

## REQUEST FOR PROPOSAL (RFP) / SUMMARY

### Recovery Orientation of Programs Evaluation (RFP 14MHSOAC003)

#### A. Purpose and Brief Overview of Contract Opportunity

The principle of recovery is a cornerstone of the MHSA. The MHSA requires planning for services to be consistent with the philosophy, principles, and practices of recovery. However, it is not known how this vital value of the MHSA has been translated into practice throughout the State. The purpose of this evaluation effort by the MHSOAC is threefold:

1. To identify, describe, and assess existing measures and methods of evaluating the recovery orientation of programs and services with the goal of providing recommendations and resources to providers, counties, and the State regarding the most optimal measures and methods to use for evaluating recovery orientation;
2. To conduct an evaluation of the recovery orientation of direct and indirect services/programs provided within the CSS component (focused on the adult system of care) that will achieve the following:
  - a. Describe the extent to which CSS component programs/services are using recovery orientated approaches and attaining the MHSA value of offering recovery oriented programs/services;
  - b. Identify predictors (e.g., types and characteristics of training, staff, programs, services) that promote and encourage recovery orientation; and
  - c. Identify client-level outcomes (e.g., individual mental health status and recovery, individual functioning) that result from program/service recovery orientation or predictors of recovery orientation;
3. To use results from the evaluation to provide recommendations to providers, counties, and the State for achievement/promotion of recovery orientation in programs/services, as well as recovery and wellness of the clients that are served via these programs/services.

Ultimately, the results of these efforts would equip the State, counties, and providers with valuable information that would contribute to their ability to independently evaluate the recovery orientation of services/programs and use the results of those efforts for the purposes of quality improvement (i.e., to improve upon the recovery orientation of programs and associated positive outcomes). Results would also highlight potential practices (i.e., the predictors) that could likely help the State, counties, and providers encourage recovery orientation within their services/programs, and ultimately lead to better mental health, functional outcomes, and recovery for clients served via the CSS component. Findings from the evaluation will also provide a preliminary understanding of the extent to which the MHSA goal and value of offering recovery-oriented programs and services is being achieved within this one component. Furthermore, the results will inform a set of recommendations for policies, protocols, and procedures that could or should be in place to support such recovery orientation and associated positive outcomes throughout the State, acknowledging inherent limitations, barriers, and challenges to such an endeavor.

## B. Scope of Work

The following overarching questions should guide all activities carried out via this work:

- What are the existing measures and methods in which recovery orientation of services/programs and service delivery models can be captured? What do those measures and methods entail, and in what contexts might they be most useful? What are the pros and cons associated with use of existing measures and methods to capture recovery orientation? What measures and methods would be most useful within the context of California's public community-based mental health system and the CSS component specifically and why? What recommendations can be provided to the State, counties, and providers regarding the most optimal methods and measures to use to capture recovery orientation?
  - What resources can and should be created based on lessons learned from the identification/description/assessment of existing measures of recovery orientation that would be beneficial to the State, counties, and providers? What resources would ultimately facilitate the ability to effectively evaluate recovery orientation at the State, county, and provider levels? What resources would facilitate the ability for these entities to use evaluation of recovery orientation to improve the quality of programs/services, including promotion of recovery orientation?
- What is the extent to which services/programs are being planned and delivered with a recovery orientation? How well are providers/counties/the State currently achieving the MHSA value of offering recovery-oriented services/programs? What does recovery orientation look like in practice, and how does that vary based on county and service/program characteristics? What factors (e.g., policies and procedures, staff attitudes/culture, program/service characteristics, use of evidence-based practices/models, tracking of fidelity) predict and promote recovery orientation? How and to what extent does recovery orientation impact client-level outcomes (e.g., quality of life, mental health status and functioning, individual recovery)?
  - What resources can and should be created based on lessons learned from the identification of factors that predict and promote recovery orientation that would be beneficial to the State, counties, and providers? What resources would ultimately facilitate the adoption of promising practices that have been shown to predict/promote recovery orientation and other positive outcomes?
- What policies, practices, and procedures should be established and/or modified in order to ensure, maintain, and strengthen the recovery orientation of program and service delivery within the CSS component of the adult system of care, and promote a culture of recovery? What are the current county- and state-level challenges to collecting data on recovery orientation in a systematic way, and how can these challenges be overcome? What research/evaluation efforts are still needed to ensure programs and services are being delivered with a recovery vision as described in the MHSA? What resources and technical assistance are needed to ensure optimal evaluation of recovery orientation that leads to quality improvement processes at the provider, county, and State levels? What are the current county- and state-level challenges to offering recovery oriented programs/services, and how can these challenges be overcome? What policy changes may be needed to ensure programs and services are being delivered with a recovery vision as described in

