



Agenda

MHSOAC EVALUATION COMMITTEE

Thursday, June 28, 2016

12:30 pm to 3:30 pm

Darrell Steinberg Board Room

1325 J Street, Suite 1700

Sacramento, CA 95814

Call-in Number

866-508-0945; Code: 2128536

TIME	TOPIC	Agenda Item
12:30 PM	<p>Welcome and Introductions</p> <p><i>Richard Van Horn, Chair; Larry Poaster, Ph.D., Vice-Chair</i></p> <ul style="list-style-type: none"> • Introduction of Committee Members, Evaluation Staff, and public participants • Review agenda 	
12:45 PM	<p>Vote: Adoption of the March 30, 2016 Meeting Minutes</p> <p><i>Richard Van Horn, Chair</i></p> <ul style="list-style-type: none"> • Public Comment • Vote 	1
12:55 PM	<p>Overview and discussion of ongoing MHSOAC evaluation efforts regarding Full-Service Partnerships.</p> <p><i>Brian R. Sala, Deputy Director for Evaluation and Program Operations, MHSOAC.</i></p> <ul style="list-style-type: none"> • Public Comment 	2

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers and to maintain a quorum, unless noted as time specific. Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Mental Health Services Oversight and Accountability Commission or Committee Meeting may request assistance at the Commission office, 1325 J Street, Suite 1700, Sacramento, CA 95814, by calling 916-445-8696, or by emailing the MHSOAC at mhsoac@mhsoac.ca.gov. Requests should be made one week in advance whenever possible. To accommodate people with chemical sensitivity, please do not wear heavily scented products to MHSOAC meetings.

<p>1:25 PM</p>	<p>Overview and discussion of draft concepts regarding development of transparency tools and statewide data analysis projects.</p> <ul style="list-style-type: none"> • Integrated FSP, CSS, PEI, and INN program and provider database and web applications. • Statewide data analysis tools and reporting strategies. • Data linkage efforts. <p><i>Brian R. Sala, Deputy Director for Evaluation and Program Operations, MHSOAC.</i></p> <ul style="list-style-type: none"> • Public Comment 	<p>3</p>
<p>3:05 PM</p>	<p>General Public Comment</p>	
<p>3:30 PM</p>	<p>Adjourn</p>	

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers and to maintain a quorum, unless noted as time specific. Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Mental Health Services Oversight and Accountability Commission or Committee Meeting may request assistance at the Commission office, 1325 J Street, Suite 1700, Sacramento, CA 95814, by calling 916-445-8696, or by emailing the MHSOAC at mhsoac@mhsoac.ca.gov. Requests should be made one week in advance whenever possible. To accommodate people with chemical sensitivity, please do not wear heavily scented products to MHSOAC meetings.

INFORMATION

TAB SECTION: 1

X ACTION REQUIRED

DATE OF MEETING: 6/28/2016

AGENDA ITEM: Vote: Adoption of March 30, 2016 Meeting Minutes

ENCLOSURES: Draft Minutes from March 30, 2016 Meeting

OTHER MATERIAL RELATED TO ITEM: None

ISSUE:

Minutes from March 30, 2016 need to be reviewed and approved.

Proposed Motion

The Evaluation Committee adopts the minutes from the March 30, 2016 meeting.



Evaluation Committee Meeting Minutes
Date: Wednesday, March 30, 2016. Time: 12:30pm-3:30pm

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

Committee Members:	Staff:	Other Attendees:
Richard Van Horn, Chair	Angela Brand	Stacie Hiramoto
Viviana Criado*	Toby Ewing	Megan Ginilo
Linda Dickerson	Carrie Masten*	Tom Orrock
Tony Hobson	Ashley Mills	
Steve Leoni	Brian Sala	
Belinda Lyons-Newman*	Filomena Yeroshek	
Josh Morgan*		
Dave Pilon*		
Diane Prentiss		
Rusty Selix*		
Saumitra SenGupta*		
Lynn Thull*		

*Participation by phone

Committee members absent: Larry Poaster, Ruben Cantu, Davis Ja, Jennifer Walker

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 August 13, 2015 Meeting Minutes

The Evaluation Committee (Committee) took a moment to review the minutes. Minutes were approved unanimously without modification.

