

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction (DMHA)**

Performance Measure Definitions – Achieving Positive Outcomes

SFY 2018



Effective Date:
July 1, 2017

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Contents

Introduction to Performance Measures and Definitions..... 4
 Reassessment Frequency and Clinical Outcomes..... 4
 Data Requirements for Performance Measures 5
 Performance Payments for DMHA Contracted Providers 6
 SFY 2018 Summary of Changes..... 7
 Definitions and Acronyms 8
 Overview of Performance Measures and Targets 9
 Performance Outcome Measures for SFY 2018 10
 Improvement in One Domain 10
 Improvement in One Domain for Closed Episodes 11
 Community Integration..... 12
 Strength Development 13
 Performance Process Measures for SFY 2018..... 14
 Individuals Served 14
 Reassessment – NOMs..... 15
 Reassessment – CANS and ANSA..... 16
 Gatekeeper Measures for SFY 2018..... 17
 Timely Discharge from State Psychiatric Hospitals (SPH) of All Populations
 **Error! Bookmark not defined.**
 Reliable Change Indices..... 19
 Replicating Performance Measure Calculations 21

Introduction to Performance Measures and Definitions for State Fiscal Year 2018

Since State Fiscal Year (SFY) 2008, DMHA has maintained performance-based contracting with organizations responsible for ensuring a community-based continuum of care for adults and youth with mental illnesses or addictions who meet established criteria. These organizations “earn” a portion of their allocated funds based on degree to which performance measure targets are met. As originally intended, the system has evolved over the past eight years from an emphasis on process to a current emphasis on outcomes. This concept of accountability through performance has permeated DMHA’s contracting process in the form of specified deliverables for which the contract pays and specific client outcome measures in many contracts.

Required Assessments and Reassessments

The Performance Measures are designed around a service delivery system based on episodes of care. An episode of care is defined by an admission date and a discharge date. At the beginning of each episode of care for a consumer, an assessment is completed. This is the admission or initial assessment. Depending upon the length of services, one or more reassessments will be completed. If the episode of care extends for six or more months, a reassessment is recommended every six months and required before eight months. Providers may perform reassessments more frequently based on the needs of the consumer. A reassessment is also needed when services are completed and the individual is being discharged from services.

Assessments and reassessments are performed using the Child and Adolescent Needs and Strengths (CANS) comprehensive assessment (either the Birth – 5 tool or the 5 – 17 tool) for youth and the Adult Needs and Strengths Assessment (ANSA) for persons aged 18 and over, except where otherwise noted. In addition to these assessment tools, DMHA requires reporting of the National Outcome Measures (NOMS) at admission, approximately every six months and at discharge.

All outcome measures are based on the CANS or ANSA. The gatekeeper measures are based on data maintained in the State Psychiatric Hospitals’ client database.

Reassessment Frequency and Clinical Outcomes

Many of the measures contained in this document are clinical outcome measures. They try to answer the question: “Do consumers receiving services from this provider have less intense needs or greater strengths over time?” For the performance measures in this document, outcomes are measured from the two assessments. For persons receiving services for shorter periods of time, the two most recent assessments may be an initial assessment and a discharge assessment which would actually measure any improvement in outcomes during the episode of care. However, for consumers receiving services for longer periods of time with multiple assessments (every 180 days), the two most recent assessments are usually reassessments and do not capture the level of need the consumer

presented at the beginning of treatment. For consumers at any level of need, reassessments completed too frequently will tend to reflect insignificant change.

Data Requirements for Performance Measures

In order for a consumer to be counted in the performance measure calculations several business rules must be met within the data. These include:

- An Agreement type
- An episode of care must be open at some time during the month
- The individual is a DMHA Supported Consumer (DSC) Eligibility – consumer must be DSC Eligible or DSC Eligible – Medication Only status as of the most recent DSC status. (Note: this status was previously known as HAP status.)
- At least one encounter/service is reported during the month (for CA agreement type, it needs to be a CA service)
- More than one day of services is reported for new episodes (exception is crisis services)
- Two assessments using the same tool. A CANS 0-5 at time 1 and a CANS 5-17 at time 2 or a CANS 5-17 at time 1 and an ANSA at time two cannot be used to measure outcomes.
- To be counted as reassessed on time, there must be two assessments within 240 days of each other.

