



**Evaluation Committee Meeting Minutes**  
**Date: Thursday, June 11, 2015 Time: 12:30pm-3:30pm**

**1325 J Street, Suite 1700, Sacramento, CA 95814**  
**Darrell Steinberg Conference Room**

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<b>Committee Members:</b>	<b>Staff:</b>	<b>Other Attendees:</b>
Richard Van Horn, Chair	Renay Bradley	Stacie Hiramoto
Larry Poaster, Co-Vice Chair*	Angela Brand	Raja Mitry
Ruben Cantu	Toby Ewing	Corby Tushla
Viviana Criado	Deborah Lee	Michele Violett
Linda Dickerson	Ashley Mills	
Steve Leoni		
Belinda Lyons-Newman		
Joshua Morgan*		
Dave Pilon*		
Diane Prentiss		
Rusty Selix*		
Lynn Thull*		
Margaret Walkover		

\*Participation by phone

Committee members absent: Rocco Cheng, Tony Hobson, Paul Keith, Davis Ja, Saumitra SenGupta, Jennifer Walkover

**Welcome/Introductions**

Commissioner Richard Van Horn, Chair, called the meeting to order and welcomed everyone. Introductions were provided by all present in the room as well as on the phone.

**Agenda Item 1: Adoption of the April 11, 2015 Meeting Minutes**

The Evaluation Committee (Committee) took a moment to review the minutes. A small correction to attendance was noted. Motion was made to approve minutes from the April 11, 2015 Evaluation Committee meeting. Motion carried and minutes were approved without modification

*Vote recorded as follows:*

- Approve: Richard Van Horn, Larry Poaster, Viviana Criado, Linda Dickerson, Steve Leoni, Joshua Morgan, Dave Pilon, Diane Prentiss, Rusty Selix, Lynn Thull, Margaret Walkover
- Abstain: Ruben Cantu, Belinda Lyons-Newman

## **Agenda Item 2: Next Steps in Routinely Evaluating the Community Program Planning (CPP) Processes**

Renay Bradley, MHSOAC Director of Research and Evaluation, presented the Committee with an overview of the CPP process with regard to the recently completed CAMHPRO/PEERS contract. Dr. Bradley reviewed the outcomes and challenges of this project with specific regard to lack of data and the difficulty in establishing client level outcomes as related to process. The goal of the MHSOAC moving forward will be to look at strategies to enable ongoing evaluation of the process and use that evaluation to ensure that the goals of the Community Program Planning process that are included in the MHSOAC are achieved, and that counties have support needed to achieve those goals.

Discussion began by highlighting the importance of the planning process and reiterating that the CPP is vital to ensure that a broad array of stakeholders have the opportunity to guide counties in how to spend MHSOAC dollars. The involvement of stakeholders has the potential to impact outcomes, which is why it would be beneficial to understand which planning processes are useful and help to achieve the goals of the Act.

Recommendations were made that included the need for:

1. Specific guidance for designing/implementing and evaluation of planning processes.
2. Ideas and draft plans should be made available to all stakeholders before the CPP starts.
3. Once plans are adopted, if a county has additional funds available, those funds should not be able to be allocated without another CPP to ensure monies are directed toward needed services.
4. Stakeholders should be made aware of available budgets and budget processes. Stakeholders should be continuously informed of funding and spending (it was noted that currently the only county known to participate in this type of process was Los Angeles).

The group discussed how to evaluate implementation of the plan, how to determine the effectiveness of the plan, and how to support counties so that they can implement effective planning processes. Members discussed the process in LA County by where the System Leadership Team will post the plan and then groups meet to review the plan and its progress through its production and implementation.

The group also responded to initial comments regarding process measure versus outcomes; outcomes are not tied to process and whether client outcomes are impacted by CPP is difficult to determine. It would be necessary to include both process and outcome measures. If specific outcomes are intended, they would need to be incorporated into the plan. Current process and structure makes it difficult to assess impact of local planning processes. Some additional points raised by the group included:

- To determine whether the focus will be/is on the process of planning or the product; impact of process is not the same as the impact of the product
- Budget transparency is vital; process and lingo is confusing to stakeholders. Terms and processes must be explained and provided in terms that can be easily

understood by multiple audiences so that all involved have a clear understanding of the financial piece.

- Funds for the process must be reflected in the budget. Too often it is assumed or relayed that there isn't sufficient funding for CPP. Administration should have money set aside to be able to bring stakeholders to the table to ensure fidelity to the process.
- Group should look at the indicators for plan development; possibly use the 3 year plans as a vehicle for evaluating the CPP and how to adjust based on currently available data.
- How to evaluate process from a qualitative standpoint; look at quality improvement over compliance; look at what is working, what is not.

Executive Director, Toby Ewing, spoke about the evolution of the local planning document and how some counties lack feedback. The Act is designed around the concept of learning and getting better; while progress may be slow, it is moving in the right direction. He noted that process does matter but so does the quality of work. Counties should be able to take approaches to build and ensure trust. This will allow for stakeholders to become more involved through understanding thereby creating a shared ownership of the plan and the process. In addition, there should be discussion involving non-systematic incentives for public agencies to do more than the "bare minimum". By developing a standard of operation, there can be encouragement to adopt a higher standard. Creating a dialogue between public and officials to allow better understanding of the process also ensures accountability and transparency; there is less time spent examining language and more time spent on outcomes. This will increase significance of the product as well.

