

MHSOAC Evaluation Master Plan

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Outline of Evaluation Master Plan

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- ▶ Themes from information gathering
- ▶ Overall model and scope
 - ▶ Paradigm
 - ▶ Levels of outcome
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- ▶ Organization of evaluation activities
 - ▶ Three evaluation methods
 - ▶ Priority setting

Outline of Evaluation Master Plan CONT

- ▶ Evaluation activities
 - ▶ Performance monitoring
 - ▶ Evaluation studies
 - ▶ Developmental and exploratory work efforts
- ▶ Special evaluation considerations for MHSA components
 - ▶ Background and context
 - ▶ Activities in the Master Plan
 - ▶ Additional action items
- ▶ Final words
 - ▶ Overarching issues
 - ▶ Timeline and resources

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Introduction

- ▶ Evaluation is a core activity for the MHSOAC
 - ▶ Accountability
 - ▶ Quality improvement
- ▶ Why now for an Evaluation Master Plan?
 - ▶ Transition in emphasis from monitoring implementation to evaluating impacts
 - ▶ Approaching end of first major evaluation endeavor
 - ▶ Ad hoc choice of topics problematic
- ▶ Opportune and challenging time
- ▶ Evaluation Master Plan development process
 - ▶ Interviews
 - ▶ County site visits
 - ▶ Review of other states and national activity

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Themes from information gathering

- ▶ MHSOAC evaluation should “tell the story” but needs to be creditable
 - ▶ Everyone has serious concerns about existing data systems
 - ▶ Counties are investing in information technology and evaluation
 - ▶ Caution is needed when making comparisons across programs or counties
 - ▶ Devolution of responsibility to counties requires informed local stakeholders
 - ▶ More focus is needed on evaluating the implementation of MHSA values
 - ▶ Trend toward health care integration creates challenges and opportunities for evaluation
 - ▶ Many evaluation products (MHSOAC's and other's) are not well used
 - ▶ Many stakeholders have interests in specific types and topics for evaluation
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Overall Model and Scope

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Overall model and scope

- ▶ Audience: The Master Plan is for the MHSOAC
 - ▶ It does not address all the questions of interest to stakeholders
 - ▶ While hopefully useful to all stakeholders, the primary focus is on the MHSOAC's audiences
- ▶ Foundation: Builds from MHSOAC evaluation principles
 - ▶ The Master Plan rests on three principles about evaluation articulated in MHSOAC documents
 - ▶ Evaluation activity should be continuous and should proceed incrementally
 - ▶ Results must be understandable and useful
 - ▶ Persons with lived experience and persons representing the state's diversity must be involved at all stages
 - ▶ Other tenets
 - ▶ Existing data should be used wherever possible
 - ▶ Collaboration with others builds credibility, expands constituency, and may reduce expense

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Paradigm for Evaluation Master Plan

----- INPUTS -----

MHSA

Stakeholder planning process

Values and principles

Regulations and guidelines

New money and services

- CSS
- PEI
- WET
- CFTN

Innovation projects

MHSOAC

Existing System

Adult System of Care

Children's System of Care

Financing structure

-----OUTCOMES -----

Mental Health System

Service System

- Recovery/resilience orientation
- Integrated service experience
- Client/family driven
- Cultural competence
- Community collaboration
- Outreach and welcoming
- Cost effectiveness and efficiency
- "Help first" vs "fail first"
- Use of EBP

System Characteristics

- Racial/ethnic and cultural disparities
- Penetration rates

Infrastructure

- Workforce
- Housing alternatives
- Information systems

Individuals Being Served

Functional outcomes

- Living situation
- Education/employment
- Social connectedness

Quality of Life

- Well being
- Identity
- Hopefulness
- Empowerment
- Physical health

Clinical Status

Negative Outcomes

- Use of 24-hour services
- Use of ER
- Abuse of substances
- Trouble with the law
- Victimization
- Children
 - Out of home placement
 - Disruptive behavior
 - Aggressive behavior
 - School truancy

Community

Prevalence of mental illness

Seven negative outcomes

- For those with SM/SED
- For those at risk

Receipt of services or supports

- For those with SM/SED
- For those at risk

Stigma and discrimination

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Overall model and scope CONT