the MHSA? What resources and technical assistance are needed that may better foster a recovery orientation culture in public mental health services offered throughout the State?

In order to address the above listed questions, the following activities shall be carried out within the scope of this to-be-awarded contract (each activity is described further below):

1. Identify, describe, and assess existing measures of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt sound evaluation approaches that facilitate quality improvement and recovery orientation of services.

The Contractor will be expected to identify and review existing measures of recovery orientation. Identified measures shall be assessed for their utility in a variety of contexts pertinent to this work. Conclusions drawn via assessment of the measures shall be used to select a measure or measures to use in the evaluation portion of this contract (see section D.2 below). Conclusions drawn should also be used to identify relevant measurement and methodological options that could be used throughout the State (by the State, counties, and providers) to facilitate quality improvement of recovery orientation of services (e.g., for future Statewide and county-level evaluations). In addition, this review and assessment will be used to inform the creation of resources that will support the State, counties, and providers in the independent and ongoing evaluation of the recovery orientation of their services.

Information and expectations that pertain to the identification, review, and assessment of existing measures are noted below:

- The identification of existing measures of recovery orientation shall be extensive and exhaustive. The Contractor shall identify, review, and consider past/present, public/private, state/national/global efforts to evaluate the recovery orientation of services/programs and use those evaluation efforts for quality improvement purposes. The identification of existing measures of recovery orientation shall not be limited to methods used in the State of California; nor shall this review be limited to recovery within the context of mental health.
- The assessment of all materials identified shall be carried out using an explicit method (e.g., set of criteria) that is developed by the Contractors (in consultation with stakeholders) and shared with and approved by the MHSOAC prior to its use. In developing the assessment method, the Contractor shall consider factors relevant to the ultimate goals of choosing measures for the evaluation that is part of the current work, as well as use more broadly within State, county, and provider contexts.
- Regarding assessment of measures for use more broadly within State, county, and provider contexts, factors including but not limited to the following shall be considered: the overall advantages and disadvantages of each measure, the degree to which each measure is easy to complete by the intended respondent, established psychometrics of each measure, the type of respondent the measure is directed towards (e.g., administration, providers, clients), cost for use of each measure, the potential burden placed on users (e.g., county administration, service providers, clients) via use of each measure, and the potential use of the measures within a variety of contexts (i.e., by the State, counties, and providers for evaluation of the various services offered within the CSS component).

Information and expectations that pertain to the development of State, county, and provider resources are noted below:

- Resources may likely need to be developed for each of the audiences of focus (i.e., State, counties, providers). Within these three audiences, a variety of resources may also need to be developed (e.g., for small, medium, versus large counties; providers of FSP programs versus other CSS component services).
  - The format of developed resources can vary (e.g., fact sheets, webinars, tool-kits). The Contractor shall consider the most appropriate means of sharing/disseminating various content to various audiences when developing resources, as well as the usefulness/utility of various resource formats.
2. Evaluate the recovery orientation of services/programs utilizing identified measure(s) of recovery orientation; use information learned via this process to develop and disseminate resources that will help the State, counties, and providers adopt promising practices that predict/promote recovery orientation and other positive outcomes.

Using the measure, or combination of measures, evaluate the recovery orientation of services/programs within the CSS component adult system of care (i.e., Full Service Partnership, system development, outreach and engagement, housing services/programs). A representative sample of counties/providers shall be used for this purpose. The evaluation shall include an analysis of the predictors of recovery orientation, the impact on client-level outcomes, and a descriptive analysis of the extent of and variation in the recovery orientation of services/programs.

