

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)
Evaluation Committee Meeting
March 17, 2010
MHSOAC Conference Room
1300 17th Street, Suite 1000
Sacramento, CA 95811
1:00 p.m. to 3:00 p.m.**

Committee Members Present:

Larry Poaster, Committee Chair
Stephanie Welch, CMHDA
Michele Curran, Client Advocate; CNMHC
Denise Hunt, Stanislaus County Behavioral Health & Recovery Services
Anthony Delgado, Orange County Health Care Agency (OCHCA) -- **(Phone)**
Tim Smith, Assistant to Commissioner Howard Kahn -- **(Phone)**
Marti Johnson, DMH
Kathleen Derby NAMI
Toby Ewing, CRB
Wendy Wang, Pacific Clinics
Karen Hart, Client Advocate, UACF -- **(Phone)**
Ann Arneill-Py, CMHPC

MHSOAC Staff:

Beverly Whitcomb
Carol Hood
Monika Grass
Filomena Yeroshek
Matthew Lieberman
Jose Oseguera

Guests:

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

Members Absent:

Marc Grimm, DMH
Kelvin Lee, Ret. Superintendent
Stephanie Oprendeck, California Institute of Mental Health (CiMH)
Dave Pilon, Mental Health America of Los Angeles
Harriet Markell, CCCMHA

I. Welcome/Introductions

Larry Poaster, Chair convened the meeting at 1:00 p.m.

II. Review and Approve Minutes from January 20, 2010

The minutes of the January 20, 2010 meeting were unanimously approved by the Committee. Larry Poaster also informed members that the Evaluation Committee will convene every other month in 2010. The next meeting will be held on 5-5-2010. Committee members also reviewed and approved the current charter. The charter contains deliverables that are attached to specific timelines throughout 2010. One of the major components contained in the charter is completing the Request for Proposal (RFP) for the MHSA Evaluation Second-Phase contractor by the end of 2010.

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

Rebecca Brown and Kayce Rane from RDA presented the current 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's contract will end on 6/30/2010 and the following tasks are going to be accomplished by then in order to initiate Phase II of the MHSA Evaluation
 - Interview and Survey Stakeholders
 - Research best practices
 - Research data availability and access
 - Write Request for Proposal (RFP) to recruit Phase II contractor
- RDA is going to enlist county MHSA Coordinator input to obtain information from county mental health directors and county agencies regarding what the actual MHSA evaluation should entail. Overall, 17 counties will be interviewed via surveys with representation from large and small counties. In order to refine the interview questionnaire and the survey, RDA will conduct a pilot study with three counties. RDA will select the three counties in collaboration with Stephanie Welch, CMHDA. The pilot project will start on 3-22-10 and will continue throughout March 2010. The remaining 14 counties will be interviewed throughout April 2010. Sample questions are as follows:
 - What evaluation is already happening in your county?
 - How is data reporting to DMH working for your County?
 - What is an appropriate role for the statewide evaluation?
 - What type of evaluation would be helpful to your County?
- In terms of qualifications, RDA recommended that the MHSA Phase II contractor should
 - be a team with a broad range of perspectives,

- possess strong data skills,
 - have a background in public mental health, and
 - possess experience in accessing public data sets (e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules)
 - Overall, the evaluator should consist of a team that is able to obtain information from all stakeholders involved, including consumer and family members. RDA emphasized that it is important that the future evaluator is able to obtain data from various sources in order to determine MHSA's success.
- RDA stated that MHSA evaluations should be ongoing and that a one-time evaluation would not necessarily be helpful. The role of the MHSA evaluation should be to incorporate a strategy that allows for future evaluations that should be conducted periodically. Ongoing evaluations allow for the development of appropriate policies that will facilitate future data collection and the development of refined MHSA component implementation strategies.
- Regarding the Evaluation Framework the following objectives should guide the MHSA Evaluation process:
 - Documentation of MHSA activities and spending
 - Define and measure the concept of transformation
 - Cost analysis
 - Institutionalize a data driven quality improvement process; this point is particularly important in light of declining revenues; County organizations have to work very cost efficiently due to budget cuts; future implementation strategies and data collection systems need to reflect this aspect of reality. With the eroding budget, the MHSA has become the primary funding source for adult community mental health programming, and it is sometimes difficult to determine where the MHSA's impact begins and ends. It is also important to keep in mind that a system can always improve and learn from past experiences.
- RDA recommended developing a dashboard of indicators based on the performance indicators that were developed by the California Mental Health Planning Council (CMHPC). These indicators involve four age groups (i.e., children, youth/TAY, adults, and older adults). Furthermore, the performance indicators specify data sources that collect data at the individual, county, and system level. To state an example, information that can be collected at the individual level include education/employment, homelessness, justice involvement, perception of functioning; at the County level data should be collected on access to services and number of consumers served through CSS.
- Committee members discussed the language that was used in the performance indicator document (please see attachment). More specifically, members would like to have the word "functioning" revised as it appears too narrow in scope. The word will be replaced with "well-being" to reflect a more positive language in accordance with the MHSA
- The indicators will provide a framework that will facilitate at what data to look first. Committee members noted that most indicators focus on negative outcomes. Such outcomes need to be reviewed in order to determine the success of the MHSA.

