

**Draft Outline of MHSOAC
Evaluation Master Plan**

MHSOAC Evaluation Committee: Discussion Document
November 14, 2012

Agenda for today

- ▶ Review of parts of the Plan Outline
 - ▶ Assume everyone has read the Outline
 - ▶ Will take questions first
 - ▶ Then comments and discussion
- ▶ Next steps
 - ▶ Open comment period until November 28

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Outline of Master Plan

- ▶ Background and context
 - ▶ Master Plan development process
 - ▶ Current situation
 - ▶ What plan is and isn't
- ▶ Basic evaluation questions and scope
 - ▶ Evaluation questions
 - ▶ Levels of outcome
 - ▶ Evaluation methods
- ▶ Priority setting

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Outline of Master Plan CONT

- ▶ Person and system level priorities
 - ▶ Priority performance monitoring indicators
 - ▶ Priority evaluation studies
 - ▶ Priority developmental and exploratory work
- ▶ Community level outcomes
- ▶ Individual component evaluation considerations
 - ▶ Priority evaluation activities: PEI evaluation, INN evaluation, Technological Needs
 - ▶ General oversight: WET, Capital Facilities
- ▶ Overarching MHSA Issues
- ▶ Some strategies for implementation

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Background and Context

- ▶ Background
 - ▶ Role of and principles for evaluation for MHSOAC
 - ▶ Logic model
 - ▶ Position papers
 - ▶ Brief review of MHSOAC past and current evaluation activities
 - ▶ Overall UCLA contract
 - ▶ Additional studies
- ▶ Context
 - ▶ Environmental situation
 - ▶ Why now for an Evaluation Master Plan
 - ▶ Evaluation Master Plan development process
 - ▶ Interviews, county site visits, review of other states and national
 - ▶ Put prior presentations in Appendix

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What the Plan Is and Isn't

- ▶ The Evaluation Master Plan builds off of prior MHSOAC policies regarding evaluation, including
 - ▶ Reliance on existing data collection where at all possible
 - ▶ Working collaboratively with other stakeholders wherever possible
 - ▶ Incorporating the previously MHSOAC articulated values and principles
 - ▶ Building incrementally on prior activities
 - ▶ Producing results which can be easily understood and interpreted by non-technical people
 - ▶ Involving persons who represent the diversity of California's populations in all aspects of evaluation
- ▶ The Evaluation Master Plan provides an ongoing structure that directs its evaluation activity over time. It includes
 - ▶ An initial list of priorities
 - ▶ Enough activities to fill a 3-year evaluation agenda
 - ▶ Can go slower or faster depending on extent of resources
 - ▶ A process for revising/updating original list of priorities
 - ▶ Criteria by which the OAC can prioritize evaluation activity
 - ▶ Steps to use in updating priorities annually

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What the Plan Is and Isn't CONT

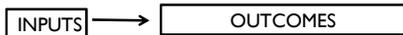
- ▶ The Evaluation Master Plan has been developed specifically for the MHSOAC
 - ▶ It is not an evaluation plan that answers all the questions of different stakeholders
 - ▶ While hopefully providing useful information at the county (and provider) levels, counties are not the primary customers for the evaluation plan
 - ▶ While much of the plan relates to the specifics of the MHSA it cannot be limited to the MHSA. It inevitably includes an assessment of the entire public community mental health system
- ▶ The Evaluation Plan is only one facet of the MHSOAC oversight and accountability activities
 - ▶ While useful for the purposes of accountability evaluation by itself does not fulfill that essential role
 - ▶ Evaluation is a key strategy within the MHSOAC logic model

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Basic Evaluation Model and Scope

