



Request for Information

Population Behavioral Health Reporting System

*Neighbors Assisting Neighbors
To
Strengthen Solidarity*





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Population Behavioral Health Monitoring
System

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"A good metric changes the way you behave. This is by far the most important criterion for a metric: what will you do differently based on changes in the number?"
-Ben Yoskovitz, Co-author of *Lean Analytics*

"...I have been struck by how important measurement is to improving the human condition. You can achieve incredible progress if you set a clear goal and find a measure that will drive progress toward that goal"
-Bill Gates writing in the *WSJ.com* on January 25, 2013



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Background and Context

Neighbors Assisting Neighbors

NANSS Project unites funders and philanthropists with organizations that are effective at improving behavioral health. We provide a forum for non-profits and other service providers to present their action plans to those who can advise, support, and fund their cause.

A key deliverable for our organization is the development of a population behavioral health reporting system that accurately monitors community wellbeing and provides stakeholder accountability. This Request for Information is meant to initiate a dialog with those interested in creating or having input to a population behavioral health monitoring system (PBHMS) that can be used to effectively evaluate the quality of behavioral health in a community (most likely at the county level). In an upcoming phase, the NANSS Project intends to work with a core team to develop and administer a PBHMS for San Diego County in California.

NANSS Project does not accept outside funding.

Moving Towards a Population Behavioral Health Framework...

The US has always struggled to adequately care for the mentally ill. In the mid-19th century, public advocate Dorothea Dix crusaded against the inhumane conditions of those with mental illness languishing in jails and prisons. Thomas Story Kirkbride, a Pennsylvania physician, provided a new framework for creating and running mental asylums—places of refuge—that would take in and clinically care for these individuals.

Over time though, without adequate oversight, many of these institutions devolved into overcrowded and abusive facilities. Rather than implement the necessary supervision and funding, the program of de-institutionalization closed asylums and established restrictive legislation reducing treatment capacity and providing no comprehensive alternative.

The last fifty years have seen a piecemeal approach to mental health care. Community mental health centers that were supposed to replace state hospitals were never fully funded and no single agency owns the issue of mental/behavioral health care. Many sufferers fall through the cracks with law enforcement becoming the caretaker of last resort and, by default, our jails again become warehouses for people with mental illness.

When mental asylums dominated, we had little scientific understanding of the causes of mental illness. Myths, superstitions, and old wives' tales filled the gap and asylums allowed communities to operate in an environment of "out of sight, out of mind." Today, it is understood that mental illness is not a moral shortfall but rather a medical problem same as any other physical deficiency. Leaps in science, and especially neuroscience, allow for diagnoses and treatment options that were unthinkable only a few years ago.

Further, it is well understood that behavioral health (mental health, substance use disorders (SUD), and overall psychological well-being) is influenced by a variety of genetic and environmental factors. This means adequate care depends not only on a diagnosis from a



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specialist, which may happen only at a critical point, but also must consider the social determinants of health (SDoH) where preventative and early intervention care may be more beneficial. There is no fixed point of behavioral wellness, but rather, it is a continuum that can change over time depending on an individual's needs and changes in the community. This requires communities to build the capacity to address behavioral health problems across the continuum and as the environment dictates.

With this in mind, the Centers for Disease Control, the American Psychological Association, and other organizations have supported a population behavioral health framework to promote the wellbeing of the entire population including individuals within those populations. The goal of this approach is optimal behavioral health across the continuum of need and, importantly, it is implemented at the local level to ensure it best meets community needs.ⁱ

...Requires a New Community Monitoring System

NANSS Project supports this population's behavioral health framework and believes that success requires a reporting system that accurately monitors community wellbeing and provides stakeholder accountability. In the decades since deinstitutionalization, seemingly no community reporting system has emerged to indicate if the behavioral healthcare system is leading to improvements. This is an urgent need and forms the basis for this Request for Information.

In the population behavioral health framework there is also recognition that multiple factors can have an impact. Federal, State, and Local regulations and policies, natural disasters, economic disruptions, and many other factors can lead to changes in behavioral health outcomes. So, an important role of any reporting system is to act as a surveillance mechanism alerting the community to potential issues and providing a guide as to what environmental changes may have caused those deviations.