Information and expectations that pertain to the representative sample of counties are noted below:

- In consultation with stakeholders, counties, and MHSOAC staff, the Contractor shall identify a representative sample of volunteer counties/providers in which to conduct the evaluation. Although the MHSOAC will not dictate which counties/providers should be involved in the evaluation, selection of counties/providers that represent the variety of counties/providers within the state will be necessary (e.g., small, medium, and large counties; providers ranging from FSPs to wellness centers; etc.). The MHSOAC will assist the Contractor with identification of counties/providers to volunteer for this purpose.
- The Contractor shall provide training to participating counties/providers in the administration and completion of all data collection methods (i.e., measurement(s) of recovery orientation) and will be expected to guide the data collection process and make it as easy as possible on the counties/providers.
- The Contractor shall work with participating counties to provide technical assistance during the data collection period. If participating counties/providers experience difficulties carrying out the steps needed to complete data collection, the Contractor will be expected to overcome these difficulties and work with the counties/providers to resolve any and all issues.
- The Contractor shall develop a process for volunteer counties/providers that lessens the burden on them. This process shall include a method via which counties/providers will provide the Contractor with collected data in a secure fashion.

- The evaluation will be dependent on the cooperation of a sample of counties that are willing to volunteer for participation and provide the Contractor with the collected data, as well as any existing client-level data. These counties and providers will likely be at various stages in terms of their ability to participate fully in this evaluation. As such, the Contractor must be prepared to overcome obstacles that may appear as a result of this variability.

Information and expectations that pertain to the evaluation are noted below:

- Using an existing measure or measures of recovery orientation, the Contractor will be expected to provide a description of recovery orientation characteristics of the counties/providers included in the sample, as well as basic understanding of the extent to which services/programs are being delivered with a recovery orientation. Evaluation analyses shall explore variation by county, provider, and service type, although the overarching goal of this evaluation is to provide a general understanding of the extent to which California is meeting the MHSA goal of providing recovery oriented services that lead to recovery in clients.
- Using an existing measure or measures of recovery orientation, the Contractor will be expected to identify predictors (e.g., types and characteristics of training, staff, programs, services) that promote and encourage recovery orientation.
- Using an existing measure or measures of recovery orientation, the Contractor will evaluate the link between recovery orientation of services/programs and client-level outcomes (e.g., quality of life, meaning of life). The Contractor shall consider goals and outcomes that have been defined within the MHSA when identifying client-level outcomes for this evaluation.
- When applicable, the Contractor will also be expected to evaluate the relationship between recovery orientation and the delivery of an evidence-based practice, including the degree to which that evidence-based practice is implemented with fidelity.
- The evaluation will result in new data being collected, but also may rely on currently collected data (i.e., data reported in the CSI or DCR). Consideration should be given to the timing at which measures are collected and the means by which the data is collected (e.g., by clinical staff, by groups of staff members, by administrative staff, by peers).
- Lessons learned via the evaluation shall also be used to generate policy and practice recommendations for ensuring, maintaining, and strengthening the recovery orientation of services/programs and services planned and delivered within the CSS component adult system of care.

Information and expectations that pertain to the development of State, county, and provider resources are noted below:

- Resources may likely need to be developed for each of the audiences of focus (i.e., State, counties, providers). Within these three audiences, a variety of resources may also need to be developed (e.g., for small, medium, versus large counties; providers of FSP programs versus other CSS component services).
- The format of developed resources can vary (e.g., fact sheets, webinars, tool-kits). The Contractor shall consider the most appropriate means of sharing/disseminating various content to various audiences when developing resources, as well as the usefulness/utility of various resource formats.

- Resources shall consider and incorporate the results of the evaluation (i.e., characteristics and predictors of recovery orientation).
3. Develop policy and practice recommendations for ensuring, maintaining, and strengthening recovery orientation of programs/services and individual client recovery throughout the State; recommendations shall include suggestions for ensuring high quality and relevant evaluation of recovery orientation that leads to quality improvement, as well as suggestions that pertain to adoption of recovery oriented practices.