- In terms of data sources that can be accessed by the MHSA Phase II Evaluation team are as follows:
 - **Department of Mental Health (DMH)**
 - There is a wealth of information available
 - There have been various challenges within the past on both the County and DMH side; DMH staff noted difficulties with incomplete data reports coming from County agencies, or they were not sent in a timely fashion, while staff from County agencies did not receive feedback from reports sent to DMH and questioned the usefulness of sending the reports. The MHSA Phase II Evaluator should focus on improving data collection methods and systems; data that is collected should be used in meaningful ways that makes sense to all stakeholders involved.
 - Oftentimes County agencies have problems with data collection, not necessarily due to the lack of skills but due to the lack of appropriate technology.
 - **Data from Other Public Agencies**
 - Child Welfare
 - Education
 - Employment
 - Criminal Justice Involvement
 - Suicides
 - Committee members added: Center for Public Policy Research; California Department of Education (Data Quest); 5 studies that have been conducted by the Petris Center thus far
 - **Supplementary Data Collection**
 - Surveys (in additional languages other than English)
 - Focus groups
 - Interviews
 - After all the data sets are explored, the evaluator will need to conduct more comprehensive analyses and to find additional data resources that can be explored
- RDA staff recommended the following deliverables that should be accomplished by the MHSA Evaluation Phase II contractor:
 - **Quality Improvement Process that includes**
 - Strategies for on-going measurement of MHSA outcomes
 - Feedback reporting system from DMH to the Counties to place emphasis on data collection and outcome measurement

- Process that allows for learning from data in terms of what is working successfully and what improvements can be made to enhance data quality
- **Quarterly Evaluation Progress Reports including**
 - Activities completed in the last quarter
 - Activities planned for the next quarter
 - Progress on deliverables
 - Dashboard reports
- The MHSOAC Evaluation should focus on an appropriate methodology in order to accomplish
 - **Outcome Evaluation**
 - Describes the extent to which MHSOAC programs have a positive impact on individual participants and California communities
 - Data downloads from DMH/other sources
 - Representative sample surveys
 - **Process Evaluation**
 - Describes the extent to which the MHSOAC has been implemented and transformed the public mental health system
 - Consumer and family member focus groups/key informant interviews
 - Comparative analyses of plans to annual updates
 - Committee members asked RDA staff what they should focus on first (i.e., outcome versus process evaluation), particularly in light of recent budget cuts. RDA staff noted that in order to determine if the MHSOAC implementation has been successful within the past five years both a process and outcome evaluation are necessary
 - Committee members agreed that the initial focus should be on statewide outcomes in order to establish a baseline for future data comparison; that is, the Phase II evaluator(s) should focus on what data are currently available that allow for establishing a baseline

IV. Evaluation Committee Work Group: Proposal on Prioritizing the Performance Indicators

- Ann Arneill-Py, CMHPC and Carol Hood, MHSOAC introduced the Matrix on Prioritized Performance Indicators (please see attachment)
- One of the functions of the CMHPC is to review and approve performance indicators. To that end, the CMHPC in collaboration with mental health partner organizations and stakeholders developed a comprehensive model of performance indicators with the purpose to collect data at the individual, County and Community level. Ultimately the performance indicators will

serve as the basis to evaluate the success of the MHSA implementation. The indicators will also be incorporated into the Scope of Work for Phase II of the MHSA Evaluation.

