Mental Health Services
Oversight & Accountability Commission

DRAFT POLICY PAPER
Accountability through Evaluative Efforts:
Ensuring Oversight and Accountability via Evaluation
July 11, 2014

Background

On November 18, 2010, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) adopted a Policy Paper titled, "Accountability through Evaluative Efforts: Focusing on Oversight, Accountability, and Evaluation". On August 22, 2013, the MHSOAC Evaluation Committee elected to revise this Paper, given recent advancements that had taken place at the Commission. When the initial Paper was adopted in 2010, the Commission had decided to broaden its focus from Mental Health Services Act (MHSA) implementation to evaluation focusing on outcomes and the appropriate and effective use of MHSA funds. On July 28, 2011, the MHSOAC adopted a Logic Model that describes a series of oversight and accountability "focus areas" and "strategies"; the strategies include data tracking and evaluation. On March 28, 2013, the Commission adopted an Evaluation Master Plan and associated Implementation Plan to guide its evaluation efforts. The Master Plan incorporates tenets of the Logic Model (e.g., focus on mental health outcomes at the individual/family, system, and community levels). Adoption of the Master Plan and Implementation Plan were accompanied by allocation of additional resources to the MHSOAC for evaluation purposes (i.e., additional evaluation staff and funding).

Purpose

This current Policy Paper builds off of the Policy Paper adopted in 2010 and is intended to provide the MHSOAC with direction regarding its evaluation efforts, given these recent advancements. The Evaluation Master Plan describes a model intended to illustrate the purported focus of MHSOAC evaluation efforts, a prioritization process that is to be used and updated annually to make decisions regarding what evaluations to focus on, and a series of evaluation activities prioritized at the time the Master Plan was developed in 2012. The Implementation

Plan describes how the evaluation activities within the Master Plan can be carried out over a five year period (from Fiscal Year 2013/14 through 2017/18). This Policy Paper sets forth processes through which the MHSOAC can implement the oversight and accountability strategies listed in the Logic Model in order to apply them to the focus areas also described within the Logic Model. Recommended processes are provided within the context and from the perspective of evaluation.

Mental Health Services Act (MHSA)

Proposition 63, now called the Mental Health Services Act, was passed by voters in November 2004 and first implemented in 2005. The MHSA, funded through a one percent tax on personal income over $1 million, is intended to expand access to effective community-based mental health services. The MHSA was created in order to improve the quality of life for Californians living with a mental illness, and emphasizes transformation of the public mental health system as a means toward achieving this goal. MHSA funds are intended to be used to provide services to Californians across the lifespan, including children, transition-age-youth, adults, and older adults, who experience severe mental illness or emotional disturbance (MI/ED), as well as those who experience early signs and symptoms or MI/ED or are at risk of experiencing MI/ED. MHSA revenues must be allocated toward a series of components designated by the law (described below). Up to 5% may be used for administrative purposes, including evaluation.

The MHSA funds the following five program areas (a.k.a. components):

- Prevention and Early Intervention (PEI): Funding for counties to develop new prevention and early intervention programs to help persons at risk of or showing early signs and symptoms of a mental illness or emotional disturbance receive services and support, including brief treatment, before their illness fully develops or becomes more severe.
- Community Services and Supports (CSS): Funding for counties to implement new or expand programs to provide recovery and resiliency oriented services to individuals with serious mental illness and their families.
- Innovative Programs (INN): Funding for counties to develop and test ways to improve access to mental health services, including increasing access for un-served and underserved groups, improving program quality and outcomes, and promoting interagency collaboration in the delivery of services.
- Mental Health Workforce Education and Training (WET): Funding to remedy the shortage of qualified individuals to provide services to address severe mental illness and to provide the increase in services projected to be needed to serve individuals and families consistent with the MHSA provisions and principles. The funding is to be used, in part, to promote employment of mental health consumers and family members in the mental health system, and increase the cultural competency of staff and workforce development programs.
- Capital Facilities and Technological Needs (CFTN): Funding for counties for technology improvements and capital facilities needed to provide mental health services.

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Mental Health Services Oversight and Accountability Commission (MHSOAC) Commitment to Evaluation

The MHSOAC was established by Welfare and Institutions Code (WIC) Section 5845 to oversee MHSA-funded programs and the Children, Adult, and Older Adult Systems of Care. The MHSOAC, which consists of a group of appointed voting members/Commissioners, is responsible for providing oversight of the MHSA and its components. Within this role, the MHSOAC ensures accountability to taxpayers and the public. To assist with its oversight and accountability role, the Commission convenes five committees, chaired by commissioners and made up of stakeholders, including an Evaluation Committee.

