

### Priority Setting Process Overview

The Evaluation Master Plan, which was adopted by the MHSOAC in March 2013, describes a prioritization process and includes a set of criteria by which various evaluation activities can be judged and prioritized. 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 suggestions/recommendations. This draft will be reviewed by the Evaluation Committee on July 11, 2014, after which staff may further revise the criteria prior to sharing with the Commission for their review and potential adoption.

#### STEP 1: Please answer the following three questions:

- 1) Is the proposed research/evaluation activity consistent with the values of the MHSA (i.e., emphasize client-centered, family focused, and community-based services that are culturally and linguistically competent, in line with the recovery vision, and provided in an integrated services system)?  
YES or NO
  
- 2) Does the proposed research/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/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, use evaluation for quality improvement purposes, communicate impact of MHSA)?  
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: Please rate the proposed research/evaluation activity on the following criteria:**

- 1) **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?)  
1 (low)      2 (medium)      3 (high)
  
- 2) **Potential for Quality Improvement:** Potential use of findings to promote quality improvement at the State level (e.g., Will findings provide an understanding of what policies should be revised or implemented? Will the activity provide/strengthen statewide infrastructure/systems that are needed to promote system transformation?)  
1 (low)      2 (medium)      3 (high)
  
- 3) **Potential for Quality Improvement:** Potential for impact on consumer care/services (e.g., Will activities assess consumers' perceptions of care/services? Will results have the potential to strengthen experiences with care/services?)  
1 (low)      2 (medium)      3 (high)
  
- 4) **Cost Efficacy:** Potential for findings to help determine cost effectiveness of services/programs/practices  
1 (low)      2 (medium)      3 (high)
  
- 5) **Urgency of Need:** Activity addresses an issue that currently creates a challenge for the system  
1 (low)      2 (medium)      3 (high)
  
- 6) **Importance to Stakeholders:** Activity is a priority for key stakeholders (e.g., Governor, Legislature, counties, providers, advocacy groups, consumers/family members, other State entities)  
1 (low)      2 (medium)      3 (high)
  
- 7) **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  
1 (low)      2 (medium)      3 (high)
  
- 8) **Leveraging:** Possibility to use other resources or partners to achieve the desired result of the activity (e.g., federal matching)  
1 (low)      2 (medium)      3 (high)
  
- 9) **Relevance:** Activity is meaningful and relevant within the current and forthcoming healthcare environment  
1 (low)      2 (medium)      3 (high)
  
- 10) **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)  
1 (low)      2 (medium)      3 (high)