

Evaluation Plan

Overview

The California Mental Health Planning Council (CMHPC) is mandated in both federal and state statutes with specific requirements around reviewing, assessing and evaluating mental health program performance across the state. This Evaluation Plan is designed to advance the Council's activities to fulfill those requirements as presented in the chart below.

Description

The CMHPC is a 40-member advisory body to the Legislature, the Administration, local mental health boards and programs. Membership is primarily consumers and family members with some professionals and providers, advocates and eight state department representatives. This composition provides a robust and unique perspective for assessment, review and evaluation.

In 2010, the CMHPC released the "Performance Indicators for Evaluating the Mental Health System". These performance indicators were developed as reporting requirements for the Mental Health Services Act Annual Plan and eventual Integrated Plan. They resulted from a stakeholder process to develop the guidelines for the Annual Plan updates and Integrated Plan requirements and were developed by a team that included representation from the CMHPC, CiMH, the then Dept. of Mental Health, CMHDA, and The Village. While the process for developing the Integrated Plan requirements has been suspended, the initial set of performance indicators are still in place and are being used by the MHSOAC and others for evaluation efforts in California.

Where possible, and for maximum effect and efficiency, any review, assessment and evaluation activities of the CMHPC should also follow the initial set of performance indicators already agreed upon and established. This will allow the CMHPC's activities to build on efforts already underway and to trend results over time. The CMHPC will partner with the DHCS and the MHSOAC on any and all activities that lend to collaboration and will rely heavily on their data and reporting due to their level of resources available and capacity to fulfill their statutory mandates. The DHCS has primary responsibility for data collection and the MHSOAC has lead on evaluation and oversight of mental health services.

Initial Performance Indicator Domains

1. Education/Employment
2. Homelessness/Housing
3. Justice Involvement
4. Family/Youth/Client Perception of Well-Being
5. New Clients by age, gender, race/ethnicity

| Statutory Req'mt | Process | Domain #1 | Domain #2 | Domain #3 | Domain #4 | Domain #5 | Frequency |
|--|--|---|---|---|---|-----------|----------------|
| WIC 5772(b) To review, assess and make recommendations regarding all components of CA MH system and to report as necessary to Legisl, DHCS, local boards/programs. | Review available info on web and any data/reports issued by MHSOAC, DSH and DHCS regarding services provided in community, in state hospitals, involuntary commitments and for special populations e.g., AB 109 population, children, older adults, veterans, etc. Other areas to be determined in future years. | Look for impact and best practices of trauma-informed care for children. Look at numbers of children served pre and post implem of AB 114. Consult with counties regarding current practices/req'mts for trauma care when serving children to then issue report and develop recommendations. Data source=CSI, web, CDE. | Look at rate of homelessness in CA. Look for decrease in number of episodes of homelessness and programs to keep individuals/families in housing. Data source=DCR, CPS, DHCD/federal Housing data, web. | AB 109 population: Look for decreased number of encounters with police/arrests since initiating services. Data source=DCR, CPS. | Look at trends in involuntary commitments over several years to determine positive effect of MHSA programming and increased funding for MH svcs. Data source=county reports to DHCS or CDOJ data. OLDER ADULTS: Look at results of "As a result of svcs received, able to deal more effectively with daily problems". Look at suicide rate trends for ages 65+ over several years to determine positive effect of MHSA programs and increased. Data source=CPS, MH svcs. | | As appropriate |

| Statutory Req'mt | Process | Domain #1 | Domain #2 | Domain #3 | Domain #4 | Domain #5 | Frequency |
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| WIC 5772(c) To review program performance in delivering MH svcs by annually reviewing performance outcome data as follows: (1) review and approve perf outcome measures | Collaborate with MHSOAC as new indicators are developed. Then bring to Council members for review and approval. | n/a | .n/a | n/a | n/a | n/a | As needed |
| (2) To review the performance of mental health programs based on perf outcome data and other reports from DHCS and other sources | Review results from Data Notebook activity with Local Mental Health Boards and release an overall report on findings and any recommendations. | CHILDREN: Look for decrease in number of children expelled/suspended from school after initiating services. TAY/ADULTS/OA: Look for increase in number of hours worked (paid or unpaid) after initiating services, data source=CPS, CSI, DCR | ALL AGES: Look for most recent housing status (excl homeless), data source=CSI and DCR. Also, if experienced homelessness any time in year, source=CSI and DCR | TAY/ADULTS/OA: Look for number of arrests in 12 months prior to services and decrease in number of arrests after receiving svcs, data source=CPS and DCR | ALL AGES: Looking at response to survey question, "As a result of services received, able to deal more effectively with daily problems" data source=CPS | Look for increase in number of New consumers and retention of continuing consumers by race/ethnicity, age, gender, data source=CSI and DCR. | Annually |

| Statutory Req'mt | Process | Domain #1 | Domain #2 | Domain #3 | Domain #4 | Domain #5 | Frequency |
|--|---|---------------|---------------|---------------|---------------|---------------|-----------|
| (3) To report findings and recommendations on programs' performance annually to the Legislature, DHCS and local boards | Perform program reviews on pre-selected focus areas (e.g., children svcs, juvenile justice, older adults) in 5% of the counties each year and release a report on findings. | tbd | tbd | tbd | tbd | tbd | Annually |
| WIC 5848(d) Mental health services provided pursuant to Part 3 and Part 4, shall be included in the review of program performance by the CMHPC required by paragraph (2) of subdivision (c) of Section 5772 and in the local MH board's review and comment on the perf outcome data required by Section 5604.2 | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | |

| Statutory Req'mt | Process | Domain #1 | Domain #2 | Domain #3 | Domain #4 | Domain #5 | Frequency |
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