

Appendix 3
PERFORMANCE MEASURES

1. Timely Assessment of Class Members for Inclusion in the Class (§142a)
 - 1.1. **Initial Assessment: Percentage of referrals to mental health who are seen by mental health within 72 hours of the screen**
 - 1.1.1. $[\# \text{ of inmates referred to MH who are seen by MH within 72 hours}] \div [(\# \text{ of referrals to MH}) - (\text{those unavailable throughout the 72 hour period due to court involvement}) - (\text{those unavailable due to intervening hospitalization}) - (\text{those who are released in the interim})]$
 - 1.1.2. threshold: 95% compliance
2. SPMI/Likely SPMI assessments
 - 2.1. **LSPMI assessment: Percentage of those assessed by mental health for whom a LSPMI questionnaire is present in the chart**
 - 2.1.1. $[\# \text{ of charts with LSPMI questionnaire}] \div [\# \text{ of inmates assessed as needing further MH tx during the initial assessment}]$
 - 2.1.2. threshold:¹
 - 2.1.2.1. 75% compliance by October 6, 2004
 - 2.1.2.2. 95% compliance (ultimate target)
 - 2.2. **Appropriateness of LSPMI assessment:**
 - 2.2.1. $[\# \text{ of LSPMI questionnaires appropriately completed}] \div [\# \text{ of LSPMI questionnaires}]$
 - 2.2.2. threshold:²
 - 2.2.2.1. 75% compliance by October 6, 2004
 - 2.2.2.2. 90% compliance (ultimate target)
 - 2.3. **Inclusion of Class Members on *Brad H* medications for psychiatric reasons**
 - 2.3.1. $[\# \text{ of Class Members on } \textit{Brad H} \text{ medications for psychiatric diagnosis who are classified as LSPMI}] \div [(\# \text{ of Class Members on } \textit{Brad H} \text{ medications for psychiatric diagnosis}) - (\# \text{ of Class Members on } \textit{Brad H} \text{ medications for psychiatric reasons not classified as LSPMI for a documented justification})]$
 - 2.3.2. threshold:
 - 2.3.2.1. 90% compliance by October 6, 2004
 - 2.3.2.2. 95% compliance (ultimate target)
 - 2.4. **Appropriateness of SPMI classification at time that the Comprehensive Treatment and Discharge Plan (CTDP) is completed**
 - 2.4.1. $[\# \text{ of Class Members appropriately classified as SPMI at time of CTDP}] \div [\# \text{ of Class Members having CTDP completed}]$
 - 2.4.2. threshold:
 - 2.4.2.1. 75% compliance by October 6, 2004
 - 2.4.2.2. 95% compliance (ultimate target)

¹ For this measure, which assesses only the **presence** of the LSPMI assessment in the chart, we are expecting a steep (i.e. rapid) learning curve on the part of the mental health staff. This will of course require the intense educational effort we have discussed.

² The learning curve for this measure is more gradual given that it will require ongoing supervision of staff and ongoing feedback between staff and the Monitors regarding what is and is not appropriate. Similarly, given that this is a subjective measure, the ultimate expectation for compliance is somewhat lower.

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3. Completion of clinically appropriate CTDP's for Class Members (§142d)
- 3.1. Timeliness of the CTDP**
- 3.1.1. $[\# \text{ of CTDPs completed in the appropriate time}^3] \div [(\# \text{ of Class Members still incarcerated on or after due date for CTDP}) - (\# \text{ of Class Members who refused this procedure}) - (\# \text{ of Class Members unavailable for this procedure})]$
- 3.1.2. threshold:
- 3.1.2.1. 85% compliance by October 6, 2004
- 3.1.2.2. 95% compliance (ultimate target)
- 3.2. Appropriateness of projection of post discharge needs**⁴
- 3.2.1. $[\# \text{ of CTDP's in which the projected post discharge needs appear to be appropriate}] \div [\# \text{ of CTDPs reviewed}]^5$
- 3.2.2. threshold: 90% compliance
4. Completion and processing of Medicaid Prescreening for Class Members (§142e)
- 4.1. Initiation of Prescreening at appropriate time**
- 4.1.1. $[\# \text{ of prescreenings initiated by jail based discharge planners by the date of the CTDP}] \div [(\# \text{ of Class Members with completed CTDPs}) - (\text{class members who refuse this service})]$
- 4.1.2. $[\# \text{ of prescreenings initiated by SPAN staff on date of first visit by class members released before CTDP is done who appear at SPAN within 30 days of release who are assessed as being in need of and appear potentially eligible for Medicaid}] \div [(\# \text{ of class members released before CTDP is done who appear at SPAN within 30 days of release who are assessed as being in need of and appear potentially eligible for Medicaid}) - (\text{class members who refuse this service})]$
- 4.1.3. threshold:
- 4.1.3.1. 75% compliance at October 6, 2004
- 4.1.3.2. 95% compliance (ultimate target)
- 4.2. Completion of Prescreening by HRA within 3 business days**
- 4.2.1. $[\# \text{ of prescreenings completed within 3 business days of initiation}] \div [\# \text{ of prescreenings}]$
- 4.2.2. threshold
- 4.2.2.1. 85% compliance at October 6, 2004
- 4.2.2.2. 95% compliance (ultimate target)