- ▶ Paradigm:
 - ▶ Inputs
 - ▶ Outcomes or results
- ▶ Levels of outcome:
 - ▶ Individuals being served
 - ▶ Mental health system
 - ▶ Community
- ▶ Scope:
 - ▶ 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

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Example Basic Evaluation Questions

----- INPUTS-----	-----OUTCOMES-----		
	<u>MH System</u>	<u>Individuals Receiving Services</u>	<u>Community</u>
Has the local stakeholder process been effective?	Has the MH service system improved?	Are persons served doing better? - Functional outcomes - Quality of life - Clinical status - Negative events	Has the prevalence of mental illness been reduced?
Has the MHSA money been spent as intended?	Has the MH system infrastructure improved? Have the MHSA principles and values been incorporated into the system? Have the disparities in type and amount of services been reduced?		Have the negative outcomes for those with SMI/SED been reduced? Have the negative outcomes for those at risk been reduced? Have rates of services and support gone up? Have stigma and discrimination been reduced?

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Overall model and scope CONT

- ▶ Evaluation methods
 - ▶ Need to be understandable to lay people while maintaining technical accuracy
 - ▶ Critical to understand the methods in order to know what the results can and cannot tell us
- ▶ Three suggested evaluation methods
 - ▶ Performance monitoring system
 - ▶ Evaluation studies
 - ▶ Developmental and exploratory work efforts

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Overall model and scope CONT

Evaluation Method 1: Performance Monitoring System

- ▶ Measures and monitors an indicator – a characteristic (process or outcome) of a population or system
- ▶ Generally measured at a point in time or over a set period of time (e.g. a 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 indicators
 - ▶ % 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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Overall model and scope CONT

Evaluation 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, or a value
- ▶ Characteristics
 - The better specified the intervention the more useful the evaluation will be
 - Can be narrow or broad; can be qualitative and/or quantitative
 - Methodologies vary in rigor
- ▶ Evidence Based Practices and promising practices are established through successful evaluation studies
- ▶ Examples:
 - Determine effectiveness of various ways of engaging transitional aged youth?
 - Determine effectiveness of screening all clients for substance use issues?

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Overall model and scope CONT

Evaluation Method 3: Developmental and Exploratory Work Efforts

- ▶ In response to a question that will help in understanding, monitoring, or evaluating the system and/or outcomes
- ▶ Often preparatory for later performance monitoring system or evaluation studies
- ▶ Examples:
 - Explore feasibility of developing a meaningful and useful way to categorize FSPs
 - Develop an ongoing method for describing and cataloguing programs funded by PEI
 - Explore the extent of variation in the recovery orientation of programs

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Overall model and scope CONT

- ▶ Priority setting
 - ▶ Two levels in Plan – high and medium
 - ▶ Priorities suggest order in which evaluation activities would be conducted
- ▶ Criteria
 - ▶ One set of criteria for the evaluation question(s) and another for the evaluation activity
 - ▶ Simple rating system on criteria
 - ▶ Each criterion rated from 1 (lowest) to 3(highest)
 - ▶ Total is sum of scores across criteria
 - ▶ Criteria not weighted
 - ▶ Application of criteria admittedly subjective

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Overall model and scope CONT

- ▶ Criteria for establishing priorities for evaluation question(s)
 - ▶ **Consistency with MHPA:** Are the questions consistent with language and/or values of the Act?
 - ▶ **Potential for quality improvement:** Will answers to the question(s) lead to suggestions for and implementation of policy or practice changes?
 - ▶ **Importance to stakeholders:** Are the questions of importance to key stakeholders?
 - ▶ **Possibility of partners:** Are there other organizations who might collaborate and/or partially fund the project?
 - ▶ **Context:** Are there changes in the environment which make the question particularly relevant, e.g. evolving health care environment, political concerns?
 - ▶ **Challenges:** Do the question(s) address an area which is creating a challenge for the system?

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Overall model and scope CONT

- ▶ Criteria for characteristics of evaluation activity
 - ▶ **Feasibility:** How likely is the evaluation method(s) to produce information that answers the evaluation question(s)?
 - ▶ **Cost:** How many resources are needed to do the project well?
 - ▶ **Timeliness:** How long will it take to complete the project?
 - ▶ **Leveraging:** Does the project build on prior work by the MHSOAC or others?

