

**DRAFT Outline  
CA MHSA Evaluation RFP**

**Request for Proposals  
California Mental Health Services Act Evaluation  
RFP #[tbd]**

**1. INTRODUCTION**

**A. Background**

**B. Evaluation Planning Process**

**C. Purpose of this RFP**

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 consumers and family members have been affected. This will include:

- i. Documentation of services, supports, and costs
- ii. Measurement of consumer outcomes
- iii. Measurement of the extent to which the vision of MHSA has permeated the system.

This last component, the MHSA vision, will be addressed in three special reports on:

- a. Disparities and cultural competency
- b. Consumer and family involvement
- c. A composite of the remaining values emphasized in the Act
  1. Recovery/wellness/resiliency orientation
  2. Stigma and discrimination
  3. Integration of mental health services with substance abuse services and primary care
  4. Community partnerships and systems collaborations

The assessment will be based on analysis of data already collected by the Department of Mental Health (DMH), analysis of MHSA plans and updates, and a meta-analysis of existing work evaluating the impact of the MHSA. This meta-analysis will include evaluation findings from the counties who are conducting their own evaluations, the Petris Center, and the California Mental Health Planning Council (CMHPC). The evaluator will then collect survey and/or qualitative data where information is lacking. The selected evaluator will also design and create operating quarterly dashboard of indicators providing outcome data across counties. And finally, evaluators will develop a proposal for improving the system of data reporting and feedback between the DMH and county mental and behavioral health departments.

**D. 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 Oversight Committee's Outcomes Technical Resource Group.

**E. Application Instructions**

Prepared by Resource Development Associates

**DRAFT Outline**  
**CA MHSA Evaluation RFP**

**2. KEY ACTION DATES**

The following table outlines key action dates related to this request for proposals. This schedule is contingent upon a number of factors including the availability of funds. Should any significant date be modified, proposers will be notified by MHSAOAC via an addendum to this RFP to be posted on the website at [www.bidsync.com](http://www.bidsync.com). Bidders who submit a complete Intent to Reply will receive updates via email.

<b>Key Dates</b>	<b>Event</b>
N = Date	MHSA Evaluator RFP #[tbd] is issued and available at BidSync: <a href="http://www.bidsync.com">http://www.bidsync.com</a>  A link to the RFP from the DMH website ( <a href="http://www.dmh.ca.gov">www.dmh.ca.gov</a> ) will also be provided.
N+ 5 business days	Attachment 2: Notice of Intent to Apply for MHSA Evaluator RFP #[tbd] is due to the DMH Contracts Office by mail or fax.
N+7 business days	RFP Bidders Conference will be conducted in-person and via conference call.  Time and location: [tbd] Participant phone number: [tbd]
N+10 business days	Written questions are due to DMH Contracts Office by mail or fax.
N+20 business days	Response to written questions and summary of Bidders' Conference proceedings will be posted to BidSync: <a href="http://www.bidsync.com">http://www.bidsync.com</a> .  A link to the RFP from the DMH website ( <a href="http://www.dmh.ca.gov">www.dmh.ca.gov</a> ) will also be provided.
N+30 business days	Proposals must be received by 4:30 PM at DMH Contracts Office. Copies must be delivered in person or by mail. It is not sufficient to postmark proposals by this date or to leave proposals at the DMH Security Desk. The office is open 8:00 AM – 5 PM, Monday-Friday, excepting the first three (3) Fridays of each month for furloughs. Please mail or deliver proposals to:  [TBD]
N+45 business days	Interviews will be conducted for those bidders selected as finalists.
N+50 business days	Notice of Intent to Award
N+80 business days (anticipated)	Award date  Program funding starts

**DRAFT Outline**  
**CA MHSA Evaluation RFP**

**3. SCOPE OF WORK**

**A. Core Evaluation**

**1. Document Activities and Costs**

*Services and Supports*

- i. **Program description.**
  - a. Describe the different range of programs funded through MHSA.
  - b. Estimate the proportion of counties that have implemented various program offerings.
  - c. Estimate the number of individuals and families that benefit from MHSA funded programs.
- ii. **Service utilization.**
  - a. Document who is getting services.
  - b. Document how services are distributed by demographic characteristics such as age, race/ethnicity, gender, residence location, etc.
- iii. **System of care.**
- iv. **Community collaborations.**
- v. **System enhancements.**

*Resource Allocation*

- i. **Allocations to programs.**
- ii. **Expansion of services.**
- iii. **Change of allocations over time.**
  - a. What is being funded?
  - b. How were county mental health budgets changed over time?
  - c. How have allocations shifted during the course of implementation?

**2. Consumer and Community Outcomes**

- i. **Individual outcomes.**
  - 1. Attachment A includes all of the CMHPC indicators at the individual level.
  - 2. Attachment B aligns these indicators to three types of outcomes:
    - 1. The 7 negative outcomes of mental illness emphasized in the Prevention and Early Intervention component of the MHSA.
    - 2. Adult System of Care outcomes.
    - 3. Children’s System of Care outcomes.
- ii. **Community outcomes.** Attachment C includes CMHPC indicators at the county level.

**DRAFT Outline**  
**CA MHSA Evaluation RFP**

**3. County Dashboards**

- i. Develop a standardized process for compiling the data using the *Prioritized CMHPC Indicators*
- ii. Develop a standardized template for reporting the data.
- iii. Develop a standardized process for distributing dashboard reports to each county on a regular basis.