³ See §§16-17 for definition of “appropriate timeframe”.

⁴ Note: only for charts in which the clinical assessment was found to be appropriate will the projected post-discharge needs be evaluated for this measure; it makes little sense to evaluate these projections if the clinical assessment is not adequate. Diagnosis comes before prescription of treatment.

⁵ For the purpose of this measure, the CTDP closest in time to the release date (for those CM's already released) will be reviewed. This will enable us to measure whether class members were appropriately referred to community providers suitable to their needs upon their release.

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5. Enrollment of eligible Class Members in MGP and submission of Medicaid applications (§142f)

5.1. Completion and submission of Medicaid applications for incarcerated Class Members

5.1.1. **Completion Measure:** [# of incarcerated Class Members who are eligible for this benefit and have completed prescreening who have Medicaid application completed within 3 days of prescreening] ÷ [(# of Class Members who appear eligible for Medicaid and whose prescreening is completed with the result “Need New Application”) – (class members who refuse this service)]

5.1.2. **Submission Measure:** [# of incarcerated Class Members who have completed Medicaid application who have application submitted within 2 days of the completion of the application] ÷ [# of Class Members who have completed Medicaid application]

5.1.3. threshold:

5.1.3.1.85% compliance at October 6, 2004

5.1.3.2.90% compliance (ultimate target)

5.2. Completion and submission of Medicaid applications for released Class Members⁶

5.2.1. **Accelerated completion/submission measure:** [# of “SPAN intakes” who are eligible for this benefit and have completed prescreening while incarcerated who have Medicaid application completed and submitted on the day of the first SPAN visit] ÷ [(# of Class Members who appear eligible for Medicaid this benefit and whose prescreening is completed and whose prescreening is completed with the result “Need New Application”) – (those for whom additional documentation must be obtained) – (those who refuse this service)]

5.2.2. **Completion Measure:** [# of “SPAN intakes” who are eligible for this benefit and have prescreening completed at SPAN who have Medicaid application completed within 3 business days of prescreening] ÷ [(# of Class Members who appear eligible for Medicaid and whose prescreening is completed and whose prescreening is completed with the result “Need New Application”) – (class members who refuse this service)]

5.2.3. **Submission Measure:** [# “SPAN intakes” who have completed Medicaid application at SPAN who have application submitted within 2 days of the completion of the application] ÷ [# of Class Members who have completed Medicaid application]

5.2.4. threshold:

5.2.4.1.85% compliance at October 6, 2004

5.2.4.2.95% compliance (ultimate target)

⁶ SPAN presently does an accelerated prescreen on all class members who visit, calling the HRA Brad H unit to determine the outcome during the Class Member’s visit. Current data indicates that about 75% of SPAN visitors either have active Medicaid or qualify for reactivation. We suspect that some of the SPAN visitors have had prescreenings in jail and that this is why the SPAN prescreening has these results.

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5.3. Enrollment in MGP at appropriate time