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Evaluation Activities

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Performance Monitoring

- ▶ Background and context
 - ▶ Been used extensively in the health care field
 - ▶ National Committee for Quality Assurance (NCQA) developed Healthcare Effectiveness Data Information Set (HEDIS)
 - ▶ National Quality Forum (NQF) working on performance measures as part of Affordable Care Act (ACA) quality improvement strategy
 - ▶ Trend to include more behavioral health items in these systems
 - ▶ HEDIS 13 has nine behavioral health indicators
 - ▶ NQF recommending 11 behavioral health indicators
 - ▶ Substance Abuse and Mental Health Services Administration (SAMHSA)
 - ▶ National Outcomes Monitoring System (NOMS) collects measures from all states as requirement for receiving block grant funds
 - ▶ Developing a Behavioral Health Barometer
 - ▶ Other states have performance monitoring systems for their public mental health systems

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Performance Monitoring CONT

- ▶ MHSOAC initial effort of measuring 12 priority indicators
 - ▶ For seven of the indicators, existing data sources can provide information which is reasonably accurate
 - ▶ For the remaining five (including all the individual level indicators) a lack of clear data element definitions, a lack of data completeness, and a lack of timeliness in data reporting jeopardize the results.
- ▶ Final products expected from current contractor
 - ▶ Comparison data from FY 04-05 and 05-06 (due 4/2013)
 - ▶ Addition of FY 10-11 (due 9/2013); FY 11-12 (due 3/2014)
- ▶ After conclusion of current contract, DHCS should have the ongoing responsibility of producing the data to the specifications of the MHSOAC

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Performance Monitoring CONT

- ▶ Continuing expectations
 - ▶ All indicators should include breakdowns by demographic characteristics wherever data allows
 - ▶ Indicator reports should include statewide and county level data
 - ▶ MHSOAC staff have the responsibility to
 - ▶ Raise questions, draw implications, and make recommendations for policy and practice
 - ▶ Present the data in a useful format to the Commission and stakeholders
 - ▶ Collaboration benefits the process
 - ▶ Subject expertise essential; role for Evaluation Committee and/or subgroup of Committee
 - ▶ CAEQRO can be useful partner; California Mental Health Planning Council is a required partner
- ▶ MHSOAC should take a measured cautious approach to adding new indicators
 - ▶ Temptation to add indicators based on desires of stakeholders
 - ▶ Critical to establish credibility and continuity of system before too much expansion of the system

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Performance Monitoring CONT

- ▶ *Step 1:* Revisit, clarify, and/or revise existing 12 priority indicators
- ▶ *Step 2:* Develop a process for adding other indicators
- ▶ *Step 3:* Incorporate indicators from other work groups
- ▶ *Step 4:* Incorporate specific indicators from PEI, INN, TN, WET components
- ▶ *Step 5:* Incorporate community indicators
- ▶ *Step 6:* Incorporate additional general indicators
- ▶ *Step 7:* Consider adding indicators that measure change over time with individual clients

Note: This is a suggested order; some steps can be done concurrently

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Evaluation Studies

- ▶ Prior MHSOAC evaluation studies
 - ▶ Early studies on CCS and PEI outcomes
 - ▶ FSP Costs and Cost Offset study
 - ▶ Participatory Evaluation of peer support, employment support, and crisis intervention services
- ▶ Current and approved evaluation studies
 - ▶ Evaluation of three clusters of early intervention programs
 - ▶ Participatory evaluation of local community planning process
 - ▶ Evaluation of efforts to reduce disparities

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Evaluation Studies: High Priority

- ▶ *Individual level*: Collect, summarize, and publicize the outcomes from counties that have gathered such information
- ▶ *System level (PEI)*: Determine outcomes of selected early intervention and selective prevention programs
- ▶ *System level (Access and Quality)*: Determine effectiveness of methods for engaging and serving TAY clients
- ▶ *System level (Quality)*: Determine effectiveness of selected programs for older adults
- ▶ *System level (Quality)*: Determine scope of implementation and effectiveness of evidence-based practices for children and their families

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Evaluation Studies: Medium Priority

- ▶ *System level (Quality)*: Determine effectiveness of consumer-run services
- ▶ *System level (Quality)*: Determine effectiveness of screening all persons served for substance use issues
- ▶ *System level (Efficiency and Quality)*: Determine effectiveness of obtaining routine physical status indicators on all clients in FSPs
- ▶ *System level (Efficiency)*: Refine and repeat FSP costs and cost offsets study
- ▶ *Individual level*: Determine outcomes of promising and community-based practices being developed by counties, particularly for un-served, under-served, and inappropriately served populations

