

# REMHDCO

**Racial & Ethnic Mental Health Disparities Coalition**

---

July 14, 2010

Commissioner Larry Poaster  
Chair – Evaluations Committee  
MHSOAC  
1300 17<sup>th</sup> Street, Suite 1000  
Sacramento, CA 95814

Re: Comments on the Draft Outline of CA MHSA Evaluations RFP

Dear Commissioner Poaster:

Thank you for the opportunity for REMHDCO to comment on the 6/15/2010 version of the CA MHSA Evaluations RFP. First, REMHDCO would like to acknowledge our appreciation that the original draft of this RFP was changed in response to concerns raised by the stakeholders. Also, REMHDCO supports in general the proposed changes to the RFP submitted by the representatives of both NAMI California and the California Department of Aging (attached).

In addition, REMHDCO would like to make several points in regards to the RFP.

- Under D. Additional Evaluation Responsibilities, iii. Stakeholder engagement in the evaluation, **a. Convene Stakeholder Advisory Group.** *REMHDCO strongly urges that this provision be kept in the requirements under the RFP.*

This should include the three groups mentioned: 1. clients and family members; 2. representatives of unserved, underserved, and inappropriately served groups; and 3. county and local stakeholders, etc. However, regarding #3., county staff and local stakeholders, care must be taken that local stakeholders are:

- a. Not selected solely by county staff and
- b. Provided the opportunity to speak or provide input without their respective county staff present.

Consumers, family members, and representatives from underserved communities all share a fear of retaliation and retribution from county staff. This may or may not be based on any actual incidents, but the evaluators must certainly take this into consideration if they are serious about getting accurate information and reporting from community stakeholders.

- On page one, we suggest the following language be added:

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 complaints of MHSA funded activities

- On page 2, add:

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

***Activities***

- i. The evaluator will seek to answer questions such as:

f. What policy or system barriers, if any, affected the planned implementation /design and focus of programs

- Under C. Measure Values (on page 3). “Meta analysis of previous evaluations and studies on MHSA values”, REMHDCO requests that this be added:

***vii. stakeholder process***

The local and statewide stakeholder process is one of the most important changes required by the MHSA and we are interested especially in how counties not only invited people from underserved and unserved communities, but how they incorporated their input afterwards.

Thank you again for the opportunity to provide input into the outline of the CA MHSA Evaluation RFP.

Sincerely,

A handwritten signature in cursive script that reads "Stacie Hiramoto".

Stacie Hiramoto, MSW  
Director

cc: Sandy Lyon. MHSOAC Staff

Attachments