

DRAFT Outline 6/15/2010
CA MHSA Evaluation RFP

- d. Analyzing Annual MHSA Revenue and Expenditure Reports

B. Measure Impact on Client and Community Outcomes

- i. **Analysis of DMH data on client outcomes based on California Mental Health Planning Council (CMHPC) Prioritized Indicators** (Appendix A has the most recent draft of these indicators – the MHSOAC maintains the flexibility to edit these indicators before the evaluation begins):
 - a. Individual outcomes for Full Service Partnerships: education/employment, homelessness/housing, justice involvement, client/family perception of well-being (Appendix B aligns indicators to the 7 negative outcomes of mental illness emphasized in the PEI component of the MHSA, **Adult /Older Adult System of Care outcomes, and Children and Youth n System of Care outcomes**)
 - b. Age-specific outcomes
 - c. County level data: **gap analysis**, access, penetration, and appropriateness of care by populations.
- ii. **Meta-analysis of previous evaluations and studies on client outcomes** (using the sources listed above)
- iii. **County Dashboards.** In partnership with the DMH and the CMHPC, the evaluator will lay the groundwork for a process of collecting and reporting on a dashboard of indicators and will provide dashboard reports during the evaluation phase. Planning for the dashboard should be sensitive to the ability of the DMH to transition the dashboard process in-house following the evaluation period.
 - a. Develop a standardized process for compiling the data using the CMHPC Prioritized Indicators (see Appendix A)
 - b. Develop a standardized template for reporting the data
 - c. Develop a standardized process for distributing dashboard reports to each county on a regular basis with the goal of quarterly reports

C. Measure Values

Meta-analysis of previous evaluations and studies on MHSA values (using the sources listed above). MHSA values assessed in this evaluation should include:

- i. Increasing client and family involvement and engagement
- ii. Reducing disparities
- 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; and
- vi. Establishing and fostering community partnerships and systems collaborations

D. Additional Evaluation Responsibilities