- From the original performance indicators, staff from the CMHPC and MHSOAC extracted 17 performance indicators for the four age groups (i.e., children, TAY, adults, and older adults) at the individual and county level. The Evaluation Committee specifies that the committee will review MHSA related data. The prioritized indicators serve as a starting point and will be incorporated into the MHSA Phase II Evaluation.
- In terms of prioritization, the domains at the individual level include education/employment, homelessness/housing, justice involvement, and client/family perception of wellbeing.
- County level information includes demographic information from Full Service Partnership (FSP) data, penetration rate, disparity data, involuntary care, and numbers served through CSS.
- Finally, work force information will be collected using race/ethnicity of those employed and consumer/family employment in MHSA programs.
- A meeting between DMH, CMHPC, and the MHSOAC took place on March 8, 2010 to discuss if DMH data program staff would be able to provide data for the aforementioned indicators. In general, there is agreement that the data are available. DMH staff will meet with CMHPC and MHSOAC staff to discuss what steps are necessary that the data sets are available for Evaluation Committee members to review.
- It is important to note that committee members voiced concern about the committee engaging in a data review that should be conducted by the Phase II contractor. To some members the prioritization seemed like a separate MHSA evaluation effort. However, Larry Poaster assured committee members that the review would not be a separate evaluation effort. The purpose of reviewing the set of prioritized performance indicators is to get a first glimpse on what data are available and if the data reveal any changes in services rendered since the MHSA was implemented.
- The prioritized performance indicator information will be nested into the overall MHSA Evaluation as are the Petris Center studies.
- From a Program Management perspective it is good practice to evaluate whether or not programs are working effectively. The prioritized performance indicators will provide preliminary information to that end.

V. Public Comment

- Committee members suggested to increase the frequency of the committee's meeting schedule from meeting every other month to monthly and possibly extending the hours of the meeting. The chair will take this suggestion into consideration.
- A suggestion was made to also look at disparities data in collaboration with the Cultural Linguistic and Competency Committee (CLCC). Richard van Horn will serve as the link between the two committees and collaboration is encouraged.
- In addition, efforts will be made in the future to also collaborate with staff from the evaluation committees from CMHDA and CMHPC.

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

- California Health Interview Survey (CHIS)
- Nationwide Prevention Indicators Literature

Larry Poaster, Chair, adjourned the meeting at 3:05 p.m. The next meeting will be held on May 5, 2010.

Respectfully submitted,

Monika Grass

Appendices

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

Mental Health Services Oversight and Accountability Commission
Evaluation Committee
March 17, 2010

- **Appendix 1: MHSA Evaluation: PowerPoint Presentation to the Evaluation Committee: Kayce Rane and Rebecca Brown, RDA**

CA Mental Health Services Act Planning Process

“What we really care about is whether people are safe, healthy, working or in school, out of suffering, and out of trouble.”

Mid-Project Report
March 2010

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1

Planning Process Overview

- Interview and survey stakeholders
- Research best practices
- Research data availability and access
- Write Request for Proposals

Inclusive, transparent process with the goal of designing a useful and feasible evaluation.

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Outstanding Tasks for Planning Process

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County MHSAs Coordinator Input

- Survey of all county MHSAs coordinators
- Requesting interviews from 17 counties:

Alameda	San Bernadino	Tehama
Humboldt	San Diego	Ventura
Los Angeles	San Francisco	Glenn
Monterey	Santa Clara	Lake
Orange	Solano	Siskiyou
Riverside	Stanislaus	

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County MHSAs Coordinator Questions

“It is critical to get input and buy-in at the county level.”

- What evaluation is already happening in your county?
- How is data reporting to DMH working for your county?
- What is an appropriate role for the Statewide evaluation?
- What type of evaluation would be helpful to your county?

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Recommended Qualifications of the Evaluator

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The Evaluators

"I think there is no way to get around the variability of the data... it will require a sophisticated programmer and analyst to make meaningful comparisons."

- Team with broad range of perspectives
- Strong data skills
- Public mental health background
- Evaluation experience
- Experience accessing public datasets

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Recommended Evaluation Framework

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Objectives

"Five years after the Act passed, and we still know very little about what changes have been made and how money was spent."

- Document activities and spending
- Measure transformation
- Analyze cost
- Institutionalize a data-driven quality improvement process

"A static, one-time evaluation would be irrelevant in a year. The role of this evaluation should be to put in place a strategy for on-going collection and analysis of data from which policy can be created."

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Outcomes

"With the eroding budget, the MHSAs have become the primary funding source for adult community mental health programming, so it's difficult to see where MHSAs' impact begins and ends."

"Even in the face of budget cuts, there could be a good story to tell. The cuts may be forcing counties to change their service delivery strategies."

- Use Planning Council indicators to develop a dashboard
- Measure each year:
 - Transformation
 - Cost efficiency
- Many outcomes won't show MHSAs impact year one

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CA Mental Health Planning Council Indicators

"This is not an indicator building session from the ground floor; that's already been done. We need to use what's there in a meaningful way."