The goal of the population framework is optimal behavioral health and well-being across the continuum of needs, so this is the outcome that any reporting system must measure. Metrics would also be required for all categories of a complete reporting systemⁱⁱ:

- Demographics, Social Determinants of Health, and demand for services
- Inputs in terms of resources, staffing, facilities serving the population
- Outputs in terms of clients served and/or impacted
- Intermediate outcomes that should be leading us to our desired state
- Efficiency in terms of the cost of inputs to provide
- Qualitative and quantitative explanatory information that can help all stakeholders understand the reporting

Additionally, there may be value in reviewing metrics through the behavioral health continuum of care lens. This could provide greater insight into a) all the stakeholders impacting the population, b) the issues and priorities that may have the most impact, and c) the multiple data sources that must be compiled for a comprehensive reporting system.

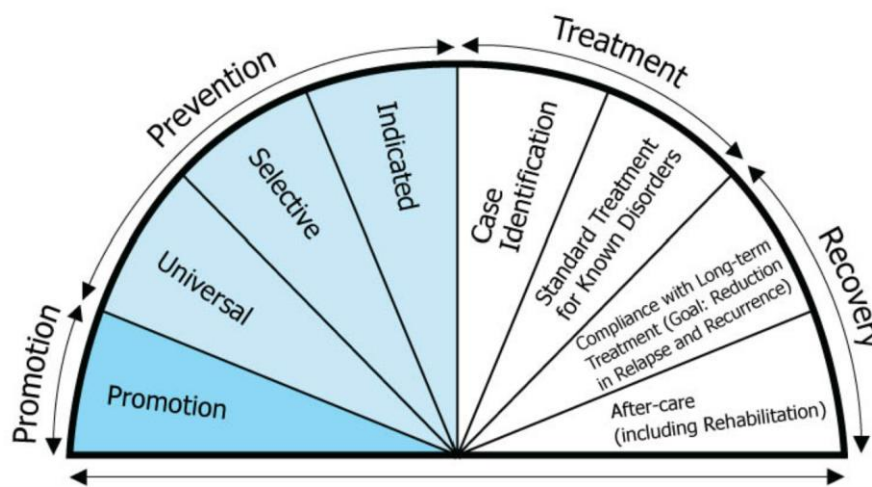


Figure 1 Institute of Medicine (now National Academy of Medicine) continuum of care diagram referenced in Theories and Biological Basis of Substance Misuse Part 1 (2019)ⁱⁱⁱ

The reporting system should be a foundational element of any attempts to improve behavioral health in the community. Stakeholders must be able to indicate which metrics will be improved by proposed changes. Indeed, an effective reporting system can provide transparency, insight, and a level of oversight that unites public and private initiatives to ensure that a community is improving. Further, this tool should help prioritize programs and funding that will have the most positive and the most immediate impact.

Eventually, to be effective, the reporting system must be consistently and persistently updated and socialized among policymakers, government department leaders, non-profit executives, private practice organizations, and other stakeholders who are responsible for bringing about change in this area.

Request for Information

This Request for Information (RFI) is meant to initiate a dialog with interested private, public, philanthropic, and academic entities that want to assist in creating or have input to, a population behavioral health monitoring system (PBHMS) that can be used to effectively evaluate the quality of behavioral health in a community (most likely at county level).

In an upcoming phase, the NANSS Project intends to work with a core team to develop and administer a PBHMS for the San Diego County in California.



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Dialog Questions

NANSS Project seeks input on the following:

- Which metrics are the most important for measuring population behavioral health?
- What peer-reviewed articles, papers, toolkits, or other resources should inform the development of this reporting system?
- Discuss your, or your company's, experience sourcing data from multiple agencies to present a consistent and coherent reporting system.
- What information technology systems are most relevant to compiling data and presenting this type of reporting system?
- What costs are associated with compiling data and presenting this type of reporting? Can you provide estimates of costs?
- Do you have suggestions for an "intellectual home" (academic, non-profit, or other organization) for this type of reporting system? How much staffing would be required to administer this reporting system? What level of positions?
- How should the results of this reporting system be communicated to a wider public?
- What other thoughts or input would you like to provide on this type of reporting system?

Responses

Please submit all responses via email to PBHMS@nanssproject.org by (TBD Date). Please indicate your willingness to stay engaged and to attend any virtual meetings.

