

**Van Buren
Community Mental Health Authority
Ends Monitoring Report (Part 2)
September 2019**

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 June 2019. 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.

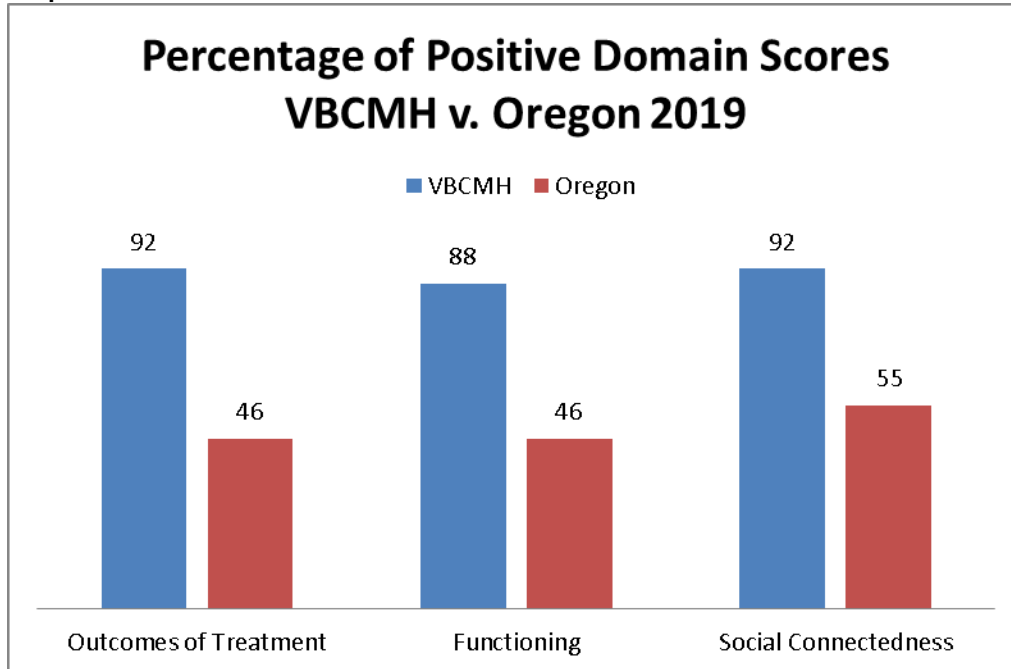
Monitoring report

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 2018 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 tenth year VBCMH has reported on the 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. The survey was conducted by an independent company. A total of 197 survey interviews were completed for VBCMH adult customers. This randomly selected sample of survey respondents is more robust sample than last year and the results are consistent with previous years' results.

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, and also included persons insured by Medicaid, other insurers and those without insurance. 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 ten 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 four 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. SWMBH also reported scores compared to a national average and noted that VBCMh customers' ratings were higher than the national averages in the Outcomes; Functioning and Social Connectedness domains.