- 5.3.1. $[\# \text{ of class members enrolled in MGP on release date}] \div [(\# \text{ of class members released whose Medicaid application is pending}) - (\text{those who refuse medication and/or prescriptions upon release}) - (\text{those who are ineligible for MGP}) - (\text{those who refuse this service})]$
- 5.3.2. $[\# \text{ of class members enrolled in MGP on first SPAN visit}] \div [(\# \text{ of class members released who have not had Medicaid activated or reactivated}) - (\text{those who are not on medication}) - (\text{those who are ineligible for MGP}) - (\text{those who refuse this service})]$
- 5.3.3. threshold:
- 5.3.3.1. 85% compliance at October 6, 2004
- 5.3.3.2. 90% compliance (ultimate target)
6. Activation and reactivation of Class Members Medicaid benefits (§142g)
- 6.1. Reactivation of Medicaid**
- 6.1.1. $[\# \text{ of class members whose prescreenings result in a finding of "reactivate" who have their Medicaid reactivated as of the later of (a) his or her Release Date, (b) the date of the prescreening completion provided necessary documentation is produced, or (c) within 7 business days of the date on which the Pre-Screening Process is completed where an investigation is deemed necessary}] \div [\# \text{ of class members whose prescreenings result in a finding of "reactivate"}]$
- 6.1.2. **Temporary Medicaid:** $[\# \text{ of CMs whose prescreenings result in a finding of "reactivate", who require further investigation and are in "immediate need" who are granted temporary Medicaid benefits}] \div [(\# \text{ of CMs whose prescreenings result in a finding of "reactivate", who require further investigation and are in "immediate need"}) - (\text{those who refuse this service})]$
- 6.1.3. threshold: 95% compliance
- 6.2. Mailing of Medicaid Cards (per §§66-68)**
- 6.2.1. $[\# \text{ of temporary and permanent Medicaid cards mailed to home address or designated SPAN office}] \div [(\text{number of activated or reactivated Medicaid cases with a home address}) + (\text{number of activated or reactivated Medicaid cases in which the CM indicated SPAN as their mailing address})]$
- 6.2.2. threshold:
- 6.2.2.1. 75% compliance at October 6, 2004
- 6.2.2.2. 95% compliance (ultimate target)
7. Provision of medications and/or prescriptions to Class Members (§142h)
- 7.1. Provision of medication to Class Members who require them**
- 7.1.1. $[\# \text{ of Class Members released from jail while on prescribed psychotropic medications who receive 7 day supply of psychotropic medications and prescriptions for a 21 day supply of same medications}] \div [(\# \text{ of Class Members released from jail who were taking psychotropic medications in$

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jail) – (those for whom reasons for refusal to provide these medications is documented⁷) – (those who refuse this service)]

7.1.2. [# of Class Members released at court who appear the same day at SPAN who were on psychotropic medications on the day of release for whom CHS pharmacy called in a 2-7 day supply of medication at a community pharmacy] ÷ [(# of Class Members released at court who appear the same day at SPAN who were on psychotropic medications on the day of release) – (those for whom reasons for refusal to provide these medications is documented⁸) – (those who refuse this service)]

7.1.3. [# of Class Members released at court who appear at SPAN \geq 1 day and \leq 30 days after release who were on psychotropic medications on the day of release who were referred with transmission of clinical information to an appropriate community treatment site where the Class Member could be assessed for and receive continued prescriptions] ÷ [(# of Class Members released at court who appear at SPAN \geq 1 day and \leq 30 days after release who were on psychotropic medications on the day of release) – (those who refuse this service)]

7.1.4. threshold:

7.1.4.1. 75% compliance at October 6, 2004

7.1.4.2. 90% compliance at October 6, 2006 and thereafter

8. Making appropriate community referrals and/or appointments for Class Members (§142i)

8.1. Provision of appointments to Class Members with known release dates who are assessed as needing continued mental health care

8.1.1. [# of Class Members released from jail with previously known release dates for whom appointments are made at appropriate community agencies] ÷ [(# of Class Members released from jail with previously known release dates) – (those who refuse this service)]

8.1.2. threshold

8.1.2.1. 75% compliance by October 6, 2004

8.1.2.2. 95% compliance (ultimate target)

8.2. Provision of appointments to released Class Members who visit SPAN within 30 days of their release

8.2.1. [# of eligible Class Members released from jail who appear at a SPAN office for whom appointments are made during the first SPAN visit and scheduled at appropriate community agencies] ÷ [(# of SPAN intakes) – (those for whom appointments have already been made⁹) – (those who refuse this service)]

8.2.2. threshold: 95% compliance

⁷ This aspect of the denominator will rely on documentation of reasons for refusal to prescribe medications.

⁸ This aspect of the denominator will rely on documentation of reasons for refusal to prescribe medications.

⁹ This exclusion contemplates class members who were unaware of the appointment that had been made by jail based discharge planners, LINK, or other agencies.

