

## Request for Proposals

### California Mental Health Services Act Evaluation

#### RFP #[tbd]

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#### CONTRACT TERMS

The total funding amount allocated to this RFP release is \$1,000,000 over a two year period with no more than \$500,000 available in any given fiscal year. The contract is for fiscal years 2010/2011 and 2011/2012 and will be based on agreed upon deliverables. The evaluator can apply for three one-year contract extensions based on the availability of funds and satisfaction with performance as determined by the MHSAOAC Evaluation Committee.

#### SCOPE OF WORK

This RFP seeks a single proposer who will serve as the evaluator of the Mental Health Services Act (MHSA) on California's public mental health care system. The evaluator will bring together a diverse group of people, data sources and other information necessary to assess what has been done, what it has cost, and how clients and family members have been affected. In the interest of: 1) reducing the burden of the evaluation, 2) using the information that is available first, and 3) reducing duplication of effort, the evaluation will function to bring together previous evaluation work in two meta-analyses, as detailed below, using data and findings from, for example:

- i. County evaluation efforts: specifically missing evaluation efforts such as examination of which organizations are typically getting county funding and MHSA funding., how long have these organizations been in existence and getting repeated funding/contracts with counties, where are these consistently funded organizations that are also getting MHSA dollars geographically located and what populations are they serving and what culturally appropriate services do they offer to their populations (e.g. African Americans), who are the organizations' leaders (management and Board) and do they mirror their majority populations or their ethnic populations among their clients, how is the County demonstrating a commitment to equity in distribution of MHSA funding to ethnic and minority led community organizations or those organizations who have traditionally not been contracted or given funding support, how are contracting opportunities for MHSA encouraging and supporting traditionally unfunded organizations from getting MHSA dollars to deliver culturally appropriate care to reduce and eliminate racial and ethnic disparities? What capital funding is made available for ethnically sensitive and responsive providers who lack facility space to deliver their services when they are also not afforded opportunities to get MHSA contracts to deliver their services that meet the intention of the MHSA act.
- ii. Other Department of Mental Health (DMH) evaluation efforts – specifically, how is DMH keeping a check on counties to make a commitment and demonstrate that commitment to equity in access to MHSA funds among its community and neighborhood based mental health providers? How are Counties being specifically directed “not just award contract opportunities to its long term providers and those the Counties work to maintain long term relationships with at the detriment of eliminating consumer choice

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in providers of care in their own communities and culture. Some Counties are saying their first commitment is to continue longstanding relationships with their providers, regardless of whether those programs are truly reducing or eliminating health disparities or are culturally appropriate for consumers and families. Newer organizations that meet the needs are systemically barred from funding opportunities because of the lack of commitment to equity in funding. Some counties believe and are determined that there is no room for new providers or young under-resourced programs because the County's first ethical commitment is to its "older organizations that they have built a relationship with and they are committed first to those old relationships (even if they are performing poorly) rather than the needs of the ethnic and racially diverse consumers and families." Consumer choice and appropriateness of care is not some County's first commitment. So, in other words, what will this evaluation look at to see and identify this type of systemic racism and discrimination in the allocation of MHSA resources leading to inappropriate care of consumers and families and racial disparities.

- iii. take first preference on all contracting opportunities to deliver care. How will DMH investigate its Counties and requirement them to demonstrate equity in funding opportunities to all organizations with the skills and abilities to deliver culturally and linguistically appropriate care rather than only funding older providers it has had long term relationships with, especially when most of these long term providers are primarily White led and run organizations serving people of color. **How will DMH be evaluated to show whether it is requiring its own staff and its Counties to demonstrate a commitment to equity in MHSA funding allocations and opportunities to newer and young minority led and run organizations.**
- iv. Academic institutions
- v. Foundations
- vi. Contractors
- vii. Non-profits
- viii. Federal institutions

The evaluation will have three main components:

- i. Documentation of activities, funding guidelines initiated by DMH and followed by counties in implementing MHSA activities, and costs for all components of MHSA
- ii. Client outcomes analysis
  - a. Analysis of existing data from the DMH
  - b. Meta-analysis of findings from previous evaluations and studies on client outcomes from sources listed above
  - c. Dashboard for on-going, timely reports on a set of indicators by county, region, and state
  - d. Client grievances or quality/service/inappropriateness of care complaints, fail to keep appointments or no show data among providers of MHSA funded activities
- iii. A meta-analysis of previous evaluations and studies from the sources listed above that assesses the extent to which the values of MHSA are beginning to permeate the overall public community mental health system. This preliminary look at values can then be used to develop a framework for how these values can be understood and measured in the future.