Agenda Item 2: Overview and Discussion of Committee Goals and Principles as Identified in the 2015 Committee Charter*

Agenda Item 3: Overview and Discussion of Ongoing Evaluation Efforts*

**these agenda items were discussed concurrently*

Brian Sala, Ph.D., Deputy Director for Evaluation and Program Operations, provided the Committee with an overview of the 2015 Evaluation Committee Charter and an update on the activities prioritized for 2015 including the ongoing support for the triage program, new software acquired for plan review and training, and the development of new tools to enhance fiscal transparency and reporting. Dr. Sala discussed current efforts between the MHSOAC and the California Behavioral Health Directors Association (CBHDA) to explore the process of collecting the Annual Revenue and Expenditure Reports (ARER) from the counties and how to communicate fiscal information to stakeholders and interested parties.

Dr. Sala provided the Committee with an update on the Issue Resolution Process (IRP) panel at the Commission Meeting on April 27, 2016 in Calaveras County. The group discussed the IRP process its history within the context of past Committee discussions.

Dr. Sala reviewed the policy projects as selected by the Commission in January 2016 and the integration of evaluation staff as leads on these projects. The group requested clarification on how the projects were selected. Executive Director, Toby Ewing, explained that the potential policy projects were proposed to the Commission based on recognition of salient topics that have been discussed across all of the MHSOAC Committees and prioritized by the Commission at the January 2016 meeting. The Committee discussed alignment of the projects to the work of the Committee and what the role of advising the Commission would be. Dr. Sala noted that while some of the projects may not be specific to evaluation, there are components of each project that require evaluation and research. Dr. Sala emphasized the need for the work of the Committee to continue to stay aligned with the Evaluation Master Plan through continued support to current evaluation projects and contracts.

The Committee was asked to consider what has been working and not, including ideas for how to improve structure and function of committee and how to best leverage the expertise of Committee members on current and potential projects. The Committee also discussed how to consider spending evaluation funds. The group was encouraged to consider what needs to be done, including how to leverage funds through other efforts similar to current efforts underway with the system improvement to the DCR and CSI systems.

The Committee acknowledged the efforts of the MHSOAC to work more closely with CBHDA. They also acknowledged appreciation for being asked to consider what is working and not for evaluation efforts moving forward. The group discussed a need to continue to make sure that activities are not duplicative or simply audit functions by working with other agencies and organizations to identify their evaluation efforts and projects planned and underway. It was also noted that data collection efforts should be prioritized while acknowledging burden on the counties. It was noted that the current system is overwhelming and that state requirements add another layer of collection and reporting that can be overwhelming. The goal should be to streamline. There has been a gap between communications between state and local level work.

The Committee discussed the need for enhanced communication between the Committee and the Commission. Leadership acknowledged the time commitment required to attend and/or listen by conference call to the all-day Commission meetings. Chair Van Horn recommended that it might be helpful to incorporate a report-out to at the beginning of each Committee meeting to keep the group apprised on the activities of the Commission with emphasis on evaluation activities.

An update on Charter Activity 6 was provided relating to the evaluation framework on assessing disparities in access to care. Dr. Sala noted that without a work plan for doing so, this evaluation will require further discussion. The goal will be to revisit collaborative efforts with the counties to adopt strategies that are more aligned. Collaboration with the counties will encourage, not just for this particular activity, but all activities, engagement and support between OAC and counties. The need is to streamline and consolidate the asks of the counties to show value and relevance of projects to establish engaged, quality participation.

The group requested enhanced communication between the OAC and the counties as well as other entities such as CBHDA to understand what evaluation efforts are underway across the state. Staff noted current effort of OAC staff to compile a list of all county-level evaluations. It was requested that in addition, money spent on these evaluation be captured. It was also noted that CBHDA is currently asking counties to provide one page summaries of all MHSA programs. This is in addition to the Steinberg Institute efforts to gather outcomes data for PEI similar to what has been done for FSP programs. The goal is to tell the story of MHSA funding, but with the variety of services and programs, it is still too early to do so successfully. It was noted that the counties, while interested, may not always be able to participate in activities simply due to burden on staff or limited resources.

Staff reported that the new OAC website is currently being developed with an anticipated launch in May. The group recommended access to fact sheets and past evaluation reports (both positive and negative in findings), but also acknowledged the need for materials that are able to be understood by all audiences. A search feature was requested to help enable those who are unfamiliar with MHSA or Prop 63 to be able to find things quickly without having to search through past meetings. Committee also recommended having a more fluid version of the Evaluation Dashboard posted to the website with links to completed projects.