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Basic Evaluation Questions



BASIC EVALUATION QUESTIONS

<p>Has the stakeholder planning process been effective?</p> <p>Has the MHSA money been spent as intended?</p> <p>How have other factors influenced the process and outcomes of the MHSA?</p>	<p><u><i>MH System</i></u></p> <p>Has the MH service system improved?</p> <ul style="list-style-type: none"> - Access - Quality - Efficiency - Client satisfaction <p>Has the MH system infrastructure improved?</p> <ul style="list-style-type: none"> - IT - Workforce 	<p><u><i>Persons Receiving Services</i></u></p> <p>Are persons served doing better?</p> <ul style="list-style-type: none"> - Functional outcomes - Quality of life - Clinical status - Meeting goals 	<p><u><i>Community</i></u></p> <p>Are outcomes positive including for those not directly served?</p> <ul style="list-style-type: none"> - Among those with a SMI/SED? - Among those at risk of SMI/SED - Among the general population? <p>Have stigma and discrimination been reduced?</p>
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Method 2: Evaluation studies

- ▶ Measures results (effectiveness and/or efficiency) of a particular effort or intervention
 - ▶ A program or element of a program
 - ▶ A process
 - ▶ An initiative
 - ▶ A value
- ▶ Characteristics
 - ▶ The better specified the effort or intervention the more useful the evaluation will be
 - ▶ Can be narrow or broad
 - ▶ Can be qualitative and/or quantitative
 - ▶ Methodologies vary in rigor
- ▶ EBP and promising practices are established through successful evaluation studies
- ▶ Examples
 - ▶ **Basic study:** Does participation in a particular program or program type result in improved outcomes for people receiving the service?
 - ▶ Do peer run centers improve the social connectedness of participants

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Method 3: Developmental and Exploratory Work

- ▶ In response to a question that will help in understanding, monitoring, or evaluating the system and/or outcomes
- ▶ Examples:
 - ▶ Can we meaningfully classify FSP programs?
 - ▶ Is it possible/feasible to risk adjust FSP clients to make comparisons of FSP program outcomes meaningful?
 - ▶ What impact has the reduced level of realignment and general fund dollars had on the mental health system?

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Priority Setting

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Priority Setting: Criteria

- ▶ Criteria for evaluation question(s)
 - ▶ Consistency with MHSA: are the questions consistent with language and/or values of the Act
 - ▶ Potential for quality improvement: will answers to the question(s) lead to suggestions for policy or practice changes?
 - ▶ Importance to stakeholders: are the questions of importance to key stakeholders?
 - ▶ Possibility of partners: are there other organizations who would be interested in collaborating and/or partially funding the project?
 - ▶ Context: are there changes in the environment which make the question particularly relevant, e.g. evolving health care environment, political concerns?
 - ▶ Challenges: do the question(s) address an area which is creating a challenge for the system?

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Priority Setting: Criteria

- ▶ Criteria for project characteristics
 - ▶ Feasibility: how likely is the evaluation method(s) to produce information that answers the evaluation question(s)?
 - ▶ Cost: how many resources are needed to do the project well?
 - ▶ Timeliness: how long will it take to complete the project?
 - ▶ Leveraging: does the project build on prior work by the MHSOAC or others?
- ▶ Criteria are admittedly often subjective
 - ▶ Good to have multiple staff with different perspectives participate in the process
 - ▶ Can use a simple rating system – don't try for perfection

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Priority Setting: Process

- ▶ Priorities generally indicate the order in which evaluation activities should be done
 - ▶ High priority should be begun as soon as funds become available
 - ▶ Next highest priority would begin after all high priority items begun
- ▶ What's in the Plan
 - ▶ Three priority levels are set in the Plan: high, medium, and other
 - ▶ Priorities within the high priority group of activities will be specified in the Plan
- ▶ Suggested process
 - ▶ Staff review priorities each year and recommend specific activities for coming year
 - ▶ Either take next ones on the priority list, or
 - ▶ Select a new one based on high ratings on priority criteria
 - ▶ Opportunity for Evaluation Committee to comment but decision made by staff
 - ▶ Make recommendations to the full Commission

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Person and System Level Priorities

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Performance Monitoring

- ▶ Goal: a set of indicators that has high reliability and relevance to concerns of stakeholders that reflects the performance of the mental health system
- ▶ Current situation
 - ▶ Good start with UCLA/EMT initial efforts
 - ▶ Some of the existing measurements need refinement
 - ▶ Current project includes getting some comparison data from FY 04-05 and 05-06
- ▶ Populations covered and data sources
 - ▶ Will continue to be everyone served (CSI, sample from CPS) and those in FSPs (DCR)
 - ▶ With Medicaid expansion (Accountable Care Act with early CA implementation under Medi-Cal 1115 waiver) use of indicators from CAEQRO should be considered either as additions or substitutions
 - ▶ Each indicator needs to be explored to determine what populations and data sources are most reliable

