

AGENDA ITEM: Information and Discussion: Development of Evaluation Framework for Assessing Disparities In Access to Care Statewide

ENCLOSURES: None

OTHER MATERIAL RELATED TO ITEM: None

BACKGROUND:

The Mental Health Services Act (MHSA) promotes cultural and linguistic competence and the reduction of disparities in access to services. In order to achieve these MHSA objectives, people must be served (1) in ways that are coherent with and respectful of differing cultural views and traditions, and (2) in ways that eliminate disparities in access to treatment, quality of care, and create successful outcomes for all individuals and families being served. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is charged with holding relevant entities accountable for their roles within the public mental health system. One of the MHSOAC’s guiding principles is to promote efforts to reduce and eliminate disparities in access to mental health services, as well as the quality and outcomes of those services.

Accordingly, the MHSOAC has funded evaluations that have aimed to assess racial/ethnic and cultural disparities in access to care. These efforts have primarily uncovered a number of issues with currently available data that may prevent meaningful evaluation of disparities, including missing and unavailable data within the Client and Service Information (CSI) database, which collects client-level service utilization data for those receiving services via the Community Services and Supports (CSS) component of the MHSA.

ISSUE:

The MHSOAC is committed to identifying meaningful and feasible ways to continuously monitor disparities in access to care. The Commission and Evaluation Committee have been charged with developing a framework to guide forthcoming work in this area. Renay Bradley and Ashley Mills will share ideas for how the Committee can take steps over the course of this year to help the Commission achieve this goal. These steps include the following:

- 1) Identify evaluation efforts that should begin in Fiscal Year (FY) 2016/17 (i.e., short term activities that can take place prior to fully identifying or strengthening data needed to continuously monitor disparities in access to care). This step is proposed to be done with the Evaluation Committee in the summer of 2015 so that ideas generated via this process can be considered in the fall of 2015 when activities to be completed in FY 2016/17 are prioritized.
- 2) Identify what level of performance monitoring can be done at this time using currently available data to evaluate disparities in access to care. Use currently available data to run relevant analyses and share results in a report that will be

presented to the Commission in early 2016. This step is planned to occur via MHSOAC staff working in conjunction with the Priority Indicators Task Force over the course of 2015.

- 3) Identify data and key indicators or measures needed to support ongoing, continuous evaluation of disparities in access to care (i.e., develop long term data needs to be incorporated into statewide data strengthening efforts that are currently underway). This process will involve identifying potential sources of data, as well as data that is needed that may not be available to the State or at the statewide level. This step is proposed to be done with the Evaluation Committee in the fall of 2015 so that the conclusions (i.e., data elements needed to carry out ongoing monitoring of disparities) can be incorporated into performance monitoring and data strengthening efforts planned for 2016 and beyond.

This discussion will begin a year-long effort to develop a Statewide Disparities Evaluation Framework that will be presented to the Commission for potential adoption in early 2016. At this time, MHSOAC staff are seeking feedback on the steps outlined above.