Mental Health Services
Oversight & Accountability Commission

Client and Family Leadership Committee's Workgroup to Explore Outreach to Clients not Achieving Recovery

Background:

At the August 19, 2014 meeting the Workgroup was provided with a presentation from the Commission's evaluation staff about the type of data that is currently collected on persons receiving public mental health services in California. This presentation was a general overview of the type of information collected for persons receiving services in Full Service Partnerships and the information collected for persons receiving other types of service within the public mental health system. Following that presentation Workgroup members were asked to submit any ideas they had about other types of information that should be collected.

Many suggestions were submitted from Workgroup members about how to improve information reported on persons receiving services and some suggestions focused on improvements in services. It was decided that the group would benefit from a more detailed presentation about the specifics of what is currently collected for persons in Full Service Partnership (FSP) programs. This presentation occurred at the October 21, 2014 Workgroup meeting. What follows is a summary of ideas that emerged at the Workgroup meeting in October.

Summary of Suggestions for Improving Data Reporting

1. Expand the types of information collected about a person's "discharge" from an FSP program. Suggestions included:
    - Add a data element that identifies whether a person is still receiving services and if so, what type of service. Was the person discharged to a lower level of care such as a Wellness Center?
    - Add a data element that identifies where a person was living at time of discharge.
    - Add a data element that identifies a person's level of recovery at discharge.

2. It was also noted that among the "administrative reasons for discharge from an FSP" are the following:

- Client's circumstances reflect a need for residential/institutional mental health services such as an Institution for Mental Diseases (IMD) or Mental Health Rehabilitation Center (MHRC)
- Client will be serving jail sentence
- Client will be placed in juvenile hall/camp/ranch
- Client will be placed in Division of Juvenile Justice

There was concern about this policy not being consistent with the goals for FSPs to continue to engage persons in institutional settings, including jails, so that they maintain a connection to the program and may return as soon as possible.

3. Add data element about whether person is receiving peer services.

4. Add data element about whether person has a support system. This could be added to information collected at "baseline" (when a person enters an FSP) and/or reported with other information collected quarterly.)

5. Add data element about health status to quarterly reporting. Add data element about whether person has been connected with a primary care provider.

6. Add data element about whether "benefits" have been established to quarterly reporting.

7. When assessing a person's recovery, information provided should not just be from the service provider's perspective, but also include the client's perspective. Currently there are no requirements for counties to report information about where a person's level of recovery is at. Some counties and programs do utilize various tools to assess a person's level of recovery, however there is no uniformity among the counties or a standardized way being used that measures level of recovery. Some programs use tools that are completed by the provider, others may use separate tools to get both the provider's perspective and the client's perspective. The use of a uniform approach to measure the level of a person's recovery would help support better qualitative assessment strategies.

Suggestions Not Specific to Data Reporting

Some of the suggestions were not specifically about adding data elements to what is currently reported. Some of these comments included:

1. There was concern about the lack of "step-down" services available to persons leaving FSPs. It was noted that Los Angeles offers step-down services to persons based on their progress, but still considers the individuals as participants of an FSP, so they can easily return to access services if needed.

2. There was a question about what happens to a client's record if they go to another county. It was noted that counties would be required to have interoperability between each other in order to share mental health information contained in a client's electronic health record (EHR).