

INFORMATION

TAB SECTION: 1

 X ACTION REQUIRED

DATE OF MEETING: 06/1/11

PREPARED BY: Lyon, Hood

DATE MATERIAL PREPARED: 05/19/11

AGENDA ITEM: Discussion and Recommendations

ENCLOSURES:

- California Mental Health Director's Association (CMHDA) Letter, dated April 20, 2011: Recommendation to Invest in Data Quality
- Recommendation on Data Quality Issues for IDEA Ad-Hoc Committee Review
- Policy Paper: Accountability through Evaluative Efforts Focusing on Oversight and Evaluation, November 8, 2010, ADOPTED, November 18, 2010

OTHER MATERIAL RELATED TO ITEM:

Issue:

At the April 2011 Evaluation Committee meeting a motion was approved to establish a work group to develop deliverables that will lead to accurate and reliable data to allow meaningful reports. The workgroup will report recommendations to the Evaluation Committee at the June 22nd meeting for consideration among other priorities for a portion of \$1M in expanded Fiscal Year 2011-12 funding for MHSOAC evaluation. The attached two documents provided by the CMHDA reflect recommendations for consideration by the work group. Also attached is the Accountability Policy Paper adopted by the Commission in November that defines the commission's strategy towards evaluation.

Background:

At the April 2011 Evaluation Committee meeting, CMHDA provided a recommendation that the MHSOAC prioritize some of the MHSAs administrative funding to contract for the provision of technical assistance to counties to ensure quality data that is useful for informing practice and policy. The committee considered the recommendations provided by the CMHDA, pursuant to the attached letter regarding data quality and associated reports resulting from the Data Collection and Reporting System (DCR) for evaluation purposes. After committee discussion, the motion below was approved.

DCR

Collects key event information over time including changes in residential status, employment, education, criminal justice involvement, legal designations and emergency interventions for individuals participating in Full Service Partnerships

- Forms are tailored for four age groups
 - Child/Youth (ages 0 -15)
 - Transition Age Youth (ages 16 -25)
 - Adults (ages 26 – 59)
 - Older Adults (ages 60+)

Background (Continued):

- Three types of Forms for county data reporting to DMH:
 - Partnership Assessment Form (PAF) --
Gathers history and baseline data for key events at entry into the program
 - Key Event Tracking Form (KET) –
Completed when changes occur in key events over time
 - Quarterly Assessment (3M)--
Completed every 3 months

Note: Services and Demographics for FSPs are obtained by linking to the Client and Service Information System (CSI), which is another statewide database described below.

CSI

The CSI System collects data pertaining to mental health clients and the services they receive at the county level. The CSI System has the following three sections.

Header/Client Fields

- Submitted at admission, updated annually and upon discharge, contains the County specific and Demographic information such as language, race/ethnicity, age and gender

Service Records Fields

- Submitted each time a service is received and contains information about the types, amounts and dates of services

Periodic Records Fields

- Submitted at admission, and updated annually and upon discharge, includes information about employment status, education, living arrangements and other key indicators required for Federal Block Grant reporting

Counties use their own systems to collect and submit information and it is submitted to DMH via batch on monthly basis

Approved Motion:

*The Evaluation Committee will form a workgroup that includes evaluation experts, clients, family members, and representatives from underserved communities to perform the following task and report back to the Evaluation Committee at its next meeting:
Develop a set of deliverables for a contract to be funded with part of the \$1M which will lead to accurate and reliable data and thus allow meaningful reports to be generated.*