Based on the completion of all other facets of this contract, including the identification and assessment of existing measures of recovery orientation and the evaluation, develop policy and practice recommendations for the MHSOAC that aim to ensure, maintain, and strengthen the recovery orientation (i.e., the MHSA value of recovery) of planned and delivered services/programs offered within the CSS component to adults.

- The Contractor must draw from what was learned collectively via the scope of this project to provide recommendations regarding policies or practices that could/should be in place to help ensure, maintain, and strengthen the recovery orientation of programs and services, and promote a culture of recovery. Links between project conclusions/lessons learned and recommendations should be provided.
- Recommendations shall speak to the current challenges and limitations of counties/providers to collect data on the recovery orientation of their services/programs, and how those limitations and challenges could be addressed to reduce burden on the counties while ensuring services/programs are being delivered with a recovery vision as described in the MHSA.
- Recommendations shall include suggestions for ensuring high quality and relevant evaluation of recovery orientation, at the statewide and county/provider levels, that lead to quality improvement, as well as suggestions that pertain to adoption of recovery oriented practices.
- While the focus of this evaluation effort is on recovery orientation of services/programs delivered within the adult system of care, the Contractor shall consider and recommend how a similar evaluation approach could be developed to address resiliency within the children's system of care.
- Recommendations shall also include suggestions for future research in this area, such as specific ongoing and limited-time evaluations that should be done via systematic evaluation of recovery oriented service delivery, including but not limited to, changes in extent and variation of recovery orientation over time (e.g., effects of staff turnover on maintaining recovery orientation and how that does/does not impact client-level outcomes).
- The Contractor shall recommend a plan for ongoing technical assistance to counties/providers (e.g., creation of a resource center, establishing contracts with a public or private entity, building a "train-the-trainer" model) that may ultimately strengthen evaluation of recovery orientation and provision of recovery oriented services throughout the State, and the role of the State in implementing such a plan.

In summary, the end results the MHSOAC hopes to achieve with this project include an analysis of existing measures of recovery orientation, and an evaluation demonstrating potential practices (i.e., the

predictors) that promote recovery orientation and positive clinical and functional client-level outcomes. Using the information learned via the review of existing measures and literature, and the evaluation, the Contractor will provide the State, counties, and providers with resources to conduct their own evaluations of recovery orientation, which will enable promotion of a recovery oriented culture throughout the State and improve the quality of services offered to adult clients and the system through which the services are offered.

### C. Deliverables

Below is a list of Deliverables requested through this RFP. Further details regarding expectations for these Deliverables can be found in the above "Scope of Work" and earlier sections of this document.

#### **Deliverable #1: Report on Existing Measures of Recovery Orientation**

This report shall identify, describe, and assess existing measures of recovery orientation. The report shall list all identified existing recovery orientation measures, fully describe those measures (e.g., name of tool, author/creator, how tool is intended to be used and within what context and with what population, how tool can be obtained, validity/reliability of tool, citations and/or links to related articles/websites/instruction manuals, etc.), and assess their utility for use in contexts within California's public community-based mental health system (e.g., applicability and utility within various programs/services, counties, target populations, etc.). All methods used to identify, describe, and assess existing measures of recovery orientation should be described in this report.

This report shall fully describe how all facets of the previous "Scope of Work" section that pertain to the identification, description, and assessment of existing measures of recovery orientation were considered and implemented in order to complete this task and associated report.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

#### **Deliverable #2: Report of Proposed Research Design and Analytic Plan to Evaluate the Recovery Orientation of Programs and Services**

This report shall fully describe all facets of the proposed research design and data analytic plan and shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the evaluation. In addition, the proposed research design and corresponding data analytic plan shall include a description of all methods the Contractor intends to use, including, but not limited to, the following:

- Research questions to be addressed via the evaluation;
- Primary variables of interest and how they will be measured;
- Research participants and the procedures they will go through;
- A timeline for completion of all facets of the data collection process;
- A copy of all research stimuli (e.g., survey/interview questions);
- An analytic plan that describes how the collected data will be cleaned and prepared for use, how it will be used to answer the research questions, and a brief rationale for the proposed data analytic methods; and
- Any additional information that the Contractor believes would enable the MHSOAC and its stakeholders to understand the research/evaluation method and rationale for its use in this context.

