CALIFORNIA DEPARTMENT OF
Mental Health

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April 18, 2006

DMH INFORMATION NOTICE NO.: 06-02

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: NOTIFICATION OF NEW MENTAL HEALTH SERVICES ACT AND FEDERAL ACCOUNTABILITY REPORTING REQUIREMENTS: TRACKING OF SERVICES, OUTCOMES, COST, AND PROGRAM OVERSIGHT

The purpose of this notice is to provide information regarding the following:
1) Changes to Client and Services Information (CSI) System Reporting
2) Implementation of new performance outcomes reporting requirements for the Mental Health Services Act (MHSA) Full Service Partners (FSPs)
3) Notification of changes to the Cost Report, inclusion of cost/expenditures in Annual Updates/Budgets, and the program/services progress report requirement
4) Trainings that will assist county/provider staff with implementation of these changes

CHANGES TO CLIENT AND SERVICES INFORMATION (CSI) SYSTEM REPORTING

Changes are being made to the Client and Services Information (CSI) system as a result of 1) Mental Health Services Act (MHSA) accountability needs and 2) Uniform Data System/Data Infrastructure Grant (DIG) requirements from the Federal government. Stakeholders (including consumers, family members, county mental health staff, state mental health staff, and mental health providers, and others) guided the process by which both the MHSA and DIG changes to CSI were developed. MHSA changes to the CSI system will allow fuller description of services and supports provided in county/local mental health communities, consistent with the strategies described in the "Mental Health Services Act Community Services and Supports, Three-Year Program and Expenditure Plan Requirements, Fiscal Years 2005-06, 2006-07, 2007-08" document. DIG changes are intended to increase data quality and compliance with reporting requirements necessary for the receipt of Federal Block Grant funding.

By July 1, 2006, counties will be expected to collect data that reflect MHSA and DIG changes for reporting to the CSI system. All data records reported to CSI must reflect these changes. In other words, the changes are for all clients served and all services, not just for those funded through the MHSA. This is because the MHSA and DIG requirements are a catalyst for better data reporting in general, and are part of the mental health system transformational agenda.

Table 1, below, shows the CSI data elements that are being changed and the source of the change – either MHSA or DIG.

Table 1.

Data Element	Source
Place of Service	MHSA
Special Population	MHSA
Trauma	MHSA
Evidence-Based Practices (EBPs) / Service Strategies	DIG/ MHSA
Diagnosis fields	DIG
Ethnicity and Race	DIG
Language Preferred	DIG
Caregiver Status	DIG
Medi-Cal Client Index Number (CIN)	DIG

A more detailed description of each of the new/revised CSI data elements can be found via the Information Technology Web Services (ITWS) website at https://mhhitws.cahwnet.gov/. This link will take you to the DMH ITWS Login page from which you can log in to the MHSAWorkgroup web pages. From there, you can find technical information and FAQs related to MHSA and the CSI system by putting the cursor over the "MHSA Information" tab and then selecting "Frequently Asked Questions" or "CSI Information". If you need the User ID and password to access the MHSA Workgroup information, or would like to have printed copies of the information sent to you, please contact Shara Johnson at (916) 654-2406.

A testing period will be required before CSI production reporting with the new MHSA and DIG changes begins. DMH CSI and IT staff will assist County staff to ensure a smooth transition by processing county test files in the DMH quality assurance test environment. Please contact Tom Wilson or Mike Anderson (contact information is on the last page) for further CSI program or technical information and/or when you plan to begin test reporting.

OUTCOMES ASSESSMENTS FOR FULL SERVICE PARTNERSHIP (FSP) CLIENTS

Using the AB2034 evaluation model, initial requirements have been developed for measuring individual-level performance outcomes for Full Service Partnership clients. These requirements are considered initial because more data and different data will need to be captured, as more is learned about services and outcomes through quality improvement processes. The initial requirements were developed from input gathered at MHSA stakeholder meetings and with recommendations made by the Performance

Measurement Advisory Committee (PMAC). Counties are expected to collect these outcomes as soon as they begin providing services to FSP clients. (The data elements for the AB2034 program are being augmented in order to be consistent with the FSP outcomes. More information on this integration will be provided separate from this letter.)