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Developmental and Exploratory Work Efforts

- ▶ Prior and current MHSOAC work
 - ▶ PEI and INN Trend Reports – MHSOAC staff
 - ▶ Data system contract with California State University, Sacramento
 - ▶ Assessing Adult Mental Health Need in California Using the California Health Interview Survey and geomapping – UC Davis Center for Reducing Health Disparities
- ▶ High priority
 - ▶ *PEI*: Determine status of county efforts to evaluate one PEI project and make recommendations as needed to ensure adequate evaluations
 - ▶ *PEI*: Develop an ongoing method for describing and cataloging programs funded by PEI
 - ▶ *System level (Quality and Efficiency)*: Explore feasibility of classifying FSP programs in a meaningful and useful fashion

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Developmental and Exploratory Work Efforts CONT

- ▶ **Medium priorities**
 - ▶ *Community level:* Develop indicators for the community level
 - ▶ *Individual level:* Develop system to track outcomes for adults in less intensive services than FSPs
 - ▶ *Individual and System (Quality) levels:* Determine the interaction between the characteristics of the populations served in FSPs and the outcomes obtained
 - ▶ *Infrastructure: Technological Needs:* Develop and implement a plan for routine monitoring and special studies of the impact of technological need expenditures
 - ▶ *System level (Quality):* Explore the extent of and variation in recovery orientation of programs

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MHSA Component Evaluation Considerations

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Approach to specific MHSAs components

- ▶ While the Evaluation Master Plan views the MHSAs as an integrated system, the MHSOAC has a responsibility for oversight of the specific components
- ▶ For each component
 - ▶ Context
 - ▶ Evaluation activities in the Plan particularly relevant for the specific component
 - ▶ Additional actions
- ▶ Special cases
 - ▶ CSS – only item noted is the MHSAs Housing Program
 - ▶ Capital Facilities – nothing included

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Prevention and Early Intervention (PEI)

- ▶ Prior work
 - ▶ Prevention and Early Intervention Trends Report (2011) – MHSOAC staff
 - ▶ Summary and Synthesis of PEI Evaluations and Data Elements (2011) - UCLA Center for Healthier Children, Youth, and Families
 - ▶ RAND PEI Evaluation Framework
- ▶ Current work
 - ▶ RAND major multi-year evaluation of three of the statewide initiatives: Suicide Prevention, Student Mental Health, Stigma and Discrimination Reduction (SDR)
 - ▶ Early Intervention Evaluation – MHSOAC contract with UCLA Center for Healthier Children, Youth, and Families
 - ▶ California Reducing Disparities Project (CRDP)

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PEI CONT

- ▶ PEI in the Master Plan
 - ▶ Performance Monitoring: Develop and then include community level indicators
 - ▶ Evaluation studies:
 - ▶ Continue evaluation of early intervention programs and add selective prevention programs
 - ▶ Include PEI studies in compilation and summary of county outcome studies
 - ▶ Developmental and exploratory work efforts
 - ▶ Review of status of county efforts to evaluate one PEI project
 - ▶ Develop ongoing method to describe and classify PEI projects
- ▶ Other actions
 - ▶ Urge Department of Public Health to fund evaluation of projects to be included in the statewide California Reducing Disparities Project (CRDP)
 - ▶ The three-year life span of the project should allow for meaningful evaluation
 - ▶ The five community Strategic Planning Workgroups (SPWs) can lend credibility by assisting in an evaluation effort
 - ▶ Collect basic statewide PEI information on numbers and characteristics of persons served
 - ▶ Utilize classification system developed above to collect summary program information
 - ▶ Once developed incorporate into Annual Plan Update
 - ▶ Do not develop a separate PEI Evaluation Framework

