

**Van Buren
Community Mental Health Authority
Ends Monitoring Report (Part 2)
September 2021**

SUBJECT: Adults with Intellectual/Developmental Disabilities, Serious Mental Illness or Substance Use Disorder
POLICY:

There will be an improvement in the quality of life for adults and older adults with serious mental illness, intellectual/developmental disabilities or substance use disorders which will be noted by improvement in their:

- functioning
- positive participation in their community

A monitoring report on portions of the Adults' End was reported in July 2021. The attached summary table includes a summary of the most significant data reported in June in blue font. The new data is presented and analyzed below and is also summarized in the attached table in bold black font.

CEO Interpretation:

(Portions addressed in current report)

Improvement in functioning means that adults and older adults served will demonstrate an increased sense of well being and self sufficiency. Adults and older adults will have relief from acute psychiatric conditions and will indicate that symptoms of mental illness interfere less with their daily life. Adults with intellectual/developmental disabilities will maximize their physical and cognitive ability to interact with people and their environment, whether at home, workplace, or general community settings.

Improvement in positive participation in their community means that adults and older adults will self define their occupancy of time, and have increased engagement in activities they find meaningful. Defining how their time is occupied and engaging in meaningful activities includes having friendships and family relationships and contributing to their communities through paid or volunteer work. Adults and older adults will live in places that are safe and where they have choice in their day to day lives.

Monitoring report

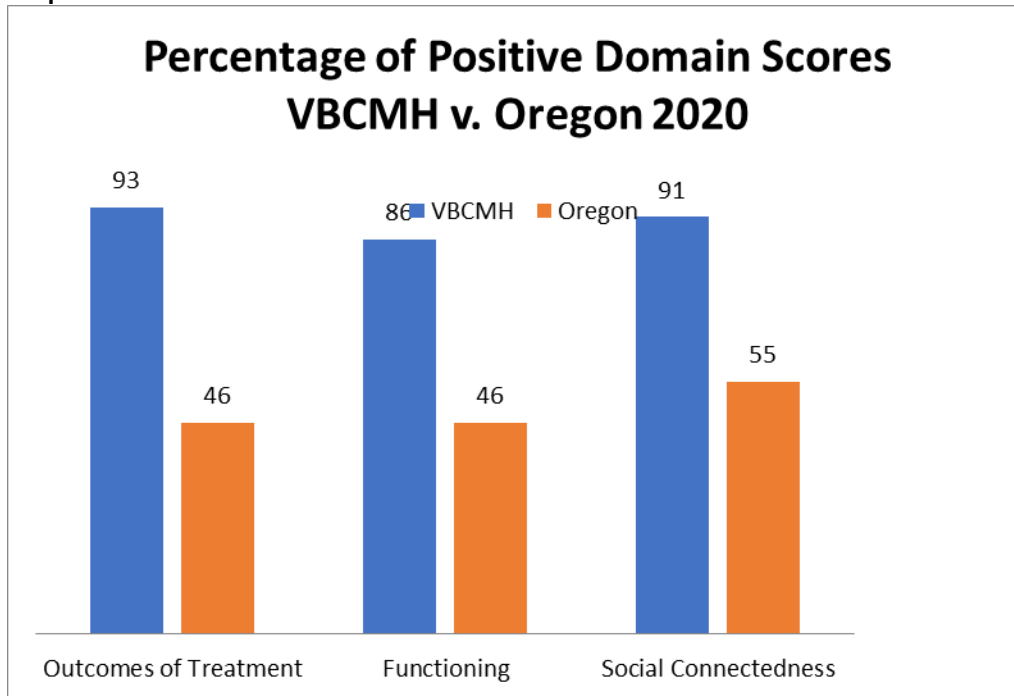
The following report presents evidence that VBCMh is improving the functioning and positive participation in their community of adult customers. This report comes from data collection completed in the December of 2020 and January of 2021 using the Mental Health Statistics Improvement Program (MHSIP) survey. Specifically, for this report, the data utilized was from the sections of the survey that gathers information on Outcomes of Treatment and Services, Functioning, and Social Connectedness. This is the twelfth year VBCMh has reported on these sections of MHSIP data. The MHSIP was chosen because it has been validated as a meaningful instrument; it is in the public domain and thus free to use; and it has been used throughout the country and in Michigan so comparison scores for similar populations served are available. Each question is answered on a 5 point scale including the choices of 5 = strongly agree with the statement, agree, neutral or not sure, disagree and 1 = strongly disagree with the statement. All statements are worded as positive statements. For this report, the results of the SWMBH conducted survey were utilized. A sample of customers served was given the survey by phone or through an emailed online link. The survey was conducted by an independent company. A total of 112 survey interviews were completed for VBCMh adult customers. This randomly selected sample of survey respondents is less robust sample than when VBCMh conducted their own survey but the results are consistent with previous years' results. A concern about the full MHSIP instrument has been raised in recent years that the survey is too long and thus a higher number of respondents refuse to complete or quit the survey prior to completion.

