

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)
Evaluation Committee Meeting
May 5, 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
Stephanie Welch, CMHDA
Michele Curran, Client Advocate; CNMHC
Denise Hunt, Stanislaus County Behavioral Health & Recovery Services
Tim Smith, Assistant to Commissioner Howard Kahn -- **(Phone)**
Kathleen Derby, NAMI
Toby Ewing, CRB
Wendy Wang, Pacific Clinics -- **(Phone)**
Karen Hart, Client Advocate, UACF -- **(Phone)**
Ann Arneill-Py, CMHPC
Dave Pilon, Mental Health America of Los Angeles -- **(Phone)**
Harriet Markell, CCCMHA

MHSOAC Staff:

Sherri Gauger
Beverly Whitcomb
Carol Hood
Sandy Lyon

Guests:

Rebecca Brown, Program Associate, RDA
Patricia Bennett, RDA
Steve Leoni, Client Advocate -- **(Phone)**
Raul Sanchez, Mental Health Board - Mental Health Services of San Joaquin County
Kiyomi Burchill, Office of Senate President pro Tempore Darrell Steinberg
Lin Benjamin, CDA
Peggy Fish, Senior Librarian, California State Library

Members Absent:

Marc Grimm, DMH
Marti Johnson, DMH
Kelvin Lee, Ret. Superintendent
Stephanie Oprendeck, California Institute of Mental Health (CiMH)
Anthony Delgado, Orange County Health Care Agency (OCHCA)
Jose Oseguera, MHSOAC

I. Welcome/Introductions/Comments

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

Members introduced themselves individually. The Chair introduced the new Executive Officer of the MHSOAC, Sherri Gauger.

The Chair also informed members that the Evaluation Committee scheduled an additional meeting on June 2nd to start at 3:30 PM and conclude at 6:30 PM. He noted the time set is in an effort to coordinate with other committee meetings and the added hour was by committee member request to allow sufficient time.

II. Review and Approve Minutes from March 17, 2010

The minutes of the March 17, 2010 meeting were approved by the Committee with the inclusion that Wendy Wang participated via phone.

III. Resource Development Associates (RDA): Mental Health Services Act (MHSA) Evaluation -- Phase I

Rebecca Brown and Patricia Bennett from RDA presented the updated status of Phase I. Highlights from their presentation are as follows (more detailed information can be found in the PowerPoint presentation, which is attached to this document):

- RDA has received survey/interview responses from 49% of counties contacted.
- Counties want to know what data to collect ahead of time to be proactive.
- Often times, counties submit data per DMH request and receive no reports back. There is a need for DMH to standardize across counties to ensure full county participation, per DMH. It has been questioned whether or not creating a new system specific to MHSA is appropriate.
- The Committee recommended we look at Petris data instead of collecting new data and to use data already collected. DMH has FSP data, there is other data to access that is collected by the Department of Justice and Department of Education, and is recommended as a second priority.
- The first priority components of the evaluation are: cultural competence, recovery, resilience, wellness orientation, and consumer outcomes.
- The CMHPC approved a performance indicator dashboard that has progressed over time to show quality improvement. Counties would like to see this as a quality improvement system goal. For data outcomes, the focus should be on what's been implemented and measured. Data impacts policies so there needs to be data quality communication and collaboration.
- Counties questioned what resource allocations are available and what comparisons should be consistent with SAMHSA standards.
- Focus group input advised RDA to document what is successful in the annual report for each year of the two-years evaluation. The report should include cultural disparities, cultural competency, recovery orientation, and consumer outreach. Additionally, it should show the changes over time.

- The CLCC was consulted and suggested the Evaluation Committee consider data by population, average sessions per populations, and why there were no return visits. Additionally, the CLCC suggested to track community based organizations and client and family member disparities closer to communities.
- For recovery and resiliency, strength based services and supports, such as CSS and PEI, should be used to measure a higher end of continuum and the different types of wellness.
- Consumer outcomes are reflective of what makes MHSA tangible to the public and the Legislature. The CMHPC has been helping by publishing the seven negative outcome indicators. The Petris survey is to compliment not replace the FSP indicators and that should be the number one focus. Number two is to look at other data sets. Counties are already bringing together data they have collected on non-FSP consumer outcomes.
- The annual reports should include consumer outcomes as a deliverable.

The Committee membership provided the following comments:

- Use the word “prejudice” instead of “stigma.”
- Use the term “integration of care” instead of “treatment.”
- It’s not clear what role the MHSOAC has regarding oversight and the evaluation.
- Aligning two principles of what’s being looked at with concern of what has already been implemented, such as CSS and Community Planning, should be a priority because there is already a baseline, but it’s not clear if that decision should be the Committees job.
- A total of \$500,000 is available for each Fiscal Year 2010-11 and 2011-12 and the total is \$1 Million dollars for the two years.
- If additional funding becomes available, a broader scope of work can be pursued.
- The vision of the evaluation is to include recovery, consumer outcomes, disparities, priorities, and practicality within the 2 year timeframe.
- Client and family member organizations have collected their own data.
- A system transformation to decrease disparities for recovery oriented services should focus on capturing a data perspective.
- Funding alone can not tell us the entire picture of who is receiving services.
- The on-going system evaluation will establish a baseline of what is happening.
- The first priority is to produce statewide data rather than perform an analysis of the data
- The CMHPC is consulting with DMH to produce user friendly data reports.
- The Committee questioned what reports are currently available for consumer outcomes.
- The first year analysis is not as useful as it will be three years from now to measure change.
- The Vice Chair commented that the next phase to be defined will be the Phase II RFP.