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**A. Document Activities and Costs for all MHSa Components**

**Activities**

- i. The evaluator will seek to answer questions such as:
  - a. Who has received services, supports, and resources? Has it differed for particular groups or populations (e.g., unserved, underserved, and inappropriately served populations)?
  - b. What was the focus of each of the programs?
  - c. Were programs implemented as designed?
  - d. Has there been an expansion of services despite cuts in other funding?
  - e. Have there been collaborations resulting from MHSa resulting in resources being leveraged (e.g., with community-based organizations, with other public entities such as child welfare or law enforcement)?
  - f. What policy or system barriers, if any, affected the planned implementation /design and focus of programs
- ii. Methodologies include:
  - a. Analyzing data from the Client and Services Information (CSI) database
  - b. Analyzing data from the Data Collections & Reporting (DCR) database
  - c. Analyzing other data collected by the DMH from the counties (e.g., using the Mental Health Services Oversight and Accountability Commission's Prevention and Early Intervention (PEI) Review Tool and Community Services and Supports (CSS) Review Tool)
  - d. Analyzing MHSa Plans and Annual Updates

**Costs**

- i. The evaluator will seek to answer questions such as:
  - a. What have the MHSa funds been used for?
  - b. Who has received the benefit of those expenditures? Does this differ by group or population (e.g., unserved, underserved, and inappropriately served populations)?
- ii. Methodologies include:
  - a. Analyzing MHSa Plans and Annual Updates
  - b. Analyzing how counties are using CSS System Development and Outreach and Engagement Funds
  - c. Analyzing Cost Reports
  - 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):

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- 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 System of Care outcomes, and Children's System of Care outcomes)
- b. Age-specific outcomes
- c. County level data: 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**

- i. **Provide support for participating county representatives.** Consideration of the capacity of counties, and their stakeholders, to actively participate in efforts conducted by the evaluator during the current fiscal crisis is critical. The evaluator must anticipate providing support to counties in gathering their data. A successful candidate for this contract should identify strategies that maximize input while minimizing administrative burden, particularly for medium to small size counties.
- ii. **Data Cleaning, Validation, and Management.** All data received through DMH should be cleaned and validated before analyzed.

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- iii. **Stakeholder engagement in the evaluation**
  - a. **Convene Stakeholder Advisory Group.** The evaluator will convene, manage, and facilitate regular meeting with a Stakeholder Advisory Group representing important stakeholder’s interests and providing diverse perspectives. This group must include:
    - 1. clients and family members
    - 2. representatives of unserved, underserved, and inappropriately served groups
    - 3. county staff and local stakeholders – include representation of the diversity of counties in California: large, small, and medium size counties; rural and urban counties; counties from various regions of California
  - b. **Maintain ongoing interaction with the MHSOAC committee structure, including:**
    - 1. the MHSOAC Evaluation Committee
    - 2. the Client and Family Leadership Committee
    - 3. the Cultural and Linguistic Competence Committee
    - 4. Services Committee
    - 5. Social Justice Committee
  - c. **Maintain evaluation component of MHSOAC website.** The evaluator will develop, maintain, and integrate an evaluation component into the existing MHSOAC website with, for example:
    - i. Quarterly evaluation status updates
    - ii. Biographical summaries and contact information for key evaluation staff and/or members of the Stakeholder Advisory Group
    - iii. Stakeholder Advisory Group meeting agendas and discussion summaries
    - iv. Other ongoing and prior MHSA related evaluation reports.
    - v. Interactive surveys and questionnaires on the website.
- iv. **Dissemination of findings from evaluation.** In partnership with the MHSOAC, the evaluator will develop and implement a plan for disseminating the results of the evaluation, including determining the recipients for the information.
- v. **Transition plan for on-going evaluation, monitoring, and reporting.** In partnership with the MHSOAC, the evaluator will develop a plan, based on funding availability, for the next phase of the evaluation of MHSA.

**SOURCES OF DATA**

- i. Client and Services Information (CSI) database
- ii. Data Collections and Reporting (DCR) database

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- iii. Consumer Perception Survey (CSP) database
- iv. External Quality Review Organization's Annual Report
- v. Medi-Cal Claims Data
- vi. Submitted MHSA plans and annual updates
- vii. Revenue and Expenditures Reports
- viii. Cost Reports
- ix. MHSA evaluation findings from counties, academic institutions, foundations, contractors, and non-profits
- x. Interviews or focus groups with DMH staff, County mental and behavioral health directors and MHSA coordinators, clients and family members, and other MHSA stakeholders.
- xi. Surveys and new data collection forms should be considered for randomly selected counties or for targeted groups.

**DELIVERABLES**

Proposer will detail a work plan with a timeline for the following deliverables:

- i. Evaluation design
- ii. Quarterly progress reports
- iii. Annual Evaluation Report: documentation of activities and costs, client outcomes, and MHSA values
- iv. Website content for MHSOAC website evaluation section
- v. Dashboard reports
- vi. Dissemination plan
- vii. Transition of responsibilities contingent on funding availability

**PROPOSER QUALIFICATIONS**

**A. Required Qualifications**

- i. A minimum of five (5) years demonstrated experience in the field of program evaluation.
- ii. A minimum of three (3) years experience in working with public mental health system(s).
- iii. Documented evidence of capability to manage a project of similar duration and funding (approximately \$500,000 annually over two years).
- iv. A minimum of five (5) years experience with advanced data management and data analysis.
- v. Capacity to set up, in consultation with the MHSOAC, and work with a Stakeholder Advisory Group representing: clients and family members, unserved, underserved, and inappropriately served groups, and a diverse range of counties (different sizes, urban and rural, regional).
- vi. A California tax payer ID number.

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**B. Preferred Qualifications**

- i. Demonstrated experience with the Mental Health Services Act.
- ii. Expertise around disparities in access and cultural competence in mental health systems.
- iii. Expertise around age-specific mental health practices.
- iv. Experience accessing public datasets, including an understanding and ability to enter into Memoranda of Understanding for access to public data and full HIPAA compliance.
- v. The MHSOAC seeks an external evaluation contractor that maintains a flexible, responsive, positive, and cordial working style.