MHSOAC Current Evaluation Efforts and Data Projects

California Mental Health Planning Council
October 17, 2012

Renay Bradley, Ph.D.
Chief, Research and Evaluation
Summary of Current Evaluation Projects

- Data Quality and Corrections Plan
- FSP Costs/Cost Offsets
- Trends in Priority Indicators
- Impact of Services on Client Outcomes
- Reducing Disparities in Access to Care
- Prevention and Early Intervention
- Upcoming Evaluation Projects
Objective: Assess the quality of FSP data available via the Data Collections and Reporting (DCR) system and make recommendations for how to overcome problems and limitations.

Information regarding the DCR obtained via interviews with State, county, provider, vendor, and stakeholder groups.

Summarize issues and recommend potential solutions and best practices.
Sample issues and potential solutions include:

- Limited training for staff
  - Solution: All staff to receive FSP and DCR training
- Data collection forms (provided by state) are long and difficult to use under some conditions
  - Solution: Create an instruction manual to accompany forms
- No defined process for collecting Key Event Information
  - Solution: Create and define a standard process
- Difficulties submitting DCR data electronically
  - Solution: Meetings between State and counties that are trying to become certified to share information about the process
Objective: Summarize expenditures of MHSA funds for Full Service Partnerships (FSP)

- Per person annual cost average and range for program services and housing costs
- Offsets based on savings incurred for incarceration and mental/physical health services

- By year (2008-2010)
- By age group (CYF, TAY, Adults, Older Adults)
- Statewide and by County
Objective: Establish trends in system- and individual-level priority indicators for FSPs and all consumers for FY 08-09 and 09-10
- By age group (CYF, TAY, Adults, Older Adults)
- Statewide and by County
- Only for Community Systems and Supports (CSS)

Underlying Goals:
- Understand ability to achieve this goal with available data
- Create reporting templates
- Start documenting trends on a regular basis
Indicators vs. Outcomes

- **Outcomes**: What are we trying to achieve (i.e., goals)?
  - Outcomes were determined by the Act

- **Performance Indicators**: How will progress toward outcomes be determined?
  - Indicators were determined based on existing statewide data
Why Create Outcomes and Obtain Performance Indicators?

- Ultimate aim is to assess ability to achieve goals (i.e., outcomes) defined within the MHSA

- To do this, indicators for a designated period should be compared to a benchmark

- Provides knowledge regarding current system (i.e., Act) performance and whether changes/improvements are needed
CSS Priority Indicators—Consumers

- Consumer Indicators and *Outcomes
  - Rates of suspension/expulsion
    - *Increase educational progress
  - Rates of employment in paid/unpaid employment
    - *Increase employment
  - Homelessness; days spent in family/foster homes; independent residential status
    - *Improve housing situation
  - Arrest rates
    - *Reduce justice involvement
System Indicators and *Outcomes

- Demographic profile of consumers served and new consumers
  - *Reduce disparities in access
- Penetration of mental health services
  - *Increase individuals receiving public mental health services
- Access to primary care; perceptions of access to services; perceptions of well-being
  - *Improve health and mental health
- Rates of involuntary status (3 and 14 day involuntary commitments)
  - *Implement Recovery Vision
- Satisfaction with services
Next Steps with Priority Indicators

- Initial report for FY 2008-09 and 2009-10 recently submitted; will be reviewed at November Commission Meeting

- Next reports due March 2013; September 2013; March 2014
  - Need to establish benchmark
  - Need to further refine and perhaps add to indicators (e.g., those for PEI, Innovation)
  - Need to establish process for using this information
  - Need to figure out OAC’s role
Impact of Services on Client Outcomes

- **Objective:** Evaluate the Impact of Peer Support, Employment Support, and Crisis Intervention Services (CSS) on individual outcomes
  - Employment, Housing, Wellbeing

- Facilitated statewide survey and 40 in-depth interviews

- Used participatory research process
  - “PEPs” (Participatory Evaluation Partners)
Sample research questions include:

- Was level of care appropriate?
- Did services exemplify a recovery orientation/approach?
- What are consumer perceptions for access to services?
- Any changes in employment after services?
- Any changes in housing after services?
- Any changes in wellness after services?
Reducing Disparities in Access to Care

- **Objective:** Obtain trends in new admissions to county mental health systems broken down by age, race/ethnicity, gender

- **Objective:** Assess consumer/family member perspective regarding MHSA impact on reducing disparities
  - Will be done via participatory research methods
Objective: Assessment of Prevention and Early Intervention Programs
- Program costs
- Numbers served
- Spectrum of clients served
- Program components/focus

Objective: Evaluate the Impact of Early Intervention Programs
- Outcomes associated with untreated mental illness (e.g., suicide, incarceration, unemployment, prolonged suffering)
Upcoming Projects

- Create a Baseline for CSS Priority Indicators
- Evaluate Quality of County Innovation Evaluations
- Strengthen CSS Data Collection and Reporting Systems
- Evaluate the Impact of the Community Planning Process
Thank you!

- Questions? Comments?

Renay Bradley
Chief, Research and Evaluation
renay.bradley@mhsoac.ca.gov
(916) 445-8726