

MHSOAC EVALUATION
MASTER PLAN

PROGRESS REPORT
SEPTEMBER 28, 2012

AGENDA

- Review of Evaluation Master Plan work plan
- Review of major findings to date
- What the Evaluation Master Plan will and will not be
- Scope of Evaluation Master Plan
 - Evaluation questions
 - Basic elements
- Evaluation methods
- Next steps

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WORK PLAN

- Information gathering
 - Interviews – *completed*
 - County site visits (San Bernardino, Humboldt, LA, San Mateo) – *completed*
 - Review of other state evaluation efforts – *in progress*
 - Review of impacts of federal developments – *in progress*
 - Review of other state agency evaluation efforts – *yet to be done*
- Draft plan
- Final plan by end of CY

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MAJOR FINDINGS TO DATE

- General consensus on the audience for and the role of MHSOAC evaluation
 - A major use of evaluation should be to support efforts for continuous quality improvement
 - MHSOAC has a unique role in providing information to consumers of services, state level policy makers (legislature and administration), and the general public
- Many prior and existing evaluation efforts are either not used at all or not used effectively
- Collaboration among those conducting evaluation would minimize duplication and maximize usefulness

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MAJOR FINDINGS TO DATE (CONT.)

- Appreciation of the complexity of the evaluation task
 - Overwhelming support for using existing data sources, but recognition that there are significant problems with completeness, accuracy, and comprehensiveness
 - As MHSA funding has become increasingly integrated with other funding, it is increasingly difficult to evaluate the MHSA separately from the rest of the public community mental health system
 - The variety of evaluation questions will likely require multiple evaluation methods

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MAJOR FINDINGS TO DATE (CONT.)

- Impacts of health reform – less emphasis on pure mental health evaluation
 - Changes
 - Integration of substance use into behavioral health
 - Behavioral health subsumed under general health care
 - Expansion and therefore growing dominance of Medicaid
 - Growing role for managed care type purchasers: dual eligible pilots, Accountable Care Organizations
 - Will the current specialty mental health carve-out survive?
 - Requirement for parity
 - Implications for mental health evaluation systems – more emphasis on:
 - SUD outcomes
 - Health-related outcomes
 - Health system performance indicators (e.g., Healthcare Effectiveness Data and Information Set)
 - Cost and efficiency
 - Physical health care cost offsets from BH treatments

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MAJOR FINDINGS TO DATE (CONT.)

- Counties
 - Evaluation efforts
 - Significant investments in upgrading of technology – all moving toward electronic health records, but process is more time and resource intensive than anticipated
 - Substantial evaluation expertise and interest in data driven decision making, but resources are stretched
 - Enthusiasm about participation in limited scope focused quality improvement efforts (e.g., Performance Improvement Projects, Plan Do Study Act)
 - Developing their own outcome reports and performance monitoring systems
 - Difficulties getting and using information that is useful to clinical program managers and staff
 - Relationship with state evaluation efforts
 - Frustration at sending data to state and not receiving anything back
 - Ongoing issues with DCR, but appreciation for Sacramento State efforts and some optimism about future of the system
 - Worry that state will mandate additional data or evaluation activities

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MAJOR FINDINGS TO DATE (CONT.)

- Time of great uncertainty
 - Continuing evolution of technology
 - Impacts of health reform
 - State level changes: realignment and AB 109
 - Shift to DHCS
- “Can’t do any of this on the cheap”

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WHAT THE PLAN WILL AND WILL NOT BE

- The Evaluation Master Plan will build off of prior MHSOAC policies regarding evaluation, including:
 - Reliance on existing data collection when possible
 - Working collaboratively with other stakeholders whenever possible
 - Incorporating the previously MHSOAC articulated values and principles
 - Building incrementally on prior activities
 - Producing results that can be easily understood and interpreted by non-technical people
- The Evaluation Master Plan will provide an ongoing structure that directs evaluation activity over time, and will include:
 - Criteria by which the OAC can prioritize evaluation activity
 - An initial list of priorities
 - A process by which priorities can be modified in response to environmental changes

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WHAT THE PLAN WILL AND WILL NOT BE (CONT.)

- The Evaluation Master Plan is being developed specifically for the MHSOAC
 - It is not an evaluation plan that answers all the questions of different stakeholders
 - While hopefully providing useful information at the county (and provider) levels, counties are not the primary customers
 - While much of the plan relates to the specifics of the MHSA it cannot be limited to the MHSA; it inevitably includes an assessment of the entire public community mental health system
- The Evaluation Master Plan is only one facet of MHSOAC oversight and accountability activities
 - While useful for the purpose of accountability, evaluation by itself does not fulfill that essential role
 - Evaluation is a key strategy within the MHSOAC logic model ¹⁰

TWO ELEMENTS ESSENTIAL TO AN EFFECTIVE MASTER PLAN

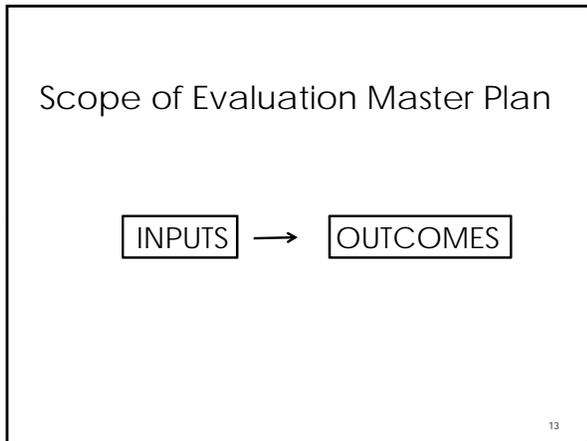
- The plan has to be able to rely on accurate, essential, and comprehensive statewide data collection systems
 - The MHSOAC does not have the resources to gather essential statewide data
 - The MHSOAC does have the responsibility to ensure that data needed to fulfill its role is being gathered and provided to it
- To get the maximum value from the Evaluation Master Plan, the MHSOAC will need to enhance its capability to use the results of its evaluation activities; it will need to:
 - Develop more effective methods to communicate the results to interested stakeholders with particular attention to policy makers, persons with lived experience, and the general public
 - Use the information to advocate for policy and budgetary changes to improve the mental health system

