

Mental Health Services Act (MHSA) Prevention and Early Intervention Programs

DATA COLLECTION, TRACKING, & REPORTING

Agenda

- Welcomes and Introductions Roundtable
- > Training Overview / Training Objectives
- Data Capabilities, History, and Evolution

Data collection provider capabilities results | Amy Leino Overview of MHSA Outputs Report FY16-17 | Kellymarie Chen

> Data Requirements

Culture of Quality & Results Based Accountability Overview | Emily Vaden MHSA PEI Regulations | Kellymarie Chen

Data Collection, Tracking, and Reporting

2017 Forms/Tools Review | Kellymarie Chen & Amy Leino 2017 Results Based Accountability Forms/Tools | Emily Vaden

Data Collection Tomorrow and Beyond

Data Collection Frequency/Deadlines | Kellymarie Chen Quarterly Data Collection Workgroups/Technical Assistance | Kellymarie Chen

- Questions and Answers
- \triangleright Meeting Evaluation + $\mid \triangle \mid$

Welcome and Introductions

Please share:

- Your name
- Agency
- Top Concern regarding data collection, tracking and reporting

Training Overview/Training Objectives

- > Support the development of Yolo County Behavioral Health Provider learning community that addresses areas of shared interest, including the fulfillment of Prevention and Early Intervention and Yolo Health and Human Service Agency reporting requirements.
- > Learn about and discuss data capture capabilities and the evolution of data requirements.
- Provide a baseline education of data collection and reporting requirements
- ➤ Debut a new Prevention and Early Intervention and Results Based Accountability Data tool suite that includes forms for data collection, tracking, and reporting to help providers fulfill their contracted data requirements.
- > Review data collection deadlines and frequency
- > Determine if there is interest in an ongoing quarterly data collection technical assistance workgroup

Data Capabilities, History and Evolution

> Data Capabilities Assessment

In advance of this training you were asked to complete a data resources assessment to inform HHSA staff about the resource limitations you may have that act as a barrier to data collection, tracking and reporting. From the (7) responses, we were able to determine the following:

- 1. 100% have access to: hardware (6 desktop, 1 notebook); reliable internet when working from the office,; Microsoft Word; email
- 2. 6/7 have access to: Excel (1 possibly); Adobe PDF (5 Reader; 1 Pro); Scanner and/or fax machine (1 No Answer provided)
- 3. 5/7 have access to: software encryption (1- Unsure; 1 No Answer Provided)
- 4. 4/7 have dedicated data staff (2- No; 1-Unsure)

As we look to strength our supports around data collection we will keep these items in mind.

Data History and Evolution

> Then:

- ➤ Data Outputs formerly required Quarterly and Annual Unduplicated counts (Example: FY 16/17 MHSA Data Report)
- > Annual Program Update Narratives (Example:)

> Now:

- ➤ **New** PEI Data Requirements adopted October 2016 for MHSA programs (includes and expands upon former Data Outputs and helps to inform the county RBA measure requirements.)
- > New Results Based Accountability framework adopted by the county
- > Annual Program Updates Integrated into the data collection practice

Data Requirements

Continuous Quality Improvement

HHSA Culture of Quality: A collaborative environment where staff are empowered to use data and innovation to continuously improve client and community outcomes.

MHSA Guiding Principles:

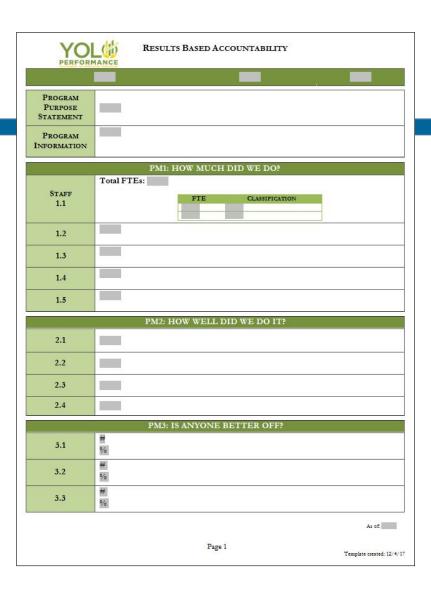
- Cultural Competence
- Community Collaboration
- Client, Consumer and Family Involvement
- Integrated Service Delivery
- Wellness and Recovery

Data Requirements

> Framework for performance measurement based on the book by Mark Friedman *Trying Hard is Not Good Enough*

Results Based Accountability





MHSA PEI Regulations

The nomenclature of Prevention and Early Intervention as defined by MHSA Prevention and Early Intervention Regulations

➤ **Program:** A stand alone planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals or families with or at risk of serious mental illness or for the mental health system.

There are (7) total defined program types.

Required	Optional
Prevention	Stigma Reduction
Early Intervention	Suicide Prevention
Outreach for Increasing Recognition of Early Signs of Mental Illness	
Access and Linkage to Treatment	
Timely Access to Services for Underserved Populations	

- > **Strategy:** a planned and specified method within a program intended to achieve a defined goal. There are (4) defined strategies which have specific data requirements tied to them.
- ➤ **Contract:** A formal agreement between Yolo County and a provider or internal entity to provide a specified Prevention and Early Intervention program and execute that program in accordance to the defined MHSA Program classification and strategy.