Three assessment form types (Partnership Assessment, Key Event Tracking and Quarterly Assessment) were developed for the MHSA target population age groups (i.e., children/youth, transition-age youth, adults and older adults) specified in the "Mental Health Services Act Community Services and Supports, Three-Year Program and Expenditure Plan Requirements, Fiscal Years 2005-06, 2006-07, 2007-08" document. The Partnership Assessment form, completed when the partnership is established, captures history and baseline data. A Key Event Tracking form is completed when a change occurs in key quality of life areas. The Quarterly Assessment form is completed every three months. Table 2, below, shows the domains that are collected by each of the three assessment form types. The assessment forms are posted on the Performance Outcomes & Quality Improvement (POQI) website at http://www.dmh.ca.gov/POQI/full_service_POQI.asp.

Table 2.

Partnership Assessment	Key Event Tracking	Quarterly Assessment
Administrative Information	Administrative Information	Administrative Information
Residential (includes hospitalization & incarceration)	Residential (includes hospitalization and incarceration)	
Education	Education	Education
Employment	Employment	
Sources of Financial Support		Sources of Financial Support
Legal Issues / Designations	Legal Issues / Designations	Legal Issues / Designations
Emergency Intervention	Emergency Intervention	
Health Status		Health Status
Substance Abuse		Substance Abuse
Activities of Daily Living & Instrumental Activities of Daily Living - *Older Adults Only*		Activities of Daily Living & Instrumental Activities of Daily Living - *Older Adults Only*

Counties have two options for submitting the Full Service Partnership (FSP) client outcomes data to DMH:

Option 1: DMH On-line Data Collection and Reporting (DCR) System

DMH has developed a Data Collection and Reporting (DCR) System that features a centralized web-based means of entering Full Service Partnership client outcome data. This system is currently available, and is being further enhanced to provide editing, administrative, query and reporting functionalities. DMH will maintain and update the DCR system as needed, and will provide on-going training and technical support for county users.

Option 2: Local Data Collection

Counties may collect data using local technology. Counties that select this option are required to submit the data using a DMH-specified XML (Extensible Markup

Language) schema. DMH is currently able to accept XML submissions (in test mode). The county will be responsible for maintaining their data system, including training, technical support, etc. In addition, the county will be responsible for keeping the data systems in compliance with DMH reporting requirements.

More information on these data collection and reporting options can also be found on the ITWS MHSA Workgroup web page (described in the "CSI changes" section, on Page 1). *Please note that counties must receive training on the use of Full Service Partnership (FSP) client outcomes forms and data reporting protocols prior to collecting and submitting data to DMH (See "Training" section below).*

NOTIFICATION OF COST REPORT CHANGES, ANNUAL UPDATES, AND PROGRESS REPORTS FOR MHSA

Minimal cost report changes will be needed in order to track MHSA services and administration. Several service function codes are being added for the MHSA, and some service function definitions are being enhanced. The new service function codes will be in mode 60. Also, a line is being added to the MH1992 form in order to report MHSA revenues used to cover actual costs. DMH also intends to require counties to submit annually, actual costs by program, and an annual update that includes revised budgeted costs for future years. Progress reports with respect to implementation of CSS programs will also be required. The changes and requirements described in this section are still under development and more specific information will be forthcoming in the near future.

TRAINING

DMH will be conducting a series of information sharing sessions and trainings to assist counties with changes and new requirements described above. Informational Webcasts started in March 2006. Further informational Webcasts, conducted by DMH staff and hosted by the California Institute for Mental Health (CIMH), will provide details on DIG and MHSA Full Service Partnership (FSP) data requirements. DMH will also be providing trainings on CSI changes and FSP outcomes assessment to counties, as they receive CSS plan approval. County staff responsible for FSP outcomes assessment data will be required to participate in a DMH training session before receiving authorization to submit FSP data to DMH. Notification of DMH training sessions will be posted on the DMH website at www.dmh.cahwnet.gov as they are scheduled. Counties may also contact DMH representatives (listed on the last page of this memo) to request individual trainings. Additional informational meetings and trainings will be scheduled in the near future for cost report changes, reporting of annual budget/expenditure updates, and oversight/monitoring protocols.

DMH CONTACT INFORMATION

For questions regarding changes and new requirements related to CSI and FSP outcomes data collection/submission, please refer to the appropriate contact person listed in Table 3, shown below.

Table 3.

Change/New Requirement	Contact Name	Email
Client and Services Information System Requirements	Tom Wilson	Tom.Wilson@dmh.ca.gov
Outcomes Assessment Forms/Protocols for Full Service Partners (FSPs)	Stephanie Oprendek	Stephanie.Oprendek@dmh.ca.gov
Technical Information on data submission for CSI and FSP outcomes (Data Collection and Reporting System/XML Data Submission)	Mike Anderson	Mike.Anderson@dmh.ca.gov

Sincerely,

Original signed by;

STEPHEN W. MAYBERG, Ph.D.
Director