-ORIENTED MENTAL HEALTH REPORT CARD

| What is the MHSIP Report Card?

The MHSIP mental health report card is a *prototype consumer-oriented report card developed to assess the quality and cost of mental health and substance abuse services.*

| What is Unique About the MHSIP Report Card?

*The MHSIP report card is unique among similar documents in measuring those dimensions that matter most to mental health consumers. Consumers were included in every stage of the process. The resulting document is (1) consumer-oriented; (2) based on research and explicit values; (3) focused on, but not limited to, serious mental illness; (4) designed to emphasize the *outcomes* of mental health treatment; and (5) conscious of related costs and staff burden.*

| How is the MHSIP Report Card Designed to Be Used?

The MHSIP report card is designed to help mental health consumers, advocates, healthcare purchasers, providers, and state mental health agencies compare and evaluate mental health services based on concerns that are important to consumers.

| What Are the Elements of the MHSIP Report Card?

The MHSIP report card consists of *domains, concerns, indicators, and measures*. Domains are the major areas the report card is designed to address; concerns are value statements related to each domain; indicators are an operational specification of how well an organization is performing relative to each concern; and measures are specific methodologies used to derive and calculate the indicators.

| How Are the Data Collected?

Data for the MHSIP report card are derived from several sources. These include enrollment/encounter and financial information contained in a provider's administrative database, information on individual patients gleaned from clinician assessments and medical records, and consumer self-report instruments.

| **How Are the Data Used?**

The MHSIP report card is flexible and comprehensive. The data collected can be used to determine how well a mental health provider or service system is performing relative to the four domains--*access*, *appropriateness*, *outcomes*, and *prevention*. In addition, performance can be rated at the level of individual concerns and indicators.

| **How Should the Results Be Interpreted?**

There are a number of caveats to consider when interpreting report card results. As with any such document, differential results may reflect inadequate or incomplete data or differences in the populations served. To the degree possible, statistical adjustments will have to be made to account for these variations. Individuals and organizations are encouraged to contact each provider directly for more complete information on their products and services.

THE MHSIP REPORT CARD

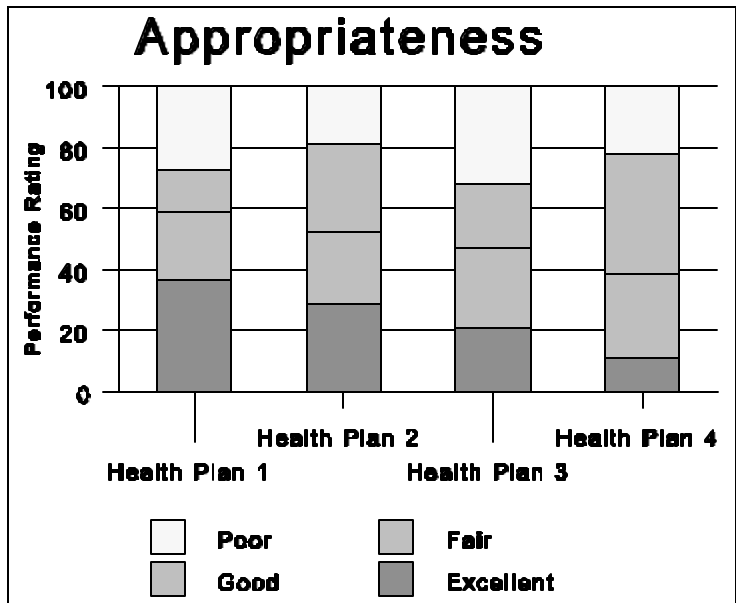
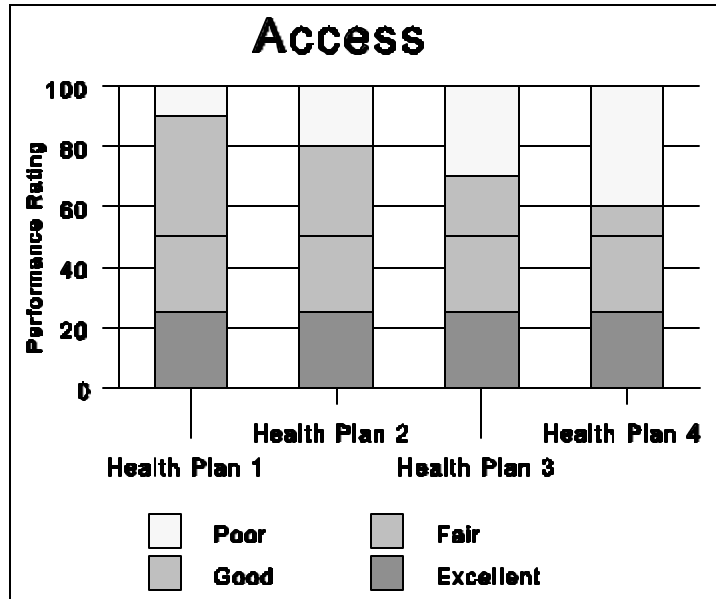
Performance Ratings for Domains¹

Priority Concerns Related to ACCESS

- | Quick and convenient entry into services.
- | A full range of service options.
- | Cultural and linguistic access.
- | Financial barriers.