Performance Payments for DMHA Contracted Providers

Pay for Performance Funding: Performance Measures are grouped into three funding pools: Seriously Mentally Ill (SMI), Chronically Addicted (CA), and Seriously Emotionally Disturbed Children (SED). Each month providers can download a performance scorecard from the DMHA community services database (DARMHA). Performance Scorecards are produced on the first business day of the month. All data needs to be submitted to DARMHA by the end of the month following the month of service. The scorecards let the providers know the percent of target met for each performance measure and the overall percent of targets met for each funding pool.

The amount of payment each quarter is based on the overall percentage of targets met for SMI, for CA, and for SED funding pools. The performance data will not be cumulative throughout the year; each quarter will be calculated separate. If the provider meets the established target, they will receive 100% of the dollars allocated toward that funding pool. The highest percentage a provider can earn for any one measure is 100%. If the performance is less than the established target, providers receive a reduced percentage of funds related to the level of performance.

Bonus Pool: If any allocated dollars are not paid out due to under performance, those dollars will be shifted to a bonus pool. In order to be considered for bonus money, a provider would need to have an overall percentage of 100% for an agreement category for at least two quarters and the provider cannot have an overall percentage of lower than 90% for any quarter for any other agreement category. The bonus pool created from the performance measures will be paid out during the last quarter of the year.

Timing of Performance Payments: Performance payments during a fiscal year have overlapping fiscal year performance measures. The first quarterly payment each fiscal year is processed in September and covers performance for July through June of the previous fiscal year. This is due to the one month delay in receiving data from the providers. The next three quarterly payments each fiscal year are based on performance during the first nine months of the fiscal year.

SFY 2018 Summary of Changes

SFY 2018 Measure	Difference from SFY 2017 Measures
Improvement in One Domain – SMI	No changes
Improvement in One Domain – CA	No changes
Improvement in One Domain – Youth 5-17	No changes
Improvement in One Domain – Youth Birth-5	No changes
Improvement in One Domain for Closed Episodes - SMI	No changes
Improvement in One Domain for Closed Episodes - CA	No changes
Improvement in One Domain for Closed Episodes – Youth 5-17	No changes
Improvement in One Domain for Closed Episodes – Youth Birth-5	No changes
Community Integration – SMI	No changes
Community Integration – CA	No changes
Strength Development – SMI	No changes
Strength Development – CA	No changes
Strength Development – Youth 5 - 17	No changes
Strength Development – Youth Birth-5	No changes
Adults Served – SMI	Not weighted
Adults Served – CA	Not weighted
Youth Served SED & CA	Not weighted
Reassessment -- NOMS	Not weighted
Reassessment – CANS/ANSA	Not weighted
Administrative Code Gatekeeping Compliance	Is No Longer a Measure
Timely Discharge from State Psychiatric Hospitals (SPH) of All Populations	Some change (look at section)

Definitions and Acronyms

<i>Adult</i>	person aged 18 and over, an exception to this age grouping applies to persons who started receiving child and adolescent services prior to age 18 and whose child and adolescent services will continue post age 18 and end prior to age 22
<i>Youth</i>	any person up to age 22 with an SED agreement type and youth with a CA agreement type who are aged 0 – 17. See above for special consideration for some persons aged 18 – 21.
<i>SMI</i>	adult person with serious mental illness
<i>CA</i>	person with addiction/substance abuse conditions
<i>SED</i>	youth with serious emotional disturbance
<i>Consumers with both SMI and CA Identifiers</i>	Providers may at times have a consumer with a SMI and a CA agreement identifier at different times. When this happens, the consumer could be counted twice in performance measures as they are based on the agreement identifier in DARMHA. In order to avoid duplication, the most recent agreement identifier in the reporting period will be used as the default identifier.
<i>DARMHA</i>	Data Assessment Registry for Mental Health and Addiction
<i>Medication Only</i>	DARMHA allows consumers to be identified as receiving Medication Only services. Since these services are provided only a few times per year, the consumers identified as Medication Only will not be included in Outcome Measures. However, they will be counted for monthly number served during the months in which services are provided.
<i>DSC Status (DMHA Supported) Consumer)</i>	<p>DARMHA allows a continuous episode of care for persons whose DSC eligibility status may change due to changes in income which are not anticipated to be permanent. For example, a consumer may have a history of employment instability where he/she obtains employment for short periods and again becomes unemployed. In these situations, the provider may determine that an actual discharge in DARMHA is unwarranted since the consumer will continue receiving services. If the provider chooses to use the DSC status field to change from DSC Eligible to No Longer DSC Eligible, the consumers with this status at the end of a reporting month will not be included in performance measure calculations for that month.</p> <p>If consumers become DSC Eligible again, they will be counted in people served beginning in the month they are recoded as DSC Eligible and they have at least encounter in the month. They will be counted in the reassessment numbers after becoming DSC Eligible.</p>