- Age groups: children, transition age youth, adults, older adults
- Individual level
 - Education/Employment
 - Homelessness/Housing
 - Justice involvement
 - Perception of functioning
- County level
 - Access to services
 - Numbers served through CSS

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Data Sources

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Department of Mental Health Improving Data Quality

Challenges:

- No feedback to make the data valuable to counties
- No financial compensation for data reporting
- Lack of technical

Potential solutions:

- Reporting system to inform counties
- Funding source for timely data
- Technical assistance
- Data work group

The DMH is eager to work with the evaluator to support counties in improving data quality.

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Data from Other Public Agencies

- Child Welfare
- Education
- Employment
- Criminal justice involvement
- Suicides



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Supplementary Data Collection

"The legislature wants a real face to attach to the statewide numbers."

- Surveys
- Focus groups
- Interviews

After datasets are explored, the evaluator will need to dig deeper to fill in the holes in the analyses.

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Recommended Deliverables

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Deliverables



QUALITY IMPROVEMENT PROCESS

- System for on-going measurement of outcomes
- System of reporting back to counties
- Process for learning from data
 - Look at what's working in other counties
 - Hold strategy meetings
 - Establish committee to implement changes

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Deliverables



• QUARTERLY EVALUATION PROGRESS REPORTS

- Activities completed in last quarter
- Activities planned for next quarter
- Progress on deliverables
- Dashboard reports

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Methodology

Outcome Evaluation

- Data downloads from DMH/other sources
- Representative sample surveys

Process Evaluation

- Consumer and family member focus groups/key informant interviews
- Comparative analyses of plans to annual updates

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Reports



OUTCOME EVALUATION REPORT

- Describe extent to which MHSA programs are having a positive impact on individual participants and California communities
 - Describe participants served
 - Document activities & spending
 - Present outcome analyses
 - Conduct cost effectiveness/cost benefit analyses

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Reports



PROCESS EVALUATION

- Describe extent to which MHSA has been implemented & transformed the public mental health system:
 - Wellness/recovery/resilience focus
 - Consumer & family driven
 - Community engagement & collaboration
 - Integrated services
 - Reduce stigma and discrimination
 - Reduce disparities and improve cultural competence

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Reports



FINDINGS & RECOMMENDATIONS

- Report on the Strengths & Challenges of MHSA and Recommendations on Strategic Directions
 - What is working well in counties?
 - What strategies are counties employing?
 - To what extent are best practices used?
 - To what extent is the MHSA vision incorporated into programs?

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Thank You!



Kayce Garcia Rane
Resource Development Associates
krane@resourcedevelopment.net
(510) 488-3004

Rebecca Brown, Ph.D.
Resource Development Associates
rebeccabrown@resourcedevelopment.net
(510) 394-3661

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- **Appendix 2: Matrix of Prioritized Performance Indicators**

3/29/10: Draft Discussion Document:

Matrix of Prioritized MHSA Performance Indicators

To Begin Implementation of CMHPC's Approved Performance Indicators

Type of Indicator	DOMAIN				
	Age Group	Education/ Employment	Homelessness/ Housing	Justice Involvement	Client/Family Perception of Wellbeing
Individual Client Outcomes*	Children	Indicator #2: Attendance/ Grades/or Suspension- Expulsion	Indicator #1: Housing Situation	Indicator #1: Detention (Incarceration)	Indicator #5 & #6: Family & Youth Perception of Wellbeing
	TAY	Indicator # 8: Attendance, Grades, # of weeks employed (paid/volunteer)	Indicator #7: Housing Situation	Indicator #7: Detention/Incarceration	Indicator #11: Perception of Wellbeing Youth/Client
	Adults	Indicator #13: # of weeks employed (paid/volunteer)	Indicator #12: Housing Situation	Indicator #12: Incarceration	Indicator #16: Client Perception of Wellbeing
	Older Adults	Indicator #20: Instrumental Activities of Daily Living	Indicator #17: Housing Situation	Indicator #17: Incarceration	Indicator #21: Client Perception of Wellbeing
County Mental Health System Performance	Indicator # 30: Demographic Information of FSPs Indicator # 31: Access to Primary Care Physician Indicator # 33: Penetration Rate → 03/04 and 06/07 data already provided Indicator # 34: New Clients by age, gender, race ethnicity Indicator # 35 or # 37: Involuntary Care Indicator # 43: Numbers Served through CSS Workforce Indicators #s 45 & 46: To Be Requested for the Development of Five-Year Plan				
Community Indicators	None At This Point in Time				

Frequency of Data Request: Individual: Baseline and Annual Data (Y1, Y2, etc.); **For Client/Family Perception:** Annually;
System: Annually Beginning 03/04;

***Request 1 Indicator per Domain for Individual Outcomes.** When more than 1 indicator is shown, suggest collaborative process to identify indicator that is most sensitive to change and feasible.