X INFORMATION **TAB SECTION:** 7

___ ACTION REQUIRED **DATE OF MEETING:** 9/27/2012

PREPARED BY: Lee **DATE MATERIAL PREPARED:** 9/17/2012

AGENDA ITEMS: **Presentation of Proposed Statewide PEI Evaluation Framework Developed by CalMHSA**

ENCLOSURES:

- Technical report "Evaluating the Impact of Prevention and Early Intervention Activities on the Mental Health of California's Population" executive summary, report, and appendix A
- PowerPoint slides related to the presentation

OTHER MATERIAL RELATED TO ITEMS: None

Issue:

The California Mental Health Services Authority (CalMHSA) completed its PEI Evaluation Framework as part of a statewide evaluation contract with RAND. On behalf of CalMHSA, RAND is presenting the proposed framework, which was adopted by the CalMHSA Board.

Background:

On November 17, 2011 the MHSOAC adopted the following motions:

1. Incorporate into CalMHSA's evaluation contract with RAND Corporation, the creation of a statewide evaluation framework for PEI that includes all MHSA specified negative outcomes as a result of serious mental illness (suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes) populations across the lifespan, and areas of focus, both prevention and early intervention. The framework would also include the three areas (stigma reduction, suicide prevention, and student mental health) that are the focus of the CalMHSA statewide projects.
2. Have MHSOAC (staff and/or Evaluation Committee members) closely involved with the development of the framework; and
3. Have the framework be approved by the Commission

The CalMHSA Board voted on August 9, 2012 to approve the PEI Evaluation Framework. CalMHSA presented status updates and outlines of the framework to the MHSOAC Evaluation Committee on February 22, April 20, and August 22, 2012. MHSOAC staff met regularly with CalMHSA Board members and staff and RAND evaluators regarding the framework. Staff reviewed drafts and provided comments. Commissioners Van Horn and Pating and MHSOAC staff met with CalMHSA and RAND on April 30, 2012. MHSOAC staff sent a letter to CalMHSA on May 8, 2012 delineating issues, some of which were subsequently addressed.

The title of the framework, according to the draft final report, is "Evaluating the Impact of PEI Activities on California's Population." While nominally focusing on PEI Evaluation, RAND believes that the effects of PEI programs on population outcomes cannot logically be differentiated from effects of treatment and that the framework should assess population outcomes related to the combined impact of PEI and treatment. RAND recommends a public health population approach: for example, to measure the MHSA's seven negative outcomes specified in the MHSA for the population as a whole, rather than among individuals participating in or exposed to any particular PEI program. RAND identified numerous population data bases relevant to measuring statewide outcomes of the MHSA, many with data differentiated by county, zip code, and/or demographic variables. RAND created a logic model that identifies, at the conceptual level, areas of measurement within the framework and links structure, process, and outcome.

Recommendations:

MHSOAC staff believes that elements of the proposed PEI framework are useful and should be implemented: some immediately and the rest as longer-term strategies and priorities. Overall, staff recommends the following responses to the framework:

Recommendations That Can Be Implemented in the Short-Term

1. Ask Dr. Joan Meisel to incorporate into the overall Master Plan for MHSA Evaluation that she is developing recommendations for a PEI evaluation framework, including any elements of the proposed PEI framework that are useful and relevant.
2. Implement the recommendation that county data about kinds of programs being offered and process data about those programs (for example, who is being served) be reported using a uniform template so that the information can be aggregated and analyzed. This would involve developing standardized information systems, measures, data definitions, data entry protocols, and reporting formats.
3. Support recommendation to utilize descriptive analyses that don't require population-level evaluations to demonstrate a causal link between programs and outcomes. MHSOAC staff believes that this standard should also be applied to measuring program-level outcomes.

Recommendations That Can Be Implemented in the Long-Term

1. Implement recommendations to measure population outcomes.
2. For a number of significant variables, the proposed PEI framework reported that statewide databases either do not exist or are inadequate. MHSOAC staff supports development of additional statewide databases to expand the realms available for population measures.
3. Identify gaps statewide between needs for mental health services and both program activities and population outcomes.

Recommendations That Can Be Implemented in the Long-Term (cont.)

4. Track negative population-level outcomes over time.
5. The proposed PEI framework suggests that the state prioritize population measures of resilience and emotional well-being that underlie the more long-term negative outcomes specified in the MHSA. The explanation is that measurable indications of wellness and resilience occur earlier and can be used to monitor the overall impact of the MHSA on public mental health. MHSOAC staff believes that while such population measures are important, it is also important to measure indicators for the seven negative outcomes at both population and program levels.

Elements of the Framework Not Recommended

1. The proposed PEI framework is focused on the health and wellness of Californians while a key purpose of the MHSA is to expand services and improve outcomes for individuals most severely affected by or at risk of serious mental illness. The proposed PEI framework recommends a population approach to PEI services in order to shift the bell-shaped curve of mental illness toward recovery and wellness for people at all risk levels, including those with serious mental illness. The MHSA and PEI Guidelines, however, require interventions for people with early onset of a mental illness (early intervention) or with individual or group risk factors for mental illness (prevention). The MHSOAC is facing increasing calls to report on the impact of MHSA PEI programs. Reporting on the mental health of all Californians will not allow the MHSOAC to accomplish this need.
2. RAND's framework does not include routine monitoring of client/participant outcomes, although they believe that such an approach is useful as strategically selected special studies. The Commission has recommended that counties measure and report outcomes for all PEI programs. The MHSA requires three-year plans that include "reports on the achievement of performance outcomes for services." Many have expressed the expectation of program-level MHSA outcomes to support statewide evaluation. For all these reasons, MHOAC staff recommends a greater focus on routine definition, measurement, and reporting of program outcomes for all PEI programs.