Overview of Performance Measures and Targets
Effective July 1, 2017

SFY 2018 Measures from DARMHA Data	Pay for Performance	Target
Improvement in One Domain – SMI	Included in dollars	45%
Improvement in One Domain – CA	Included in dollars	54%
Improvement in One Domain – Youth 5 – 17	Included in dollars	52%
Improvement in One Domain – Youth 0 - 5	Not included in dollars	NA
Improvement in One Domain for closed episodes – SMI	Included in dollars	57%
Improvement in One Domain for closed episodes – CA	Included in dollars	61%
Improvement in One Domain for closed episodes – Youth 5 – 17	Included in dollars	63%
Strength Development – SMI	Included in dollars	21%
Strength Development – CA	Included in dollars	28%
Strength Development – Youth 5 - 17	Included in dollars	25%
Community Integration – SMI	Included in dollars	22%
Community Integration – CA	Included in dollars	33%
Adults Served – SMI	Included in dollars	Per Provider
Adults Served – CA	Included in dollars	Per Provider
Youth Served (SED & CA)	Included in dollars	Per Provider
Reassessment – NOMS (SMI, CA, & SED)	Included in dollars	80%
Reassessment – CANS/ANSA (SMI, CA, & SED)	Included in dollars	80%
Gatekeeper Measures		
Administrative Code Gatekeeping Compliance	Removed	
Timely Discharge from State Psychiatric Hospitals (SPH) of All Populations	Included in dollars	80%

Performance Outcome Measures for SFY 2018

Improvement in One Domain

Improvement in at least one of the domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during each month. At the end of each quarter, measure is cumulative for that quarter, that is, all reassessments completed during the quarter will be included.

Populations: SMI, CA, Youth (SED and CA) for Birth-5 years) and (5-17 years)

ANSA Domains Included: Life Functioning, Behavioral Health Needs, Strengths, and Risk Behaviors.

CANS Domains Included: Life Functioning, Child Strengths, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors.

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Calculation

Step 1: Average the scores in a domain. Multiply domain averages by 10 for both the Time 1 and Time 2 assessment. Note: If the Time 1 domain average score is less than the Reliable Change Index (RCI), the domain is not counted in the calculation since there is no possibility for improvement at Time 2.

Step 2: Subtract the Time 2 domain average from the Time 1 domain average.

Step 3: If the result is a positive number, then compare the number to the RCI, if equal to or greater than the RCI, then count record as improvement. If not, move on to Step 4.

Step 4: Within the improved domain, look for resolved Actionable Needs, scores of “2” or “3” in Time 1 and scores of “0” and “1” at Time 2. If there are resolved actionable needs within the domain, then record would count as improvement.

The total number of individuals with an improvement in at least one domain is the numerator. The total number of individuals with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Improvement in One Domain for Closed Episodes

Improvement in at least one of the domains constitutes improvement for this measure. Measure is reported monthly based on the reassessments completed during each month. At the end of each quarter, measure is cumulative for that quarter, that is, all reassessments completed during the quarter will be included.

Populations: SMI, CA, SED (Birth-5 years) and (5-17 years)

ANSA Domains Included: Life Functioning, Behavioral Health Needs, Strengths, and Risk Behaviors.

CANS Domains Included: Life Functioning, Child Strengths, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors.

Time 2: Time 2 is the most recent assessment for an episode that closed within the reporting period.

Time 1: If there are only two assessments within the episode, then Time 1 would be the initial assessment. Otherwise, the Baseline Assessment is determined. The Baseline Assessment is the highest level of need at the beginning of an episode of treatment. The calculation for the Baseline Assessment takes the initial and next assessment and determines which one had highest mean based on the following domains: for ANSA - Behavioral Health, Life Functioning, & Risk Behaviors and for CANS - Life Functioning, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. The assessment with the highest mean should be used as the Baseline Assessment for Time 1.

Calculation

Step 1: Average the scores in a domain. Multiply domain averages by 10 for both the Time 1 and Time 2 assessment. Note: If the Time 1 domain average score is less than the Reliable Change Index (RCI), the domain is not counted in the calculation since there is no possibility for improvement at Time 2.