The group expressed concerns regarding costs and budget constraints and that with limited county budgets, this may be difficult to achieve. In addition, some members noted the need to explore how to get counties on board and encourage participation. The group also discussed the need for equality during the process and often that the same groups are represented in the stakeholder process, leaving out many unidentified stakeholders. It was also noted that complaints of the process should be examined as opportunities to change or modify the process and used as a way to learn.

Some members raised concerns with the local mental health boards regarding lack of capacity to conduct the work/needs assessments. It was noted that support and training would be needed to ensure understanding and enhancement of process and while this is necessary, it is not under the purview of the OAC and there is insufficient funding to support. Members discussed possible strategies to overcome barriers including how to look into counties that do have a robust process and develop models for counties to follow. It was also noted that there are counties where the local mental health boards are not a high priority for the Board of Supervisors and that proper support to the infrastructure would need to be in place to ensure understanding at each level. The group further discussed the development of models as the recognition of such practices could be used as an incentive. Models of practice could be verified through independent certification/verification with the goal of improving the overall quality and success of the CPP.

Chair Van Horn asked if MHSOAC staff could prepare a definition of standards and strategies to determine successful county processes. Dr. Ewing explained that while staff can scope out a project, this would likely be something that would require significant time to plan and implement. Group members raised the possibility of forming a small workgroup to address this issue, as well as possibly working with County Behavioral Health Directors Association (CBHDA) and the California Stakeholder Process Coalition (CSPC), as they are currently working on examining effective stakeholder processes.

This will be an ongoing discussion; it was suggested that as further conversations develop, the committee may want to consider revisiting this topic at a future meeting.

### **Public Comment**

Public comment was made encouraging county input on this process to ensure that all perspectives are accounted for across all levels.

### **Agenda Item 3: Development of Plan to Evaluate Disparities Statewide – identifying Short Term Activities**

Ashley Mills, M.S., staff to the MHSOAC, provided background information regarding the previous Committee meeting discussion around strategies for evaluating disparities in access to care and lack of data. While this is anticipated to be a yearlong project, the current focus is on identifying what can be done now to start the process.

The group discussion began with members asking for clarification on the California Reducing Disparities Project (CRDP) and what was currently being done on access issues. Ruben Cantu, Committee member, was able to provide a brief background on the project and current status of the funds and next steps. Members encouraged the Committee to examine the methods currently used by the External Quality Review Organization (EQRO) with regard to penetration rates and combine with work being done with CRDP with regard to community practices around reducing disparities in access to care.

The group also discussed the current restraints in collecting adequate data to capture current numbers of population served. It was noted that while some data does exist, it is not standardized across all counties, there is a lot of missing data, and definition changes and inconsistencies have occurred across years and counties.

The discussion around data collection included the following points:

- Current data collection does not include sexual orientation in many instances.
- Recommended possible partnerships with the Office of Health Equity (OHE) and the CRDP to study the existing data and look at what is happening across the state as well as identify indicators including access (including language barriers) and perceived quality of care.
- Data studied should include all data and not just Medi-Cal records.

- Concern of counties over reporting requirements as established in the regulations; current systems are not set up to capture required data. These concerns must be addressed and operationalized in a way that ensures success.
- Potential opportunities to access data from different agencies including unemployment and homelessness.
- Challenges with how to address the different demographic pockets within counties; not knowing how to work with this variance can be difficult.
- Examination of the blur of race and ethnicity with regard to ethnic background and culture identification to help answer questions of access especially with regard to whether or not someone is facing stigma and discrimination within their cultural/ethnic group or from a provider because of their cultural/ethnic background.
  - Additionally, identity is critical to crafting appropriate services; when identity is not a factor, trust cannot be built. Race does not define cultural identity which is considered key to service delivery; providers need to recognize and respect cultural roles.
- San Francisco's Department of Public Health was currently working with focus groups to develop a data collection system that provided very detailed, disaggregated data that could also be easily condensed to submit according to current federal reporting requirements.
- Data is critical to demonstrating change or lack thereof.

There was also clarification provided that the CRDP is not actively measuring disparities, rather they are looking at solutions with regard to community defined solutions and programs.

There was also discussion regarding current proposed federal legislation to require comprehensive disaggregated data collection systems.

The group discussed possible ideas including:

- Looking into what the EQRO provides in terms of data; including visual representation of data (easy for counties to understand and disseminate)
- How to leverage existing MHSOAC resources and funds by working with other groups and agencies to maximize funds.
- Look at the cultural competence plans (often developed in partnership with ethnic services manager); encourage DHCS to have them reinstated as a good source of information and insight.
- Work with other subject matter experts through guided conversations to see who is doing what and how we can collaborate with various groups and agencies.

### **Public Comment**

Public Comment was incorporated through the discussion and comments are included in the above discussion.

**General Public Comment**

There was no public comment provided.

**Adjournment**

Meeting adjourned at 2:45pm