Contact

For questions and clarifications, please contact:

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Supplemental Information

NANSS Project has compiled some reference information on behavioral health reporting. While many components are relevant to a PBHMS, to date there does not appear to be an existing reporting system that would adequately fulfill a community's needs.

Table 1 Existing National Behavioral Health Reports with Local Data

Centers for Disease Control and Prevention Behavior Risk Factor Surveillance System

<https://www.cdc.gov/brfss/index.html>

Behavioral Risk Factor Surveillance System (BRFSS) completes more than 400,000 adult interviews each year regarding health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984, it collects data in all 50 states as well as the District of Columbia and three U.S. territories.

SAMHSA National Survey on Drug Use and Health

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

This annual survey provides nationally representative data on the use of tobacco, alcohol, and illicit drugs; substance use disorders; receipt of substance use treatment; mental health issues; and the use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States.

Department of Health and Human Services Healthy People 2030

<https://health.gov/healthypeople>

The Healthy People initiative started in 1979 and is in its fifth iteration. Using over 300 indicators it sets national goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve health and well-being.

Medicaid State Health System Performance

<https://www.medicaid.gov/state-overviews/scorecard/state-health-system-performance/index.html>

This voluntary reporting collects some behavioral health information showing how states serve Medicaid and Children's Health Insurance Program beneficiaries.

Mental Health America The State of Mental Health in America

<https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

Mental Health America collects data from all 50 states and District of Columbia to provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation. While its 15 measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment.

Mental Health America Mapping the Mental Health Of Our Communities

<https://mhanational.org/mhamapping>

Mental Health America's County and State Data Map is a dashboard that geographically visualizes data from over 4.5 million mental health screens taken by U.S. users at MHAScreening.org in 2020-2023.

County Health Rankings and Roadmap

<https://www.countyhealthrankings.org/>

From the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, CHR&R provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and are unique in their ability to measure the health of nearly every county in all 50 states. While the primary emphasis is on physical health there are behavioral health components.



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Table 2 Examples of Jurisdiction Scorecards and Dashboards

Cursory searches in other jurisdictions have shown that communities are trying to measure behavioral health.

County of Cabaruss, North Carolina

<https://www.cabarruscounty.us/Community-and-Public-Safety/Assistance-and-Benefits/Behavioral-and-Mental-Health>

County of El Dorado, California

<https://www.welldorado.org/indicators/index/dashboard?id=81782222351235100>

County of Pima, Arizona

<https://www.pimahealthdataportal.org/indicators/index/dashboard?alias=pimamentalhealth>

State of Alaska

<https://health.alaska.gov/Commissioner/Documents/MentalHealth/scorecard/2022-AMHT-Scorecard.pdf>

State of Vermont

<https://embed.clearimpact.com/Scorecard/Embed/9939> Vermont

St. Louis Partnership for a Healthy Community

<https://www.thinkhealthstl.org/indicators/index/dashboard?alias=mentalhealth>

Think Health St. Louis is a web-based source of population data and community health information that planners, policy makers, and community members use for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Table 3 Compilation of Found Research on Behavioral Health Metrics

California Behavioral Health Planning Council “2021 Data Notebook Project”

https://www.calbhbc.org/uploads/5/8/5/3/58536227/cbhpc_2021_data_notebook_overview_report.pdf

California Department of Healthcare Services “Behavioral Health Reporting”

<https://behavioralhealth-data.dhcs.ca.gov/>

California Mental Health Planning Council “Performance Indicators for Evaluating the Mental Health System”

<https://www.dhcs.ca.gov/provgovpart/Documents/Duals/Workgroups/Quality/Performance%20Indicator%20Proposal%20final.pdf>

Centers for Medicare and Medicaid Services “CMS Behavioral Health Strategy”

<https://www.cms.gov/cms-behavioral-health-strategy>

The CMS Behavioral Health Strategy covers multiple elements including prevention and treatment services for substance use disorders and mental health services. CMS seeks to adopt a data-informed approach to evaluate our behavioral health programs and policies.

