



Evaluation Committee Recommendations Regarding
Outline for Phase II Evaluation Request for Proposals (RFP) Revised*
July 27, 2010

The MHSOAC intends to select a Phase II evaluation contractor through a competitive Request for Proposal (RFP) process. Following are the recommendations from the Phase I contractor (Research Development Associates) as modified by the Evaluation Committee that should be included in that RFP.

Overall Approach

1. All data analyses should be in context of
 - a. County characteristics (e.g. demographics, funding, etc.)
 - b. Mental health system characteristics—who is served and what services are provided
 - c. Economic changes since inception of MHSA—overall economy and public mental health funding
2. All data used in analyses should be reviewed for data quality and timeliness
 - a. Recommendations for and estimated costs of improvements and needed system resources should be made
 - b. The MHSOAC has a significant role in providing oversight of those responsible for producing quality MHSA data and analyses.

Note: MHSOAC does not have primary responsibility to create timely, reliable and valid data systems.
3. Data should be analyzed to determine differential impact by age, gender and race/ethnicity
4. MHSA values need to be embedded throughout evaluation
5. Confidentiality, privacy, security and HIPAA compliance, needs to be ensured in handling of data
6. MHSA evaluation should support and encourage Continuous Quality Improvement efforts on the part of the state, counties, and providers in data collection and analysis as well as programs and program outcomes, based on the data.

Scope of Work

1. For all MHSA Components, document
 - a. Activities
 - b. Costs
2. Measure impact at client and system levels
 - a. Periodic reporting at state and county level of indicators prioritized by the California Mental Health Planning Council (CMHPC), to include
 - i. Development and documentation of standardized process for compiling the data
 - ii. Development of standardized template for reporting
 - b. Analysis of priority indicators

3. Summarize and synthesize existing evaluations and studies on impact of MHSAs
 - a. Consumer outcomes
 - b. MHSAs Values
 - i. Increasing client and family involvement and engagement
 - ii. Reducing disparities in access and outcomes
 - iii. Increasing cultural competency
 - iv. Promoting recovery/wellness/resiliency orientation
 - v. Implementing integrated mental health services, including integration with substance abuse services and primary care
 - vi. Establishing and fostering community partnerships and systems collaborations
 - vii. Increased stakeholder involvement throughout public mental health system
4. Additional evaluation responsibilities
 - a. Stakeholder engagement in the evaluation through an advisory group that is representative of a wide scope of expertise, including
 - i. Clients/family members and representatives of unserved, underserved and inappropriately served groups, and
 - ii. Researchers, data analysts, and programmers who are responsible for local data evaluation efforts
 - b. Maintain ongoing interaction with MHSOAC Evaluation Committee and update and provide ongoing input to other MHSOAC Committees as needed
 - c. Dissemination of findings from evaluation
 - d. Recommendations regarding next steps, identification of gaps, projected costs, and transition plan for on-going evaluation, monitoring and reporting

Note: Most of the funding available through the Phase II Evaluation RFP would be dedicated to Scope of Work Activities 1 and 2.

Provider Qualifications

1. Required (These minimums must be met for the proposal to be read and evaluated.)
 - a. Expertise in program evaluation
 - b. Expertise in working with public mental health
 - c. Evidence of capability to manage a project of similar duration and funding
 - d. Expertise in advanced data management and data analysis
 - e. Capacity to set up and work with stakeholder advisory group
 - f. Expertise regarding disparities in access and cultural competence in mental health systems
 - g. Expertise in client and family resilience and recovery**
 - h. California tax payer ID number
2. Preferred
 - a. Demonstrated experience with MHSAs
 - b. Expertise regarding age-specific mental health practices
 - c. Experience accessing public datasets, including an understanding and ability to enter into Memoranda of Understanding (MOUs) for access to

public data and full (Health Insurance Portability and Accountability Act (HIPAA) compliance.

- d. Flexible, responsive, positive and cordial working style.
- e. More than minimum level of expertise on required qualifications.

Note: There were many additional technical comments, all will be considered in the development of the RFP.

*Changes from 7/21/2010 version are underlined.

**Previously included as Preferred rather than Required Qualification.