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Performance Monitoring CONT

- ▶ All indicators should include breakdowns by demographic characteristics wherever data allows
- ▶ Indicator reports should include county level data
 - ▶ Discussions should be held with CMHDA and DHCS about indicators that require additional explanation and/or training for counties to produce reliable county-level data
- ▶ Data production and analysis (after conclusion of UCLA contract)
 - ▶ DHCS should have the ongoing responsibility of producing the data to the specifications of the MHSOAC
 - ▶ DHCS must provide sufficient resources to support the existing data sources or the entire effort will not be useful
 - ▶ Statutory language and additional financial resources may be necessary to accomplish this
 - ▶ MHSOAC staff have the responsibility to analyze the data
 - ▶ Raise questions, draw implications, and make recommendations for policy and practice
 - ▶ Present the data in a useful format to the Commission and stakeholders

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Performance Monitoring CONT

- ▶ Process for accomplishing set of priority indicators
 - ▶ Indicators
 - ▶ Highest priority is refine existing indicators, adding any new high priority indicators, and eliminating those that are either not reliable or not useful
 - ▶ Next highest priority is to pilot and then add medium priority indicators all of which are new
 - ▶ Suggestions for relative priority are recommendations only and subject to alteration by group(s) working on this
 - ▶ Possible ways to coordinate with others
 - ▶ Could be part of the work of the Health and Human Services Agency project on client outcomes
 - ▶ Otherwise
 - Include knowledgeable persons on Evaluation Committee and
 - Attempt to work with CMHDA and DHCS
 - ▶ This process of refining/adding/subtracting indicators should be an ongoing process perhaps undertaken formally every two years

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Performance Monitoring CONT

- ▶ Use of the performance monitoring data
 - ▶ MHSOAC should produce an annual report in format that is understandable to consumers/family members, policy makers, and the general public which raises any questions arising from the data, the findings, and any policy and practice recommendations
 - ▶ Staff proposes set of questions, findings, and recommendations
 - ▶ Review of questions, findings, and recommendations with Evaluation and Services Committees and relevant stakeholder groups
 - ▶ MHSOAC and DHCS should explore possibility of a web-based system which would allow "drill down" from state to county level data for each indicator
 - ▶ Benchmarking not recommended for near future
 - ▶ Comparative data from other states based on the NOMS should be included where it informs discussion of policy and practice issues so long as data comparability and reliability are clearly specified

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Performance Monitoring – High Priority

- ▶ Person level
 - ▶ Education/employment, housing status, involvement with criminal justice, self-rated improvement as a result of services
- ▶ System level
 - ▶ Access: demographic profile of existing and new clients, penetration rates, consumer/family perception of access to services
 - ▶ Quality: involuntary care (72-hour and 14 day), access to primary care, consumer/family centered care
 - ▶ Efficiency: relative expenditures on acute and IMD care (NEW), utilization of emergency rooms for physical health care (NEW)
 - ▶ Client satisfaction: consumer/family satisfaction

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Performance Monitoring – **Medium** Priority

- ▶ Person level (ALL NEW)
 - ▶ Self assessment of physical health status, social connectedness, engagement in meaningful activity, well-being, hopefulness
- ▶ System level (ALL NEW)
 - ▶ Quality: permanent conservatorships, numbers receiving an EBP, seclusions and restraints in 24-hour care, hospital readmissions within 30 and 90 days, outpatient contact within 30 days of discharge from 24-hour care, number of clients in IMDs for >2 years, number of clients receiving substance abuse services, percent of FSP discharges without meeting client goals,
 - ▶ Efficiency: median (and range) of length of FSP enrollment for successful discharges, percentage of FSP enrollees who are discharged without meeting goals

