



**MHSOAC Evaluation
Implementation Plan for Fiscal Years
2013/14 - 2017/18**

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1. Overview of MHSOAC Role in Evaluation

The Mental Health Services Act (MHSA or Act), also known as California’s Proposition 63, was passed in November of 2004 and first implemented in 2005. The MHSA was created in order to improve the quality of life for Californians living with a mental illness, and emphasizes transformation of the public mental health system as a means toward achieving this goal. The MHSA is funded by levying a 1% tax on personal income above \$1 million. In 2010-11, approximately \$1.1 billion in revenues were generated for the MHSA. MHSA revenues must be allocated toward a series of components designated by the law. Up to 5% may be used for administrative purposes, including evaluation.

In order to ensure that the MHSA is being implemented properly, the Act established the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC, which consists of a group of appointed voting members/Commissioners, is responsible for providing oversight of the MHSA and its components. Within this role, the MHSOAC ensures accountability to taxpayers and the public. The Commission’s mission is to hold public mental health systems accountable and provide oversight for 1) eliminating disparities, 2) promoting wellness, recovery, and resilience, and 3) ensuring positive outcomes for individuals living with mental illness and their families. In order to achieve these goals, the MHSOAC has adopted a commitment to pursuing meaningful evaluation of the MHSA and public community-based mental health system.

This commitment is supported by the MHSA, which states that, prior to disbursement of funds to counties for support of MHSA components (e.g., Community Services and Supports—CSS; Innovative Programs—INN; Workforce Education and Training—WET; Prevention and Early Intervention—PEI; Outreach and Engagement—O/E; Capital Facilities and Technological Needs—CF/TN), funds must be allocated to the MHSOAC to “ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth” within the Act. Thus, the MHSA has embedded support for research and evaluation directly into the Act that the MHSOAC is partially responsible for upholding. MHSOAC evaluation efforts are largely intended to provide information about the performance of the MHSA and statewide public mental health system to state policy makers (Governor, Legislature, and state agencies) and the general public.

Overall, MHSOAC evaluation efforts enable the MHSOAC to provide continual monitoring and assessment of services, systems, and outcomes that stem from the MHSA and the broader California community mental health system. Such steps are imperative in order to engender an approach that promotes quality improvement of both services and the overall system.

Below are sample sections of the Act that help to define the MHSOAC’s statewide role in evaluation of the MHSA and public community-based mental health system.

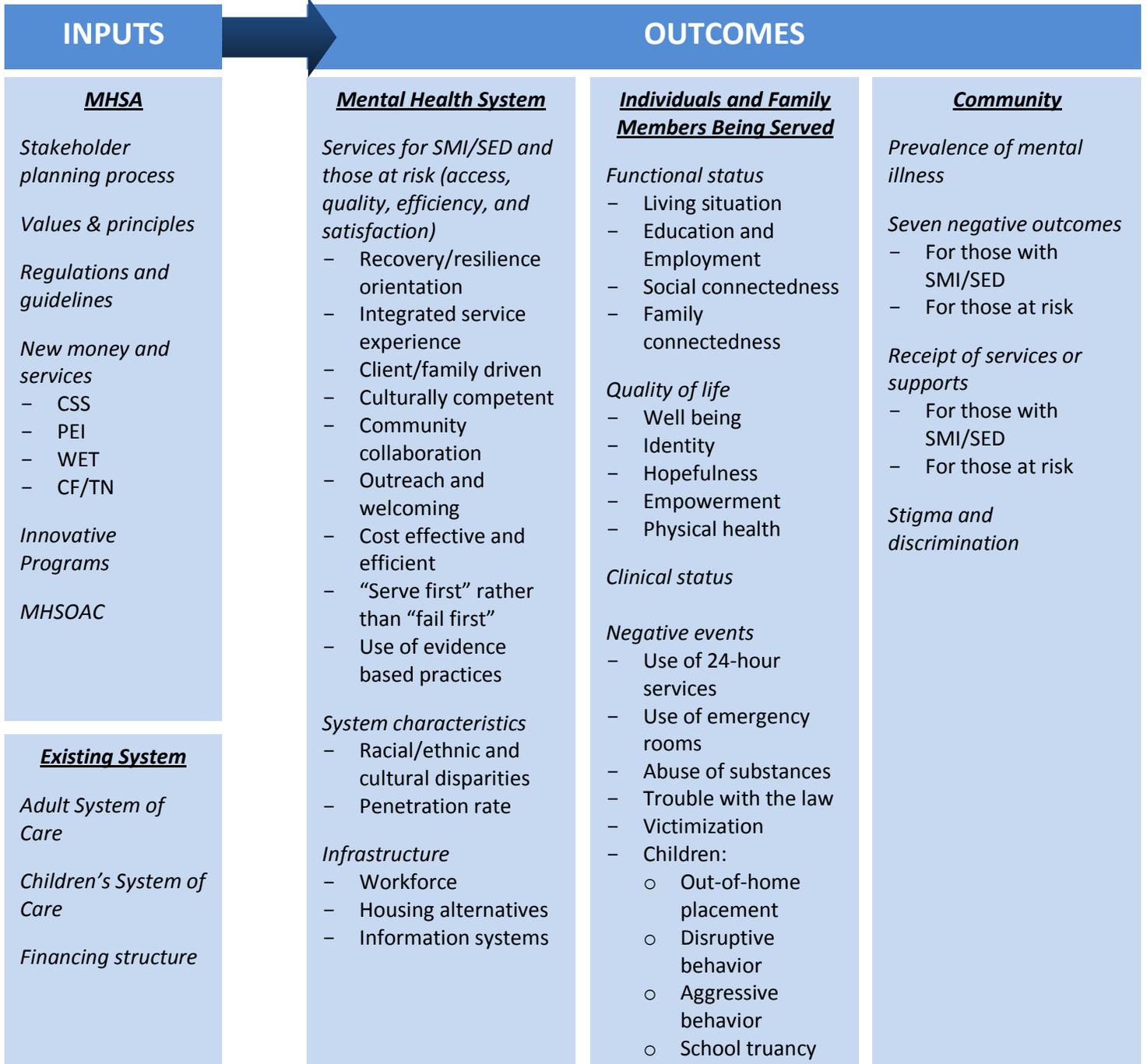
- The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Human Resources, Education, and Training Programs; Part 3.2 (commencing with Section 5830), Innovative