Step 2: Subtract the Time 2 domain average from the Time 1 domain average.

Step 3: If the result is a positive number, then compare the number to the RCI, if equal to or greater than the RCI, then count record as improvement. If not, move on to Step 4.

Step 4: Within the improved domain, look for resolved Actionable Needs, scores of "2" or "3" in Time 1 and scores of "0" and "1" at Time 2. If there are resolved actionable needs within the domain, then record would count as improvement.

The total number of individuals with an improvement in at least one domain is the numerator. The total number of individuals with at least two assessments and a Time 1 average score equal to or more than the RCI is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Community Integration

The ANSA contains fourteen (14) items that are indications of an individual's recovery through integration in the community in which the individual lives. These items are Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Social Functioning, Job History, Recreation, Family Functioning, Volunteering, Educational, Employment, Family Strengths, Spiritual/Religious, and Involvement in Recovery. These 14 items will be used to measure Community Integration. Measure is reported monthly based on the reassessments completed during each month. At the end of each quarter, measure is cumulative for that quarter, that is, all reassessments completed during the quarter will be included.

Population: SMI and CA

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Strengths: Social Connectedness, Community Connection, Natural Supports, Resourcefulness, Job History, Volunteering, Educational, Family Strengths, and Spiritual/Religious [Usable Strengths (0/1) = 1.]

Life Functioning Needs: Social Functioning, Recreation, Family Functioning, Employment, and Involvement in Recovery [Actionable Needs (2/3) = 1.]

Calculation

Step 1: In Time 1 and Time 2, items are recoded. For Strengths, scores of "0" and "1" are recoded to "1." For Needs, scores of "2" and "3" are recoded to "1."

Step 2: For Strengths, Time 1 count is subtracted from the Time 2 count. For Needs, Time 2 count is subtracted from the Time 1 count. Add both results together, an answer greater than zero would be counted as improvement.

The total number of individuals with an improvement is the numerator. The total number of individuals with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Strength Development

Improvement is defined as developing useable (“1”) and centerpiece strengths (“0”). Measure is reported monthly based on the reassessments completed during the month. Measure is reported monthly based on the reassessments completed during each month. At the end of each quarter, measure is cumulative for that quarter, that is, all reassessments completed during the quarter will be included.

Population: SMI, CA, SED (Birth-5 years) and (5-17 years)

Time 2: Time 2 is the most recent assessment in the reporting period.

Time 1: Time 1 is the assessment immediately prior to the Time 2 assessment, unless the date for that assessment is less than 120 days before Time 2, then look for an assessment more than 120 days before Time 2, generally the next prior assessment. If there is not an assessment greater than 120 days before, the oldest assessment is used.

Calculation

Step 1: For Time 1 and Time 2, items in the Strength Domain are recoded. Scores of “0” and “1” are recoded to “1.”

Step 2: Time 1 count is subtracted from the Time 2 count. An answer greater than zero would be counted as improvement.

The total number of individuals with an improvement is the numerator. The total number of individuals with at least two assessments is the denominator. Calculation is numerator divided by denominator multiplied by 100.

Performance Process Measures for SFY 2018

Individuals Served

Population: SMI, CA, Youth (SED and CA)

SMI Definition: Adult consumers with mental health diagnoses include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system.

CA Definition: Adult consumers with substance-related or addictive disorder diagnoses include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system.

Youth Definition: Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system.

A service during the month is defined as one or more encounter records during the month.

To be counted, consumers need to be identified as DMHA Supported Consumers during the reported period. In addition, a new consumer needs to have more than one day of services reported in order to count. The only exception is an individual with an SMI or SED agreement type will count as being served if they receive crisis services only on one day.

Calculation

On a monthly basis, this is a simple count of the unduplicated number of consumers in each agreement type who have one or more encounters reported during the month.

Reassessment – NOMs

Percentage of DARMHA National Outcome Measures (NOMs) reassessments completed on time

Population: All DMHA supported consumers, excludes Medication Only consumers,

DMHA recommends assessing consumers approximately every six months. However, recognizing the barriers to accomplishing this standard (missed appointments, end dates of MRO, etc.) the window to complete a reassessment is now 240 days.