The Commission's mission is to hold public mental health systems accountable and provide oversight for eliminating disparities in access to mental health care, and ensuring positive outcomes for individuals living with mental illness and their families, including wellness, recovery, and resilience. In order to achieve these goals and make certain that all entities that receive MHSA funding have the potential to, and ultimately do, contribute to helping meet these goals statewide, the MHSOAC has adopted a commitment to pursuing meaningful evaluation of the MHSA and public community-based mental health system.

This commitment is supported by the MHSA, which states that, prior to disbursement of funds to counties for support of MHSA components, funds must be allocated to the MHSOAC to "ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth" within the Act. Thus, the MHSA has embedded support for research and evaluation directly into the Act that the MHSOAC is responsible for upholding. (Please see Appendix A for sample sections of the Act that help to define the MHSOAC's statewide role in evaluation of the MHSA and public community-based mental health system.)

In addition, the MHSOAC-adopted Logic Model describes a series of oversight and accountability "focus areas" and "strategies". Focus areas include: 1) Community Planning/Plans, 2) Use of MHSA Funds, 3) Program Implementation, and 4) Mental Health Outcomes. Oversight and accountability strategies include: 1) Influence Policy, 2) Ensuring Collecting and Tracking of Data, 3) Ensure that Counties are Provided Appropriate Support, 4) Ensuring MHSA Funding and Services are Compliant with Relevant Statues and Regulations, 5) Evaluate Impact of MHSA, 6) Utilize Evaluation for Quality Improvement, and 7) Communicate Impact of MHSA.

In order to carry to carry out its mission, the MHSOAC intends to use the seven oversight and accountability strategies listed within the Logic Model. Although the Logic Model includes oversight and accountability "outcomes" that should result from use of these strategies, it does not provide concrete methods or processes for carrying out the strategies. For example, strategy 1 is "influence policy"; the MHSOAC realizes the importance of this strategy in helping to meet its own mission as well as the goals of the Act, as an expected outcome is "policies move mental health system toward MHSA-specific outcomes". However, there is no standard process for ensuring that MHSOAC-sponsored evaluations are designed and used to influence policy, as applicable. Similarly, strategy 6 is "use evaluation results for quality improvement", with an

expected outcome of "data from evaluations are used for continuous improvements of systems and practices at county and state levels, including to revise mental health policies and to improve MHSOAC practices". This strategy gets at the crux of why evaluation is so important within our public mental health system; however, no concrete processes or practices have yet been adopted to ensure that MHSOAC-sponsored evaluations are designed and then used to make this happen (although recent discussions have been had by Evaluation Committee members and MHSOAC Evaluation Unit staff members on this topic).

What follows is a series of recommended processes for the MHSOAC to implement in order to put into action the oversight and accountability strategies it has already adopted that pertain to evaluation.

MHSOAC Implementation of Evaluation-Related Oversight and Accountability Strategies

Task 1: Track, monitor, and evaluate each of the oversight and accountability focus areas (i.e., community planning/plans, use of MHSA funds, program implementation, mental health outcomes).

- Take steps to ensure that counties provide the MHSOAC with information about each of these focus areas. Create and/or strengthen statewide standards for data collection, measurement, and reporting. Eliminate the need to gather this information from counties via impromptu surveys by standardizing data requirements, sharing those requirements with counties in advance of their intended receipt date, providing counties with an automated mechanism through which to submit this data, and assisting counties with collection and submission of the required data.
- Set up a process through which data that is collected from counties is regularly reviewed and documented (i.e., to track the extent to which counties have indeed submitted data, and to ensure that the data being submitted is valid/accurate), and inputted into a master database. Use the database to monitor and evaluate progress in each focus area (i.e., community planning, use of MHSA funds, program implementation, and mental health outcomes) at the county and statewide levels. Conduct evaluations as needed, per the Evaluation Master Plan and yearly prioritization process.
- Design tracking/monitoring processes (including what data to collect from counties) and evaluations so that they are able to help achieve the MHSOAC's mission via the relevant adopted oversight and accountability strategies and actions (i.e., influence policy; ensure that counties are provided with support; ensure MHSA funding and services comply with relevant statutes and regulations; impact of the Act; quality improvement).

Task 2: Use results (of tracking, monitoring, and evaluation) for quality improvement purposes.