Committee on Using Performance Monitoring to Improve Community Health

https://www.google.com/books/edition/Improving_Health_in_the_Community/vQNlzpXciFQC?hl=en&gbpv=1&dq=inauthor:%22Committee+on+Using+Performance+Monitoring+to+Improve+Community+Health%22&printsec=frontcover

National Committee for Quality Assurance “Behavioral Health Quality Framework”



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https://www.ncqa.org/wp-content/uploads/2021/07/20210701_Behavioral_Health_Quality_Framework_NCQA_White_Paper.pdf

National Committee for Quality Assurance “HEDIS®”

<https://www.ncqa.org/hedis/>

National Council for Mental Wellbeing “Roadmap to the Ideal Crisis System”

https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf

Partners in Health “Mental Health Indicators”

<https://www.pih.org/sites/default/files/lc/MH%20Resource%20Library/MHIndicators.pdf>

SAMHSA “Key Substance Abuse and Mental Health Indicators in the United States”

<https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>

University of Kansas Center for Community Health and Development “Community Toolbox”

<https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/examples-of-community-level-indicators/main>

Table 4 International Research on Behavioral Health Metrics

Community indicators for mental health in Europe: A Scoping Review

<https://www.frontiersin.org/articles/10.3389/fpubh.2023.1188494/full>

Development of Mental Health Indicators in Korea

<https://psychiatryinvestigation.org/journal/view.php?doi=10.4306/pi.2012.9.4.311>

European Commission “A comprehensive approach to mental health”

https://health.ec.europa.eu/system/files/2023-06/com_2023_298_1_act_en.pdf
https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en

European Commission “Building Up Good Mental Health

<https://core.ac.uk/download/pdf/12358275.pdf>

European Commission “Establishment of a set of mental health indicators for European Union”

https://ec.europa.eu/health/ph_projects/1998/monitoring/fp_monitoring_1998_frep_09_en.pdf
https://ec.europa.eu/health/ph_projects/1998/monitoring/fp_monitoring_1998_annexe2_09_en.pdf

European Commission “Mental Health in the EU Key Facts, Figures, and Activities”

https://ec.europa.eu/health/ph_determinants/life_style/mental/docs/background_paper_en.pdf

European Commission “Mental health in the EU”

[https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI\(2023\)751416_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI(2023)751416_EN.pdf)

Indicators for Measuring Mental Health: Towards Better Surveillance (Canada)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805147/>



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Indicators for Public Mental Health: A Scoping Review (Germany)

<https://www.frontiersin.org/articles/10.3389/fpubh.2021.714497/full>

OECD “Measuring Population Mental Health”

<https://www.oecd-ilibrary.org/content/publication/5171eef8-en>

Simon Fraser University CARMHA “MENTAL HEALTH INDICATORS FOR CANADA”

<https://www.sfu.ca/carmha/publications/informing-the-future-technical-report.html>

https://www.sfu.ca/content/dam/sfu/carmha/resources/itf/ltF_technical_report_june04.pdf

United for Global Mental Health “Countdown Global Mental Health 2030”

https://unitedgmh.org/app/uploads/2023/02/Countdown-Mental-Health-Report-2030-FINAL.pdf?utm_campaign=countdown2030&utm_medium=United-website&utm_source=website&utm_term=cd_webpage&utm_content=download

https://unitedgmh.org/app/uploads/2023/02/Countdown-Mental-Health-Report-2030-FINAL.pdf?utm_campaign=countdown2030&utm_medium=United-website&utm_source=website&utm_term=cd_webpage&utm_content=download

https://unitedgmh.org/app/uploads/2023/02/Countdown-Mental-Health-Report-2030-FINAL.pdf?utm_campaign=countdown2030&utm_medium=United-website&utm_source=website&utm_term=cd_webpage&utm_content=download

Endnotes

ⁱ Evans, Arthur C.; Bufka, Lynn F. “The Critical Need for a Population Health Approach” Preventing Chronic Disease Volume 17, E79 August 2020. Accessed October 24, 2023

https://www.cdc.gov/pcd/issues/2020/20_0261.htm

ⁱⁱ Hatry, Harry P. “Performance Measurement: Getting Results 2nd Edition” 2006 The Urban Institute Press 2006

ⁱⁱⁱ Begun, Dr. Audrey. “Theories and Biological Basis of Substance Misuse Part 1, Ch. 2”, 2019. Accessed October 24, 2023 <https://ohiostate.pressbooks.pub/substancemisusepart1/chapter/ch-2-name-5/>