Discussion concluded with acknowledgement that current Charter was more of a master wish list of activities; that going forward, the group would revisit and discuss prioritization of activities based on which projects were best in alignment with not just OAC efforts, but other agencies and entities, specifically around data collection efforts and shared interest in outcomes. Efforts to be made to establish what is strategic advantage of the OAC versus other agencies, how to leverage efforts, and identify useful research projects.

Public Comment

There was no public comment provided on this item.

Agenda Item 4: Review Draft Outline of Proposed Scope of Work for Contract with UCSD

Dr. Sala provided a brief overview of the current contract with UCSD, including noted limitations in scope of work. Staff were proposing a short term contract to address gaps in current scope of work, including: improvements to mHOMS system, development of a toolkit for counties for CSS tracking, monitoring, and evaluation measures, final report of data collection efforts, and development of a plan for negotiating data use agreements between counties and the OAC.

Committee members expressed concern that funds might not be adequate for project. Group noted further concern in scope of project with regard to toolkit, the need for buy-in from current EHR vendors, and the time needed to make changes to current EHR systems. Staff explained that the contract was to augment existing efforts. The toolkit to be developed is to establish a core set of assessments and measures to be used to guide counties on how to implement CSS tracking into current systems.

Staff discussed looking at the development of an advisory group to guide this project to ensure clarity and functionality. Group would need to include counties as well as individuals from EHR vendors to ensure compatibility of systems and ease of integration.

Public Comment

There was no public comment provided on this item.

Agenda Item 5: Update on Projects Prioritized by the MHSOAC for the 2015-2016 Fiscal Year

Staff provided an update on progress for projects prioritized for 2015-2016. It was noted that staff capacity has been limited due to vacancies within the evaluation unit.

Evaluation of Laura's Law/AOT programs: existing programs do not have enough data for staff to work with. Staff has proposed the delay of this project until data is available. Committee noted that completion of current CSS evaluation may provide useful data to aid this project effort.

Assessment of Peer-Run/Consumer-Led programs: Staff determined project would be duplicative to efforts currently underway at the Office of Statewide Health Planning and Development (OSHPD).

Data Strengthening: OAC has contracted with iFish to host data provided by DHCS with the goal to refresh and report on data every 6 months. Staff, using the SAS

program, will have access to DCR and CSI data and will identify analytical needs as applicable.

Substance Use Disorder (SUD) Screening: Staff noted that this project has yet to begin and is seeking guidance from Committee around revisiting purpose and goals of project.

Impact of MHSA on Children and Families: Staff noted challenges to this project and asked for further guidance on how to operationalize. Current challenges are that there is no way to report how many children and youth are currently being served or the demographics. While there is some FSP data, it is not complete. Staff and committee discussed the need to study the public system as a whole and not try and break down just MHSA funded programs. Staff noted that implementation of Regulations will help ensure some of the data is collected, but at this time, the infrastructure hasn't been completed to ensure data is captured. Additional discussion included lack of unified data systems, how to determine need as well as who is being served (and who isn't), and knowing what counties have which programs.

Public Comment

There was no public comment provided on this item.

General Public Comment

There was no public comment on this item.

Adjournment

Meeting adjourned at 3:30pm

AGENDA ITEM: Overview and Discussion of Ongoing MHSOAC Evaluation Efforts Regarding Full-Service Partnerships

ENCLOSURES: None

OTHER MATERIAL RELATED TO ITEM: A Handout will be distributed at the meeting.

BACKGROUND:

Full Service Partnerships evolved from Assembly Bill (AB) 34 (1999) and AB 2034 (2000) programs, which provided comprehensive services for adults who had serious mental illness and were homeless, at risk of becoming homeless, recently released from a county jail or State prison, or others who were untreated, unstable, and at significant risk of incarceration or homelessness without treatment. Both the AB 34 pilot and AB 2034 statewide implementation focused on the Assertive Community Treatment (ACT) model, which includes provision of a comprehensive array of services to enrollees, including outreach, supportive housing and other housing assistance, employment, substance abuse, and mental and physical healthcare. These services were aimed at reducing homelessness, incarcerations, and psychiatric hospitalizations. The structure and goals of AB 34 and AB 2034 programs served as a foundation for the FSPs that eventually became part of the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA or The Act).