National Averages reported by SWMBH

Outcomes of Treatment 69%

Functioning 74%

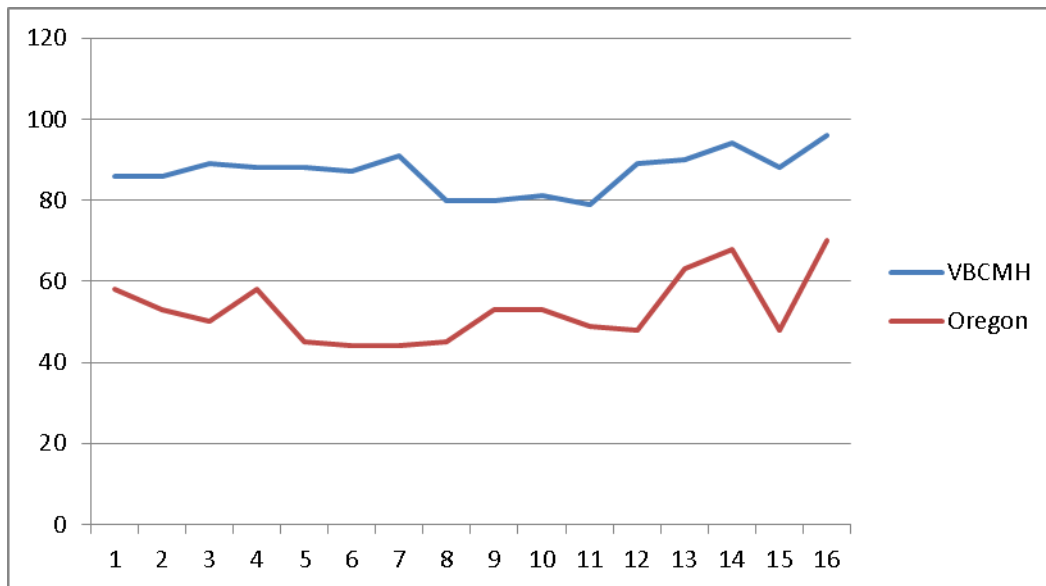
Social Connectedness 74%

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 2, 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.	86	58
2. I am better able to control my life.	86	53
3. I am better able to deal with crisis.	89	50
4. I am getting along better with my family.	88	58
5. I do better in social situations.	88	45
6. I do better in school and/or work.	87	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.	80	53
10. I am better able to take care of my needs.	81	53
11. I am better able to handle things when they go wrong.	79	49
Social connectedness domain includes items 12-16		
12. I am better able to do things that I want to do.	88	48
13. I am happy with the friendships I have.	90	63
14. I have people with whom I can do enjoyable things.	94	68
15. I feel I belong in my community.	88	48
16. In a crisis, I would have the support I need from family or friends.	96	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.

The scores for older adults served by VBCMh are also higher than those of older adults served in the comparison group; however the number of older adults in the VBCMh sample is small. The results for older adults served by VBCMh are consistent with previous years. As can be seen in the table below, VBCMh scores for older adults are higher than those from Oregon.

Table 3 Older Adults VBCMh Oregon

Outcomes of Treatment	94	45
Functioning	87	49
Social Connectedness	100	63

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 4, VBCMh customers consistently reported significantly higher agreement on these items. The simple average of these scores shows VBCMh customers endorsed 84% of the items positively while the comparison sample endorsed only 51% of the items positively. Older adults served by VBCMh had an even higher average for these items at 88% agreement.

Table 4

Item	VBCMh	Older	Oregon
8. My symptoms are not bothering me as much	80	80	45
1. I deal more effectively with daily problems	86	88	58
2. I am better able to control my life	86	94	53
3. I am better able to deal with crisis.	89	93	50
10. I am better able to take care of my needs	81	73	53
11. I am better able to handle things when they go wrong.	79	100	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). In general, from VBCMh data, 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. Adults with DD from VBCMh had the following domain scores:

Table 5

	VBCMh Adults with DD
Outcomes domain includes items 1-7	90
Functioning domain includes items 9 through 12	84
Social connectedness domain includes items 13-16	91

These endorsement rates, especially on the Social Connectedness domain, indicate that adults with DD, as a result of services from VBCMh, believe that their ability to interact with people and their environment at home, work and in the community is improved.

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 6 below. Again, the scores for VBCMh customers are higher than the comparison. The average of these scores shows VBCMh adult customers endorsed 86% of the items positively, and the comparison sample endorsed 50% of the items positively. Older adults served by VBCMh had an even higher average for these items at 91% agreement. The scores for older adults were equal on 3 of the statements but higher by 20% for the statement I do things that are more meaningful to me.

Table 6 **VBCMh Older Oregon**

	VBCMh	Older	Oregon
4. I am getting along better with my family	88	88	58
5. I do better in social situations.	88	88	45
6. I do better in school and/or work.	87	87	44
9. I do things that are more meaningful to me.	80	100	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 June 2019 report and is summarized on the attached 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 7 shows VBCMh customers endorsed 87% of the items positively and the comparison sample endorsed 53% of the items positively. Older adults served by VBCMh had an even higher average for these items at 95% agreement.

Table 7 **VBCMh Older Oregon**

	VBCMh	Older	Oregon
7. My housing situation has improved	91	88	44
9. I do things that are more meaningful to me.	80	100	53
12. I am better able to do the things I want to do	90	100	45
14. I have people with whom I can do enjoyable things.	88	93	68

Summary

All of the monitoring data for the Adults’ End (given in June and in this months’ report are summarized in the attached 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?