

CMHDA OUTCOMES MEASUREMENT AND EVALUATION PRINCIPLES

Adopted by CMHDA All Directors

December 15, 2011

The CMHDA IDEA Committee formed a workgroup to develop a proposed approach to the critical mental health outcomes and evaluation policy and implementation issues that have remained unresolved in California. The intent is to both ensure that the results of intervention and treatment can be efficiently integrated into a quality and performance improvement framework, as well as be communicated to interested stakeholder and community members. This proposal is also intended to address the current fragmented and inefficient approach that has evolved in California leading to fragmented planning, implementation and funding of one-time studies that provide little information to policymakers and stakeholders. We are currently investing scarce time, energy and money in evaluation without an effective statewide, regional and community framework. The purpose of these principles is to promote the integration of all current community mental health evaluation efforts and requirements into a cohesive whole, leading to increased efficiency and accountability. The following principles should help guide these efforts to develop a framework for evaluation and outcome measurement.

Principle 1

- The consideration and adoption of a community mental health outcomes measurement framework requires the collaboration of counties, state accountability and administrative entities, and an experienced research entity. The state entities currently identified are the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission (MHSOAC), and the state Departments of Health Care Services and Mental Health. The counties bring local, regional and statewide “on the ground” experience with performance measurement that is gained through the implementation of system of care and integrated services programs. The Planning Council and the MHSOAC bring consumer and family perspectives, as well as policymakers and providers to the table. The addition of an experienced research entity such as a college, university or private non-profit organization is critical to ensure credibility and objectivity in the evaluation design and implementation.

Principle 2

- The above entities, once identified, should act as a steering committee for policy purposes, and would convene an implementation team of experts to consider existing measurement efforts, conduct a gap analysis, develop additional measurement methods and identify critical indicators. To address the diversity in California, this team must convene and consider these issues from a statewide, regional and local perspective. The effective use of data and data management systems must be a part of this process, to ensure the effective use of existing systems and the development of future systems that have elements of standardization and customization to meet both statewide and county evaluation needs.

Principle 3

- This implementation team should convene on an ongoing basis to ensure a continuous process of plan, do, study, act (PDSA) to promote continuous improvement of the evaluation design.

Principle 4

- The identification of financial resources must include consideration of federal, state and local expenditure and leverage opportunities, and should focus both on redirecting current expenditures and leveraging federal funds for eligible quality improvement activities, as well as directing new resources to these efforts.

Principle 5

- Don't continue to throw new money at old solutions without considering alternatives for the future. The bulk of our financial and human resource investment needs to be in solutions for the future rather than maintenance of old evaluation paradigms and systems. For example, mental health system evaluation contracts have been established with six different universities or other evaluation entities without consideration of a coordinated implementation plan. This leads to fragmentation and duplication of effort that reduces the effectiveness of our investment in quality measurement and mental health system accountability.