

MHSOAC Annual Evaluation Priority Setting Process

Priority Setting Process Overview

The Evaluation Master Plan, which was adopted by the MHSOAC in March 2013, describes a prioritization process and included a set of ten (10) criteria by which various evaluation activities can be judged and prioritized. The criteria focused on the extent to which an activity: 1) was consistent with the MHSA, 2) had the potential for quality improvement, 3) was important to stakeholders, 4) could possibly be done with partners, 5) was forward looking, 6) addressed a challenge to the system, 7) was feasible, 8) timely, 9) built upon prior MHSOAC work or work done by others, and 10) could be done with existing resources. All criteria were weighted equally and rated on a three-point scale during the prioritization process. An initial set of recommended activities was established in the Evaluation Master Plan based on this set of evaluation criteria. MHSOAC contractor and author of the Master Plan, Dr. Joan Meisel, used these criteria to determine which activities to include in the Master Plan and offer suggestions for which should be done first.

At this time, the MHSOAC is considering revising this prioritization process so that it can be strengthened and used to score potential evaluation activities that can be carried out in FY 2015/16. Below are the revised criteria/questions with which potential evaluation activities would be judged. Revisions were based on Evaluation Committee and MHSOAC staff recommendations. Revisions include a revised rating scale—each criterion is to be judged on a five-point scale, rather than a three-point scale. Raters can also opt out of rating an individual item (i.e., a “don’t know” option was added). Three specific criteria were also deemed so important (i.e., consistency with goals and values of the MHSA, in line with MHSOAC-adopted focus areas, and oversight and accountability strategies) that they act as “pass/fail” questions (see Step 1 below) in that, if a rater does not believe an activity is in line with one of these criterion, the activity does not get considered for further rating (see Step 2 below).

Activities that pass this initial pass/fail step are further judged based on 16 criteria, including seven of the initial ten criteria used previously. (Three previously used items—cost, timeliness, and feasibility—were deleted from the list. Cost was excluded since Committee members believed we should be able to receive enough funds to do the work that is deemed important to do, which is in line with the Act’s notion that the MHSOAC receive adequate funds to do evaluation. Timeliness was excluded since projects generally have a three-year time span in which to be completed, since funds allocated in one year need to be fully expended within three years. The scope of evaluation activities can also generally be structured so that they can be done within this time frame. Feasibility was similarly excluded since activities can be

structured so that the methods are likely to answer the questions at hand.) Five new criteria were added (cost efficacy; high benefit-to-challenge ratio; promotes an integrated system; and wellness-, recovery-, and resilience-focused). In addition, two of the prior criteria that were deemed particularly important (potential for quality improvement and importance to stakeholders) were parsed out into multiple items so that they would be weighted more.

This draft was unanimously approved by the Evaluation Committee on August 5, 2014, and will be brought to the Commission for their consideration and potential adoption at the August 28, 2014 Commission Meeting. Adoption by the Commission would allow use of the revised criteria in the fall of 2014, as the Commission considers prioritization of evaluation activities for FY 2015/16.

STEP 1: Please answer the following three questions:

- 1) Is the proposed research or evaluation activity consistent with the goals and values of the MHSA (values are stated below)?

YES or NO

MHSA Values:

- **Client and family driven:** promotes client and family involvement/engagement in decision-making
- **Cultural competence:** incorporating and working to achieve equal access to services of equal quality without disparities among racial/ethnic, cultural, linguistic, gender, and age-based populations or communities
- **Wellness-, recovery-, and resilience-focused:** promotes wellness, recovery, and resilience
- **Integrated services experience:** promotes access to a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner; integration of mental health, substance abuse, and primary care
- **Community collaboration:** fosters community partnerships and systems collaborations; various entities work together to share information and resources to fulfill a shared vision and goals
- **Stakeholder involvement:** promotes stakeholder involvement throughout the mental health system

- 2) Does the proposed research or evaluation activity focus on one of the MHSOAC adopted oversight and accountability focus areas (i.e., community planning/plans, use of MHSA funds, program implementation, and mental health outcomes, including those at the individual, system, and community levels)?

YES or NO

- 3) Does the proposed research or evaluation activity contribute to or facilitate the MHSOAC’s ability to carry out one of the adopted oversight and accountability strategies (i.e., influence policy, ensure collecting and tracking of data, ensure that counties are provided appropriate support, ensure MHSA funding and services comply with relevant statutes and regulations, evaluate impact of MHSA and public community-based mental health system, use evaluation for quality improvement purposes, communicate impact of MHSA and public community-based mental health system)?
YES or NO

If your answer was “NO” to any of the above three questions, please stop here. If you answered “YES” to all three questions, please proceed to Step 2 below.

STEP 2: Using the 5-point rating system below, please rate the proposed research or evaluation activity on each of the 16 criteria.

Rating Options:

1 Very Low	2 Low	3 Moderate	4 High	5 Very High	Don't Know
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16 Criteria:

- 1) **Potential for Quality Improvement:** Potential for impact on client/family member perceptions of care/services/outcomes (e.g., Will activities assess client/family member perceptions of care/services/outcomes? Will results have the potential to strengthen experiences with care/services/outcomes?)
- 2) **Potential for Quality Improvement:** Potential for impact on client clinical/functional status (e.g., Will activities assess client clinical or functional status? Will results have the potential to improve client clinical or functional status? For example, will data/findings be made available for practitioners or within clinical interventions?)
- 3) **Potential for Quality Improvement:** Potential use of data and/or findings to promote quality improvement at the provider/county level (e.g., Will findings provide an understanding of what practices should/should not be implemented?)
- 4) **Potential for Quality Improvement:** Potential use of findings to promote improved access to services by un/under/inappropriately-served groups with the goal of reducing disparities in access to care

- 5) **Potential for Quality Improvement:** Potential use of findings to promote quality improvement at the local/county level (e.g., Will findings provide an understanding of what practices should/should not be implemented?)
- 6) **Cost Efficacy:** Potential for findings to help determine cost effectiveness of services/programs/practices
- 7) **Urgency of Need:** Activity addresses an issue that currently creates a challenge for the system
- 8) **Importance to Stakeholders:** Activity is a priority for governmental entities (e.g., Governor, Legislature, counties, State agencies)
- 9) **Importance to Stakeholders:** Activity is a priority for California public mental health providers
- 10) **Importance to Stakeholders:** Activity is a priority for clients/family members
- 11) **Leveraging:** Activity builds upon prior work done by the MHSOAC or others; there is prior work that would bolster the ability to achieve the desired result of the activity
- 12) **Leveraging:** Possibility to use other resources or partners to achieve the desired result of the activity (e.g., federal matching); possibility to integrate work that is already being done by others
- 13) **Relevance:** Activity is meaningful and relevant within the current and forthcoming healthcare environment
- 14) **High Benefit-to-Challenge Ratio:** Potential gains/benefits of activity outweigh implementation-based challenges (e.g., county resources to gather/submit data); if potential benefits and challenges are both high, possibilities exist (or could be sought after) to overcome challenges (e.g., incentives or support to counties)
- 15) **Promotes an Integrated System:** Activity involves and/or promotes collaboration across various entities
- 16) **Wellness-, Recovery-, and Resilience-Focused:** Findings can be used to promote wellness, recovery, and resilience