- Develop a set of policies and practices to guide use of evaluation for quality improvement purposes across the state, including the efforts described below, which will be carried out by the MHSOAC. Consider current national policies on quality improvement and the role of evaluation, including those developed by the U.S. Department of Health and Human Services, during the development of these policies and practices.
- Upon completion of relevant evaluation projects or products/deliverables, take steps to promote quality improvements at the local and state levels based on results. Steps include

consideration of results by informed stakeholders (e.g., Evaluation Committee members) who provide advice regarding how results can be used for quality improvement purposes. MHSOAC staff will consider stakeholder advice and use it (along with their own programmatic and evaluation knowledge, as well as other contextual factors) to develop recommendations for quality improvement action items that stem from the results. Recommended action items should also consider successful quality improvement efforts that have been used and found to be successful at the national level (e.g., training and technical assistance to counties; having the MHSOAC serve as an information source for quality improvement and government requirements; sharing of best practices; providing tools to be used for quality improvement and evaluation purposes; providing results to counties based on counties' actual data; encouraging/supporting methods that allow providers to see their own data and use it to guide their practices). These recommended action items will be presented to the Commission, as needed, for their consideration and possible adoption. Adopted recommendations will be incorporated into the annual MHSOAC Work Plan and Committee Charters, as relevant. Recommendations may include the following, as appropriate:

- Taking steps to make changes to policy that facilitate the outcomes of "strategy 1: influence policy" in the MHSOAC adopted logic model (i.e., improvements in the mental health system, move the public mental health system toward MHSA-specified outcomes, support counties to evaluate outcomes of MHSA programs and contribute to statewide evaluations, minimize unnecessary bureaucratic requirements, and ensure MHSA planning and policies are the result of the contributions of diverse stakeholders).
- Taking steps to make changes to data collection and reporting systems that lead to achievement of outcomes of "strategy 2: ensure collecting and tracking of data and information".
- Provision of new/additional support to counties aimed at helping achieve outcomes of "strategy 3: ensure that counties are provided appropriate support".

- Evaluate the efficacy of the MHSOAC's policies and practices that pertain to use of evaluation for quality improvement purposes on an ongoing basis. This evaluation should be used to identify ways to strengthen the policies and practices, and promote continuous quality improvement efforts at the statewide, county, and provider levels, that are in line with national standards and efforts in this area.

<u>Task 3: Use results (of tracking, monitoring, and evaluation) for compliance purposes.</u>

- Upon completion of evaluation projects or products/deliverables that provide information relevant to compliance with statutes and regulations, take steps to document results and share them with appropriate entities with the goal of addressing the issue(s) and facilitating compliance with the law. Cases of non-compliance with programmatic issues should be referred to MHSOAC program staff for their consideration and action. Cases of non-compliance with evaluation-related items (e.g., submission of data, carrying out evaluations) should be addressed by MHSOAC evaluation staff as follows:
    - When potential issues of non-compliance are identified via tracking, monitoring, and evaluation, those involved should be notified so that the issue can be discussed and non-compliance confirmed or rejected. Instances of confirmed non-compliance should be reported to MHSOAC legal counsel and, when appropriate,

followed by technical assistance to the non-compliant entity. Technical assistance should be continued until the issue is fully addressed and the entity becomes compliant with statute and regulations. Reasons for non-compliance should be explored with the non-compliant entity. Initial instances of non-compliance, technical assistance and follow-up efforts, results of those efforts, and reasons for non-compliance should be presented to the Commission on a regular basis. Documentation of confirmed non-compliance and reasons for non-compliance should be used regularly to consider and develop ways to promote compliance with statute and regulations statewide (e.g., training and technical assistance; changes to policy; development and dissemination of resources that clarify policy and describe methods for compliance).

Task 4: Use results (of tracking, monitoring, and evaluation) for dissemination/communication purposes.

