



**Mental Health Services  
Oversight and Accountability Commission**

DRAFT

**BRAINSTORMING FUTURE MHSOAC EVALUATION EFFORTS**

August 5, 2010

At the Evaluation Committee meeting on 8/11/10, the Committee will brainstorm ideas for future MHSA evaluations. Committee members are encouraged to bring any ideas that they have. Following is a list of potential priorities for future MHSOAC evaluation efforts that was compiled from Evaluation Committee discussions, RDA recommendations and other sources. These are not in any order and many may overlap. It is intended as a resource to assist the MHSOAC Evaluation Committee in brainstorming potential evaluation topics. A prioritized list of recommended next steps will eventually be developed.

**EVALUATION**

1. Determine FSP cost by population and outcomes achieved (including analysis of intensity and type of services over time to achieve those outcomes)
  - For all populations—Petris Center focused on adult FSPs.
2. Develop cost analysis and compare costs per person to relevant benchmarks.
3. Determine a cost benefit analysis by measuring costs averted by quality mental health care
4. Provide a timely feedback loop on critical indicators that can be used in a local quality improvement process
5. Evaluate impact of state and local stakeholder processes.
6. Analyze public agency datasets to develop non-FSP individual outcomes regarding employment, education, child welfare, criminal justice involvement and suicide.
  - Potential data sources—Employment Development Department, California Department of Public Health, California Department of Education, Department of Justice and California Department of Social Services.
7. Measure family and consumer involvement in the MHSA and public community mental health system to answer
  - What's been learned
  - What's been done, (rather than create a new strategy)
  - How was it done
  - What has worked
8. Evaluate expansion of client and family driven community mental health system.
  - Increases in client and family member employment
  - Expansion of client-run and self-help programs
  - Emphasis on community education and support through consumer and family organizations and community based organizations

- specializing in serving multicultural communities
  - Increase in implementation of crisis residential programs
- 9. Develop recommendations for evaluation/data submission for expansion of FSP services to populations that are less at risk than current priorities.
- 10. Conduct primary research using surveys, interviews, focus groups or other methodologies to determine impact of MHSA on consumers and their families.
- 11. Analyze consumer outcomes for youth and transition-age youth from the Consumer Perception Survey regarding General Satisfaction, Perception of Access, Perception of Cultural Sensitivity/Perception of Quality and Appropriateness, Perception of Participation in treatment planning, Perception of outcomes of services, Perception of Functioning, Perception of Social Connectedness
- 12. Develop cost-effectiveness models of consumer outcomes (youth, transition-age youth, adults and older adults) following outcomes above from the Consumer Perception Survey
- 13. PEI—develop and implement strategy for evaluation and implementation of impact of PEI
  - Compile a summary of county evaluations completed and planned
    - Summarize lessons learned from review of county evaluations
  - Provide guidance to counties on how to develop/implement successful evaluations
  - Analyze PEI expenditures and local plans
  - Determine what PEI if funding.
  - Make recommendations on what data/reports counties should submit in the future
    - Make recommendations on streamlining or eliminating any current reports.
- 14. INN—same as for PEI
- 15. Establish a vision of evaluation based on information from the Electronic Health Records (EHR) that counties are implementing
- 16. Analyze recovery outcomes of The Village.
- 17. Evaluate strategies to manage the volatile MHSA funds
  - What level of prudent reserve makes sense
  - Other strategies for financial management.
- 18. Survey the public on perceived impact of the MHSA.
- 19. Determine impact of state administrative expenditures.
- 20. Summary of status of and Evaluation of impact of WET and CF/TN investments
- 21. Evaluation of disparities in access and outcomes, and cultural competency
  - To what extent is there a plan for and resources committed to engaging unserved and underserved populations
  - How well to proposed/implemented strategies respond to the unique needs of unserved and underserved populations, based on evidence from best and promising practices?

- To what extent to the demographics of the public mental health system match the demographics of the population of service users
  - Which populations are most vulnerable for continued underutilization of mental health services?
  - Are resources invested appropriately to enhance engagement of unserved and underserved populations.
  - Conduct primary research using surveys, interviews, focus groups or other methodologies to determine the extent to assess diverse population's perception of:
    - Respect for their social group
    - Comfort in service setting
    - Reason for attrition from services
22. Extent to which the service experience of populations who are typically unserved or underserved are different from the service experience of other individuals receiving public mental health services.
- Analyze data on service utilization at the state and/or randomly selected county level to describe by population characteristics (including age, gender, language, geography as well as race/ethnicity)
    - Number of one-time contacts without subsequent follow-up visits
    - Average number of outpatient vs. acute contacts
    - Average length of stay for hospitalizations
23. Evaluation of PEI statewide programs
24. Report describing the activities and impact of programs meant to improve consumer and family involvement at the state and/or county level.
- Engagement of consumer and family members—plan for and resources committed to engaging consumer and family members in planning and provision of mental health services
  - Extent that contact experiences are enhanced through the impact of consumer and family member involvement in service provision.
25. Analysis of MHSA values
- Recovery, wellness and resiliency orientation—design and implementation—plans, workforce, program services and approach
  - Reduction of stigma and discrimination—are efforts to reduce these incorporated into all public mental health services and collaborative community and system partners
  - Integration of Mental Health with Primary Care and Substance Abuse
  - Integrated service experience of clients and family members
  - Community partnerships and system collaborations
26. Ensure evaluation of all outcomes specified in the Act—7 negative outcomes, ASOC and CSOC.
27. Develop benchmarks as comparisons on critical variables.
28. Determine if programs are implemented as described in approved plans
29. Determine impact of economic crisis on implementation of MHSA?

## **OTHER ACTIVITIES TO SUPPORT EVALUATION**

30. Provide technical assistance to support for participating county evaluations
31. Support data cleaning, validation and management of critical databases
32. Ensure stakeholder engagement in evaluation
33. Develop a searchable database
34. Develop and implement strategy for improvement timeliness and quality of the data reporting and feedback system between the DMH and the county departments
35. Develop interactive website—develop website to support the data reporting and feedback system with for example
  - Dashboards and/or report cards
  - Technical support
  - Questions and comments
  - Needed forms
  - Helpful hints
  - Message boards
  - On-line discussion groups