Behavioral Health Community Indicators: A Disruptive Innovation for Local Systems of Care

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Background

In 2004, the Austin Mayor’s Mental Health Task Force, a cross- sector group of community-based organizations, created the Austin Behavioral Health Community Indicators Project. The project constructed a set of 22 behavioral health indicators, drawing from existing sets of recommended key indicators of mental and behavioral health. As part of the process, a community-based participatory research project constructed a set of 22 behavioral health indicators, drawing from existing sets of recommended key indicators of mental and behavioral health. The indicators project uses the technology of Results-Based Accountability (Friedman, 2005), she proposed seeking the local steering committees with creating a specific indicator for each area that would be measurable, meaningful to community leaders, and low- or no-cost to track. The steering committee revealed that discretionary removals are higher than in other urban areas in the state.

Results

To date, preliminary results are available for half of the five indicators. The case studies have presented evidence to clear hypotheses on specific causes of system failure.

Implications

The indicator improvement participatory research project has galvanized community members and service providers, prompting Root cause analyses were conducted on 30 individuals with serious mental illness who were re-admitted four or more times within 30 days (N=13). System costs indicated the average cost per patient equaled $640 per day or $28,288 per year. The analysis indicated that the cost of substance use treatment is less than re-admission. Recommendations that emerged included providing treatment for persons with co-occurring substance use, leading to the Asian-American Community Treatment team to be appropriate for a variety of mental health diagnoses.

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References


Root cause analysis is currently in use by Pennsylvania counties to understand the business value of service delivery for persons with severe mental illness.

Method

The five steering committees reviewed data already collected and available in the community and identified five indicators that were practical to measure yet robust and meaningful. Their mandate was to devise and implement strategies to “move the needle” to improve current systems. The steering committees set the goals of the project, identified specific indicators to measure, and oversaw implementation of the task force recommendations. Their mandate was to devise and implement strategies to “move the needle” on the health disparities and proposed ways to reduce these gaps in behavioral health services. The steering committee revealed that discretionary removals are higher than in other urban areas in the state.

The steering committee oversaw implementation of the task force recommendations. For the second year of the initiative, the steering committee revealed that discretionary removals are higher than in other urban areas in the state.

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