As in past years, the MHSIP survey data from the State of Michigan was not considered a useful comparison group because Michigan only surveys a small population of mental health customers who utilize only one type of service. Given the limitation of comparisons with the State of Michigan scores, additional comparison populations were sought. As was the case in past years for adults and for children served by VBCMh, the state of Oregon offered the most complete data report on a population similar to that served by VBCMh. The State of Oregon data included adults served by a comprehensive system of services, included adults with intellectual/developmental disabilities. The comparisons offered here are with the most recent data published. In order to compare scores with the State of Oregon, computation of the section scores, called domain scores, were calculated following the same methodology as Oregon. A domain score that averaged 3.5 or greater was considered positive, and only those scores for persons

answering two-thirds of the questions in a section were counted. The Oregon report characterizes this as a relatively high threshold for rating domain scores as positive.

As can be seen in the Graph 1 below, VBCMh scores computed with this methodology were consistently and significantly higher than the scores reported from the State of Oregon. The questions which make up each domain may be seen on page 3 in Table 1.

Graph 1



Over the past twelve years:

- The domain scores for all three scales have been significantly higher for VBCMh than for the comparison.
- The year to year variations in domain scores for VBCMh were not statistically significant until five years ago when they were significantly higher than the previous six years. The scores for VBCMh have remained at this higher level.

SWMBH calculates agreement scores on a simple average basis and reported that the ratings given by VBCMh customers were equal to the SWMBH averages as were all individual CMH averages. SWMBH also reported scores compared to a national average. VBCMh customers' ratings were higher than the national averages in the Outcomes, Functioning and Social Connectedness domains.

As reported by SWMBH National Averages

Outcomes of Treatment 69%

Functioning 74%

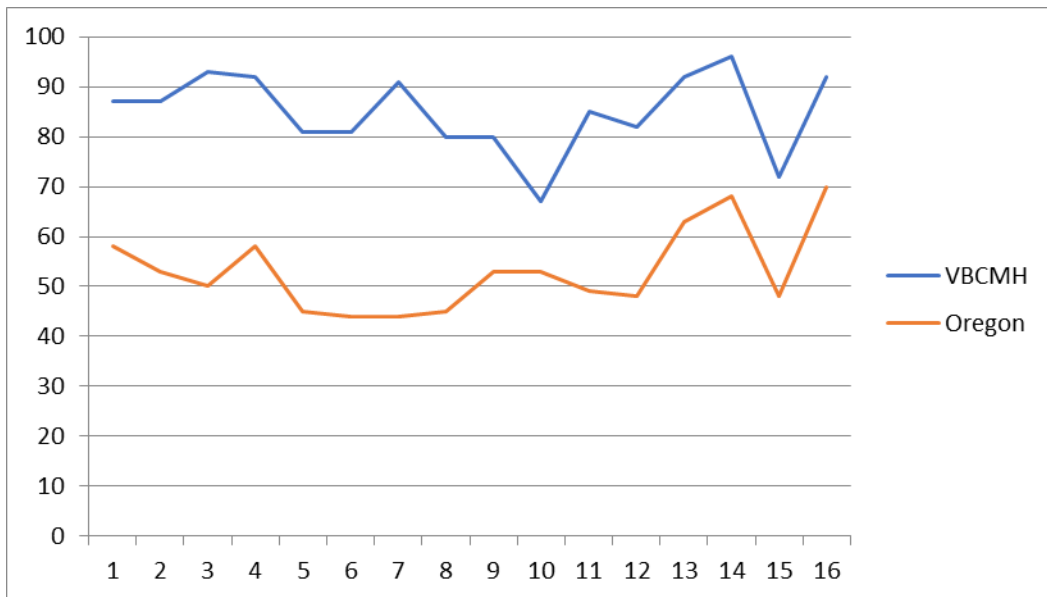
Social Connectedness 74%

In reviewing the percentage of persons who scored individual question answers as a 4 (agreed) or 5 (strongly agreed), VBCMh scores were higher than Oregon for every question. The data is shown in two formats on the next page. In Table 1, each item is spelled out and in Graph 2 just the item number is displayed.

Table 1 Percent of responders who agree or strongly agree with an item

As a direct result of the services I received:	VBCMh	Oregon
Outcomes domain includes items 1-8		
1. I deal more effectively with daily problems.	87	58
2. I am better able to control my life.	87	53
3. I am better able to deal with crisis.	93	50
4. I am getting along better with my family.	92	58
5. I do better in social situations.	81	45
6. I do better in school and/or work.	81	44
7. My housing situation has improved.	91	44
8. My symptoms are not bothering me as much.	80	45
Functioning domain includes items 8 through 11		
9. I do things that are more meaningful to me.	81	53
10. I am better able to take care of my needs.	85	53
11. I am better able to handle things when they go wrong.	93	49
Social connectedness domain includes items 12-16		
12. I am better able to do things that I want to do.	87	48
13. I am happy with the friendships I have.	92	63
14. I have people with whom I can do enjoyable things.	86	68
15. I feel I belong in my community.	72	48
16. In a crisis, I would have the support I need from family or friends.	92	70

Graph 2 Percent of responders who agree or strongly agree with an item



The information presented above indicates that adult customers from VBCMh report better than national averages that the services received have improved their lives.