This Deliverable may be split into two separate reports—one focused on the proposed research design and one focused on the proposed analytic plan—if the Proposer believes it would be beneficial to first finalize the research design and then develop the analytic plan.

It is important to allocate resources to this Deliverable in a manner that will ensure a high quality evaluation because ultimately the results of the evaluation will be used to create recommendations and resources (i.e., Deliverable 5) that will directly help the State, counties, and providers adopt promising practices that may promote/facilitate recovery orientation of services/programs offered via the CSS component, as well as individual recovery and other positive outcomes for clients who engage in those services/programs. The evaluation may also lead to the future development of additional recommendations and resources that would be outside the scope of work of this contract.

Development of this report(s) shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

### **Deliverable #3: Report of Evaluation Results**

Using the approved process developed via Deliverable #2, the Contractor shall complete the work and describe the results of the research done to evaluate program/service recovery orientation. This report shall fully describe the final methods used to evaluate the recovery orientation of all services/programs within the CSS component adult system of care and the results of that evaluation. This report shall include enough background information to be a stand-alone document (i.e., research questions, research rationale, methods that were carried out, rationale for those methods data analytic techniques, findings/results/answers to research questions, and implications of those results shall be presented and discussed, at a minimum). . Any data collected by the Proposer per this contract (i.e., databases) shall be submitted to the MHSOAC along with this report. It is preferred that the data to be submitted to the MHSOAC be individual (non-aggregate) data. The Proposer shall work with the MHSOAC to identify an appropriate and secure method of sharing this data.

This report shall fully describe all facets of the proposed evaluation and address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the evaluation.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.

### **Deliverable #4: Resources for Evaluating Recovery Orientation and Dissemination Plan**

Using the information that is learned from the identification, description, and assessment of recovery oriented measures, recommendations and resources (e.g., trainings, webinars) shall be created that will help the State, counties, and providers adopt sound evaluation approaches that facilitate quality improvement and recovery orientation of services/programs offered via the CSS component. Resources that are developed shall be created with specific audiences in mind (e.g., providers, counties, State agencies) and shall be stand-alone materials that can be disseminated and used by the intended audience without assistance. Resources shall provide explicit instructions and materials that facilitate ease of use for the intended purpose (i.e., to identify and implement sound and relevant evaluation approaches that enable assessment of program/service recovery orientation that can promote/facilitate

improvements in the quality and recovery orientation of programs/services being evaluated). Accordingly, the recommendations and resources developed via Deliverable 4 (compared to Deliverable 5) could potentially require a greater percentage of the overall budget.

Prior to full development of resources that the Contractor intends to develop in order to complete this Deliverable, the Contractor shall submit an outline of recommendations to MHSOAC staff for their approval. Upon approval of this outline of resource recommendations, the Contractor shall proceed to develop approved resources and shall disseminate those accordingly.

The Contractor shall create a plan for dissemination of the resources developed via this deliverable. The dissemination plan, at a minimum, shall include recommendations for who should receive the resources, and how and when the resources should be disseminated to those audiences. The dissemination plan shall include suggestions for recommendations that the Contractor shall carry out within the scope of this work, and may also include recommendations that may be carried out by others outside of this contract. This dissemination plan shall be approved by MHSOAC staff prior to implementation by the Contractor (for recommendations regarding items that the Contractor shall carry out).

Final approval of this Deliverable will be contingent upon dissemination of resources that were approved by MHSOAC staff via the outline of recommended resources and dissemination plan.

This Deliverable shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the creation of resources to support evaluation of recovery orientation.

Development of the resources shall include collaboration with stakeholders.

