

# **REVISED DRAFT**

## **Mental Health Services Oversight and Accountability Commission's (MHSOAC's)**

### **Evaluation Framework Part 1:**

#### **Establishing MHSOAC Evaluation Priorities**

**April 13, 2011**

Deleted: March 16

#### **Purpose**

The MHSOAC Policy Paper: Accountability through Evaluative Efforts, which the MHSOAC approved in November 2010, describes the Commission's commitment to and focus on evaluation. Part 1 of the Evaluation Framework builds on that vision by providing a context for MHSOAC evaluation efforts, including a proposed structure for systematic decision-making to clarify purposes and uses for evaluation data and to establish priorities. Priority next steps for advancing Mental Health Services Act (MHSA) evaluations are included.

#### **Background**

The MHSOAC was established by Welfare and Institutions Code Section 5845 to oversee the MHSA, Adult and Older Adult System of Care Act and Children's Mental Health Services Act. Evaluation is one of the critical tools for the MHSOAC to address this responsibility.

The MHSOAC has launched its evaluation efforts. As the MHSOAC continues its evaluations, a structured process for input and decision-making will help ensure efficient and effective use of evaluation resources.

The federal Centers for Disease Control and Prevention (CDC) have developed a consensus document—"Framework for Program Evaluation in Public Health." The framework provides a practical approach "designed to summarize and organize essential elements of program evaluation." It is being used frequently in California's public mental health systems as a tool to design and implement "useful, feasible, ethical and accurate" evaluations. The section in the CDC document on focusing evaluations provides the basis for many of the recommendations in this paper.

#### **Context/Overall Vision**

To maximize the impact of the MHSA, the public community mental health system needs to commit to evaluation at all levels to measure outcomes and assess the factors, processes and practices that contributed to those outcomes. Such an evaluation effort requires sufficient resources and agreed-upon priority outcomes and indicators. Oversight is also needed to assure that the most critical requirements are met. This could include a) use of public funds is consistent with requirements, and b) plans are implemented consistent with community priorities.

A primary goal of MHSOAC evaluations is to support quality improvement at all levels of California's public mental health system. The life cycle of the MHSA includes iterative opportunities for quality improvement.

- Development of policies, including MHSA program and reporting requirements
- Community input and development of local plans
- Implementation of services/plans
- Support, training, and technical assistance
- County and statewide evaluations of impact at the individual, program, system and community levels
- Use of evaluation data to improve services and outcomes.

Ensuring accountability balanced with flexibility for counties, who manage and provide direct services, is critical and challenging. Qualitative and quantitative analyses should inform quality improvement activities, eventually moving toward benchmarks that can contribute to improvement. Comparisons of programs and counties must be nuanced, acknowledging differences, complexities, and unequal resources.

Information derived from evaluations should be easily accessible and applied.

### **Evaluation Framework Part 1**

This evaluation framework provides a structure for prioritizing and focusing evaluations by the MHSOAC. According to the CDC Evaluation Framework, "The direction and process of the evaluation must be focused to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible." (The following steps were developed using the CDC Evaluation Framework.)

The initial goal is to determine from a broad array of potential evaluation topics and strategies which one(s) have the highest priority, given available resources. The MHSOAC, through its Evaluation Committee, will address the following topics in establishing evaluation priorities.

#### A. Purpose

Establish a clear statement of the priority purpose(s) or general intent(s) of the evaluation(s) as the foundation for the balance of the evaluation design. Examples of general purposes include: a) gain insight, b) inform and improve services, c) assess impact; and d) inform and improve policies. Three interrelated values need to be examined in this determination—merit (i.e., quality), worth (i.e., cost-effectiveness) and significance (i.e., importance.)

#### B. Users and Uses

Determine the end users of the evaluation and how each will use the information. How will the information from the evaluation be applied?

#### C. Questions

Determine the priority outcomes (expected results or benefits) and indicators (specific observable and measurable characteristics, milestones, or changes that represent progress toward or achievement of an outcome) to be assessed. By previous agreement, priority outcomes are limited to those specified in the MHSA and associated statutes. This step helps establish the boundaries of the evaluation.

