



## **Evaluation Committee** **2014 DRAFT Charter**

### **Purpose:**

To provide the Mental Health Services Oversight and Accountability Commission (MHSOAC) with input, assistance, and advice as needed on the implementation of the MHSOAC Evaluation Master Plan, work being done and recommendations made by external evaluators, internal evaluation work, and any other emerging issues regarding evaluation.

### **Objectives:**

- Help to ensure that the evaluations conducted via the MHSOAC are structured to achieve the objectives of the MHSOAC and Mental Health Services Act (MHSA).
- Help to ensure that the evaluations conducted via the MHSOAC use methods that are consistent with the requirements of the MHSA, technically sound, and meaningful and relevant to stakeholders.
- Help to ensure that information from evaluation efforts and reports is usable and used for continuous quality improvement within California's community-based mental health systems, programs, and projects, and for strengthening related policy.

### **Guiding Principles:**

Committee recommendations to the MHSOAC should reflect and strive to address the following priorities:

1. Focus on improved outcomes for clients/family members and those throughout the State with mental illness or emotional disturbance
2. Promote and identify promising practices and strategies that contribute to continuous quality improvement of services and systems
3. Consider cultural and linguistic competence
4. Promote a client/family-driven system
5. Work toward reduction of stigma and discrimination related to mental illness/emotional disturbance of receipt of services for mental illness/emotional disturbance
6. Reflect an informative, robust, and meaningful stakeholder process
7. Emphasize inclusion of all demographic groups, including those of all ages across the life-span, all genders, and all racial/ethnic groups
8. Aim to reduce mental health disparities in access to care
9. Promote total health integration

**Activities:**

1. Provide support in the continued implementation of the MHSOAC Evaluation Master Plan, including development and implementation of new evaluation priorities and activities. Workgroups/subcommittees may be convened to support specific facets of implementation.
2. Provide support as needed with MHSOAC efforts to identify core, uniform performance indicators for all MHSOAC components (e.g., CSS, PEI, INN, WET, CF/TN) and other facets of MHSOAC internal performance monitoring outlined within the Evaluation Master Plan. The Performance Indicators Workgroup will continue to provide ongoing feedback on this effort.
3. Provide support as needed with current and forthcoming evaluation efforts, including external contracts and internal projects. Workgroups/subcommittees may be convened to support specific projects.
4. Continue to identify opportunities to strengthen data collection/reporting systems and infrastructure within counties and throughout the State to meet statewide evaluation goals. The Data Strengthening Workgroup will continue to meet to provide ongoing feedback on this effort.
5. With the goal of using evaluation efforts to encourage improvements in the quality of services and systems throughout the State, provide regular updates on Evaluation activities and disseminate reports and findings to other MHSOAC Committees and entities as needed.
  - a. Communicate lessons learned and best practices from evaluations to improve programs, systems, and policy as part of quality improvement feedback.
  - b. Update and disseminate fact sheets that summarize and provide highlights from completed evaluation efforts.
6. Seek input from other MHSOAC Committees and entities as needed/relevant on current evaluation projects.
7. Revise the policy paper: Accountability through Evaluative Efforts Focusing on Oversight, Accountability, and Evaluation.
8. Diversify the methods by which the MHSOAC receives input from people with lived experience of mental illness.
  - a. Expand and diversify participation in the MHSOAC Evaluation Committee Meetings and evaluation contracts to the fullest extent.
  - b. Expand methods by which people with lived experience can provide input (in person, online, written, other).
9. Provide support as needed in MHSOAC efforts to endorse and promote strategies that transform the mental health system, including systems and services integration, taking into account the changes that will be the result of and opportunities provided by the Federal Affordable Care Act (ACA).
10. Assist with the development and dissemination of policy recommendations that may emerge from evaluation findings.
11. Help to increase oversight, quality, and usefulness of statewide PEI projects (Suicide Prevention, Stigma Reduction, Student Mental Health Initiative) and associated evaluations.

<b>Date</b>	January 2014
<b>Leadership</b>	David Pating, MD, Chair Victor Carrion, MD, Vice Chair
<b>Staff</b>	Renay Bradley, PhD; Brian Geary
<b>Committee Members</b>	<ol style="list-style-type: none"><li>1. Dave Pilon, PhD</li><li>2. Stephanie Oprendeck, PhD</li><li>3. Debbie Innes-Gomberg, PhD</li><li>4. Rusty Selix</li><li>5. Sergio Aguilar-Gaxiola, MD, PhD</li><li>6. Steve Leoni</li><li>7. Viviana Criado</li><li>8. Karen Stockton, PhD</li><li>9. Stephanie Welch</li><li>10. Saumitra SenGupta, PhD</li><li>11. Davis Y. Ja, PhD</li><li>12. Linda Dickerson, PhD</li><li>13. Margaret Walkover, MPH</li><li>14. Joshua Morgan, PsyD</li><li>15. Lynn Thull, PhD</li></ol>