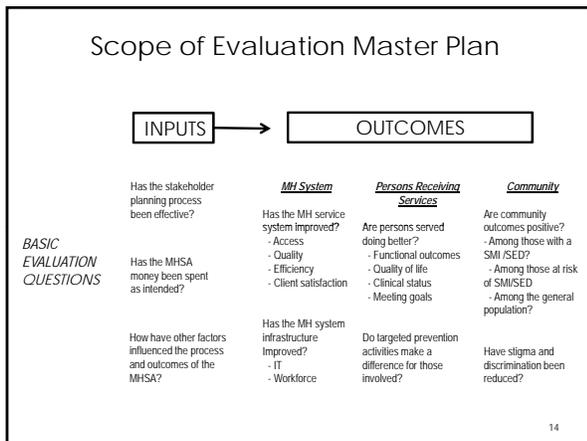
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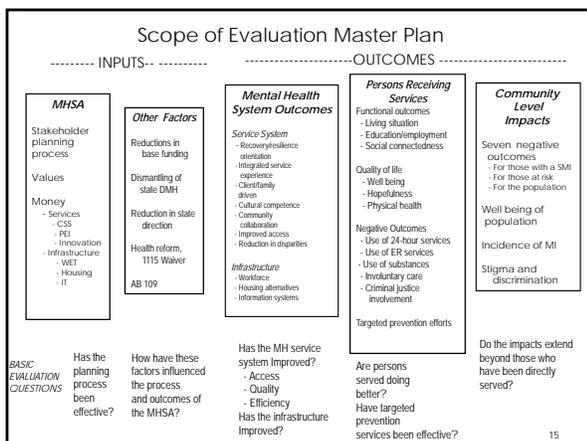
THE SCOPE OF THE EVALUATION MASTER PLAN

- Should include the values and principles that underlie the MHSA
- Should cover all the MHSA components
- Should incorporate the individual, system, and community level-outcomes from the original MHSA evaluation framework that are used in the MHSOAC Logic Model
- Should explicitly consider the context within which the MHSA has been implemented
- Should be flexible enough to incorporate additional evaluation questions and methods
- Should be able to accommodate changes in evaluation issues and methods resulting from health care reform

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CLARIFICATIONS

- "Outcomes" is used by many to refer to results with individual clients, but can be applied to any level and any result
- The accumulation of "person-level" outcomes becomes a system level outcome (e.g., the percentage of persons who have been homeless at any point over the last 12 months is a system-level outcome)
- The "system-level outcomes" can be measured at multiple levels (i.e., program, county, state)
- The distinguishing feature of the community outcomes is that they are measured for everyone in a category and not just for those who have received services

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EVALUATION METHODS

- Evaluation methods need to be understandable to lay people while maintaining technical accuracy
 - Requires being somewhat loose with terminology
 - Requires being clear about what any method can and cannot produce (i.e., what questions it can and cannot answer)
- Any evaluation question can be addressed by more than one method
- Three suggested categories of methods
 - Monitoring of performance indicators
 - Evaluation studies
 - Exploratory studies

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METHOD 1: MONITORING OF PERFORMANCE INDICATORS

- Measures and monitors a characteristic of a population or system
- Generally measured at a point in time or over a set period of time (e.g., one year)
- Used to compare across entities and/or over time
- Not strictly evaluation since doesn't directly measure the outcomes of a specific intervention
- Examples
 - % of new clients from underserved racial/ethnic groups
 - % of clients who are homeless during prior year
 - % of clients discharged from acute care who are re-hospitalized within 30 days
- Uses
 - Raises questions and/or concerns
 - Motivational if use comparisons or set benchmarks
 - Can lead to identification of practices of good performers

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METHOD 2: EVALUATION STUDIES

- Measures results (effectiveness and/or efficiency) of a particular effort or intervention
 - A program or element of a program
 - A process
 - An initiative
 - A value
- Characteristics
 - The better specified the effort or intervention, the more useful the evaluation will be
 - Can be narrow or broad
 - Can be qualitative and/or quantitative
 - Methodologies vary in rigor
- EBP and promising practices are established through successful evaluation studies
- Examples
 - **Basic study:** Does participation in a particular program or program type result in improved outcomes for people receiving the service?
 - What interventions enhance the recovery orientation of a program?
 - Do peer run centers improve the social connectedness of participants?
 - Does the knowledge and attitudes about mental illness change when staff at a health care center participate in a day's training?

METHOD 3: EXPLORATORY STUDIES

- In response to a question that will help in understanding, monitoring, or evaluating the system and/or outcomes
- Examples:
 - Can we meaningfully classify FSP programs?
 - Is it possible/feasible to create a risk adjustment scheme for FSP clients to make comparisons of FSP program outcomes meaningful?
 - What impact has the reduced level of realignment and general fund dollars had on the mental health system?
 - What are the options for developing and implementing a new statewide data collection system?

NEXT STEPS

- Complete information gathering tasks
- Draft the plan for review
 - Define criteria for priority setting and process for revising priorities over time
 - Organize evaluation activities by evaluation questions and/or evaluation methods
 - Establish original set of evaluation priorities
 - Develop recommendations about more effective use of evaluation results
- Clarify data system issues to the extent possible
