**DRAFT**

MHSOAC

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

# POLICY PAPER: Accountability through Evaluative Efforts Focusing on Oversight, Accountability and Evaluation October 18, 2010

## Purpose

During the first five years of its existence the initial focus of the Mental Health Services Oversight and Accountability Commission (MHSOAC) was on the responsible implementation of expanded services consistent with the values and intended outcomes included in the Mental Health Services Act (MHSA). During this time, critical initial state and local implementation steps were taken. The MHSOAC will now be broadening its focus from MHSA implementation to greater emphasis on program evaluation focusing on outcomes and the appropriate and effective use of MHSA funds.

## Background

Proposition 63, now called the Mental Health Services Act (MHSA), was passed by voters in November 2004. The MHSA, funded through a one percent tax on personal income over $1 million, is intended to expand access to effective community based mental health services. These funds provide services to Californians across the lifespan, children, adults, and seniors, who are experiencing, or are at risk of experiencing, serious mental illness.

The MHSA funds the following five program areas and requires counties to prepare three-year plans with annual updates to request and obtain funding to implement the programs:

- Prevention and Early Intervention (PEI): Funding for counties to develop new prevention and early intervention programs to help persons at risk of or showing early signs of a mental illness receive services and support including brief treatment, quickly before their illness develops or becomes more severe.
- Community Services and Supports (CSS): Funding for counties to implement new or expand programs to provide recovery and resiliency based services to individuals with serious mental illness and their families.
- Innovation Programs (INN): Funding for counties to develop and test ways to improve access to mental health services, including increasing access for unserved and underserved groups, improving program quality and outcomes, and promoting interagency collaboration in the delivery of services.
- Mental Health Workforce Education and Training (WET): Funding to remedy the shortage of qualified individuals to provide services to address severe mental illness and to provide the increase in services projected to be needed to serve individuals and families consisted with the MHSA provisions and principles. The funding is to be used, in part, to promote employment of mental health consumers and family members in the mental health system, and increase the cultural competency of staff and workforce development programs.

- Capital Facilities and Technological Needs (CFTN): Funding for counties for technology improvements and capital facilities needed to provide mental health services.

**Mental Health Services Oversight and Accountability Commission**

The MHSOAC was established by Welfare and Institutions Code (WIC) Section 5845 to oversee the MHSA funded programs, Adult and Older Adult System of Care Act, and Children's Mental Health Services Act. The MHSOAC has two primary roles: 1) ensure oversight and accountability of the public community mental health system; and 2) review and/or approve local MHSA funding requests. Initial oversight, review and evaluation will be focused on projects and programs supported with MHSA funds. As the MHSA is more fully integrated into the community mental health system, the focus of the MHSOAC's oversight and accountability will be expanded to the public community mental health system.

In the role of reviewing and/or approving local MHSA funding requests, the MHSOAC is mandated to review and approve all county funding requests for PEI and INN programs and to review and comment on the other three components: CSS, WET, and CFTN.

In addition to the Commission's two primary roles, the MHSOAC is charged with the following:

- Ensure that services provided, pursuant to the MHSA, are cost effective and provided in accordance with recommended best practices subject to local and state oversight
- Ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations
- Develop strategies to overcome stigma and discrimination, increase access to services for underserved populations and reduce the negative outcomes of untreated mental illness such as suicide, incarceration, homelessness, school failure, unemployment and prolonged suffering

State level responsibility for policy development, implementation, oversight and accountability are shared among three entities that have statutory responsibility set forth in the MHSA: the California Department of Mental Health (DMH), the California Mental Health Planning Council (CMHPC) and the MHSOAC. In fulfilling its statutory responsibility the MHSOAC works closely and collaboratively with these three entities as well as with stakeholders including clients and family members, representatives from underserved communities, and the California Mental Health Directors Association.

Counties, with their stakeholders, are responsible for design and implementation of public community mental health services, including evaluation of projects at the local level. State level evaluations will incorporate local level evaluations to contribute to development of a statewide picture.