Priority Concerns Related to APPROPRIATENESS

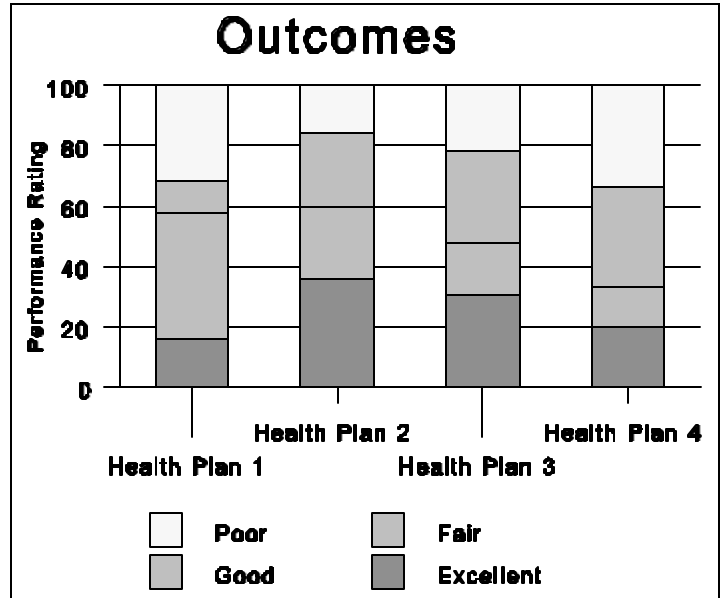
- | Voluntary participation in services.
- | Services that promote recovery.
- | Services that maximize continuity of care.
- | Consumer involvement in policy development, planning, and quality assurance activities.
- | Adequate information to make informed choices.
- | Application of best-practice guidelines.



¹These charts are intended to illustrate the concerns covered under each domain. The report card can also provide information for comparison of performance at the level of concerns, indicators, and measures (see the technical appendix for additional report card formats).

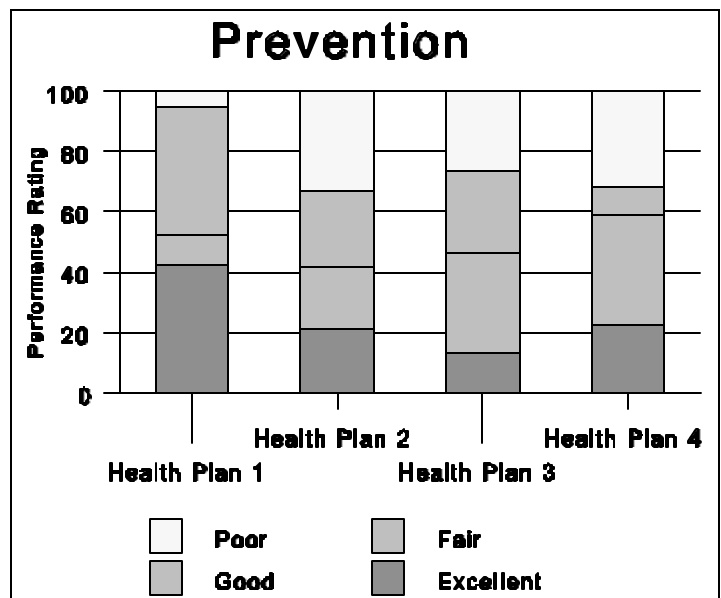
Priority Concerns Related to OUTCOMES

- | Increased access to general healthcare.
- | Minimal negative outcomes from treatment.
- | Reduced psychological distress.
- | Increased sense of personhood.²
- | Reduced impairment from substance abuse.
- | Increase in productive activity.
- | Capacity for independent community living.
- | Increase in independent functioning.
- | Reduced involvement in the criminal justice system.
- | Participation in self-help activities.
- | Minimal recurrence of problems.
- | Positive changes (in areas for which treatment is sought).
- | Increased natural supports and social integration.



Priority Concerns Related to PREVENTION

- | Information provided to reduce the risk of developing mental disorders.
- | Interventions designed to reduce the risk of developing mental disorders.



²See endnote 5 on page 17 for a discussion of the term *personhood*.

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