In Fiscal Year 2014-15, the MHSOAC prioritized an evaluation project to classify Full Service Partnerships to enable clients, family members, providers, counties, other stakeholders, and the State to further understand the diversity of FSPs across California and to provide an appropriate basis for further analysis.

That evaluation project, under a contract with Mental Health Data Alliance (MHDATA), was to design and build a working prototype database and web applications to collect information about FSPs from providers and counties, and to deliver to end users customizable views and reports about existing FSPs. The contract, as originally conceived, would deliver the working prototype by late 2016.

ISSUE:

Deputy Director Brian Sala will provide an update on evaluation effort to classify and inventory Full Service Partnerships on a statewide level. Staff are proposing to modify the contract to focus MHDATA's work scope to deemphasize software development on the portal and place greater emphasis on documentation, user manuals, training materials, and implementation/deployment support efforts, including working with counties and providers to populate the database.

In turn (to be discussed below in Agenda Item #3), OAC staff are proposing new contracting efforts with MHDATA and with iFish Group, the latter of which would include software development for an expanded data portal concept, supported by planning work involving MHDATA.

Introduction

FSP Classification System Project Objectives

Develop a System to Describe FSP Programs

- Assess FSP programs to develop and create a meaningful and usable classification system which describes FSP program components, capturing variations and similarities between FSP programs while incorporating feedback from a broad group of stakeholders

Increase Understanding of FSP Programs

- Increase the ability to understand and improve upon the quality of services offered by FSP programs

Enable Communication about FSPs

- Describe FSP programs
- Share information about FSP programs between agencies and counties
- Publically communicate program offerings
- Assist consumers and families to find appropriate FSP programs

Support Evaluation and Quality Improvement Efforts

- Assist State, counties, providers, and stakeholders to assess and improve FSP program component availability and quality

The purpose of this evaluation effort by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) is to assess FSP programs on a statewide level in order to classify them in a meaningful and useful fashion which should ultimately enable clients, family members, providers, counties, other stakeholders, and the State to further understand the diversity of FSP programs across California and to compare those programs which are similar. The MHSOAC believes that this knowledge can be used to improve the overall quality of care provided in FSPs.

This MHSOAC evaluation represents another step toward continuous assessment of the MHSA and the broader, public, community-based mental health system, while focusing on quality improvement as guided by MHSA values and principles. The ultimate goal of this project is to increase the ability to understand and improve upon the quality of services offered by FSPs. This shall be achieved through the development of a classification system which will allow various groups (i.e., State, counties, providers, clients/family members, and other stakeholders) to classify FSPs in a meaningful and useful fashion for comparative purposes, and through implementation of the classification system via an online interface.

Introduction

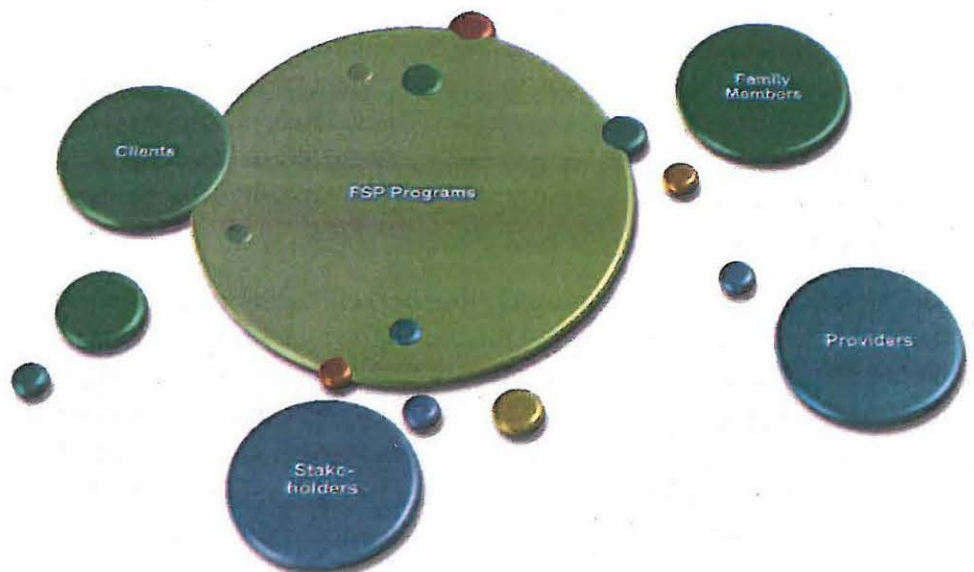
Preliminary FSP Classification System Project Questions

Guiding Questions:

What are the most meaningful ways to classify FSP programs across the state that would be beneficial to clients, family members, providers, the State and other stakeholders?