#### **Deliverable #5: Resources for Promoting Practices that Encourage Recovery Orientation and Dissemination Plan**

Using the information that is learned from the evaluation of recovery orientation of CSS programs/services, recommendations and resources (e.g., white papers, toolkits) shall be created that will help the State, counties, and providers adopt promising practices that may promote/facilitate recovery orientation of services/programs offered via the CSS component, as well as individual recovery and other positive outcomes for clients who engage in those services/programs. Resources that are developed shall be created with specific audiences in mind (e.g., providers, counties, State agencies) and shall be stand-alone materials that can be disseminated and used by the intended audience without assistance. Resources shall provide explicit instructions and materials that facilitate ease of use for the intended purpose (i.e., to identify and implement relevant promising practices that have been shown to bring about program/service recovery orientation, as well as positive client outcomes).

This report shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to the creation of resources to promote adoption/implementation of promising practices that have been shown to encourage recovery orientation and positive client outcomes.

Development of the resources shall include collaboration with stakeholders.

The Contractor shall create a plan for dissemination of the resources developed via this deliverable. The dissemination plan, at a minimum, shall include recommendations for who should receive the resources,

and how and when the resources should be disseminated to those audiences. The dissemination plan can include suggestions for recommendations that the Contractor shall carry out within the scope of this work, as well as recommendations that may be carried out by others outside of this contract.

#### **Deliverable #6: Report of Policy and Practice Recommendations for Ensuring, Maintaining, and Strengthening the Recovery Orientation of Programs and Services**

This report shall fully describe policy and practice recommendations intended to ensure, maintain, and strengthen the recovery orientation (i.e., the MHSA value of recovery) of planned and delivered services/programs within the CSS component adult system of care. Recommendations shall focus on issues pertaining to evaluation of recovery orientation and associated quality improvement efforts, as well as adoption/implementation of practices that have been shown to promote/facilitate recovery orientation and positive client outcomes. The report shall describe challenges to evaluation of recovery orientation and implementation of practices that may encourage recovery orientation, as well as suggestions for how to overcome such challenges. The report shall describe future research that may be needed in the area of recovery orientation at the county and State levels. The report shall include suggestions for policy changes that may promote recovery orientation of services. Recommendations shall include ideas/suggestions for additional resources, as well as training and technical assistance, that may strengthen statewide evaluation of recovery orientation and associated quality improvement efforts. Recommendations shall also include ideas/suggestions for additional resources, as well as training and technical assistance, that may strengthen adoption/implementation of recovery oriented services/programs statewide.

As the final report of this project, this Deliverable shall briefly summarize major activities and findings from all prior reports/Deliverables and project stages. All recommendations included in this report shall extend from conclusions that were drawn from other facets of this project (e.g., the identification/description/assessment of recovery oriented measures; the evaluation of recovery orientation). The rationale for all recommendations shall be provided within the report. Suggestions shall be provided that describe who the recommendations are intended for (e.g., policymakers/Legislatures, various State entities, counties, providers). Recommendations shall be framed in an action-oriented and easy to understand manner that would ultimately facilitate potential adoption or follow-through by the appropriate parties. If it is deemed appropriate/preferable, in lieu of a single all-encompassing report, a series of reports or associated briefs may be created that are designed for specific audiences. In either case (i.e., this Deliverable is satisfied via a single report or a series of reports/briefs), the resultant document(s) shall be stand-alone document(s) that can be disseminated independently and understood within the greater context of this larger project. Thus, it/they shall include all necessary background information needed to provide a wide array of stakeholders (including policymakers) with a solid understanding of recovery orientation, support offered within the CSS component for adults that is intended to be recovery oriented, the role of the MHSA in provision of recovery oriented services, how the current work intends to contribute to it, how all recommendations were developed, and any other information that would ultimately enable the report(s) to achieve their desired goals, including facilitation of recommended policy change.

The report shall address/incorporate all issues outlined in the previous "Scope of Work" section that pertain to creation of policy and practice recommendations.

Development of this report shall include collaboration with stakeholders; the process through which stakeholders were involved and extent of stakeholder involvement shall be described within the report.