

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)
Evaluation Committee Meeting
June 2, 2010
MHSOAC Conference Room
1300 17th Street, Suite 1000
Sacramento, CA 95811
3:30 p.m. to 6:30 p.m.**

Committee Members Present:

Larry Poaster, Committee Chair
Richard Van Horn, Committee Vice Chair
Stephanie Welch, CMHDA
Michele Curran, Client Advocate
Tim Smith, representing Commissioner Howard Kahn
Kathleen Derby, NAMI California
Toby Ewing, CRB
Wendy Wang, Pacific Clinics – **(Phone)**
Ann Arneill-Py, CMHPC
Stephanie Oprendeck, California Institute of Mental Health (CiMH) – **(Phone)**

MHSOAC Staff:

Sherri Gauger
Beverly Whitcomb
Filomena Yeroshek
Sandy Lyon

Other Attendees:

Rebecca Brown, Program Associate, RDA
Kayce Rane, representing RDA
Steve Leoni, Client Advocate -- **(Phone)**
Mareva Brown, Senate Office of Research
Edward Walker, CAL MHSA
Eric Zuniga, MCT Health
Jayne Wiebold, CRB
Raphael Metzger, UACF
Stacie Hiramoto, REMHDCO

Members Absent:

Marc Grimm, DMH
Kelvin Lee, Ret. Superintendent
Anthony Delgado, Orange County Health Care Agency (OCHCA)
Dave Pilon, Mental Health America of Los Angeles
Denise Hunt, Stanislaus County Behavioral Health & Recovery Services
Harriet Markell, CA Council of Community Mental Health Agencies
Karen Hart, UACF

I. Welcome/Introductions/Comments

Larry Poaster, Chair convened the meeting at 3:30 p.m.

Members introduced themselves individually.

The Chair informed members about the original concept regarding the evaluation component. He stated that it will be an incremental approach because minimal information was available in the early stages of MHSA implementation and a baseline must be developed. He further commented that this evaluation is to be a continuation of efforts that are already happening and to incorporate this evaluation with specific other evaluation products.

II. Review and Approve Minutes from June 2, 2010

The minutes of the June 2, 2010 meeting were approved by the Committee.

III. PowerPoint Presentation of MHSA Evaluation Component

Bev Whitcomb presented the PowerPoint that provided an overview summary of the MHSA Evaluation component and a brief history regarding the evolution of the Phase II Scope of Work development and actions that occurred at previous meetings. The discussion included the following comments:

- The baseline is defined as a benchmark of what's been done previously to move into the future
- There is data available before MHSA was implemented that counties started submitting to DMH in 2007-08, that is different than data available from 2004-05. Comparison questions are now being raised.
- The beginning evaluation is to establish a broader, on-going direction for future evaluations
- The question arose of how to measure the prevalence of unmet needs associated with county demographics

IV. Resource Development Associates (RDA): Mental Health Services Act (MHSA) Evaluation -- Phase I Scope of Work

Kayce Rane, representing RDA briefed the Committee on the revised draft Scope of Work (SOW). The following comments were part of the discussion:

- RDA stated that the SOW reflects how MHSA has impacted the mental health system. It addresses how funding availability has changed the mental health system and how counties have expanded services
- It was noted, that the Phase II evaluation RFP might provide preliminary results by the May/June 2011
- A suggestion was made that the RFP should include disparities as part of the core evaluation. The analysis would focus on the demographics of services

- A comment was made that it is unclear who is not receiving services. More data needs to be captured to provide a better snapshot (i.e., like Community Services and Supports). Counties would have to go through a lengthy epidemiological process to make that data available.
- It was noted that the RFP developed for the External Quality Review Organization (EQRO) services took into consideration the reporting limitations of some counties.
- RDA recommended the core evaluation be developed through existing resources. There should be no additional evaluation burdens be placed on counties. The client and family perspective should also be included.
- RDA stated that the focus groups that were responsive for the survey evaluation did not include all counties; however, the county plans contain most of the information that is needed by the Phase II evaluation which will be more comprehensive.
- RDA noted that it's important to look for core pieces and associated funding to report what's been accomplished and who was served and how they were served.
- The expected prevalence rate should be compared with the private sector's rates because it may vary by demographics, and utilization associated with primary care. Additionally, it should be taken into account how the public sector is being served.
- It was recommended that the word "benefited" should be changed to "participated," when referenced in the SOW
- Ms. Rane noted that the community level impact will be revealed through the populations reported by the indicators provided by the California Mental Health Planning Council (CMHPC). She commented that although all of the indicators may not be used, they will be helpful to provide a framework.
- In reference to the County Dashboards, it was recommended that the desired outcome would be to compile data using a standard template for each county to report. The results would provide regional trends and that is the type of analysis that is required by reflecting either a statewide indicator or a regionalized indicator.
- It was noted that counties may not have the capacity to provide Dashboard Reports and may require assistance, especially, small counties
- It was noted that the evaluation is to be done through an incremental approach to build upon existing data and then beyond
- In reference to the Special Reports, the committee discussed the importance of the following three options and recommended that a broader work plan be crafted that integrated the three below:
 - i. Disparities in Access and Cultural Competency
 - ii. Consumer and Family Involvement
 - iii. MHSA Values
- A suggestion was presented to include contributions provided to RDA from focus groups as essential because they are interrelated within the components

- The Committee membership had questions regarding consumer and family involvement and whether a separate report on this topic would be issued
- The Committee membership had questions regarding how system transformation would be measured by the evaluation study. An additional comment noted this may not be accomplished in the first round because the indicators may not be established yet, but the benchmark is dependent on data already collected.
- It was recommended to include Federal organizations for sources of data, such as Substance Abuse Mental Health Service Agency (SAMHSA)
- Committee membership was advised that additional comments were due to Sandy Lyon by June 7, 2010
- RDA will revise the draft SOW and MHSOAC Staff will review prior to the next Commission meeting

V. California Health Interview Survey (CHIS)

Time did not permit discussion of this agenda item.

VI. Public Comment

- A comment was made to consider not requiring a special report that compromises diverse communities against client and family members, if weight is placed by the type of public input provided.
- There was a comment made regarding softening the silos when considering the project

VII. Two agenda items will be discussed at the next committee meeting:

- Draft RFP provided by RDA
- Preliminary Discussion of Future Evaluation Efforts

Larry Poaster, Chair, adjourned the meeting at 6:28 p.m. The next meeting will be held on July 7, 2010

Respectfully submitted,

Sandy Lyon