What characteristics/factors should the classification system be based upon? What data is needed to measure those characteristics/factors?

What is the best method for various stakeholders throughout the state to view and utilize a classification system to improve quality and services provided by FSPs?



Introduction

FSP Classification System Project Milestones

Propose Preliminary Statewide FSP Classification System Schema Based on Stakeholder Input

Report a Final Statewide FSP Classification System Schema Based on Public Comment

Develop an Online Statewide FSP Classification System Website Design Specification

Develop & Deploy an Online Statewide FSP Classification System Website

Provide Statewide FSP Classification System Website Administrator and User Training and Technical Assistance

The final culmination of this project will be the development and implementation of an online interface to operationalize an FSP classification system. The website will support the collection and viewing of information for FSP programs statewide. To reach this goal, the FSP Classification System project includes the following five (5) milestones:

1. Propose a Preliminary Statewide FSP Classification System Schema Based on Stakeholder Input
2. Report a Final Statewide FSP Classification System Schema Based on Public Comment
3. Develop an Online Statewide FSP Classification System Website Design Specification
4. Develop and Deploy an Online Statewide FSP Classification System Website
5. Provide Statewide FSP Classification System Website Administrator and User Training and Technical Assistance

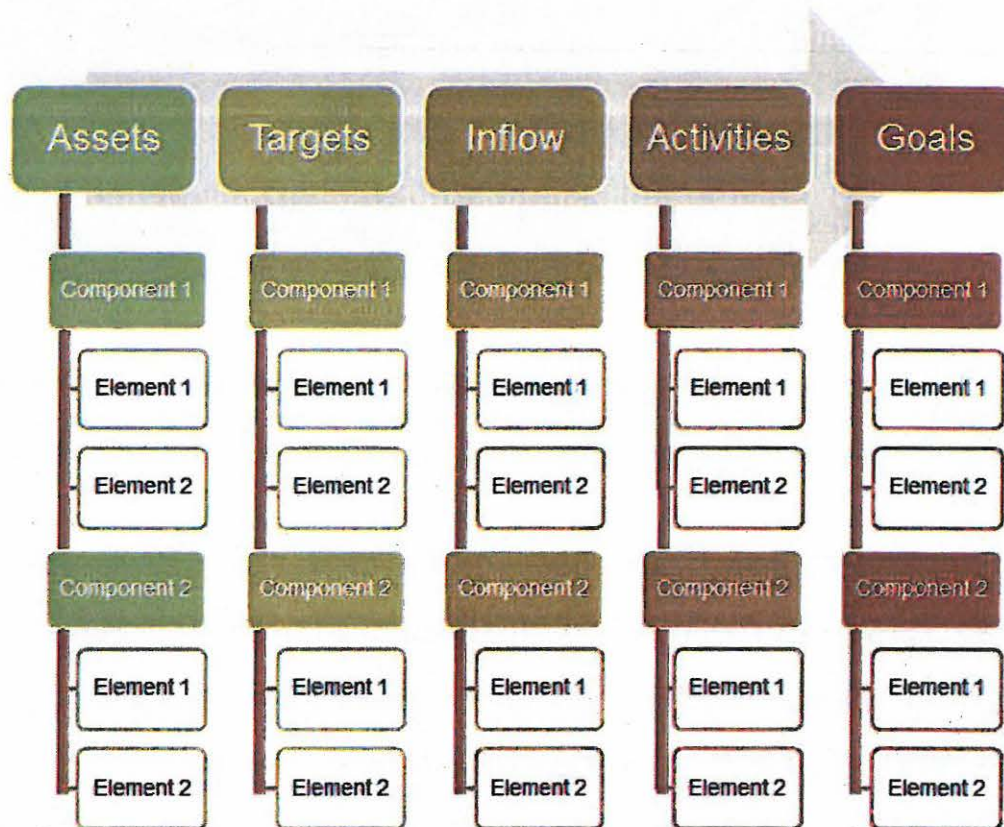
7.7 Program Categories, Components and Elements Hierarchy

The FSP Classification System classifies FSP Profiles based on their program elements. Within each category, the classification system identifies groups of program elements organized into program components as described below. Figure 7.7.1 displays the hierarchy between the program categories, components and elements.