Calculation

Step 1: Identify all consumers active at any time during the reporting period who should have been assessed and have not been reassessed (greater than 210 days). Also, identify new consumers who have not had an assessment within 30 days of admission. These are eligible for reassessment. (Denominator)

Step 2: Of the consumers who were assessed in the reporting month, who were assessed within the 240 days. These are the on time reassessments. (Numerator)

Reassessment – CANS and ANSA

Percentage of DARMHA CANS and ANSA reassessments completed on time

Population: All DMHA supported consumers, excludes Medication Only consumers

DMHA recommends assessing consumers approximately every six months. However, recognizing the barriers to accomplishing this standard (missed appointments, end dates of MRO, etc.) the window to complete a reassessment is now 240 days.

Calculation

Step 1: Identify all consumers active at any time during the reporting period who should have been assessed and have not been reassessed (greater than 210 days). Also, identify new consumers who have not had an assessment within 30 days of admission. These are eligible for reassessment. (Denominator)

Step 2: Of the consumers who were assessed in the reporting month, who were assessed within the 240 days. These are the on time reassessments. (Numerator)

Gatekeeper Measure for SFY 2018

Timely Discharge from State Psychiatric Hospitals (SPH) of All Populations

Program: All Units in State Psychiatric Hospitals, except forensic units

Long Title: Quarterly percentage of individuals identified as ready for discharge from a SPH that are discharged within 90 calendar days of readiness determination.

Definition: Timely discharge is defined as the Gatekeepers community placement of a client from the SPH within 90 calendar days from the date the client is placed on the DMHA Pending Discharge List (PDL) by the SPH(s) and determined ready for discharge.

Readiness for discharge is determined when:

- The discharge is appropriate to the individual's unique and individualized needs
- The discharge is in accordance with standards of professional practice and applicable state and federal law
- The SPH clinical treatment team has determined stabilization of psychiatric and behavioral symptoms have occurred
- The individual demonstrates minimal risk towards self or others
- The clinical treatment team has determined maximum clinical benefit from hospitalization has been achieved

Purpose/Importance: It is imperative that clients in the Mental Health Delivery system receive the least restrictive and most appropriate care based on their individual needs. Therefore, timely discharge is critical for the continuing recovery of each individual ready for community placement.

Measure Specific Source of Data: Individual client data will be provided directly by the SPHs to DMHA through the use of an electronic Pending Discharge List (PDL). The Pending Discharge List will be generated each month and mailed to providers for review until the implementation of Viewpoint. The report will include the consumers name, population type, admission date, date placed on list, length of time on list measured in calendar days for each consumer. In addition, the SPH will report the following on the pending discharge list: status of the transition, target placement, barriers to transition, if the community care rule has been invoked, and when the person is discharged.

Method of Calculation: This measure will be calculated quarterly by comparing the "Gatekeeper Discharge Ready Status Report" and the "Monthly SPH Discharge Report". The measure will be reported by gatekeeper for each client determined discharge ready in a state psychiatric hospital and a percentage of those ready in all state psychiatric hospitals combined.

The gatekeeper must submit a written discharge plan to the Division of Mental Health and Addiction for each consumer who remains in the state institution longer than ninety (90) calendar days after meeting discharge readiness criteria. The written plan is to be submitted within five (5) calendar days after the individual has waited ninety (90) days; then every fifteen (15) calendar days thereafter. The plan shall include the consumer's

clinical status, community barriers to transition, how each barrier is being addressed, and specific transitional action steps taken by the gatekeeper towards the consumer's discharge.

For providers with four or less individuals on the quarterly pending discharge list, DMHA will allow one individual over 90 days to count towards the measure target if the discharge plan submitted demonstrates sufficient efforts by the gatekeeper to address all barriers to transition. The one individual counted cannot be the same individual in consecutive quarters.

The target performance for each provider is 80% of all individuals listed on the monthly pending discharge list will be discharged to the community within 90 calendar days.

Data Limitations: It has been reported that occasionally a gap in communication between SPHs and gatekeepers occur when determining the readiness of an individual for discharge. It will be critical that gatekeepers maintain ongoing contact and consistent communication with SPH treatment teams in order to actively participate in the discharge readiness process. If there are differing opinions regarding readiness for discharge between the SPH and Gatekeeper, it is important all involved work together to exam the concerns and resolve differences. If efforts fail, the Community Care Rule (440 IAC 5-1-4) may be invoked in writing by the gatekeeper.