Specific Ends Statements

Looking at the specific Ends statements and how each aligns with this data; one can see that the desired outcome of improvement in functioning matches the language of the survey for the section or domain of Functioning on the MHSIP. As presented above, VBCMh adult customers rate the improvement in their functioning as a result of services received more highly than the comparison group. The desired outcome of improved positive participation in their community

lines up with the section or domain of Social Connectedness, and again, VBCMh adult customers rate the improvement in this area, as a result of services received, more highly than the comparison group.

Looking at each approved interpretation statement for the End and matching it with the data collected yields supportive evidence spelled out below.

Adults and older adults served will demonstrate an increased sense of well being and self sufficiency.

The concepts of well being and self sufficiency seem thoroughly covered by the items in the Outcomes and Functioning sections. The data indicate that adult customers of VBCMh more frequently agree with statements such as “I deal more effectively with daily problems,” “I am better able to deal with crisis,” “I do better in social situations,” “I do better in school or work,” and “I am better able to handle things when they go wrong,” as well as the other items in these sections. As seen in the Graph 1 on page 2, the VBCMh scores for these sections are significantly higher than the national comparison sample.

This year SWMBH did not provide individual survey responses with the case identification number so splitting out population groups was not possible. In all past years, the scores for older adults served by VBCMh were always higher than those of older adults served in the comparison group. This year’s results do not differ significantly from previous years so it can be assumed that older adults scores also remained high.

Adults and older adults will have relief from acute psychiatric conditions and will indicate that symptoms of mental illness interfere less with their daily life.

The items “My symptoms are not bothering me as much,” “I deal more effectively with daily problems,” “I am better able to control my life,” “I am better able to deal with crisis,” “I am better able to take care of my needs,” and “I am better able to handle things when they go wrong,” seem to specifically address the concept of relief from acute psychiatric conditions and less interference in daily life. As can be seen in Table 2, VBCMh customers consistently reported significantly higher agreement on these items. The simple average of these scores shows VBCMh adult customers endorsed 83% of the items positively while the comparison sample endorsed only 51% of the items positively.

Table 2

Item	VBCMh	Oregon
8. My symptoms are not bothering me as much	80	45
1. I deal more effectively with daily problems	87	58
2. I am better able to control my life	87	53
3. I am better able to deal with crisis.	93	50
10. I am better able to take care of my needs	67	53
11. I am better able to handle things when they go wrong.	85	49

Adults with intellectual/developmental disabilities will maximize their physical and cognitive ability to interact with people and their environment, whether at home, workplace, or general community settings.

The above interpretation statement looks only at adults with intellectual/developmental disabilities (I/DD). As noted above, SWMBH did not provide information to allow splitting out population groups. In previous years, the scores from the adults with I/DD were statistically equivalent to those from the entire adult population. No comparison sample of just adults with I/DD could be found, but we already know from the data reviewed that VBCMh scores were consistently higher than the comparison samples.

Improvement in positive participation in their community means that adults and older adults will self-define their occupancy of time and have increased engagement in activities they find meaningful. Defining how their time is occupied and engaging in meaningful activities includes having friendships and family relationships and contributing to their communities through paid or volunteer work.

The Social Connectedness domain aligns with this interpretation statement and as stated earlier, was significantly higher for VBCMh adult customers and older adult customers than for the comparison groups. Additional items that align with the interpretation statement of positive participation in their community and the corresponding scores can be seen for all adults in Table 3 below. Again, the scores for VBCMh customers are higher than the comparison. The average of these scores shows VBCMh adult customers endorsed 82% of the items positively, and the comparison sample endorsed 53% of the items positively.

Table 3	VBCM	H Oregon
2. I am better able to control my life	87	53
4. I am getting along better with my family	92	58
5. I do better in social situations.	81	45
9. I do things that are more meaningful to me.	67	53

Adults and older adults will live in places that are safe and where they have choice in their day to day lives
 A portion of this interpretive statement was addressed in the July 2021 report and is summarized on the accompanying table. The items “My housing situation has improved,” “I do things that are more meaningful to me,” and “I am better able to do the things I want to do,” and “I have people with whom I can do enjoyable things,” most closely align with “live in places that are safe and where they have choice in their day to day lives.” Again, the results are positive: the average of these scores as listed in Table 4 shows VBCM customers endorsed 81% of the items positively and the comparison sample endorsed 53% of the items positively

Table 4	VBCM	H Oregon
7. My housing situation has improved	91	44
9. I do things that are more meaningful to me.	67	53
12. I am better able to do the things I want to do	81	45
14. I have people with whom I can do enjoyable things.	86	68

Summary

All of the monitoring data for the Adults’ End given in July and in this month’s report are summarized in the accompanying table.

The Board is asked to deliberate the questions asked when a completed Ends report is given:

1. Is the interpretation by the CEO reasonable?
2. Is the evidence relevant and compelling?
3. Does this information lead the Board to believe they need to refine their Ends?