

AGENDA ITEMS: Evaluation Committee

- **UCLA Presentation on Evaluation Contracts**
- **UC Davis Presentation of Preliminary Findings**

ENCLOSURES: • None

OTHER MATERIAL RELATED TO ITEMS: PowerPoint handouts will be provided at the Commission meeting.

ISSUE:

A priority identified in the 2011 Mental Health Services Oversight and Accountability Commission (MHSOAC) Work Plan is to continue to implement the accountability framework. The MHSOAC has taken significant steps towards implementing this priority. The Commission will hear about two of these significant steps at the March 24, 2011 MHSOAC meeting.

- Todd Franke, PhD, MSW, from University of California, Los Angeles Center for Healthier Children, Families and Communities, (UCLA) and Elizabeth Harris, PhD, from Evaluation, Management and Training Associates (EMT) will provide an overview of the evaluation framework they will use to develop the deliverables for Phase 2, Phase 3 and the initial PEI evaluation.
- Estella Geraghty, MD, MS, MPH/CPH, FACP from University of California, Davis Center for Reducing Health Disparities, (UCD) will provide a preview of the recent groundbreaking effort on geomapping that identifies the needs and use of mental health services in California.

BACKGROUND:

Phase 2 Evaluation

After several years of substantial work by MHOSAC Evaluation Committee and stakeholders, on February 7, 2011 the MHSOAC entered into a contract with UCLA to provide the initial MHSOAC statewide evaluation, known as Phase 2 evaluation, of the Mental Health Services Act (MHSA). The Phase 2 evaluation is designed to document activities and costs for the MHSA components, determine the impact on clients with mental illness and their families, summarize and synthesize other evaluation efforts, and measure system-wide effects on California’s public community mental health system.

The Phase 2 evaluation deliverables will be utilized to build upon each progressive evaluation effort in collaboration with mental health system partners and stakeholders via the Evaluation Committee. The Evaluation Committee’s purpose is to ensure that MHSA evaluations accurately depict the extent to which objectives have been accomplished, that outcomes are meaningful and relevant to stakeholders, and that data from the evaluation informs continuous quality improvement.

BACKGROUND (continued):

Phase 3 Evaluation

The Phase 3 evaluation is a result of the \$1 million funding for evaluation efforts in the Fiscal Year 2010/11 MHSOAC budget. In August 2010, the MHSOAC Evaluation Committee and stakeholders began developing recommendations on an outline of the Scope of Work and Provider Qualifications for Phase 3 evaluation. At the September 23, 2010 the MHSOAC approved the recommended outline and Phase 3 Request for Proposals (RFP) was released on December 1, 2010. The MHSOAC, at its February 24, 2011 Teleconference, authorized the Phase 3 RFP contract to be awarded to UCLA, the proposer with the highest score.

A contract is pending execution with UCLA for the Phase 3 evaluation. The deliverables focus on an analysis of Full Service Partnership (FSP) costs and cost avoidance, in addition to the impact of the MHSA on client outcomes by using participatory research, and recommendations for a next step evaluation.

Prevention and Early Intervention (PEI) Evaluation

The Evaluation Committee charter includes development of an outline of the scope of work for an initial external PEI evaluation in fiscal year 2011/12. Currently there are PEI evaluations and studies being done at the local level that are using a multitude of approaches to address local PEI plans. UCLA will provide a summary and synthesis of these efforts common to evaluation. The Evaluation Committee will analyze the findings for policy implications or other quality improvement strategies and will involve other committees, as applicable.

UCD

The MHSOAC entered into a contract with UCD in January 2010 to provide an analysis focused on disparities in mental health care.

One of the deliverables is a groundbreaking effort on geomapping that identifies the needs and use of mental health services. It examines possible disparities in types and frequency of services used by local area geographies, races/ethnicities, genders, and ages. A part of the Commission’s accountability framework is the assurance that information from evaluative efforts is used for continuous improvements based on system outcomes. Geomapping can assist the counties in developing plans and on-going analyses for tracking quality and cost-effectiveness of care and improving service access, delivery, and quality. The presentation by Dr. Geraghty will be a preview of this impressive statewide work.