❖ List of Category, Component and Element Hierarchy

- **Category** - This is the highest level which groups all components and elements into the five identified categories of Assets, Targets, Inflow, Activities and Goals.
- **Component** - This level groups together similar program elements. This level will help organize similarly worded questions within the final classification system survey. It is intended that elements within the same component could be grouped together into question blocks.
- **Element** - This is the most detailed level used to describe programs within the classification system. Within the classification system, programs can identify if elements exist in the program and to what degree the element exists, along with other relevant characteristics about the element.

Figure 7.7.1 – Program Categories, Components and Elements Hierarchy



AGENDA ITEM: Overview and Discussion of Draft Concepts Regarding Development of Transparency Tools and Statewide Data Analysis Projects

ENCLOSURES: None.

OTHER MATERIAL RELATED TO ITEM: A handout will be distributed at the meeting

BACKGROUND:

In 2013, the MHSOAC adopted an Evaluation Master Plan. One of the key concluding statements of the Master Plan was as follows:

The MHSOAC needs to devote more attention to using evaluation information.

The primary thrust of this summary finding was to urge the MHSOAC and its staff to make better use of specific evaluation results to drive quality improvement at the program and county levels. Underlying this finding, however, was a recognition that the Commission and its staff needs to make better use of available information about programs, providers, and client outcomes.

Recently, the Commission authorized the Executive Director to enter into contracts to develop and implement fiscal transparency tools to increase awareness of Counties' Mental Health Services Act revenues, expenditures, and unspent balances, based on Counties' Annual Revenue and Expenditure Reports (ARERs) to the Department of Health Care Services, among other documents.

Additionally, the MHSOAC receives Counties' MHSA Three-Year Plans and Annual Updates. These documents typically include the respective counties' narrative descriptions of individual programs and initiatives funded partially or fully by MHSA, as well as budget estimates for those programs and initiatives.

Further, the recently signed Fiscal Year 2016-17 state budget includes authorization for the Commission to create a new staff team focused on reviewing, evaluating, and disseminating information about Counties' Innovation projects.

Taken together, ARERs, County Three-Year Plans and Annual Updates, and County Innovative Project proposals constitute a significant, under-exploited data resource.

ISSUE:

Deputy Director Brian Sala will lead a discussion about draft concepts regarding development of transparency tools and statewide data analysis projects. These concepts fall in three broad areas:

1. Integrated FSP, CSS, PEI, and INN program and provider database and web applications.
2. Statewide data analysis tools and reporting strategies.
3. Data linkage efforts.

Overview

The role of the Mental Health Services Oversight and Accountability Commission (MHSOAC) is to oversee the implementation of the Mental Health Services Act (MHSA). The mission of the organization is to provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. Hold public mental health systems accountable. Provide oversight for eliminating disparities; promote wellness, recovery and resiliency; and ensure positive outcomes for individuals living with serious mental illness and their families.

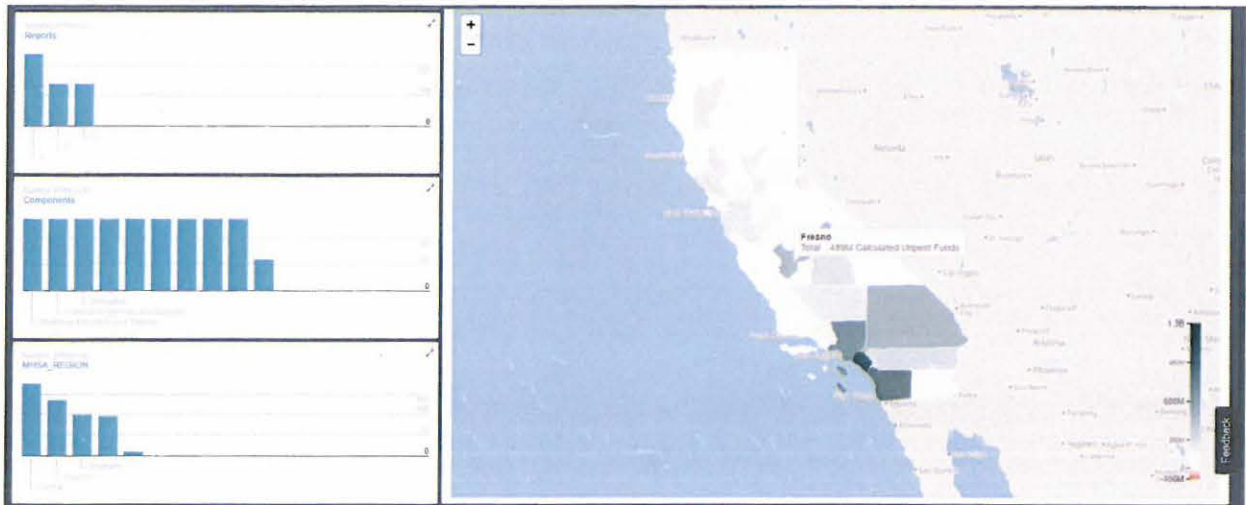
The MHSOAC's oversight responsibility is dependent upon the ability to objectively collect information about the mental health programs, provide analysis and evaluation, and offer a measure of transparency through publication of information and statistics to various stakeholders including legislators, counties, providers, researchers, media and the public.