**MHSOAC Increases Focus on Evaluation**

Through its statewide evaluation efforts, the MHSOAC will strive to assure California taxpayers that the use of state public funds for mental health services will result in efficient investments at the local and state levels which achieve effective outcomes for consumers and positive community impacts. The MHSOAC is committed to an approach of continuous evaluation, learning from and building upon each progressive completed evaluation. The approach will be focused on quality improvement.

MHSOAC principles for evaluation include the following:

- Methodologically sound
- Consistent with MHSA objectives
- Meaningful to consumers and family members
- Culturally and linguistically competent
- Produces timely and consistent data reports
- Prioritizes use of existing information
- Contributes to development of knowledge and competence in providing information to support continuous quality improvement of MHSA funded programs and influencing policy decisions

The MHSOAC has a statutory mandate to evaluate how MHSA funding has been used, what outcomes have resulted from those investments, and how to improve the services and programs to maximize positive outcomes for all populations, including reducing disparities in services and outcomes. Evaluation efforts must identify status, trends and gaps. Information developed will be analyzed and reported in the context of larger economic, demographic and other critical issues outside of the public community mental health system that may affect and be affected by the results, such as health care reform. Because the reliability of data is critical to generating confidence in the results of the evaluations conducted, an analysis of the quality and timeliness of data used will be addressed. As in all aspects of the implementation of the MHSA, the MHSOAC values effective input from diverse individuals with lived experience and their families and other stakeholders in ensuring oversight and accountability.

The following are examples of the core questions ongoing evaluation efforts will address in depth:

1) How has the money been used?
    a) Who received services including data to show whether the target population of individuals who were unserved and underserved are receiving services?
    b) What services have been provided?
    c) Have expenditures been spent consistent with requirements and approved plans?

2) What has been the impact of investments in mental health?
   a) What are the outcomes for individuals receiving services and their families?
   b) What changes have been made in the public mental health system that contribute to the outcomes?
   c) What has been the impact in the community?
   d) Have disparities in access and outcomes been reduced?
   e) What has been the impact in other systems that affect and are affected by mental health such as education, justice, social services, primary care, substance-use services and treatments?
3) What could be done to improve efficiency and effectiveness of investments?
   a) What are best/promising practices and are they being used?
   b) How are "lessons learned" being applied?
   c) What are ongoing and emerging gaps/challenges?

**Next Steps in Evaluation**

The MHSOAC will, in its evaluation efforts, continue to work collaboratively with DMH, counties, and stakeholder organizations which collect and analyze data, and with CMHPC which develops and approves outcome indicators/measures.

The MHSOAC has completed Phase I, the initial evaluation effort which included: 1) obtaining and compiling broad input on evaluation priorities and existing efforts, 2) reviewing what data currently exists, and 3) recommending a design for the Phase II evaluation that can be completed with available resources.

The competitive process to select an evaluator for Phase II is expected to be completed by the end of 2010 with an initial report due in 2011 and a final report in June 2013. These reports will document activities and costs for all MHSA components, measure impact at the client and system levels on priority indicators such as homelessness, employment, education and involvement in the criminal justice system, and provide periodic county specific and statewide reports.

The Fiscal Year (FY) 2010/11 budget approved one-time funding of an additional $1 million for continued evaluation efforts. The MHSOAC anticipates releasing a Request for Proposal (RFP) in December 2010 for use of this funding.

The first three phases in the current evaluation efforts have focused primarily on the services offered through the CSS component. In addition the MHSOAC believes the following are important next steps to begin measuring PEI and INN:

- The PEI Trends Report published in January 2010 will be expanded to include all approved counties and to add the number of people expected to be served through local plans
- Internal resources will be used to develop an RFP for a future external PEI evaluation

- The MHSOAC will attempt to obtain resources for an FY 2011/12 contract for an external PEI evaluation
- The MHSOAC expects to prepare a report on trends in Innovation programs to highlight the areas in which new mental health models are being designed and tested with the hope that they will be incorporated into service delivery and replicated

The MHSOAC anticipates building upon each progressive evaluation phase. The process for considering future evaluations has begun. The MHSOAC will continue to collaborate with its mental health system partners and stakeholders through the Evaluation Committee to establish future evaluation priorities.