



Evaluation Committee **2015 Charter**

Purpose:

To provide the Mental Health Services Oversight and Accountability Commission (MHSOAC) with input, assistance, and advice as needed on the implementation of the MHSOAC Evaluation Master Plan, work being done and recommendations made by MHSOAC external evaluators, MHSOAC internal evaluation work, and any other emerging issues regarding research and evaluation.

Objectives:

- Help to ensure that the evaluations conducted via the MHSOAC are structured to achieve the objectives of the MHSOAC and Mental Health Services Act (MHSA).
- Help to ensure that the evaluations conducted via the MHSOAC use methods that are consistent with the requirements of the MHSA, technically sound, and meaningful and relevant to stakeholders.
- Help to ensure that information from MHSOAC evaluation efforts is usable and used for: 1) communication efforts; 2) continuous quality improvement within California's community-based mental health systems, programs, and projects; and 3) strengthening related policy.
- Identify evaluation efforts sponsored by other entities and organizations that can be used for continuous quality improvement within California's community-based mental health systems, programs and projects, and for strengthening related policy.

Guiding Principles:

Committee recommendations to the MHSOAC should reflect and strive to address the following priorities:

1. Focus on improved outcomes for clients/family members and those throughout the State with mental illness or emotional disturbance, and those who are at risk for or show early signs and symptoms of mental illness or emotional disturbance.
2. Promote and identify promising and evidence-based practices and strategies that contribute to continuous quality improvement of services and systems.
3. Promote cultural and linguistic competence.
4. Promote a client/family-driven system.
5. Work toward reduction of stigma and discrimination related to mental illness/emotional disturbance or receipt of services for mental illness/emotional disturbance.
6. Reflect an informative, robust, and meaningful stakeholder process.
7. Emphasize inclusion of all demographic groups, including those of all ages across the life-span, all genders, and all racial/ethnic groups.
8. Aim to reduce mental health disparities in access to care.
9. Promote total health integration.
10. Recognize the importance of cultural communities and families of choice.

11. Promote a system of oversight and accountability to help ensure public funds are spent appropriately and on cost-effective services.

Activities:

1. Provide support in the continued implementation of the MHSOAC Evaluation Master Plan, including development and implementation of new evaluation priorities and activities. Workgroups/subcommittees may be convened to support specific facets of implementation.
2. Revisit and participate in the Evaluation Master Plan prioritization process.
3. Provide support as needed with MHSOAC efforts to identify core, uniform performance indicators for all MHSA components (e.g., Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CF/TN), Workforce and Education Training, (WET)) and other facets of MHSOAC internal performance monitoring outlined within the Evaluation Master Plan.
 - a. Assist with the development of a PEI evaluation framework that integrates PEI into the CSS treatment continuum.
4. Continue to identify opportunities to strengthen data collection/reporting systems and infrastructure within counties and throughout the State to meet statewide evaluation goals. The Data Strengthening Workgroup will continue to meet to provide ongoing feedback on this effort.
5. Provide support as needed to assess cumulative statewide impact of triage personnel grants.
6. Assist with the development of an evaluation framework for assessing disparities in access to care statewide.
7. Assist with the development of an evaluation framework for continuous assessment of Community Program Planning processes statewide.
8. Provide support in the development of a process for assessing the efficacy of MHSOAC's oversight and accountability strategies, including facilitation of quality improvement efforts.
9. Work to strengthen fiscal reporting related to MHSA and other public mental health expenditures via policy revisions (e.g., strengthening Annual Revenue and Expenditure Reports).
10. Assist as needed with helping the MHSOAC achieve its primary evaluation goals, as well as identification of processes (to be carried out by the MHSOAC) aimed at achieving these goals:
 - a. Identify and disseminate lessons learned and best practices from evaluations to improve the quality of programs, services, and systems.
 - b. Communicate/disseminate results of evaluation efforts in order to increase awareness of the MHSA. Ensure that dissemination efforts are applicable to the wide range of MHSA stakeholders (e.g., policy-makers, counties, providers, consumers).
 - c. Develop and disseminate policy recommendations that may emerge from evaluation findings put forth by the MHSOAC and other entities.
11. Seek input from and collaborate with other MHSOAC Committees and entities as needed/relevant on current evaluation projects.
12. Diversify the methods by which the MHSOAC receives input from people with lived experience of mental illness.
 - a. Expand and diversify participation in the MHSOAC Evaluation Committee Meetings and evaluation contracts to the fullest extent.

Date	January 2015
Leadership	Richard Van Horn, Chair Paul Keith, MD, Vice Chair Larry Poaster, Vice Chair
Staff	Renay Bradley, PhD; Angela Brand
Committee Members	<ol style="list-style-type: none"> 1. Ruben Cantu 2. Rocco Cheng, PhD 3. Viviana Criado 4. Linda Dickerson, PhD 5. Tony Hobson, PhD 6. Davis Ja, PhD 7. Steve Leoni 8. Belinda Lyons-Newman 9. Joshua Morgan, PsyD 10. Dave Pilon, PhD 11. Diane Prentiss 12. Rusty Selix 13. Saumitra SenGupta, PhD 14. Lynn Thull, PhD 15. Jennifer Walker 16. Margaret Walkover, MPH