The MHSOAC staff has actively sought to develop an information management strategy that aligns with the oversight responsibilities of the Commission. Earlier this year, the staff along with external consultants, captured the data provided by the Department of Health Care Services (DHCS) in the Annual Revenue and Expense Reports (ARER) to focus on the financial aspects of funds distributed to individual counties, organize and analyze submitted data, and develop process and technical capabilities to produce a comprehensive dataset that can be used to show revenue, expense and unspent funds balances by county, fiscal year and component as well as illustrate which counties have submitted reports and those that have not.

In the recent testimony before the Little Hoover Commission (LHC), Executive Director Toby Ewing provided a vision of the information management strategy for MHSOAC that included a breakdown of the specific information about the Mental Health programs and providers and how by making the data well-organized and easily accessible, would provide stakeholders with the information to perform their own evaluations and make informed decisions.

Initiatives for FY 2016-17

The initiatives for the 2016-17 fiscal year involve creating systems that allow for the collection, organization and publication of information about MHSA funded programs throughout the state and creating a central web portal that provides an interactive interface along with an intuitive searchable database for administrators, providers, clients and the public to gain access to information about mental health services across the state.



The portal would also include interactive analytics and reporting capabilities to understand trends and rates and would integrate with the California Health and Human Services OpenData portal. One of the initial features of the portal will be to publish the ARER data in an interactive dashboard that will allow site visitors to easily explore data provided by the counties using an interactive map that shows statistics for each of the counties with the click of a mouse.

Component Breakdown

The portal project is broken down into three components; the portal shell, the Full Service Partnership Classification System module (which has been defined in the design specifications provided by Mental Health Data Alliance (MHDA)), and a module for collecting the program inventory documented in the report provided by NAMI. A summary of the features are listed below:

Component	Overview	Comments
Portal Framework	Centralized user management, configurable menu and navigation, reporting and visualization capabilities	The initial portal shell will be the common interface that users will use for web access to each of the two modules listed as well as provides reporting and visualization capabilities.
Full Service Partnership Classification System	The system is designed to describe FSP programs with the goals of: capturing variations and similarities between FSP programs; enabling better communication about FSP programs; facilitating the sharing of information between FSP programs; assisting public communication of program offerings; assisting consumers and families in finding FSP programs; assisting efforts to improve FSP program component availability and quality; and increasing the ability to understand what works and for whom	The system specifications are included in Deliverable #4 of the Report of the Online Statewide Full-Service Partnership (FSP) Classification System provided by MHDA on 2/25/2016. Some refinement of the functional specifications will be required through iterative interaction with MHSOAC staff and MHDA.
Mental Health Programs and Providers System	System designed to provide information about various county mental health programs and providers throughout the state using an interactive, searchable database	Specifications for the system would be similar to the FSP program and take advantage of common data elements such as county, component, program, provider and region. The detailed specifications and design would be coordinated with MHDA and staff, and iteratively released within the Portal.

Summary

The goal of the information management strategy is to drive collection and usage of the data collected from the counties to provide transparency around programs funded by the MHSA. The portal is intended to be a central platform in which information can be securely accessed by MHSOAC and county administrative staff for data collection and reporting. The portal will also provide public access to information about the MHSA including facts, services, data stories, analytics and visualizations to gain better insight into mental health programs and providers throughout the state of California.