When an appeal is made, the practice implemented by the DMHA consists of the following steps to facilitate discussion between gatekeeper and SPH prior to DMHA review:

- Documented discussion between gatekeeping liaison and treatment team
- Documented discussion between gatekeeping medical director and SPH medical director
- Documented discussion between gatekeeping CEO and SPH Superintendent

It will be the responsibility of the gatekeeper to coordinate and schedule the discussions. If a resolution cannot be reached, written documentation of discussions from each level and the remaining discrepancies may be submitted to the Division of Mental Health and Addiction for review and a final decision on readiness for discharge will be determined. Individuals actively being reviewed under the Community Care Rule will not be included in this measure for 15 business days after the date invoked to allow discussion of the individual's readiness between gatekeeper and SPH.

Reliable Change Indices

Betty Walton, PhD

To measure change over time using the CANS and ANSA tools, changes between one rating score and another are clinically meaningful for an individual child. However, when rating scores are aggregated for a group of youth, statistically methods are used to help determine how much change is enough to be considered sufficient, not related to chance. The Reliable Change Index (RCI) is one method that can be used to determine when the change is large enough to be categorized as real change. The RCI is the size of a change that would be difficult to explain due to measurement error. Given the reliability of the measure, how large of a change would need to be observed on a scale to be replicable? The size of the RCI depends on the variability of the measure (standard deviation) and the reliability of the measure. A standard error of measurement of 1.28 is used as the standard of sufficient change.

$$RCI = 1.28 * (\text{standard deviation}) * \text{Square Root } (1 - \text{reliability})$$

Domain scores were calculated by averaging items within the domain; each domain is then multiplied times “10” to create a 30 point scale. In the 30 point scale, ‘0’ indicates all ‘0’ ratings and ‘30’ indicates all ‘3’ ratings. Note that only items which can change over time are included. For example, for young children, risk factors are not included.

Given an RCI for Life Domain Functioning of 2.68, this would mean that an individual would have to evince a change in the domain score of more than this value to achieve an improvement that could be seen as sufficient to be larger than to have occurred by chance.

ANSA Domains – SMI Population	n	mean	sd	RCI
Life Domain Functioning	106,947	11.71	4.43	2.52
Risk Behaviors	83,860	2.47	2.56	1.50
Behavioral Health	83,860	9.70	4.01	2.36
Strengths	106,242	17.12	5.60	3.29

ANSA Domains – CA Population	n	mean	sd	RCI
Life Domain Functioning	14,588	9.32	4.57	2.68
Risk Behaviors	14,588	2.17	2.35	1.38
Behavioral Health	14,588	7.88	4.38	2.57
Strengths	14,588	14.81	5.99	3.51

CANS Domains - 5 - 17 years	n	mean	SD	RCI
Life Domain Functioning	56,532	9.77	3.71	2.18
Child Strengths	56,532	16.80	5.11	3.00
Caregiver Needs & Strengths	56,532	7.76	4.73	2.78
Emotional/Behavioral	31,493	6.92	3.75	2.20
Risk Behaviors	31,493	2.20	2.70	1.58

CANS Domains - Birth - 5 years	n	mean	SD	RCI
Life Domain Functioning	3412	9.80	4.23	2.40
Child Strengths	3388	13.40	5.63	3.29
Caregiver Needs & Strengths	1647	5.94	5.09	2.98
Emotional/Behavioral	1647	4.70	4.07	2.39
Risk Behaviors	2640	6.20	4.53	2.65

Replicating Performance Measure Calculations

Providers may replicate performance measure calculations from their local databases if the CANS and ANSA assessments are stored locally. Some providers have established internal performance monitoring based on location of services or based on specific programs. For consistency between the state-level calculations and local calculations, several business rules need to be applied.

- a. For each measure, only items that are included in the definition and have a rating that is 0, 1, 2, or 3 are included. (Any item with a not applicable response is excluded from the calculation.)
- b. Only the comprehensive CANS tools are to be used in calculations. If either the Time 1 or Time 2 CANS assessment is based on the older reassessment tool, those consumers should be excluded from the calculations due to absence of the extension modules and some differences in the domain items.
- c. Calculations for any measure based on one or more domains or on an extension module utilize the mean (average) statistic. Mean (average) is recommended for the calculation formula since the 'n' sometimes changes. For example, on the ANSA, if Parental/Caregiver Role functioning is not rated (N/A) it should be omitted. Several items on the CANS 0 to 5 are similar due to developmental considerations. Many Caregiver items may be missing for specific youth on both CANS tools. The Mean function is more precise and would accommodate whatever data is there. Be sure to omit N/A by not using the -1 coding which is in DARMHA.

Providers can also download scorecard raw data from DARMHA to identify data issues and see the client level data that represents the performance measure numbers.