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Innovation

- ▶ “Evaluation is at the core of MHSAs Innovation, since all programs are pilots to be tested.” (Innovation Trends Report)
 - ▶ Each program must include a specification of intended outcomes and how outcomes will be measured
- ▶ MHSOAC prior and current work:
 - ▶ Innovation Trends Report (1/12)
 - ▶ Primary purpose of innovation: half are to improve quality or outcome of services, one-third to improve access
 - ▶ Programs include treatment, early intervention, prevention, and infrastructure activities
 - ▶ RFP for evaluating status of county INN evaluations forthcoming
- ▶ *Challenge for evaluation:* Ultimate purpose of the evaluation should be to determine if MHSAs INN strategy is a good one
 - ▶ The INN strategy is to invest in new or modified practices, and if they are shown to be more effective than current practice to have them adopted by the rest of the system
 - ▶ This is a multi year endeavor which requires at a minimum measuring both the effectiveness of the INN projects and also the success in their dissemination

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Innovation CONT

- ▶ **Innovation in the Master Plan**
 - ▶ Performance Monitoring: incorporate any specific indicators reflecting adoption of INN programs
 - ▶ Follow-up on results of current analysis of adequacy of INN evaluation efforts
- ▶ **Other actions**
 - ▶ Support counties to widely disseminate the results of successful INN programs
 - ▶ Collect information on the successful spread of effective INN projects – once a method is determined it can be incorporated into Annual Update

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Technological Needs (TN)

- ▶ **The basic evaluation effort should be to document**
 - ▶ What the funds have been spent on
 - ▶ How the projects have affected the county's Information Technology capacity
 - ▶ How that capacity can improve overall service delivery
- ▶ **Current activity**
 - ▶ CAEQRO reviews annually the status of county information technology projects
 - ▶ UCLA Center for Healthier Children, Youth and Families in process of preparing a Revenue and Expenditure Brief on county investments of MHS/TN funds

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Technological Needs CONT

- ▶ TN in the Master Plan
 - ▶ Developmental and Exploratory Work Effort: Develop and implement a plan for routine monitoring and special studies of impact of technological need expenditures
 - ▶ Plan elements to include
 - Identification and tracking of progress on MHSA-funded technological projects
 - Specifying how the projects fit into counties' overall Information Technology (IT) efforts and how those IT efforts enhance the overall county service system
 - A separate section on county efforts devoted to Family Empowerment Projects
 - ▶ Performance Monitoring: Once a reliable way of measuring progress on TN activity is developed can include it as an indicator
 - ▶ Other actions: Collaborate with CAEQRO in above work

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Workforce, Education, and Training (WET)

- ▶ While the implementation of the WET projects has been transferred to Office of Statewide Health Planning and Development (OSHPD), the MHSOAC should maintain overall oversight of the WET component
 - ▶ Requires ongoing coordination with OSHPD and California Mental Health Planning Council
 - ▶ MHSOAC is represented on OSHPD Advisory Committee
- ▶ OSHPD's process of developing a new Five Year Plan will include a review of prior and ongoing WET activities
- ▶ Other actions
 - ▶ Urge OSHPD to include evaluation of county level activity in its review
 - ▶ Obtain routine updates from OSHPD

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Final Words

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Overarching evaluation issues

- ▶ MHSOAC needs to devote more attention to disseminating and using evaluation information
- ▶ MHSOAC must continue to address the data system issue
 - ▶ Recommend to DHCS that it conduct a feasibility study of scope, resources, timeline for development of a new data system architecture
 - ▶ Take a strong position that DHCS must devote resources immediately to support and maintain existing data systems
- ▶ MHSOAC should involve stakeholders more throughout its evaluation efforts
 - ▶ Way of building constituency for evaluation work
 - ▶ Adds subject matter expertise
 - ▶ Have a strong base with Evaluation Committee and a good start on a cadre of persons with lived experience trained in evaluation
- ▶ MHSOAC should consider collaboration with other entities
- ▶ MHSOAC should continue to refine its methods of selecting and monitoring of contractors

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Timing and resources

- ▶ Master Plan lays out an ambitious agenda
 - ▶ Over a four year period would mean starting two to three new Evaluation Studies and two new Developmental and Exploratory Work Efforts a year plus ongoing commitment to Performance Monitoring system
 - ▶ Result could be as many as 10 active evaluation projects at any one time
- ▶ The speed with which the evaluation activities can be implemented will be a function of the capacity of the internal staff resources and the amount of funds available for contracts
 - ▶ Master Plan cannot be implemented as envisioned with existing level of internal resources devoted to evaluation
 - ▶ Current funds currently support two to three new contracts a year
 - ▶ The amount of resources devoted to contracts needs to be calibrated with the capacity of the internal staff, or the results from contracts will not be as creditable or useful as they might be