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Evaluation Studies

- ▶ Prior work includes the projects funded partially through the original UCLA contract and the allocation of the annual set aside of \$875,000
- ▶ Current work
 - ▶ Evaluation of community planning
 - ▶ Evaluation of reducing disparities programs
- ▶ Many of the studies will require more than one year to design and complete
 - ▶ Some of the preliminary work – e.g. selecting counties or programs to participate, determining outcome measures – can be done internally before funding a study
 - ▶ Measuring effectiveness requires a long enough study period to produce effects

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Evaluation Studies – **High** Priority

- ▶ Person level:
 - ▶ Collect, summarize, and publicize outcomes data from counties that have gathered such information
 - ▶ FSP: Measure change over time on same clients on standardized outcomes in DCR
 - ▶ Begin with selected FSPs who meet criteria which allows for a meaningful cluster of similar programs and clients
 - ▶ Measure change for up to two years
 - ▶ Roll out to other FSPs once method is established

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Developmental and Exploratory Work

- ▶ Developmental work
 - ▶ Some of the performance monitoring and evaluation studies cannot be done without prior developmental work
 - ▶ Much of this work needs to be done in collaboration with other stakeholders both to take advantage of their experience and to enhance the credibility of the work
 - ▶ It is essential to include CMHDA in any attempts to classify programs or to expand the DCR to other programs besides FSPs
 - ▶ It is essential to include DHCS in any work to expand the DCR
 - ▶ This work should be done on a selected pilot basis first before trying out anything statewide
 - ▶ Some of this work can be done internally depending on resources
- ▶ Exploratory work
 - ▶ Some of the evaluation questions can be best addressed by the use of more open-ended descriptive study

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Dev/Exp Work – **High** Priority

- ▶ Person level
 - ▶ Develop a system for tracking performance of persons receiving less than the most intensive FSP services
 - ▶ Need to define what programs will be included based on frequency of services and/or cost and/or level of care assessments and what outcomes to track
 - ▶ Need to determine what data system will be used. Expansion of DCR system should be considered first.

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Dev/Exp Work – **Medium** Priority

- ▶ Person level
 - ▶ Study the interaction between characteristics of the populations served in FSPs and the outcomes obtained.
 - ▶ This could be done in conjunction with attempt to categorize FSP programs
 - ▶ This is preliminary to attempts to apply a risk adjustment to comparisons of program outcomes
- ▶ System level
 - ▶ Explore feasibility of classifying FSP programs in a meaningful and useful fashion
 - ▶ The classification system might be based on the characteristics of clients served, intensity of service provision, nature of practices utilized, and/or costs.
 - ▶ This study would require a sophisticated use of exploratory data analysis.
 - ▶ Quality: Explore extent of and variation in recovery orientation of programs
 - ▶ This would entail working with volunteer programs to assess their recovery orientation using various scales designed for this purpose
 - ▶ This could lead to studies of how to influence recovery-orientation of programs and to exploring the relationship between recovery orientation of programs and client outcomes

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Dev/Exp Work –**Other** Items

- ▶ Person level:
 - ▶ With a selected set of programs develop a method for measuring the achievement of consumer developed goals
- ▶ System level:
 - ▶ Quality and Satisfaction: Pilot an immediate consumer feedback method that gives the provider ongoing information about what is working/not working

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Community Level Outcomes

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Community Level Outcomes

- ▶ This level covers outcomes beyond for those who are served by the public mental health system
- ▶ Why do we include this level of outcomes?
 - ▶ Goals of MHSA extend beyond just improved services
 - ▶ Gradual shift from treatment to prevention: from "fail first" to "help first"
 - ▶ Reduction in stigma and discrimination among the general public
 - ▶ Generally reduce the gap between need for and use of services
 - ▶ Recognition that public mental health system cannot do it all
 - ▶ Encouragement and support for natural environment entities to support persons with mental health issues
 - ▶ Specific Innovation projects with this as a goal
 - ▶ Shift to health care integration may result in fewer persons in the formal public mental health system but improved access to care
 - ▶ This is another critical way to monitor overall success of reducing disparities in access to care
 - ▶ This population-based approach is consistent with part of the proposed RAND PEI Framework

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Community Level Outcomes CONT