PEI REPORTING REQUIREMENTS

Required for <u>each</u> Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy, Access and Linkage to Treatment Strategy or Program, Improve Timely Access to Services for Underserved Population Strategy or Program Strategy:

- Program Name
- Age
- Race
- Ethnicity
- Primary language listed by threshold language
- Sexual orientation

- Disability
- Veteran status
- Gender
- Any other data the County Considers relevant

PEI REPORTING REQUIREMENTS FOR REQUIRED PROGRAMS

Prevention

• Unduplicated numbers of individuals served in the preceding fiscal year

Early Intervention

• Unduplicated numbers of individuals served in the preceding fiscal year

Outreach for Increasing Recognition of Early Signs of Mental Illness

- · Number of potential responders
- •Settings in which the potential responders were engaged
- •Type of potential responders engaged in each setting

Access and Linkage to Treatment

- Number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred
- Number of individuals who followed through on the referral and engaged in treatment
- Average duration of untreated mental illness
- Average interval between the referral and participation in treatment

Stigma and Discrimination Reduction

• The county may report available numbers of individuals reached, including demographic breakdowns

Prevention and Early Intervention Regulations, October 6, 2015 Title 9 CCR Section 3560.10(b)

PEI REPORTING REQUIREMENTS FOR OPTIONAL PROGRAMS

Suicide Prevention

• The county may report available numbers of individuals reached, including demographic breakdowns

Improve Timely Access to Services for Underserved Populations

- Identify specific underserved populations for whom the county intended to increase timely access to services
- Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset
- Number of individuals who followed through on the referral
- Average interval between referral and participation in services
- Description of ways the County encouraged access to services and follow-through on referrals

PEI REPORTING REQUIREMENTS FOR REQUIRED STRATEGIES

Access and Linkage to Treatment

- Number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred
- Number of individuals who followed through on the referral and engaged in treatment
- · Average duration of untreated mental illness
- Average interval between the referral and participation in treatment

Improve Timely Access to Services for Underserved Populations

- Specific underserved populations for whom the county intended to increase timely access to services
- Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset
- Average interval between referral and participation in services
- Description of ways the County encouraged access to services and follow-through on referrals

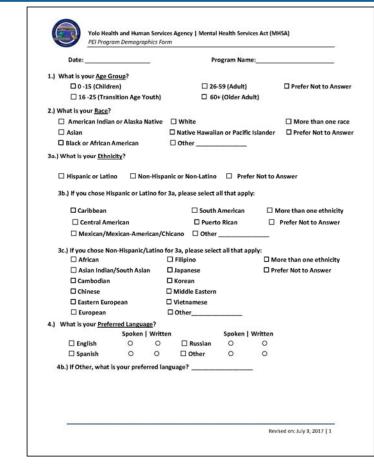
Strategies that are Non-Stigmatizing and Non-Discriminatory (required strategy, but no data requirement)

• Although the strategy is required, there are no reporting requirements for this strategy in the regulations.

Data Collection

Collection Form

This form is designed to be distributed to all program participants to collect the required demographics and participant specific data points.



	What is your	Sexual Orientation	<u>>n</u> ?
	☐ Gay or L	esbian	☐ Questioning/Unsure of Sexual Orientation ☐ Prefer Not to Answer
	☐ Heteros	sexual or Straight	□ Queer
	☐ Bisexua	ı	☐ Another Sexual Orientation
6.)	least six moi illness?	nths that substan	sability is a physical or mental impairment or medical condition lasting a stially limits major life activity, which is not the result of severe menta
		No Prefer No	
	□ Comm	unication ifficulty Seeing	e your disability: (Mark all that apply) or having speech understood
		al not including me	
		les but not limited al mobility	to learning disabilities, development disabilities, and dementia.)
			n (Includes but not limited to chronic pain.)
		Specify:	
7.)	Are you a V	eteran or have yo	u ever served in the military?
8.)	What is the	sex you were assi	igned at birth?
	☐ Female	☐ Male	☐ Prefer Not to Answer
9.)	What is you	r current Gender	Identity?
	☐ Female ☐ Male	☐ Transgender☐ Genderqueer	□ Questioning or unsure of gender identity □ Prefer Not to Answer □ Another Gender Identity
Com	nments:		
		Thank yo	ou for providing the information in this survey!