Programs; Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children's Mental Health Services Act.

- 5845 (a)
- Obtain data and information from the State Department of Health Care Services, the Office of Statewide Health Planning and Development, or other state or local entities that receive Mental Health Services Act funds, for the commission to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with Mental Health Services Act funds.
 - 5845 (d) (6)
- Work in collaboration with the State Department of Health Care Services and the California Mental Health Planning Council, and in consultation with the California Mental Health Directors Association, in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system, including, but not limited to, parts listed in subdivision (a). The California Health and Human Services Agency shall lead this comprehensive joint plan effort.
 - 5845 (d) (12)
- The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840, and Part 4 (commencing with Section 5850) of this division funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the California Mental Health Directors Association.
 - 5848 (c)
- The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.
 - 5892 (d)
- The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the California Mental Health Directors Association, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission.
 - 5899 (a)
- Employ all of their appropriate stratagems necessary or convenient to enable it to fully and adequately perform its duties and exercise the powers expressly granted, notwithstanding any authority expressly granted to any office or employee for state government.
 - 5845 (d) (4)

2. Evaluation Model / Paradigm

The MHSA provides several contributions to California’s mental health system (i.e., those items listed as “inputs” in the model below). The inputs of the MHSA were intended to create changes in the mental health system, as well as improved results for individuals and family members being served by this system, and the general community (i.e., greater population of California, including those who are not directly receiving services). The mental health system, individuals and family members being served, and the community are listed as “outcomes” in the model. This paradigm is intended to serve as a guide for the basic inputs and outcomes that should be focused on at this time within MHSOAC evaluation. It is not intended to be all-inclusive and can be revised as needed.



3. Priority Setting Process and Criteria

The Evaluation Master Plan outlines a set of criteria for prioritizing evaluation questions to be addressed via evaluation efforts, and the specific evaluation activities that would/could be used to address those questions. These criteria, which are listed below, can be used to prioritize a list of evaluation efforts and to reconsider (i.e., reprioritize) previously prioritized evaluation efforts at a later date or within a different context, for example. To use the criteria, possible evaluation efforts should be considered in light of each criterion, which should be scored using a three-point system where 3 = highest rating (evaluation effort meets the criterion fully), 2 = moderate rating, and 1 = lowest rating. The ratings for each criterion are then summed together to generate a final score for the evaluation effort. Based on the comparative list of scores for all possible evaluation efforts, those with the highest scores should be deemed “high” priorities, and those with the lowest scores should be deemed “medium” priorities. Evaluation efforts judged as high priorities should be carried out before those judged as medium priorities.