- ▶ These are population-based mental health outcomes
 - ▶ Define a population (all beyond just those being served)
 - ▶ Measure an attribute of that population
- ▶ Three types of populations
 - ▶ Everyone in the community
 - ▶ Those in the community with a serious mental health issue
 - ▶ Those in the community at high risk of a serious mental illness
- ▶ Data sources
 - ▶ Major one is surveys: CHIS (California Health Interview Survey) and CHKS (California Healthy Kids Survey)
 - ▶ Some can be measured through official records

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Community Level Outcomes CONT

- ▶ Performance monitoring the major evaluation method for this level of outcomes
 - ▶ Goal is to establish a set of indicators that can be tracked over time using existing data sources
 - ▶ RAND has identified possible data sources but additional work is needed to specify data elements and establish tracking system
- ▶ Outcome indicators to be measured
 - ▶ Seven negative outcomes from MHSA PEI component
 - ▶ Prevalence of mental illness
 - ▶ Service penetration rates including by traditionally underserved populations
 - ▶ Physical health comorbidities
 - ▶ Stigma and discrimination
- ▶ Official records: examples
 - ▶ Suicides
 - ▶ Out-of-home placements
 - ▶ School drop-outs (?)

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Community Level Outcomes CONT

- ▶ CHIS: examples
 - ▶ General population
 - ▶ Percentage that have a mental health disorder; percentage without any psychological or emotional issues
 - ▶ Persons with a mental health disorder
 - ▶ Percentage who have received any service from a physician or a mental health professional or has taken a psychiatric medication
 - UCLA Center for Health Policy Research analyzed unmet need by demographic characteristics
 - ▶ Percentage who are employed
 - ▶ Percentage with suicide ideation or attempt
- ▶ CHKS: examples
 - ▶ Percent with emotional problems serious enough to interfere with usual activities
 - ▶ Percent with suicide attempts or ideation
 - ▶ Percent getting help when needed for emotional or substance use issues
 - ▶ Percent feeling connected at school; percent having a trusted adult outside or family or school

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Community Level Outcomes CONT

- ▶ **Medium** priority – develop and implement a plan to do the following
 - ▶ Select and collect specific measures – can initially be extensive
 - ▶ Determine which indicators are most reliable, relevant, likely to show results over time, and likely to be continued
 - ▶ Select a final set of indicators (of course subject to change over time)
 - ▶ Work with survey administrators
 - ▶ Provide support to continue administration of parts of surveys relevant to what is needed
 - ▶ Negotiate, as needed, with survey administrators and official record keepers to obtain data that would be useful for these purposes
 - ▶ Produce results of indicator reports – should be annual even if some surveys are only biennial to maintain focus on issues

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Individual Component Evaluation Considerations

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PEI – Prior Evaluation Work

- ▶ Prevention and Early Intervention Trends Report 2011 - MHSOAC
 - ▶ From three year approved plans
 - ▶ Delineated numbers of programs and counties planning to conduct activity in each of 13 program areas that were combinations of priority populations, community needs, program features
- ▶ Summary and Synthesis of PEI Evaluations and Data Elements 2011 - UCLA
 - ▶ Catalogued types of outcomes sought by programs in county PEI plans
 - ▶ Reported numbers served by demographic characteristics – for 09-10 450,000 recipients in 30 counties
 - ▶ Outcome data – 37 reports of outcome studies
 - ▶ Five had high utility data; 13 medium, and 18 low
 - ▶ Greatest amount of evaluation outcomes for emotional and behavioral problems among at-risk children, youth, young adults
 - ▶ Implementation too early and limited evaluation capacity of counties insufficient for high utility evaluation
- ▶ MHSOAC PEI and INN: Report of Findings – Sept 2012 - MHSOAC
 - ▶ In response to recent newspaper accounts
 - ▶ Summarizes purposes and history of PEI and INN funding and status of selected projects

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PEI – Current Evaluation Work