#### D. Methods

The evaluator will generally determine the method of evaluation. However, sometimes occasionally the method is critical to specify because it is central to the purpose of the evaluation. Evaluations are typically:

- 1) Process (is program operating as intended and effectively?),
- 2) Outcome (is program achieving its intended outcomes and are there unintended outcomes?)
- 3) Economic Impact (what is cost avoidance/offset, is the program necessary, redundant?)

Note that other critical steps in the CDC Evaluation Framework would be the responsibility of the contract evaluator.

#### **Next Steps**

There are numerous opportunities for the MHSOAC in partnership with stakeholders, providers, foundations, academic institutions and local and state government to evaluate the public community mental health system. Following is a list of possible next steps.

- Evaluation Priorities—Brainstorm potential MHSOAC evaluation topics. Determine the priority purposes, users, and uses of MHSOAC evaluations of the public mental health system to make the best use of resources. Part 1 of this framework provides the structure to accomplish that prioritization.
- Standardized Indicators—To maximize the impact of the MHSA, there needs to be consensus on priority outcomes and their indicators throughout the mental health system from the MHSA. These priority outcomes need to be publicized widely. The California Mental Health Planning Council (CMHPC) has approved initial indicators for System of Care services. Indicators are needed for other aspects of the MHSA.
- Clarify Essential Reporting—Determine the data elements needed for priority MHSOAC evaluations.
- Increase Efficiency and Effectiveness of Systems for Data Reporting and Collection--Work collaboratively with other essential partners to a) streamline reporting requirements to support efficient and effective use of resources and that promote the values of the MHSA, and b) reexamine and redesign data collection systems. Advocate for sufficient resources to provide timely, regular, usable reports which are essential to fully

implement this shift to outcomes based accountability at the stakeholder,  
service/provider, county and state levels.

**Evaluation Committee Comments on 3/16/11 DRAFT that are beyond the scope of Part 1**

**A. Broad Evaluation Issues**

1. Other potential "parts" to the Evaluation Framework include and oversight framework that monitors or observes implementation and an accountability component that develops a system of rewards/incentives and sanctions.
2. Clarity regarding responsibility for each of the roles/actions for oversight and accountability is needed. This determination may be affected by potential budget actions, budget trailer bills and/or related policy bills.
3. Need to consider a link between Evaluation and Services Committees.
4. The scope and breadth of available technical assistance and training is yet to be determined. The technical assistance needs to be focused on areas prioritized by those responsible for the oversight and accountability function.
5. Would it be appropriate to suggest that secondary and/or tertiary goals of accountability would be aligning progress toward predefined outcomes along with standardized indicators with financial incentives?
6. Should MHSOAC evaluation be through a serious of outside contracts, development of internal resources or a combination of both?
7. Need to determine what data is needed to get a full picture of the outcomes from effective programs. Don't rely solely on available data.

**B. Guidance to Evaluators**

1. The intergovernmental nature of MHSO funded programs suggest that not all factors influencing the performance of a program are under a county's control. As in the case of the FY 2011/12 budget for example, funding for county MHSO programs will be cut by the state. In fairness to the programs and entities responsible for running them, evaluators should consider the challenges with which programs are confronted.
2. The evaluator should opine as to whether the program achieved its objectives.
3. The evaluator should speak to whether a program's performance provides any insight into any aspect of the program, its performance, or our process of evaluating it.
4. The evaluation should strive for balance. An evaluation always comports a judgment. It opines as to whether a program achieved a set of predefined outcomes and speculates as to whether it or its administration could be improved. Those who administer these programs, as well as the primary stakeholders, should be given the opportunity to comment on the

evaluation before its is finalized and their opinions should be included in the final product.

5. There should be guidance that outlines the procedural elements of an evaluation. Ideally, the evaluation process should be transparent and inclusive. A list of steps and a timeline for completing them could be helpful.