

X INFORMATION

TAB SECTION: 3

___ ACTION REQUIRED

DATE OF MEETING: 06/27/13

PREPARED BY: Bradley/Geary

DATE MATERIAL PREPARED: 06/18/13

AGENDA ITEM: Discussion of Fiscal Year 2013/14 Planned Evaluation Activity: Evaluation and Tracking System for Clients in Less-Intensive Services Than Full Service Partnerships (FSP)

ENCLOSURES: None

OTHER MATERIAL RELATED TO ITEM: None

ISSUE:

In March 2013, the Commission adopted the *Mental Health Services Oversight and Accountability Commission (MHSOAC) Evaluation Master Plan*, which outlines a series of priority evaluation activities to complete over the next five years, as well as a prioritization process to consider additional evaluation activities to complete. The Commission also approved the *MHSOAC Evaluation Implementation Plan for Fiscal Years 2013/14-2017/18*. This plan maps out which specific evaluation activities that will be performed each year, including this coming fiscal year 2013/14.

One such activity for this upcoming fiscal year is the Evaluation and Tracking System for Clients in Less-Intensive Services Than Full Service Partnerships. We will use this discussion to consider the scope of work and associated deliverables for this project. Below is the initial description of the project that was included in the Evaluation Master Plan.

Work Effort 5: Person level: Develop system to track outcomes for adults¹ in less intensive services than FSPs.

Evaluation questions:

- Ultimate: How effective are our services for adults who receive less intensive services than what is provided in an FSP?
- Intermediate: Can we develop a system for tracking relevant outcomes for a set of adult clients (and/or level of service) that is less intensive than FSP?

Much of the MHSOAC evaluation effort for adult clients thus far has focused on the effectiveness of FSP services. FSPs are usually the most intensive community services provided in a county system of care. For counties that use a level of care structure for organizing their service system it represents the most intensive level of services. Focusing evaluation activity on FSPs is reasonable from both policy and practical perspectives. On the policy level, a majority of CSS funds are devoted to FSPs and the needs of the adult FSP enrollees are the most intense and complex. Practically the existence of a data system (DCR) to track the progress of the clients in FSPs makes it easier to conduct evaluation studies. The MHSOAC is interested in expanding evaluation efforts to more adult clients than those in FSPs. Currently assessing the effectiveness of the mental health system for these other clients occurs

¹ The work is limited to adults at least in this initial stage because of the more defined structure of the FSP

only within the evaluation of specific programs and does not look at the overall progress of clients independent of the particular program in which they may be receiving services. To obtain a better view on the effectiveness of the system of care for these individuals a focused evaluation structure would be useful.

The challenge to establishing such a system is threefold. The first is the definition of what clients would be included in such a system. It has been reasonable (but burdensome) to ask FSP programs to fill out periodic forms (KET, 3M) about the status of their clients because they know their clients well and see them often. It is not reasonable (at least at this point) to have staff do anything as extensive as the DCR type reporting for clients with whom they have less interaction. There are programs that provide a next level down in intensity of services from an FSP where staff has an ongoing relationship with clients. Within the CMHDA level of care structure this would be a level three service (California Adult System of Care Committee Recommended Guidelines for Level of Service, CMHDA, 2008) The first task is to create a uniform definition of who/what would be included in such a system. The definition could be based on client characteristics, e.g. a level of care assessment or a program requirement for a specific frequency or intensity of services. This would define the set of clients who would be in the group to be tracked. The initial effort should start small and not necessarily include everyone who could be considered as needing a level three service.

The second challenge is to identify what information to collect and with what frequency. Some counties, who have already begun to work on this issue, have suggested that the most meaningful outcomes for this set of clients might be social connectedness and productive use of their time. Self-administered recovery oriented measures might also be reasonable for this group of clients. In terms of frequency semi-annual updates (and at discharge) might be appropriate.

The third challenge is how to collect the data. The DCR system might be able to accommodate the kind of data collection activity that such an expansion would entail. The systems already in place in a few counties would be another alternative that should be explored. This exploratory work could be done with a few volunteer counties who are interested in devising a system for tracking outcomes for these adult clients. They could work together with the MHSOAC to address the three challenges and pilot a new system. This would be a multiyear effort with the next stage being dependent on the learning from the prior efforts.