- ▶ RAND major multi-year evaluation of three of the statewide initiatives: Suicide Prevention, Student Mental Health, Stigma and Discrimination Reduction (SDR)
 - ▶ Program level – 25 program partners
 - ▶ Plans to evaluate process and outcomes of each program within each initiative – will organize by type of program activity
 - ▶ Include short term outcomes (immediate targets of change) and “key” outcomes (reducing negative outcomes)
 - ▶ Evaluation methods: document and materials review, attendance records, case studies, key informant interviews, surveys
 - ▶ Initiative level
 - ▶ For all three:
 - Summary of program level results
 - Baseline and follow-up general population survey to measure stigma and knowledge, help provision, help seeking and barriers to help seeking, and mental illness symptom scores.
 - ▶ Plus for
 - SDR: focus groups of persons with mental illness;
 - Suicide: vital statistic reports of suicides
 - Student MH: existing school-based surveys (e.g. CHKS) and statewide surveys (e.g. CHIS).
 - ▶ Will develop a plan for long-term outcomes monitoring

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PEI – Current Evaluation Work CONT

- ▶ RAND Statewide PEI Evaluation Framework
 - ▶ Compilation of potentially relevant data sources
 - ▶ Suggests measurement of seven negative outcomes and well-being at the population level
 - ▶ Recommends development of a system for statewide collection of program level data
- ▶ Early Intervention Evaluation – MHSOAC contract with UCLA
 - ▶ Cataloguing of early intervention programs by target population, mental health issue addressed, kind of program, and relevant program features
 - ▶ Determine level of PEI expenditures on above categories
 - ▶ Three evaluations of clusters of programs with a common focus – likely candidates are interventions with persons having a first break; older adults with depression/suicide ideation; and children experiencing trauma
- ▶ California Reducing Disparities Project (CRDP)
 - ▶ One of four statewide PEI projects
 - ▶ Process
 - ▶ Five Strategic Planning Workgroups (SPWs) compiled “community-defined evidence and population-specific strategies for reducing disparities in behavioral health.”
 - ▶ These are being combined into one plan which will form the basis for the implementation of this statewide project.

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PEI Priorities

- ▶ *Challenge for evaluation:* Remain faithful to MHSA intention of integrating PEI activity into a seamless mental health system
 - ▶ Outcomes for PEI programs are ultimately the same as for the direct treatment programs and should therefore not be thought of separately
 - ▶ But want to be able to document results of PEI effort since it is so unique and important
- ▶ Current work: UCLA contract will work with counties to gather information for a classification system
- ▶ **High priority:**
 - ▶ Develop an ongoing method for describing and cataloguing programs funded by PEI
 - ▶ Working with counties, build off of prior OAC work specifying 13 program areas or current UCLA work developing a classification
 - ▶ Once developed, the County Annual Update should be revised to include either
 - Sufficient detail on programs to allow OAC staff to categorize, and/or
 - Summary county reporting on spending and numbers served in each program area

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PEI Priorities CONT

- ▶ **High priority** CONT
 - ▶ Take advantage of county efforts at evaluation
 - ▶ Work with a group of interested counties who are either doing or interested in doing a good job with either the one required evaluation study or a broader effort
 - Create enthusiasm and share strategies
 - Compile results from their efforts for widespread distribution
 - ▶ Support funding for the evaluation of projects to be included in the statewide California Reducing Disparities Project (CRDP)
 - ▶ The three-year life span of the project should allow for meaningful evaluation
 - ▶ The five community Strategic Planning Workgroups (SPW) are in the best position to conduct and/or fund creditable evaluations
 - ▶ Continue strategy of evaluating clusters of common programs
 - ▶ Add additional EI program clusters
 - ▶ Expand to selective prevention programs

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PEI Priorities CONT

- ▶ **Medium priority:**
 - ▶ Quantify level of effort by counties in the four statewide initiative areas so that the level of effort for the total initiatives can be known
 - ▶ Review status of all counties on the requirement to conduct an evaluation of one program or project
 - ▶ Continue to build off work of CRDP
 - ▶ Review in detail the five CRDP strategic plans to determine what, if any, indicators might be added to the performance monitoring system
 - Look first to indicators that can be measured with existing data
 - Then conduct a developmental/exploratory study with the CRDP to determine if there are refinements of existing data that would allow for indicators
 - ▶ Add developmental/exploratory work in conjunction with the CRDP on finding and/or developing culturally appropriate measurements of selected outcomes
 - ▶ Do not attempt at this point to establish a separate statewide data collection system for PEI
 - ▶ Use the Annual Update to collect summary high level utilization information
 - ▶ If a new statewide data system architecture is developed consider inclusion of PEI relevant information