The MHSOAC proposes to use this priority setting process at least once each year to revisit and potentially revise and/or add to the initial list of prioritized evaluations that were generated within the scope of the Evaluation Master Plan. The lists of criteria applied to evaluation questions and activities should also be modified and strengthened as needed, based on experience that comes with use of the process and any other relevant contextual factors. MHSOAC staff will consider both evaluation effort prioritization and potential revision of the priority setting criteria on a regular basis. Input on both processes will be obtained from the Evaluation Committee as needed. Final selection of evaluation efforts to conduct will also be based on currently available resources (i.e., staff and funding). Staff recommendations for evaluation priorities to focus on and any potential changes to this priority setting process will be put forth to the Commission for their consideration each year.

The criteria applied to the evaluation questions include:

- **Consistency with MHSA:** Are the questions consistent with the language and values of the Act?
- **Potential for quality improvement:** Will answers to the question(s) lead to suggestions for and implementation of policy and practice changes?
- **Importance to stakeholders:** Are the questions a high priority to key stakeholders?
- **Possibility of partners:** Are there other organizations that might collaborate and/or partially fund the activity?
- **Context and forward looking:** Are there changes in the environment that make the question particularly relevant? (e.g., the evolving health care environment; political concerns)
- **Challenges:** Do the question(s) address an area that is creating a challenge for the system?

The criteria for the evaluation activity include:

- **Feasibility:** How likely is the evaluation activity to produce information that answers the evaluation question(s)?
- **Cost:** How many resources are needed to do the activity well?
- **Timeliness:** How long will it take to complete the evaluation activity?
- **Leveraging:** Does the evaluation activity build upon prior work of the MHSOAC or others?

4. Summary of Priorities for Fiscal Years 2013/14 – 2017/18 (given additional funding and staffing)

MHSOAC staff have gone through the Evaluation Master Plan and used its contents to generate a spreadsheet that describes the following:

- All evaluation activities to be carried out in the next five years (including current activities that will continue on and be completed in forthcoming years)
- Estimated funding needs for each activity
- Estimated staffing needs for each activity
- Estimated timelines for completion of all activities proposed within the Evaluation Master Plan within a five-year timeframe

The spreadsheet was used to generate the tables presented in Appendix A. Tables are provided for each forthcoming Fiscal Year (FY) that describe proposed activities to be carried out during each year and estimates of resources (i.e., funding and staffing) needed to complete those activities. Table 1 summarizes this information for all five years.

Estimated Funding Needs. Please note that funds for multiple-year projects that are intended to be contracted out are allocated to the initial year that the contract is scheduled to begin (yet would cover costs associated with the full scope of the project across multiple years). Overall, large-scale contract activities are estimated to cost \$500,000. This average was revised in some cases based on the scope of the proposed contract activity. In the case where activities are to be primarily conducted internally by MHSOAC staff, estimated costs are much lower, ranging from no cost to \$50,000.

Activities described within the tables in Appendix A that pertain to fiscal year 2017/18 are not fully comprehensive. Additional evaluation activities to be carried out during that year will be determined during the annual prioritization process that is conducted by the MHSOAC. We have included cost estimates for carrying out activities that are commensurate to other evaluation activities described within the Evaluation Master Plan at that time. Some of these activities may be extensions of prior work (e.g., continued evaluation of service and system performance for various MHSOAC components), some may be new work that is needed and prioritized at that time (e.g., evaluation of the implementation of the Affordable Care Act and integration), and some activities may be replications of prior work that are needed using current/up-to-date data (e.g., replication of the Full Service Partnership Cost/Cost Offset study).

Estimated Staffing Needs. Proposed staffing needs include all current staff members plus additional Research Scientists (RS) and Research Program Specialists (RPS), as well as an IT staff. The tables in Appendix A include the estimated percent-time needed by the RS and RPS in order to carry out or monitor each activity.

Generally, RS will perform higher-level tasks and may oversee evaluation activities that the MHSOAC conducts internally. This plan intends for one RS to focus solely on ongoing performance monitoring, while a second RS will focus on ongoing Prevention and Early

Intervention (PEI) evaluations. These activities (i.e., performance monitoring and ongoing PEI evaluation) are parsed out into a variety of steps and activities that would be carried out in a staggered and continual manner. The RS percent time that is expected to be spent on each step, task, or project is provided in the column labeled “RS % time” (e.g., if we expect a task to take 50% of one RS’s full-time position, “.50” is noted in the tables).

