

CSS Monitoring, Tracking, and Evaluation System RFP

A. Scope of Work

The following overarching questions should guide all activities carried out via this work:

- What statewide methods should be employed to ensure that providers, counties, and the state can track, monitor, and evaluate the status of adults who are receiving CSS services in order to determine the efficacy and appropriateness of those services?
- What policies, practices, systems, and infrastructure should be created and/or modified in order to better track, monitor, and evaluate adults who are receiving CSS services?
- How effective are services for adults who receive less comprehensive services than what is provided via Full Service Partnerships? (i.e., How effective are services for non-FSP clients?)
- What policies, practices, systems, and infrastructure should be created and/or modified in order to better serve adults within the CSS component? (i.e., What new and/or revised methods may further our understanding of CSS client clinical/functional status, current client level of care/service, the most appropriate level of care/service, as well as our ability to provide the most appropriate level of care?)

In order to address the above listed questions, the following activities will be carried out within the scope of this to-be-awarded contract (each activity is described further below):

- 1) Development and implementation of a tracking and monitoring system for adults receiving services via CSS that allows for evaluation of those clients and services.
- 2) Evaluation of the efficacy of services for adults who receive less comprehensive services than what is provided via FSP.
- 3) Creation of policy and practice recommendations for how to improve upon current CSS services, evaluation, and systems.

A.1. Development and Implementation of a Tracking and Monitoring System for Adults Receiving Services via CSS That Allows for Evaluation of Those Clients and Services

The Contractor will be expected to work with stakeholders (e.g., end users of the system) to develop and pilot a system that would allow providers, counties, and the state to track and monitor clients as they participate in CSS services. The system should enable providers, counties, and the state to understand client clinical/functional status and current level of care in order to make decisions about the appropriateness of the current level of care and if changes should be made.

The goal of the development phase is creation of an ideal list of outcomes to be included in the system, optimal and feasible methods for measuring those outcomes, and methods by which the outcomes/measures could be used for evaluation and quality improvement purposes, including determination of the appropriateness of clients' current level of care. Below is a list of items that will need to be considered during the development of this system.

- The system developed via the scope of this work should be focused on adults. However, it would be ideal if this initial system for adults could eventually be modified or extended for use with children/youth, transition-age-youth, and older adults. This preference should be considered in development of the system.
- The system shall consider goals and outcomes that have been defined within the MHSA.
- The tracking, monitoring, and evaluation system shall enable programs/providers, counties, and the state to track, monitor, and evaluate the impact of CSS services/programs and the overarching system on clients who receive CSS services. Thus, the system shall be structured to provide outcomes at the individual and system levels.
- The system shall include collection of client characteristics, treatment characteristics, and program/service characteristics.
- The system should ultimately enable data to be collected that would/could be used for quality improvement purposes at the provider, county, and state levels.
- The system shall be structured so that it provides data and recommendations for how the data can be used for evaluation and quality improvement purposes at the program/provider, county, and state levels.
- The Contractor shall consider the statewide and individual county systems that are currently in place for tracking, monitoring, and evaluation of the CSS component and how/if these systems can be used or augmented to accommodate the new system. Although, the new system should not be limited to currently available data, it should consider the limitations of current data collection and reporting systems that provide CSS data (e.g., the DCR and CSI) in order to improve upon those systems.
- This system shall be applicable to the full range of programs offered (e.g., FSPs, non-FSP services, wellness centers) and clients served (e.g., those with serious mental illness/emotional disturbance, those progressing toward recovery) within the CSS component, which vary greatly. Although the system must include outcomes that are broadly relevant to all CSS clients and services, it may also identify outcomes that pertain to specific clients and/or levels of care/services.
- The system shall be applicable to the full range of counties throughout the state. There may be significant variation in what constitutes a useful system for a small versus medium versus large county, for example. What is useful for a large county may not

necessarily be easily adaptable for use by a small county. Consideration of this variety must be given during development of the system.

- The recommended outcome measures shall be feasible to collect yet provide meaningful and action-oriented information. Consideration should be given to the timing at which measures are collected (e.g., at intake, at discharge, at various time points throughout treatment) and the means by which the data is collected (e.g., by clinical staff, by groups of staff members, by administrative staff, by peers). The system shall identify outcomes and data collection methods for which the benefits outweigh the burden of collection.
- Consideration should be given to Medicaid expansion, the Affordable Care Act, any other statewide or national initiatives that pertain to mental health care, and how these initiatives may impact current and future reporting requirements for mental health outcomes.
- The tracking, monitoring, and evaluation system shall clearly demonstrate or describe how the outcome measures can be used to assess the efficacy of CSS services and whether steps should be taken to improve service efficacy and appropriateness. For example, a service system may demonstrate success based on achievement of goals or benchmarks (e.g., movement of clients to lower levels of care; reductions in negative outcomes; improvements in health and functioning).