- Upon completion of relevant evaluation projects or products/deliverables, take steps to communicate the impact of the Act to relevant stakeholders and audiences (e.g., Governor, Legislature, taxpayers, counties, providers, advocacy groups). Steps include consideration of results by informed stakeholders (e.g., Evaluation Committee members) who will provide advice regarding which audiences may benefit from learning about the results, and how/in what format/structure the results should be disseminated. MHSOAC staff will consider stakeholder advice and use it (along with their own programmatic and evaluation knowledge, as well as other contextual factors) to develop dissemination materials that stem from the results. MHSOAC staff will work with the MHSOAC Director of Communications on development and dissemination of materials.
- The following dissemination practices will routinely take place after completion of relevant evaluation projects/products/deliverables:
    - Presentation to the Commission (slides and reports).
    - Development and presentation of MHSOAC interpretation or recommendation papers. These papers will be written by MHSOAC evaluation staff for all relevant evaluation projects/products/deliverables and will serve to provide the staff's perspective of the work, its potential utility, potential next steps with regard to further research, and recommendations for actions that may need to be taken based on the results. Recommended action items will be presented to the Commission for possible adoption.
    - Development of a brief "scholarly" fact sheet (i.e., one intended to briefly summarize the evaluation's objectives, methods, results/findings, and implications).
    - Posting of all materials (i.e., slides, reports, fact sheets, and any other materials created for dissemination and communication purposes) to an MHSOAC website in a manner that allows for ease of accessibility.
- In order to fully communicate the impact of the Act and results of MHSOAC evaluation efforts with a variety of audiences, the MHSOAC will likely need to invest additional resources in such communication efforts, including resources devoted to online/web-based communication strategies.

Task 5: Ensure that counties have the support and resources that they need to carry out local evaluation and quality improvement efforts.

- The Commission is committed to providing the counties with training and technical assistance, as demonstrated within the adopted MHSA Training and Technical Assistance Framework (which was adopted by the Commission on January 26, 2012. The Commission should proceed to implement the strategies described within this framework. It may be in a better position to do so currently, as the Commission now has some evaluation staff that may be able to assist with this process. However, in order to fully implement this framework, the Commission will likely need to invest additional resources toward this endeavor (e.g., for development and ongoing maintenance of a "live" resource center that is continuously updated and added to and provides counties with access to staff who can help identify training resources and also provide technical assistance).

Task 6: Ensure that the State has what it needs to continuously carry out evaluation and quality improvement efforts statewide.

- The Commission has invested significant funds in data strengthening, including assistance provided to counties and the Department of Health Care Services. Although the Commission is not the owner of the Statewide data collection and reporting systems, it is dependent on these systems to carry out its statutory evaluation role and other oversight and accountability strategies. As such, it must continue to encourage further strengthening of these systems so that other tasks described herein (e.g., Task 1) are achievable. The tasks and processes in this Paper are intended to provide guidance that will enable the MHSOAC to map out its data needs. These needs must be met if the Commission is to be able to effectively carry out the oversight and accountability strategies it adopted within the Logic Model. As such, ensuring the routine collection of meaningful and valid data within all counties and regular submission of that data to the State is essential and must remain a top priority.

Task 7: Routinely Evaluate the Commission's Performance in Achieving its Evaluation Goals

- The Commission should develop a routine process for assessing the efficacy of its oversight and accountability strategies. The outcomes associated with each strategy that are described within the Logic Model can be used for this purpose. As the Commission is in the process of considering how to effectively use these strategies to perform its statutory roles and ultimately promote the goals of the Act—including transformation of California's mental health system, reduced disparities in access to mental health care, and wellness, recovery, resilience in individuals with mental illness and their families—it needs to have an understanding of whether these strategies are working or not. By evaluating its performance in achieving goals through implementation of these strategies on a regular basis, the Commission will have the opportunity to make changes to how it implements these strategies, including the recommended processes described in this Paper. This level of assessment will also provide stakeholders and policymakers, including the Bureau of State Audits, with information about how the Commission intends to provide oversight and accountability through evaluation, and its ability to successfully do so. This level of assessment and transparency may help to protect the MHSOAC and ultimately the MHSA.

APPENDIX A

- The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Human Resources, Education, and Training Programs; Part 3.2 (commencing with Section 5830), Innovative Programs; Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children's Mental Health Services Act. [5845 (a)]
- Obtain data and information from the State Department of Health Care Services, the Office of Statewide Health Planning and Development, or other state or local entities that receive Mental Health Services Act funds, for the commission to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with Mental Health Services Act funds. [5845 (d) (6)]
- Work in collaboration with the State Department of Health Care Services and the California Mental Health Planning Council, and in consultation with the California Mental Health Directors Association, in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system, including, but not limited to, parts listed in subdivision (a). The California Health and Human Services Agency shall lead this comprehensive joint plan effort. [5845 (d) (12)]
- The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840, and Part 4 (commencing with Section 5850) of this division funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the California Mental Health Directors Association. [5848 (c)]
- The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division. [5892 (d)]
- The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the California Mental Health Directors Association, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission. [5899 (a)]
- Employ all of their appropriate stratagems necessary or convenient to enable it to fully and adequately perform its duties and exercise the powers expressly granted, notwithstanding any authority expressly granted to any office or employee for state government. [5845 (d) (4)]