For the most part, RPS will be responsible for managing evaluation contracts and, when needed, assisting RS with internal research. We estimate that one full-time RPS can manage approximately three contracts at once. In such a case, .33 (i.e., 33% of one full-time position) is noted in the column labeled “RPS % time”. When we expect less time to be needed, a lesser percent is noted. Please note that management of contracts includes ongoing involvement with the project and contractors once a contract is awarded, in addition to several other tasks: creation of an RFP, review and scoring of proposals submitted in response to RFPs, creation of contracts, contract amendments, bi-weekly meetings with contractors, review of all submitted deliverables, review of other submitted materials, development of dissemination plans, carrying out dissemination activities, and interpretation of findings in relation to future evaluation and policy issues.

The proposed staffing needs shown in each table in Appendix A do not include the following three staff members, who will also be committed to evaluation but will have roles that touch upon all evaluation activities (hence, their time is not divided up and allocated to any specific set of activities listed within the tables):

- One Associate Governmental Program Analyst (AGPA) that will assist with administrative duties for all evaluation projects, including the Evaluation Committee;
- One IT staff who will devote 50% of his/her time to assist with MHSOAC data system and security needs (this individual will devote the other 50% time to assisting with general MHSOAC non-evaluation IT issues); this position will be integral if the MHSOAC intends to conduct research internally;
- One Director of Research and Evaluation who is responsible for oversight of all evaluation activities, including the Evaluation Committee, and direction of all evaluation staff. She is also expected to represent the MHSOAC and its evaluation efforts to other statewide entities, as well as at the county-level and nationally; as such, she regularly participates in a variety of evaluation-related presentations, workgroups, steering committees, and advisory boards.

A summary of total funds and staff needed for all activities per fiscal year is provided within each table in Appendix A. This information is also compiled in Table 1:

Table 1.

FY	Number of Activities In Progress	Total Funds Needed for All Activities¹	Additional Funds Needed for All Activities²	Number of Additional RS Needed³	Number of Additional RPS Needed⁴
2013/14	16 ⁵	\$1,300,000	\$300,000	2 RS	3 RPS
2014/15	16	\$2,150,000	\$1,150,000	2 RS	3 RPS
2015/16	16	\$2,700,000	\$1,700,000	2 RS	3 RPS
2016/17	17	\$2,350,000	\$1,350,000	2 RS	3 RPS
2017/18	12 + 4 TBD ⁶	\$2,350,000	\$1,350,000	2 RS	3 RPS
Total:	77 + 4 TBD	\$10,850,000	\$5,850,000	2 RS	3 RPS

As shown in the above summary table, to execute the Evaluation Master Plan fully and complete or begin the 77 activities described in the Plan (in addition to four other activities that would be determined prior to FY 2017/18 and carried out in that year), the MHSOAC would need nine total staff members committed to evaluation—one Director of Research and Evaluation, one AGPA, one IT staff, two Research Scientists, and four Research Program Specialists. We currently have the Director of Research and Evaluation, one AGPA, and one RPS committed to carrying out MHSOAC evaluation efforts. Therefore, we would need to hire on six additional staff members (two RS, three RPS, and one IT staff) for full implementation of the Evaluation Master Plan. The funds needed to cover these additional six staff members would amount to approximately \$647,000 for each fiscal year.

The MHSOAC would also need additional funding to fully execute the Evaluation Master Plan over the next five year period. In addition to the \$1M that we are currently able to use for evaluation activities, we would need \$300,000 for FY 2013/14, \$1.15M for FY 2014/15, \$1.7M for FY 2015/16, and \$1.35M for FYs 2016/17 and 2017/18. As noted previously, we expect to carry out comparable levels of evaluation activities in FY 2017/18 and beyond, and will thus need additional funding and resources for all forthcoming years if we intend to continue to carry out evaluation activities at the high quality and rigorous manner described within the Evaluation Master Plan—a manner that would allow the MHSOAC to truly and fully carry out its statutory role of evaluating California’s public community-based mental health system.

¹ Please note that the amounts provided in this column include the \$1M in funds that are currently available to the MHSOAC for evaluation purposes.

² Amounts provided in this column do not include the \$1M in funds that are currently available to the MHSOAC for evaluation purposes.

³ Please note that the number of needed staff members listed in this table does not reflect the AGPA, IT staff, and Director of Research and Evaluation, whom will also be necessary to carry out all evaluation activities described within the Evaluation Master Plan over the next five-year period.

⁴ The numbers in this column do not include the one RPS that is already hired and part of the MHSOAC’s evaluation team.

⁵ This number reflects the continuation of evaluation activities that are currently in progress and will continue to be carried out and/or completed during this FY.