After the tracking, monitoring, and evaluation system has been developed, the Contractor shall implement the system in a group of volunteer pilot providers/counties. The goal of the pilot implementation phase will be to use the newly developed system to assess its usefulness and feasibility, as well as identify potential ways in which it could be strengthened. Information and expectations that pertain to this pilot implementation period are noted below.

- The Contractor will be required to identify a sample of volunteer providers in a variety of counties in which to pilot the tracking and monitoring system. Although the MHSOAC will not dictate which providers and counties should be involved in this phase of the project, selection of providers/counties that represent the variety of providers and counties within the state will be necessary (e.g., small, medium, and large counties; rural, suburban, and urban counties; counties/providers with robust systems already in place versus those without robust systems in place; counties that offer a variety of non-FSP services; counties that define FSP versus non-FSP clients in different ways; providers that offer only services for the severely mentally ill/emotionally distributed versus wellness centers versus integrated service systems; etc.). The MHSOAC will assist the Contractor with identification of providers to volunteer for this purpose.
- There may be specific counties that are in the process of developing and/or implementing tracking and monitoring systems that would be highly beneficial to

include in the sample. Examples include, but are not limited to, Los Angeles, Sonoma, Stanislaus, Riverside, and Orange counties. Alternatively, there may be groups or blocks of counties (or providers) that are in the process of developing and/or implementing various tracking and monitoring systems that may be beneficial to include. Please note that it will not be necessary to include providers throughout a county/group/block in order to include that county/group/block (i.e., it may suffice to include only a portion of the providers within one specific county/group/block).

- The Contractor may opt to pilot a small variety of system options that can be compared across providers/counties rather than trying to implement the same exact system in all pilot providers/counties. Alternatively, a small variety of systems or slightly modified systems may be piloted over time in the same group of providers/counties. The ultimate goal of this pilot period is to identify the most meaningful, useful, and feasible option(s) for a statewide system to track, monitor, and evaluate the CSS component. The Contractor will be expected to work with the MHSOAC and stakeholders to identify and carry out the most robust means of achieving this goal using available resources.
- Physical implementation of the pilot tracking and monitoring system may not necessarily reflect what an eventual (recommended) statewide system would look like. Within the scope of this contract, the Contractor will be expected to pilot the developed tracking, monitoring, and evaluation system to the extent possible within the volunteer providers/counties. This may require modifications to the developed system that are made in response to limitations that arise based on provider/county contexts. For example, it may be desirable for the system to use specific individuals or methods to collect data on the outcomes. If these individuals or methods are not available to a provider/county, the Contractor will be expected to work with the provider/county to overcome such obstacles. If providers/counties do not have resources to carry out all steps needed to pilot the new system (e.g., no means to enter data into an electronic system in a timely manner, or no electronic system to do so), the Contractor will be expected to overcome these obstacles (e.g., collecting hard-copy forms from providers so that the data can be entered by the Contractor).
- The Contractor will be required to provide recommendations (i.e., potential next steps, action items, and instructions) for how the new system could potentially be modified/strengthened and then implemented and used statewide. Thus, the piloting period must be structured to accomplish this goal.
- Although the system shall be developed so that it is applicable to the full range of programs offered and clients served within the CSS component, it may not be possible to pilot the system with the full range of providers and for the full range of CSS clients, although this would be the ideal to strive for. The Contractor will be expected to strive to meet this goal. If it is not achievable, this must be addressed as a limitation when

considering and providing recommendations for statewide implementation of the system.

The implementation phase will be dependent on identification and cooperation of a sample of providers/counties that are willing to volunteer for participation in the piloting period and provide the Contractor with data that is collected. These counties and providers will likely be at various stages in terms of their ability to implement a newly developed system. As such, the Contractor must be prepared to overcome obstacles that may appear as a result of this variability. Potential challenges may include, but are not limited to, the following:

- Provider- and county-level concern over use of data and evaluation results to identify possible shortcomings in their current services and systems.
- Lack of provider and county volunteers to properly pilot in a robust manner.
- Lack of provider/county resources (i.e., funding and staff) needed to pilot the newly developed system in a way that is as close to the proposed system as possible.
- Lack of provider/county infrastructure needed to pilot system as proposed.
- Variation in ability of providers/counties to implement systems and provide the Contractor with data in a timely manner.
- Variability in skill/knowledge-level of provider/county representatives who will manage and carry out pilot implementation.
- Need for providers/counties to implement the system in accordance with the plan developed and approved via the scope of this work.

