From: Kathleen Derby
To: Sandy Lyon; "Stacie Hiramoto"; Jose Oseguera; Beverly Whitcomb; Carol Hood; Marc Grimm; Marti Johnson; adelgado@ochca.com; dhunt@stancounty.com; dpilon@mhala.org; lpoast@comcast.net; krane@resourcedevelopment.net; klee@surewest.net; michelecurran@californiaclients.org; marbella.sala@ucdmc.ucdavis.edu; swelch@cmhda.org; srleon2@yahoo.com; sergio.aguilar-gaxiola@ucdmc.ucdavis.edu; Wwang@pacificclinics.org; Ann Arneill-Py; hkahn@lacare.org; tsmith@lacare.org; RebeccaBrown828@yahoo.com; lbenjamin@AGING.CA.GOV; Tewing@library.ca.gov; Soprendek@cimh.org; khart55@spcglobal.net; Sherri Gauger; Filomena Yeroshek; rvanhorn@mhala.org; "dhunt@stanbhrs.org"; kaycerane@gmail.com; Rebecca Brown; Mark Sticklin;
cc: Christina Call; bsheldon@CCCCO.edu; lbenjamin@AGING.CA.GOV; rmetzger@uacf4hope.org; Delphine Brody (delphinebrody@californiaclients.org);
Subject: RE: Evaluation Committee Mtg. July, 7, 2010
Date: Tuesday, July 06, 2010 2:39:19 PM
Attachments: NAMI_CA_comments_--CAMHSA_RFP_Outline_for_comment_06162010_(2)[1].doc

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Dear Commissioner Poaster, Commissioner Van Horn, Commissioner Kahn and Members of the Evaluation Committee,

The June 15 version of the Evaluation Committee Draft RFP reflects some changes that may have been made to the RFP to address the following concern by community stakeholders: that key evaluation components -- client and family involvement, reducing disparities and cultural competency, and recovery values -- were segregated from the core of the evaluation and placed into a separate "special reports" category with the caveat that only one of three could be included.

In the new configuration of the RFP, these essential components have been placed into an area entitled "Measure Values," which can be found under letter C, one of the core goals of the evaluation. "Measure Values" takes into account the following:

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

However, the directive language in this section makes it clear that assessment of these values will be carried out through a "meta-analysis of previous evaluations and studies on MHSA values" bringing together previous evaluation work, data, and findings from the following sources:

i. County evaluation efforts
ii. Other Department of Mental Health (DMH) evaluation efforts
iii. Academic institutions
iv. Foundations
v. Contractors
vi. Non-profits
vii. Federal institutions

There is no accompanying language in this RFP that outlines or urges the inclusion of specific previous work in this area. A major concern is that the ability to perform a valuable meta-analysis carries with it the assumption that there has been sufficient previous evaluation work done by the above entities to support such an analysis. On the contrary, there has been very little comprehensive ground work done in this area to support a meta-analysis. Even if there was, a meta-analysis in itself would not perform the function of evaluation. Though it would be helpful to have and it would give an overview of existing work, it could not take the place of the work that needs to be done by the state to evaluate the MHSA in terms of the values that define it.

MHSA Values Should Frame the Evaluation

Instead, the primary work of this evaluation should be to lead the way - to find practical ways in which to survey and assess the extent to which MHSA values have or have not been incorporated.

Though this may appear to be a monumental task, much of the work of assessing the incorporation of values could be integrated into the evaluation work that is already being planned – if that work is sufficient as it stands. Questions pertaining to MHSA values should be integrated throughout quantitative and qualitative data analysis and not segregated as if values exist in a vacuum. In other words, MHSA values should structure this evaluation, not exist in limbo as an independent

component.

This raises the question of whether the planned evaluation is sufficient as it stands. The question must be asked: What components of the MHSA are we measuring? Are we attempting a sole measurement of CSS or FSPs? If so, this may be a start, but where is it indicated that other components will also be measured? In fact, it is not explicit from the framework of this RFP which components are to be measured at all. The argument must be made that since the OAC is being charged with evaluating the MHSA, this necessitates a comprehensive evaluation of all components: Community Planning Process, Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, Capital Facilities and Technology, and Innovation.

While the argument could be (and has been) made that many components have had little time to get started in most counties, the answer to this argument is simple: baseline. Baselines exist and need to be captured. It is important to know where each county is at what point in time, regardless of whether the amount of time that has transpired has been sufficient for them to have made progress. This is not a public relations effort, but an evaluation. To lose sight of this reality is to risk invalidation of the entire process.

Necessity for Augmentation and Evaluation of Existing Data

In addition, contrary to the stated aim within this Draft RFP, we cannot always rely on existing data. This would be a key error if we are trying to develop an evaluation framework that will continue to be helpful and provide valid longitudinal data for all components of the MHSA. Instead, part of the work of the evaluation must be to conduct an analysis of existing data sets to determine what must be added or changed in order to answer key evaluation questions.

In the areas of consumer and family involvement (both in planning and services) and participation by underserved cultural, ethnic, age, and gender groups, valid data instruments may have not yet be fully developed or even conceived. For example, in the case of evaluating disparities in access and services, we must recognize the necessity of modifying or augmenting existing paperwork to account for previous omissions and current relevance.

In addition, it is essential that a comprehensive participant survey of the stakeholder/planning process in each county be included in this evaluation. Though the OAC's attempt to gather information through the Client and Family Leadership Committee's sporadic regional visits may contain anecdotal value, this

effort is by no means comprehensive.

In the interest of time, I have made comments on the RFP itself (highlighted in yellow), many of which pertain to points made in this letter.

Thank you for your thoughtful consideration of this matter.

Sincerely,

Kathleen Derby
MHSA Policy Coordinator
NAMI California
(916) 567-0163