**B. Special Reports**

**1. Disparities in Access and Cultural Competency**

- i. *Engagement of unserved and underserved populations*
  - a. To what extent is there a plan for and resources committed to engaging unserved and underserved populations?
  - b. How well do proposed/implemented strategies respond to the unique needs of unserved and underserved populations, based on evidence suggested through a review of best practices?
  - c. To what extent do the demographics of the public mental health system (county departments and community providers) match the demographics of the population of service users? (Use submitted WET plans to conduct the analysis on the existing provider population).
  - d. Which populations are most vulnerable for continued underutilization of mental health services?
  - e. Are resources invested appropriately to enhance engagement of unserved and underserved populations?
- ii. *Service Attrition and Quality of Services*
  - a. Service utilization
    - 1. Number of one-time contacts without subsequent follow-up visits
    - 2. Average number of outpatient vs. acute contacts
    - 3. Average length of stay for hospitalizations
  - b. Perception of cultural competency
    - 1. Respect for their social group
    - 2. Comfort in service setting
    - 3. Reason for attrition from services

**2. Consumer and Family Involvement**

- i. *Engagement of consumer and family members*
  - a. To what extent is there an appropriate mix of consumer and family member engagement in service provision, service planning, and governance and decision-making?



**DRAFT Outline**  
**CA MHSA Evaluation RFP**

- iv. *Community Partnerships and System Collaborations*
  - a. Do the mission statements, strategic plans, websites and other public documents from county mental health departments reflect the importance of community partnerships and system collaborations?
  - b. To what extent are efforts to provide mental health services being conducted outside of the “traditional” public mental health arena?
  - c. Have local evaluation efforts addressed this topic?
  - d. Is there a difference in the way in which community organizations and public agencies are incorporating mental health services? Are individuals with serious mental health illnesses being served effectively by community partners and through system collaborations?

**C. Additional Evaluation Responsibilities**

**1. Data Cleaning and Validation**

For all data received through DMH develop a process for cleaning and validating the information. Identified challenges with available DMH databases include:

- i. Late or missing submissions by counties to DMH
- ii. Partial submissions by counties to DMH
- iii. Differences in counties’ own evaluations – lack of standardization

**2. Process for Cleaning and Managing Data**

**3. Regular Feedback to Counties**

**4. Data Reporting and Stakeholder Communication**

- i. *Evaluation Workgroup*
- ii. *Information Systems Analysis*
- iii. *Evaluation website*
  - a. Develop an evaluation website
  - b. Provide quarterly updates to the website
  - c. Include biographical summaries and contact information for key evaluation staff and/or members of the evaluation workgroup
  - d. Publish Evaluation Workgroup meeting agendas and discussion summaries
  - e. Include PDF copies of all approved tools and instruments
  - f. Include PDF copies of all approved reports
  - g. Serve as a clearinghouse for other ongoing and prior MHSA related evaluation reports.
  - h. Design interactive ways for public involvement in the MHSA evaluation through interactive surveys and questionnaires on the website.
  - i. Develop a website that is respectful and accessible to individuals whose primary language is not English.

iv. *Evaluation Transition*

**DRAFT Outline**  
**CA MHSA Evaluation RFP**

**5. Project Management, Client Communications and Recommendations**

- i. *Recommendations for Ongoing Resource Allocations*
- ii. *Recommendations for Service Improvements*
- iii. *Recommendations for Ongoing Areas of Research and Evaluation*

**4. SOURCES OF DATA**

- i. Client and Services Information (CSI) database
- ii. Data Collections and Reporting (DCR) database
- iii. Consumer Perception Survey (CSP) database
- iv. Submitted MHSA plans and annual updates
- v. County Revenue and Expenditures and Cost Reports
- vi. Petris Center MHSA Evaluation Findings
- vii. Literature review of best practices in community based and public mental health care services
- viii. Interviews or focus groups with DMH staff, County mental and behavioral health directors and MHSA coordinators, consumers and family members, and other MHSA stakeholders.
- ix. Surveys and new data collection forms should be considered for randomly selected counties or for targeted groups. DMH and the OAC are unlikely to make significant changes to the data collection system in place during the first two years of the evaluation.

**5. DELIVERABLES**

- i. **Evaluation Design**
- ii. **Annual Evaluation Report**
- iii. **Dashboard Reports**
- iv. **Special Evaluation Reports**
- v. **Quarterly Progress Reports**
- vi. **Program Evaluation Website**
- vii. **Transition of Responsibilities**
- viii. **Oral reports and Presentations:**
- ix. **Other Deliverables**

**6. 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)

**DRAFT Outline**  
**CA MHSA Evaluation RFP**

- iii. Documented evidence of capability to manager a project of similar duration and value (approximately \$500,000 annually over two years).
- iv. A minimum of five (5) years experience with advanced data management and analysis
- v. Team membership and/or Advisory Committee membership representing consumers and/or family members with lived mental health experience.
- vi. Capacity to set up, in consultation with the client, and work with an Advisory Committee representing different populations, including: a) race ethnicity; b) language; c) culture; d) sexual orientation; and e) age.
- vii. A California tax payer ID number.

**B. Preferred Qualifications**

- i. Team membership and/or advisory committee participation from those with expertise in disparities in access and cultural competence in mental health systems, with a preference for those with demonstrated experience working with the Mental Health Services Act system.
- ii. Team membership and/or advisory committee participation from those with expertise in age-specific mental health practices.
- iii. Experience accessing public datasets, including an understanding and ability to enter into Memoranda of Understanding for access to public data and full HIPAA compliance
- iv. Proposed key staff bring at least five (5) years demonstrated experience in the field of evaluation and three (3) years demonstrated experience in mental health systems
- v. The MHSOAC seeks an external evaluation contractor that maintains a flexible, responsive, positive, and cordial working style.

**C. Collaborative Proposals**