Data Tracking

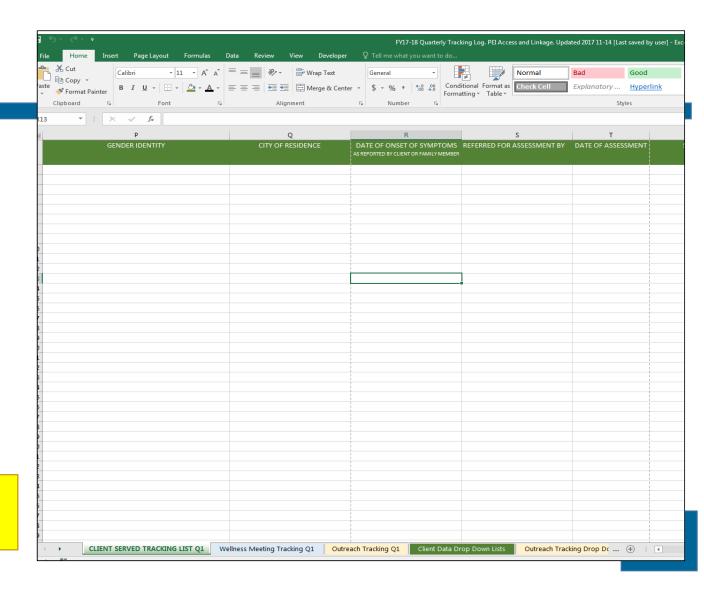
Tracking Tool

This form is mapped to the collection form and Results Based Accountability measures identified for the Prevention and Early Intervention categories.

The tracking forms are currently being mapped by HHSA to the (7) MHSA defined PEI Programs, as defined on slide 8.

Providers will receive the data tracking form for their contracts no later than: Thursday, December 28, 2017.

Providers are required to start tracking all required PEI Data Metrics
January 1, 2018.



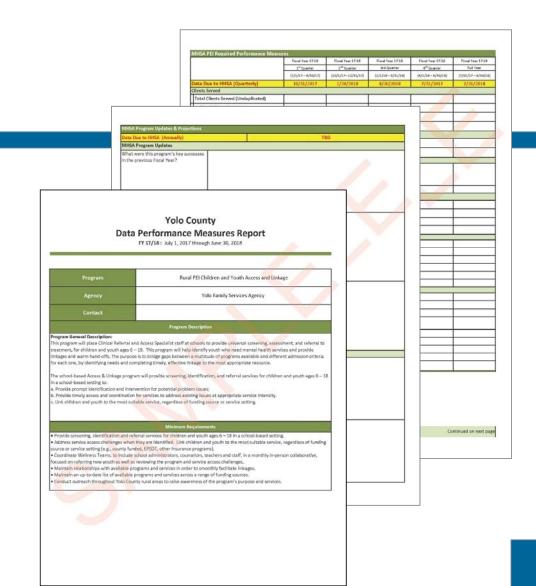
Data Reporting

Reporting Form

This form contains both the Results Based Accountability reporting format as well as a place to record the required quarterly unduplicated Prevention and Early Intervention measurements.

Sample of the collection form is provided in your participant packet.

HHSA is currently customizing these documents to each provider contract, each program will receive their reporting form no later than Thursday, March 15, 2018.



Data Collection Tomorrow and Beyond

Data Collection Frequency and Deadlines

PEI Performance Measures as defined in PEI Regulations will be due QUARTERLY

PEI Performance Measures are due on the last day of the month following the close of the quarter as indicated on the reporting form. Submit to: MHSA@yolocounty.org

MHSA PEI Required Performance Measur	es				
	Fiscal Year 17-18	Fiscal Year 17-18	Fiscal Year 17-18	Fiscal Year 17-18	Fiscal Year 17-18
	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter	Full Year
	(7/1/17 – 9/30/17)	(10/1/17-12/31/17)	(1/1/18 - 3/31/18)	(4/1/18 - 6/30/18)	(7/01/17 – 6/30/18)
Data Due to HHSA (Quarterly)	10/31/2017	1/30/2018	4/30/2018	7/31/2017	7/31/2018

All PEI Programs are required to start tracking the expanded performance measures beginning January 2018 The FY 17-18 Quarter 3 (January 1, 2018 through March 31, 2018) report is due April 30, 2017.

RBA Measure Report and Annual MHSA Program Updates are currently required to be reported ANNUALLY

Ongoing Support/Technical Assistance

Quarterly Data Collection Workgroups/Technical Assistance Office Hours

Questions?



Evaluation

Please complete the meeting evaluation and leave on the sign in table face down in the basket.

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY Mental Health Services Act (MHSA) and Quality Management

MHSA Performance Measure Data

Collection, Tracking, and Reporting Training

Monday, December 18, 2017
Bauer Building Walker Conference Room, 9:30 a.m. to 11:00 a.m.

Evaluation

What aspect(s) of this training did you find least helpful?		
Did this training meet your expectations? If not, what would you recommend be cover detail?	ed in mo	re
		Пмо
a. Results Based Accountability Measures	EASED?	□No
	□Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No
b. Prevention Early Intervention Reporting Requirements	□Yes □Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No
Results Based Accountability Measures Prevention Early Intervention Reporting Requirements Yolo County Performance Measure Data Collection Frequency and Deadlines	□Yes □Yes	□No

Please share your thoughts!

Complete this survey and leave in the basket face down next to the sign in sheets upon exiting this training.

Thank you for attending!

Thank You.

Contact Us

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