

Mental Health Services Oversight and Accountability Commission (MHSOAC)
Evaluation Committee
Data Strengthening Workgroup

Meeting Notes: February 20, 2014

Discussion was held on how to expend \$500,000 in Data Strengthening funds. Funds will be available for fiscal year (FY) 2014/15.

Two potential ways to expend the funds were discussed, each with advantages and limitations:

- Use the funds to continue to strengthen the current data systems (i.e., Data collection and Reporting (DCR) and Client Services Information (CSI) systems), which are owned by the Department of Health Care Services (DHCS);
- Use the funds to work toward adoption of a new comprehensive and integrated statewide data system that would replace the DCR and CSI.

1. Improving current data systems

- Three MHSOAC contracts are currently in place to improve the quality of our current systems:
 - Contract with California State University, Sacramento: University Enterprises Inc., focused on DCR Data Quality Improvement;
 - Contract with Mental Health Data Alliance, focused on DCR Information Technology Improvement;
 - Contract with Mental Health Data Alliance, focused on CSI Data Quality Improvement.
- Workgroup members and staff have reservations about continuing to use funds to strengthen the currently available systems, given that there are significant issues with these systems that are not fixable (e.g., inability to incorporate new data elements; outdated and rigid data architecture;). In addition, current data systems may not be compliant with the Medicaid Information Technology Architecture (MITA) initiative that DHCS strives to achieve.
- However, we will rely upon these currently available systems and the data collected via them until a new statewide data collection and reporting system is adopted, which would likely take many years to achieve. Without ongoing attention, the current systems could become increasingly troublesome and eventually inoperable.
- It is unclear how much effort and resources should be put forth toward strengthening of the current systems when a new statewide system is clearly needed.

2. Funding a new statewide data system

- Current MHSOAC contract is focusing on building the foundation for a new system.
 - Contract with the Regents of the University of California, San Diego Health Services Research Center: CSS Tracking, Monitoring, and Evaluation: The contractor will work collaboratively with a vast array of stakeholders (e.g., providers, State and county entities) to identify what elements are needed in

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a comprehensive system that would cover all of Community Services and Supports (CSS) programs. In addition a pilot of this system will be conducted.

- Department of Health Care Services (DHCS) may be in the early stages of conducting a feasibility study for a new data system.
- There is a potential to utilize the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) information technology efforts to ensure that the system that is built works for both adults and children/youth.
- Until the foundation for the new statewide data system is completed and we know what data elements are needed, it is unclear what other efforts could be started to work toward adoption of the new system. (As noted earlier, the MHSOAC contact with UCSD will build the foundation for the adult system of care. The DHCS effort on creation of a performance outcome system for MediCal children/youth could be the foundation for the children's system of care. These efforts will take several years to complete.)

Given the pros and cons associated with use of funds for the purposes described above, workgroup participants considered an option that would allow us to work toward adoption of a new statewide system that would not duplicate current efforts. Workgroup participants were in favor of using the funds to enter into a contract focused on development of a plan that would outline steps needed to move us in the direction of adoption of a new statewide system. Implementation of parts of the plan would also be carried out via this contract. For example, the contractor would be charged with bringing together the entities that would be responsible for development of a new statewide system and those who would use the system (e.g., DHCS, MHSOAC, counties). The contractor would outline the steps that each entity would need to take in order to work toward adoption of a new system and would assist with implementation of those steps, as possible.

Next Steps

Given the reliance of involvement by DHCS in this effort in order for it to be a success, workgroup members suggested the MHSOAC staff connect with DHCS staff and discuss this option with them. As of April 1, MHSOAC staff have discussed this possibility with DHCS staff, who have been open to the opportunity. However, DHCS staff highlighted specific steps that will need to be taken in order to eventually adopt a new statewide system that they believe would be beneficial to begin or complete via this contract (e.g., completion of a feasibility study report). At this time, MHSOAC and DHCS may work together to outline the specific scope of work for this contract, which will likely include outlining of steps that need to be taken to achieve adoption of a new statewide system (including the roles of all involved entities and a timeline for completion of those roles/responsibilities), as well as completion of the feasibility study report.