⁶ Additional evaluation activities for FY 2017/18 would be planned in the prior years, using the selection and prioritization process outlined in the Evaluation Master Plan. As such, four activities to be carried out in FY 2017/18 are currently marked as “to be determined”. This number of activities was included so that the total evaluation activities during this year would be commensurate with the number of activities being carried out in prior years.

As noted above, additional (currently “to be determined”) evaluation activities to be carried out during FY 2017/18 will be determined during the annual prioritization process that is conducted by the MHSOAC. This process will be used in all forthcoming years, including those beyond the next five year period. Continued use of this process will allow the MHSOAC to regularly assess what evaluation activities should be completed that will enable us to properly carry out our roles of providing oversight of California’s public community-based mental health system, and holding relevant entities within this system accountable for their actions. As such, the MHSOAC will require additional resources in terms of funding and staffing during the next five year period and beyond. This will enable us to carry out extensions of prior work, new work that is needed, and replications of previous work that are needed.

Some of the benefits associated with this approach of providing additional resources to the MHSOAC to further support its evaluation efforts include the following:

- Investment in additional staff now would allow the MHSOAC to build an internal evaluation unit that could complement the work being carried out externally by contractors.
- Investment in additional staff would also ensure that the MHSOAC could provide regular and ongoing monitoring and tracking of various aspects of the California public mental health system, including performance monitoring for all MHSA components and the broader mental health system and services.
- The MHSOAC could provide continued support of the statewide data collection and reporting systems, which are in urgent need of proper ongoing support and maintenance.
- The scope of work for evaluation activities and evaluation priorities will be dictated by the state’s current needs, rather than by what resources are available. Furthermore, expectations for the quality of work being done by both MHSOAC staff and contractors would not need to be negotiated based on availability of resources.

5. Summary of Priorities for Fiscal Years 2013/14 – 2017/18 (given current funding and staffing)

MHSOAC staff have gone through the Evaluation Master Plan and used its contents to generate a spreadsheet that describes the following:

- All evaluation activities to be carried out in the next five years, given currently available funding and staff (including current activities that will continue on and be completed in forthcoming years)
- Estimated timelines for completion of activities

The spreadsheet was used to generate the tables presented in Appendix B, and summarized in Table w. Tables in Appendix B are provided for each forthcoming Fiscal Year (FY) that describe proposed activities to be carried out during each year using the currently available levels of funding and staff/support.

Current Funding. The MHSOAC currently receives \$1M per fiscal year to carry out all evaluation activities. The activities listed within the tables in Appendix B assume that only this level of funding will be available. Since the MHSOAC will not be able to complete all of the evaluation activities described within the Evaluation Master Plan within a five-year period using this level of funding, activities described as high priority within the Plan were included, along with only a few (i.e., 4 of 14) medium priority activities.

Please note that funds for multiple-year projects that are intended to be contracted out are allocated to the initial year that the contract is scheduled to begin (yet would cover costs associated with the full scope of the project across multiple years); in such cases, the tables show a “0.00” in the “Funding Needed” category for that fiscal year.

Overall, large-scale contract activities are estimated to cost \$500,000. This average was revised in some cases based on the scope of the proposed contract activity. In one case, an activity (i.e., development of a process for adding indicators to the performance monitoring system) is planned to be primarily conducted internally by MHSOAC staff; \$50,000 has been allotted to this activity for assistance by subject matter experts or other potential costs associated with carrying out this project internally.

Current Staffing. Current MHSOAC staff that are dedicated to evaluation include one Director of Research and Evaluation, one Research Program Specialist (RPS), and one Associate Governmental Program Analyst (AGPA). The Director of Research and Evaluation, as described previously, is responsible for oversight of all evaluation activities, including the Evaluation Committee, direction of all evaluation staff, and representation of the MHSOAC’s evaluation efforts at the county, state, and national level, among other things. Due to the limited staff that are available to support evaluation, the Director of Research and Evaluation also currently provides management of contracts and oversight of performance monitoring, among other things. The RPS is responsible for managing contracts and assisting the Director of Research and

Evaluation as needed. The AGPA assists with administrative duties for all evaluation projects and provides support for the Evaluation Committee.

A summary of the number of activities that we estimate being able to complete each fiscal year with currently available staffing (i.e., three full-time staff committed to evaluation) and funding (i.e., \$1M) is provided below.

Table 2.