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Innovation

- ▶ "Evaluation is at the core of MHSAs Innovation, since all programs are pilots to be tested." (Innovation Trends Report)
 - ▶ Each program must include a specification of intended outcomes and how outcomes will be measured
 - ▶ OAC provided funds to CiMH to assist in development of county evaluation plans
- ▶ Prior work: Innovation Trends Report (1/12)
 - ▶ Reviews initial 86 projects proposed in county plans
 - ▶ Basic kind of innovation: most are adaptations of existing practices in a new setting or community
 - ▶ Primary purpose of innovation: half are to improve quality or outcome of services, one-third to improve access
 - ▶ Include treatment, early intervention, prevention, and infrastructure activities
 - ▶ Age groups: many cover multiple age groups
 - ▶ Children 34%
 - ▶ TAY 83%
 - ▶ Adults 72%
 - ▶ OA 61%

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Innovation CONT

- ▶ *Challenge for evaluation:* Ultimate purpose of the evaluation should be to determine if MHSA INN strategy is a good one
 - ▶ The INN strategy is to invest in new or modified practices, and if they are shown to be more effective than current practice to have them adopted by the rest of the system
 - ▶ This is a multi year endeavor which requires at a minimum measuring both the effectiveness of the INN projects and also the success in their dissemination
- ▶ **High priority**
 - ▶ Determine status of evaluations of county innovation projects
 - ▶ Are evaluation designs adequate? Are the evaluations targeted at the innovation element as opposed to the whole program?
 - ▶ Are there measureable outcomes, complete data collection, robust analysis
 - ▶ Determine whether any limitations or deficiencies are the result of (a) lack of resources and/or (b) lack of focus and/or (c) lack of knowledge or expertise and/or (d) projects not implemented yet

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Innovation CONT

- ▶ **High priority CONT**
 - ▶ Develop a plan to correct limitations and deficiencies in county evaluation efforts if they are significant
 - ▶ Present findings to deficient counties
 - ▶ Offer specific technical assistance directly or through a contract (with CiMH?)
 - ▶ Suggest that particular counties directly fund an outside evaluator
- ▶ **Medium priority**
 - ▶ Work with counties to collect and widely disseminate results of innovation projects with adequate evaluations (whether results are positive or neutral or negative)
 - ▶ Determine extent to which innovation projects have resulted in changes in implementing county, and/or other counties or any changes in policies
 - ▶ Put in Annual Update a request for information on how the county has disseminated the results of their INN evaluation and whether there were any recommendations about policy changes
 - ▶ Follow-up to determine whether innovation has been implemented elsewhere in the county or in other counties or if any policy changes have been made

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Technological Needs (TN)

- ▶ The basic evaluation effort should be to document
 - ▶ What the funds have been spent on
 - ▶ How the projects have affected the county's Information Technology capacity
 - ▶ How that capacity can improve overall service delivery
- ▶ **Current activity**
 - ▶ CAEQRO reviews annually the status of county information technology projects
 - ▶ UCLA in process of preparing a Revenue and Expenditure Brief on county investments of MHSA TN funds

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Technological Needs CONT

- ▶ **High priority** : Develop and implement a plan for routine monitoring and special studies of impact of technological need expenditures
 - ▶ Initial steps
 - ▶ Form a small group of IT state and county experts to assist in determining how best to portray the nature and usefulness of the TN expenditures
 - ▶ Review the Revenue and Expenditure Report from UCLA on Technological Needs to determine if the project descriptions and the categorizing of projects seem reasonable and useful
 - ▶ Explore with CAEQRO the possibility of their including in their annual county visits a review of the MHSA-funded technological project
 - ▶ Develop a plan based on results of initial steps to
 - ▶ Identify and track progress on MHSA-funded technological projects
 - ▶ Specify how these projects fit into counties' overall IT efforts
 - ▶ Indicate the usefulness of the IT efforts to the overall county service system
 - ▶ Provide a separate section on county efforts devoted to Family Empowerment Projects
 - ▶ Priorities for plan implementation can be decided once the plan is developed