- The Committee questioned why there was a decision to competitively bid for Phase II - the Chair subsequently requested the concept paper be sent to Committee members for review.
- An incremental approach was suggested so that it supports the CMHPC indicator report, and it was suggested not to try to do everything. Additionally, the evidence that is collected will have an impact, similar to AB 2034, and it will get the attention of the Legislature.
- The contractor should have between 2-5 years experience working with the public mental health system and 5 years experience with program evaluation and data management analysis.

IV. California Health Interview Survey (CHIS)

- Sandy Lyon, MHSOAC provided a Power Point presentation on the CHIS.
- The CHIS is a two year survey conducted by the UCLA Center for Health Policy and Research of more than 50,000 Californian's selected randomly statewide via telephone. The data collected represents the health and health care needs of diverse populations, including many racial and ethnic groups. At the local level, it is used for health planning and comparison purposes.
- The topics include mental health status, perceived need, access and utilization of services and suicide data was added in 2009 to adult surveys.
- Stephanie Welch informed the Committee there will be a presentation about CHIS on May 13, 2010 at the upcoming CMHDA meeting and whoever attends, can report back to the Committee.
- Toby Ewing commented that the CHIS model is lengthy and takes too much time to analyze. It is also not dynamic and gives no information regarding what will occur next.
- Tim Smith commented that the CHIS survey is expensive and there are questions regarding the reliability of cultural access data.
- The Committee commented that CHIS results should reflect larger mental health service needs.
- The Committee wanted to know more details regarding the phone survey and what types of information was collected.

V. Evaluation Committee Work Group

- Ann Arneill-Py, (CMHPC) and Carol Hood, (MHSOAC) discussed the updated Matrix on Prioritized Performance Indicators (please see attachments)
- The indicators are broken out by the following target population: Children, TAY, Adults, and Older Adults, and the three following domains: Education/Employment, Homelessness/Housing and Justice Involvement. The scores for Education/Employment reflect a yearly average of attendance, and for Housing there is a ranking of 10 different types from 1-10, with 10 being ideal for children living with their family. Additionally, the Justice Involvement reflects a score related to the number of arrests.

- Data for Older Adults, age 60+, was difficult to capture and the CMHPC is not satisfied with the proposed outcome and is working with DMH to preferably assess daily living as a better indicator.
- Michele Curran questioned how the score was determined and Stephanie Welch asked if someone from the Committee had more knowledge on the score measurement structure. Carol Hood responded that DMH makes the determination and is using the data that's currently available, by age group domain, to reexamine the outcomes to show trends over time. The Likert Scale provides the raw data that clinicians use for some of the ranking.
- Toby Ewing commented on the standardization scale being used for indicator responses and questioned the reliability of the terms "every day", "some times" and their distinct value. He additionally questioned if DMH included Client and Family Member input.
- Dave Pilon commented that reporting annually is difficult to show quality improvement, and would prefer more frequent reporting.
- Ann Arneill-Py responded that the first indicator is just getting done. The Committee supports the work of the CMHPC and will convey that support to the DMH.
- Carol Hood advised the report should be a standing agenda item dependent upon updates provided by DMH and that it is a collaborative effort, including the MHSOAC and CMHPC.
- The Vice Chair recommended special attention be paid to consumer review of the scoring index and to translate the wording to an appropriate context to ensure the score is not reflective of Michelle Curran's concerns.

VI. Nationwide Mental Health Prevention Indicators: Literature Review and Synopsis of Results

- Carol Hood reported that the Committee requested the opportunity to review a prevention indicator that had proven success. Peggy Fish, California State Library, provided several indicators to choose from and the one prepared by Rachel Jenkins, British Journal of Psychiatry, entitled "Towards a System of Outcome Indicators for Mental Health Care" was selected by Monika Grass.
- The Chair noted the Committee has the need to measure outcomes in prevention programs and that there is no current way of measuring success in performance outcomes for prevention.
- Stephanie Welsh recommended looking at the PEI guidelines because it provides for a very broad reference to prevention and is a project for MHSA coordination. Additionally, she noted Will Rhett-Mariscal is working with Debra Lee on deliverables associated with this MHSA contract and could provide the Committee with an update. She additionally noted the MHSOAC role regarding the PEI county evaluation needs to be defined.

- Carol Hood noted if staff time permits, the role of the MHSOAC in evaluation can be worked on with data from the annual update in addition to tracking evidence based practices associated with prevention.

VII. Public Comment

Steve Leoni thanked the Committee for extending the meeting time.

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

- Draft RFP provided by RDA
- California Health Interview Survey (CHIS)

Larry Poaster, Chair, adjourned the meeting at 5:49 p.m. The next meeting will be held on June 2, 2010.

Respectfully submitted,

Sandy Lyon

Appendices

- **Appendix 1: MHSA Evaluation: Phase I PowerPoint Presentation to the Evaluation Committee: Kayce Rane and Rebecca Brown, RDA**
- **Appendix 2: Matrix of Prioritized Performance Indicators**

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