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8.3. Provision of referrals to Class Members who do not have known release dates who are assessed as needing continued mental health care

8.3.1. $[\# \text{ of Class Members released from jail with unknown release dates who receive referrals to appropriate community agencies}] \div [(\# \text{ of Class Members released from jail with unknown release dates}) - (\text{those who refuse this service})]$

8.3.2. threshold:

8.3.2.1. 85% compliance at October 6, 2004

8.3.2.2. 95% compliance (ultimate target)

9. Submission and processing of SNA and TANF applications for potentially eligible Class Members who are deemed to be SPMI (§142j)

9.1. Emergency Benefits

9.1.1. $[\# \text{ of class members eligible for emergency benefits of any kind who have those benefits provided}] \div [\# \text{ of class members eligible for emergency benefits}]$

9.1.1.1. threshold: 100% compliance at October 6, 2004

9.2. Completion and submission of PA applications within the required time

9.2.1. **Completion Measure:** $[(\# \text{ of SPMI Class Members who are potentially eligible for this benefit who have PA application completed within 3 business days of CTDP}) \div [(\# \text{ of SPMI Class Members who appear eligible for Public Assistance}) - (\# \text{ of SPMI class members who are unavailable for this service}) - (\# \text{ of SPMI Class Members who are released before this service can be provided}) - (\# \text{ SPMI class members who refuse this service})]$

9.2.2. **Submission Measure:** $[\# \text{ of incarcerated SPMI Class Members who have completed PA application who have application submitted within 2 business days of the completion of the application}] \div [\# \text{ of SPMI Class Members who have completed PA application}]$

9.2.3. threshold

9.2.3.1. 85% compliance by October 6, 2004

9.2.3.2. 95% compliance (ultimate target)

9.3. Processing and pending of the applications (§78)

9.3.1. $[\# \text{ of PA applications registered on the day of their receipt at HRA}] \div [\# \text{ of PA applications submitted by discharge planners in the jails}]$

9.3.2. threshold:

9.3.2.1. 75% compliance at October 6, 2004

9.3.2.2. 95% compliance (ultimate target)

10. Provision of transportation to Class Members who are SPMI or LSPMI (§142k)

10.1. Transportation from jail to the Class Member's residence or to a temporary emergency or I/A shelter

10.1.1. $[\# \text{ of Class Members who receive transportation from jail to an identified residence or to a temporary emergency or I/A shelter}] \div [(\text{number of SPMI Class Members released}) - (\text{those who were released on bail or pursuant to court order requiring immediate release}) - (\text{those who refuse this service})]$

10.1.2. threshold:

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10.1.2.1. 85% compliance by October 6, 2004

10.1.2.2. 95% compliance (ultimate target)

10.2. Transportation from SPAN to Class Member's residence or to a temporary emergency or I/A shelter

10.2.1. [# of SPMI Class Members released at court who receive transportation from SPAN to an identified residence or to a temporary emergency or I/A shelter] ÷ [(number of SPMI Class Members released at court who visit SPAN within 30 days of release) – (those who refuse this service)]

10.2.2. threshold:

10.2.2.1. 85% compliance at October 6, 2004

10.2.2.2. 95% compliance (ultimate target)

10.3. Transportation from I/A shelter to program shelter

10.3.1. [# of SPMI Class Members who receive transportation from a temporary emergency or I/A shelter to a program shelter] ÷ [(number of SPMI Class Members assessed at I/A shelter and assigned to a program shelter) – (those who refuse this service)]

10.3.2. threshold:

10.3.2.1. 85% compliance at October 6, 2004

10.3.2.2. 95% compliance (ultimate target)

11. Follow up with Class Members who are SPMI in the areas of housing placements and community referrals or appointments (§142l) and arranging appropriate housing placements for eligible class members (§142m)

11.1. Follow up for class members given mental health appointments prior to release

11.1.1. [# of SPMI Class Members who received appointments prior to release for whom the agency was contacted within the appropriate time period] ÷ [# of SPMI Class Members who were released who had appointments made at community mental health programs prior to their release]

11.1.2. threshold:

11.1.2.1. 85% compliance by October 6, 2004

11.1.2.2. 95% compliance (ultimate target)

11.2. Follow up for class members given mental health referrals prior to release

11.2.1. [# of SPMI class members who were referred to community mental health programs for whom the agency was contacted within 3/5 days of release] ÷ [# of SPMI Class Members who were released who were referred to community mental health programs prior to their release]

11.2.2. threshold:

11.2.2.1. 75% compliance by October 6, 2004

11.2.2.2. 90% compliance (ultimate target)

11.3. Housing

11.3.1. Contact SPMI Class Members to determine whether housing is clinically adequate and appropriate

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11.3.1.1. [# of SPMI Class Members for whom attempted contacts were made within three days of release to determine appropriateness of housing] ÷ [(number of released SPMI Class Members) – (those for whom no contact information is available)]

11.3.1.2. threshold: 99%

11.4. Offer assistance to procure more appropriate housing

11.4.1. [# of SPMI Class Members found to have inappropriate housing who were offered assistance in procuring more appropriate housing] ÷ [(number of SPMI Class Members found to have inappropriate housing) – (those who refuse the offer of this service)]

11.4.2. threshold: 95% compliance