FY	Number of Activities In Progress	Total Funds Available for All Activities
2013/14	11 ⁷	\$1,000,000
2014/15	8	\$1,000,000
2015/16	6	\$1,000,000
2016/17	7	\$1,000,000
2017/18	7	\$1,000,000
Total:	39	\$5,000,000

As shown in the above summary table, we expect to be able to complete or begin 39 activities over the course of the next five years given the current level of funding and staffing. There are several caveats to consider within this Plan that are listed below.

- This Plan assumes that the MHSOAC will stop contributing resources to strengthening of statewide data collection and reporting systems as of FY 2013/14, despite the status of those systems at that time.
- This Plan assumes that all major activities will be contracted out and no internal research will take place (i.e., staff will only support evaluation activities conducted by contractors).
- The scope of work for all projects will largely be dictated by currently available funds rather than consideration of the work that needs to be done followed by allocation of the proper amount of funds to complete the work. In some cases, estimated costs for various projects were lowered, which presents the risks of needing to lower expectations for those projects, or not being able to attract quality contractors.
- In some cases, work that is proposed to be done on an ongoing basis may not be feasible if other evaluation activities are desired (e.g., performance monitoring).
- Although some activities would lead to the development of systems and processes that would enable ongoing evaluation and tracking, there would not necessarily be enough staff to use and further refine these systems (e.g., performance monitoring; development of a method for cataloging PEI programs).
- A majority of the medium-priority studies (i.e., 10 of the 14 proposed studies) would not be completed within the next five years.

⁷ This number reflects the continuation of evaluation activities that are currently in progress and will continue to be carried out and/or completed during this FY.

- In many cases, the number of staff members needed to monitor or carry out the proposed activities will not be available. This poses the risk of not being able to manage the proposed projects in a quality manner, which may lessen their impact and quality.
- In addition, this plan assumes that the Director of Research and Evaluation will spend the bulk of her time managing contracts rather than providing true leadership and vision for the MHSOAC's evaluation efforts.

Appendix A:

Priorities for Fiscal Years 2013/14 – 2017/18
(given additional funding and staffing)

**Evaluation Implementation Plan for FY 2013/14
(given additional funding and staffing)**

Activity	Funding Needed	RS % time	RPS % time
UCLA Contract: Priority Indicators for additional FY and hand-off to OAC (Phase II)	0.00	0.25	0.33
UCD Contract: Reducing Disparities in Access to Care	0.00		0.33
UCLA Contract: Prevention and Early Intervention	0.00	0.25	0.33
CSUS Contract: DCR Data Collection and Reporting Strengthening and Support	0.00		0.11
RDA: Contract Community Program Planning Evaluation	0.00		0.33
Evaluation of Innovation Evaluations	0.00		0.33
CSUS Contract: CSI Data Collection and Reporting Strengthening and Support	0.00		0.11
CSUS Contract: DCR IT Strengthening with DHCS	0.00		0.11
Performance Monitoring: Step 1. Refine measurement of existing indicators	\$50,000.00	0.25	0.11
Performance Monitoring: Step 2: Develop a process for adding other indicators	0.00	0.25	0.11
Performance Monitoring: Step 3: Incorporate items from other work groups (e.g., EPSDT, HHS outcomes)	\$50,000.00	0.25	0.11
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information	0.00	0.25	0.33
Study 3: System Level (Access and Quality): Determine effectiveness of methods for engaging and serving TAY clients	\$500,000.00		0.33
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	0.00	0.25	0.33
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)	0.00	0.25	0.33
Work Effort 5: Person Level: Develop system to track outcomes for persons in less intensive services than FSP	\$700,000.00		0.33
TOTALS:	\$1,300,000.00	2 RS	4 RPS

**Evaluation Implementation Plan for FY 2014/15
(given additional funding and staffing)**

Activity	Funding Needed	RS % time	RPS % time
UCD Contract: Reducing Disparities in Access to Care	0.00		0.33
UCLA Contract: Prevention and Early Intervention	0.00	0.25	
Evaluation of Innovation Evaluations	0.00		0.33
Ongoing Data Strengthening of CSI and DCR	\$500,000.00		0.33
Performance Monitoring: Step 3: Incorporate items from other work groups (e.g., EPSDT, HHS outcomes)	0.00	0.25	0.11
Performance Monitoring: Step 4: Incorporate specific indicators MHSA components beyond CSS (i.e., PEI, INN, TN, WET)	\$50,000.00	0.25	0.11
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information	0.00	0.25	
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000.00	0.25	0.33
Study 3: System Level (Access and Quality): Determine effectiveness of methods for engaging and serving TAY clients	0.00		0.33
Study 4: System Level (Quality): Determine effectiveness of selected programs for older adults	\$500,000.00		0.33
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	\$500,000.00		0.33
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	0.00	0.25	0.33
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)	0.00	0.25	0.33
Work Effort 3: System Level (Quality, Efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	\$500,000.00		0.33
Work Effort 4: Community Level: Develop indicators for the community level	\$50,000.00	0.25	0.11
Work Effort 5: Person Level: Develop system to track outcomes for persons in less intensive services than FSP	0.00		0.33
TOTALS:	\$2,150,000.00	2 RS	4 RPS