A.2. Evaluation of the Efficacy of Services for Adults Who Receive Less Comprehensive Services Than What Is Provided via FSP

Using the system developed for the state and implemented with a group of pilot providers/counties, evaluate the impact of CSS services on adult clients who are not currently served through FSP programs.

- The evaluation should assess all clients included/tracked within the newly developed system, as well as potential variation by county, program, provider, and client demographics (e.g., diagnosis, age, gender, race, ethnicity, spoken language).
- Please note that, although the tracking, monitoring, and evaluation system developed and implemented via this project should focus on all CSS clients (i.e., both FSP and non-FSP clients), the evaluation should only focus on a subset of CSS clients who are engaged in services that are less comprehensive than Full Service Partnerships. Although the results of this evaluation will provide preliminary information regarding the efficacy of services offered to non-FSP clients, the process of completing this evaluation is intended

to provide the Contractor with the opportunity to use the newly developed system for the purpose of evaluation to determine its strengths and weaknesses.

- Lessons learned via the evaluation shall be used to generate recommendations for potential revisions to the system aimed at strengthening it and preparing it for potential statewide adoption.
- Although the system shall be developed so that it is applicable to the full range of programs offered and clients served within the CSS component, it may not be possible to pilot the system with all types of programs and clients. As such, the evaluation will not be able to assess these services and clients. This should be noted and considered when developing recommendations for next steps regarding statewide implementation of the system.

A.3. Creation of Policy and Practice Recommendations for How to Improve Upon Current CSS Services, Evaluations, and Systems

Based on lessons learned via development and piloting of the tracking/monitoring system, results of the evaluation of services for non-FSP clients, and assessment of the CSS component and service delivery system, policy recommendations shall be made to the MHSOAC that aim to improve the efficacy of the CSS component, as well as the systems in place to facilitate and evaluate that component.

- The Contractor must draw from what was learned via the scope of this project to provide recommendations regarding creation and/or modification of policies, guidelines, and practices that should be in place to help maximize the effectiveness of services offered via the CSS component and the systems in place to provide and guide those services.
- Recommendations shall include suggestions for next steps to build a statewide system to track, monitor, and evaluate relevant CSS outcomes. These recommendations shall describe how the system developed and piloted via this work should be further modified (if at all) for statewide use. Recommendations should speak to what outcomes should be included in such a system, as well as potential variation by, county, service level, and client characteristics.
- Recommendations shall also speak to the methods by which the system should be implemented, including data collection methods and the physical infrastructure through which data and outcomes are shared (among providers, counties, and the state).
- Recommendations should also speak to the current and ongoing ability of the CSI, DCR, and other currently available statewide databases to achieve successful and robust monitoring, tracking, and evaluation of the CSS component. It should be made clear if and how these systems may be needed/useful if a new system were to be implemented.
- Recommendations shall also include suggestions for future research in this area, such as specific ongoing and limited-time evaluations that should be done via the proposed statewide tracking, monitoring, and evaluation system or other means.

- All recommendations should be made based on information gathered via the scope of this project. Links between findings and recommendations should be provided.

In summary, the end results the MHSOAC hopes to achieve with this project include initial development and piloting of a system to ensure proper monitoring, tracking, and evaluation of clients served via the CSS component. In addition, an early evaluation of adult clients being served via CSS in less comprehensive services than FSP will be completed. A brief assessment of the policies, regulations, and guidelines that pertain to the CSS component will be carried out in order to better understand potential limitations of the policies and practices that are currently in place that may hinder provision of effective and appropriate services for CSS clients. Via the exploratory work done to develop, pilot, and use the system for evaluation purposes within this work, we hope ideas will be generated that will help build a foundation upon which a statewide system can be designed and later implemented. A successful statewide system would enable providers, counties, and the state to continuously track, monitor, and evaluate CSS component performance for both clients in FSP and non-FSP programs. This system could then be used to improve upon the quality of services offered to adult clients and the system through which the services are offered. Creation of data-driven recommendations for improving the capacity of the CSS component to promote positive outcomes in clients, including proper movement of clients through the systems, is paramount to this effort.