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WET

- ▶ While the implementation of the WET projects has been transferred to OSHPD, the MHSOAC should maintain overall oversight of the WET component
 - ▶ Requires ongoing coordination with OSHPD and Planning Council
 - ▶ Review by Commission of OSHPD WET evaluation efforts
- ▶ New Five Year Plan should contain information on status and effectiveness of prior and ongoing WET activities

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Capital Facilities

- ▶ UCLA in process of preparing a Revenue and Expenditure Brief on county investments of Capital Facilities funds
- ▶ Basic evaluation strategy is to simply track implementation of the projects

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Reducing Disparities

- ▶ Prior and current MHSOAC activity
 - ▶ Completed
 - ▶ *Assessing Adult Mental Health Needs in California Using the California Health Interview Survey*
 - ▶ *Using Geographic Information Systems to Understand Mental Health Need and Utilization*
 - ▶ Current: Contract with UC Davis Center for Reducing Health Disparities to assess quantitatively and qualitatively the impact of the MHSOAC on reducing disparities
 - ▶ Where and how included in evaluation plan
 - ▶ Include demographic characteristics on every indicator and outcome activity to the extent the data allows
 - ▶ Specific performance monitoring indicators related to demographic characteristics of existing and new clients
 - ▶ California Reducing Disparities Project (CRDP)
 - ▶ Support funding of evaluations as part of implementation of this statewide PEI project
 - ▶ Build off work of the Strategic Work Groups (SWGs) to include additional relevant system indicators
- ▶ 58 Work with SWGs to develop more culturally appropriate outcome measures

Some Implementation Strategies

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Some Implementation Strategies

- ▶ Coordinate with CAEQRO
 - ▶ Why
 - ▶ They make site visits annually to each county
 - ▶ They work from structured protocols which ensures reasonable reliability and allows for summarizing results
 - ▶ How
 - ▶ For each activity in the Master Plan consider if it might be implemented, in some part by the CAEQRO
- ▶ Work collaboratively with other stakeholders working on evaluation issues including Health and Human Services Agency, DHCS, Planning Council, CMHDA, CMHDA, CalMHSA
- ▶ Seek partnerships in sponsoring evaluation activities
 - ▶ Why
 - ▶ If get financial support can leverage MHSOAC dollars
 - ▶ Builds constituency for the evaluation activity
 - ▶ Increases credibility of findings
 - ▶ How
 - ▶ Establish list of potential partners and consider everyone on the list as each evaluation activity is planned

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Some Implementation Strategies CONT

- ▶ Each study should have a (strictly advisory) oversight committee
 - ▶ This should be responsibility of MHSOAC and not the contractor doing the study
 - ▶ This builds a constituency for the study and will enhance awareness and publicity for results
- ▶ Create a cadre of persons with lived experience and their families who have been trained in evaluation to participate in and review evaluation activities
 - ▶ This is not formal participatory evaluation nor would it replace the need for stakeholder review of evaluation activity
 - ▶ But if it becomes a routine part of every evaluation activity it becomes institutionalized and adds to relevance and credibility of work
 - ▶ Roles and responsibilities would need to be carefully designed
 - ▶ This could be part of cadre of subject experts in current RFP under the Client Stakeholder Contract

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Some Implementation Strategies CONT

- ▶ Continue to improve method of selecting and monitoring contractors
 - ▶ Develop a strategy for obtaining more bidders on RFPs
 - ▶ Add to proposer required qualifications and "knowledge of and experience with California's public mental health system"
 - ▶ Monitor closely ongoing progress on contracts including in-depth discussion of contractor study methodologies
- ▶ Provide the MHSOAC commissioners a staff document with every evaluation deliverable
 - ▶ Should be a concise summary of the deliverable
 - ▶ Should include any implications for MHSOAC activity
- ▶ Prepare and distribute widely a summary of every evaluation final report
- ▶ Create an Annual Report which contains summaries of all the evaluation activities including meaningful data and findings

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