**Evaluation Implementation Plan for FY 2015/16
(given additional funding and staffing)**

Activity	Funding Needed	RS % time	RPS % time
Ongoing Data Strengthening of CSI and DCR	\$500,000.00		0.33
Performance Monitoring: Step 4: Incorporate specific indicators MHSA components beyond CSS (i.e., PEI, INN, TN, WET)	0.00	0.25	
Performance Monitoring: Step 5: Incorporate community indicators	\$50,000.00	0.25	0.11
Performance Monitoring: Step 6: Incorporate additional general indicators	\$50,000.00	0.25	0.11
Performance Monitoring: Step 7: Consider adding indicators that measure change over time with individual clients	\$50,000.00	0.25	0.11
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000.00	0.50	0.33
Study 4: System Level (Quality): Determine effectiveness of selected programs for older adults	0.00		0.33
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	0.00		0.33
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	\$500,000.00		0.33
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	\$500,000.00		0.33
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)	0.00	0.25	0.33
Work Effort 3: System Level (Quality, Efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	0.00		0.33
Work Effort 4: Community Level: Develop indicators for the community level	0.00	0.25	0.11
Work Effort 5: Person Level: Develop system to track outcomes for persons in less intensive services than FSP	0.00		0.33
Work Effort 7: Develop and implement a plan for method for routine monitoring and special studies of the impact of technological needs (TN) expenditures	\$500,000.00		0.33
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	\$500,000.00		0.33
TOTALS:	\$2,700,000.00	2 RS	4 RPS

**Evaluation Implementation Plan for FY 2016/17
(given additional funding and staffing)**

Activity	Funding Needed	RS % time	RPS % time
Ongoing Data Strengthening of CSI and DCR	\$500,000.00		0.33
Performance Monitoring: Step 5: Incorporate community indicators	0.00	0.25	0.11
Performance Monitoring: Step 6: Incorporate additional general indicators	0.00	0.25	0.11
Performance Monitoring: Step 7: Consider adding indicators that measure change over time with individual clients	0.00	0.25	0.11
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000.00	0.50	0.33
Study 4: System Level (Quality): Determine effectiveness of selected programs for older adults	0.00		0.33
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	0.00		0.33
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	0.00		0.33
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	0.00		0.33
Study 8: System Level (Efficiency and Quality): Determine the effectiveness of obtaining routine physical health status indicators on clients in FSPs	\$300,000.00	0.25	
Study 9: System Level (Efficiency): Refine and repeat FSP cost and cost offset study	\$500,000.00		0.33
Study 10: Person Level: Determine outcomes of promising and/or community-based practices being developed by counties, particularly for un-served, underserved, or inappropriately populations	\$500,000.00	0.25	
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)		0.25	
Work Effort 3: System Level (Quality, Efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	0.00		0.33
Work Effort 6: Person and System Levels (Quality): Determine the interaction between the characteristics of the populations served in FSPs and the outcomes obtained	\$500,000.00		0.33
Work Effort 7: Develop & implement a plan for routine monitoring and special studies of the impact of technological needs (TN) expenditures	0.00		0.33
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	0.00		0.33
TOTALS:	\$2,350,000.00	2 RS	4 RPS

**Evaluation Implementation Plan for FY 2017-2018
(given additional funding and staffing)**

Activity	Funding Needed	RS % time	RPS % time
Ongoing Data Strengthening of CSI and DCR	\$500,000.00		0.33
Ongoing Performance Monitoring After Monitoring Process is Finalized	\$50,000.00	0.75	0.25
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000.00	0.50	0.33
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	0.00		0.33
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	0.00		0.33
Study 8: System Level (Efficiency and Quality): Determine the effectiveness of obtaining routine physical health status indicators on clients in FSPs	0.00	0.25	
Study 9: System Level (Efficiency): Refine and repeat FSP cost and cost offset study	0.00		0.33
Study 10: Person Level: Determine outcomes of promising and/or community-based practices being developed by counties, particularly for un-served, underserved, or inappropriately populations	0.00	0.25	
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)		0.25	
Work Effort 6: Person and System Levels (Quality): Determine the interaction between the characteristics of the populations served in FSPs and the outcomes obtained	0.00		0.33
Work Effort 7: Develop and implement a plan for method for routine monitoring and special studies of the impact of technological needs (TN) expenditures	0.00		0.33
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	0.00		0.33
TBD ⁸	\$500,000		0.33
TBD	\$500,000		0.33
TBD	\$500,000		0.33
TBD	\$250,000		0.33
TOTALS:	\$2,350,000.00	2 RS	4 RPS

⁸ As noted previously, additional evaluation activities for FY 2017/18 would be planned in the prior years, using the selection and prioritization process outlined in the Evaluation Master Plan. As such, the activities described for FY 2017/18 are not comprehensive but will be commensurate with those planned for other years.

Appendix B:

Priorities for Fiscal Years 2013/14 – 2017/18
(given current funding and staffing)

**Evaluation Implementation Plan for FY 2013/14
(given current funding and staffing)**

Activity	Funding Needed
UCLA Contract: Priority Indicators for additional FY and hand-off to OAC (Phase II)	0.00
UCD Contract: Reducing Disparities in Access to Care	0.00
UCLA Contract: Prevention and Early Intervention	0.00
CSUS Contract: DCR Data Collection and Reporting Strengthening and Support	0.00
RDA: Contract Community Program Planning Evaluation	0.00
Evaluation of Innovation Evaluations	0.00
CSUS Contract: CSI Data Collection and Reporting Strengthening and Support	0.00
CSUS Contract: DCR IT Strengthening with DHCS	0.00
Performance Monitoring: Step 2: Develop a process for adding other indicators	\$50,000.00
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information	\$450,000.00
Study 3: System Level (Access and Quality): Determine effectiveness of methods for engaging and serving TAY clients	\$500,000.00
TOTAL:	\$1,000,000.00

**Evaluation Implementation Plan for FY 2014/15
(given current funding and staffing)**

Activity	Funding Needed
UCD Contract: Reducing Disparities in Access to Care	0.00
UCLA Contract: Prevention and Early Intervention	0.00
Evaluation of Innovation Evaluations	0.00
Performance Monitoring: Step 3: Incorporate items from other work groups (e.g., EPSDT, HHS outcomes)	\$250,000.00
Performance Monitoring: Step 4: Incorporate specific indicators MHSA components beyond CSS (i.e., PEI, INN, TN, WET)	\$300,000.00
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information	0.00
Study 3: System Level (Access and Quality): Determine effectiveness of methods for engaging and serving TAY clients	0.00
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	\$450,000.00
TOTAL:	\$1,000,000.00

**Evaluation Implementation Plan for FY 2015/16
(given current funding and staffing)**

Activity	Funding Needed
Performance Monitoring: Step 3: Incorporate items from other work groups (e.g., EPSDT, HHS outcomes)	0.00
Performance Monitoring: Step 4: Incorporate specific indicators MHSA components beyond CSS (i.e., PEI, INN, TN, WET)	0.00
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$475,000.00
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	0.00
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	\$400,000.00
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)	\$125,000.00
TOTAL:	\$1,000,000.00

**Evaluation Implementation Plan for FY 2016/17
(given current funding and staffing)**

Activity	Funding Needed
Performance Monitoring: Step 4: Incorporate specific indicators MHSa components beyond CSS (i.e., PEI, INN, TN, WET)	0.00
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	0.00
Study 4: System Level (Quality): Determine effectiveness of selected programs for older adults	\$500,000.00
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	0.00
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	0.00
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI (and then continue to use the system for continual tracking)	0.00
Work Effort 3: System Level (Quality, Efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	\$500,000.00
TOTAL:	\$1,000,000.00

**Evaluation Implementation Plan for FY 2017/18
(given current funding and staffing)**

Activity	Funding Needed
Performance Monitoring: Step 5: Incorporate community indicators	\$400,000.00
Performance Monitoring: Step 6: Incorporate additional general indicators	\$300,000.00
Performance Monitoring: Step 7: Consider adding indicators that measure change over time with individual clients	\$300,000.00
Study 2: System Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	0.00
Study 4: System Level (Quality): Determine effectiveness of selected programs for older adults	0.00
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	0.00
Work Effort 3: System Level (Quality, Efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	0.00
TOTAL:	\$1,000,000.00