

REVISED DRAFT
Establishing Priorities and Focusing Evaluations
Of the
Mental Health Services Oversight and Accountability Commission
July 29, 2011

Purpose

The Mental Health Oversight and Accountability Commission (MHSOAC) Policy Paper, "Accountability through Evaluative Efforts," which the MHSOAC approved in November 2010, describes the Commission's commitment to and focus on evaluation. The current document builds on that vision by providing a structure to prioritize and focus MHSOAC evaluations to promote efficient and effective use of evaluation resources.

Background

The MHSOAC was established by Welfare and Institutions Code Section 5845 to oversee the MHSA, Adult and Older Adult System of Care Act and Children's Mental Health Services Act. Evaluation is a critical tool for the MHSOAC to address this responsibility. In addition, MHSOAC evaluations are a critical tool that supports the continuous quality improvement of the mental health system. Results from these evaluations will provide California decision-makers and stakeholders with meaningful information about and the impact of the MHSA.

As stated in the MHSOAC Policy Paper on accountability, the MHSOAC is committed to an approach of continuous evaluation, learning from and building upon each progressing evaluation. Roles, responsibilities and requirements regarding the MHSA and public mental health services are in the midst of a major transition. Many decisions critical to evaluation remain under discussion. This paper is to provide an interim structure for decision-making about evaluation priorities. The goal is to move toward a strategic, long-term plan for state level evaluation.

The MHSOAC Evaluation Committee is responsible for providing recommendations to the MHSOAC regarding evaluation priorities. This document provides a structure for making those recommendations.

Context/Overall Vision

To maximize the positive impact of the MHSA, the public community mental health system needs to commit to evaluation at all levels to:

- Measure outcomes,
- Assess the policies, processes and practices that contributed to those outcomes,
- Use this information to improve services and outcomes, and
- Communicate this information to decision-makers and stakeholders.

Ensuring accountability balanced with flexibility for counties, who manage and directly provide services, is critical and challenging. Qualitative and quantitative analyses should inform quality improvement activities, eventually moving toward benchmarks that can contribute to improvement. Comparisons of programs and counties must be nuanced while acknowledging differences, complexities, and unequal resources.

Evaluation also is essential to enhance understanding of the impact of the public commitment to mental health. Information derived from evaluations needs to be easily accessible and meaningful to diverse audiences.

Part A: Focusing Evaluation Efforts

The initial steps in this interim process will be to:

1. Obtain input from critical decision-makers and MHSOAC Committee members about what information they need to improve California's mental health system.
2. Develop brief proposals that outline potential evaluations to address those priority needs.

The structure for the proposals is based on the consensus document "Framework for Program Evaluation in Public Health"¹ developed by the federal Centers for Disease Control and Prevention (CDC). The framework provides a practical approach "designed to summarize and organize essential elements of program evaluation." The CDC Framework is being used frequently in California's public mental health systems as a tool to design and implement "useful, feasible, ethical and accurate" evaluations.

The brief proposals will address the following topics:

1. **Purpose:** Establish a clear statement of the priority purpose(s) or general intent(s) of the evaluation(s) as the foundation for the balance of the evaluation design. Examples of general purposes include: a) inform and improve services, b) assess and communicate impact; and c) inform and improve policies; d) gain insight; e) affect those who participate in the inquiry. Three interrelated values need to be examined in this determination—merit (i.e., quality), worth (i.e., cost-effectiveness) and significance (i.e., importance).
2. **Audience and Uses:** Determine the end users, i.e., primary audience(s), of the evaluation and how each will use the information. How will the information from the evaluation be applied to frame decisions or provide critical information?
3. **Questions:** Establish the questions that the evaluation intends to answer. The priority outcomes (expected results or benefits) need to be relevant to the intended users and uses of the evaluation. By previous agreement, priority outcomes are limited to those specified in the MHSA and associated statutes.
4. **Methods:** The evaluator, in consultation with stakeholders, will generally determine the design of evaluation, including criteria, methodology, data sources and collection, and measurements. Occasionally, the method is critical to specify because it is central to the purpose of the evaluation. Evaluations are typically

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

process (is program operating as intended and effectively), *outcome* (is program achieving its intended outcomes and are there unintended outcomes?), or economic (what is cost avoidance/offset, is the program necessary, redundant?). Different users might find different evaluation methods more persuasive.

Part B: Selecting Evaluation Priorities

The goal of this step is to determine from a broad array of potential evaluation topics and strategies which one(s) have the highest priority for the MHSOAC, given available resources. These resources may be direct appropriations to the MHSOAC and can also include collaborating with other entities that have an interest in evaluation of California's public mental health system.

The United States Government Accountability Office (GAO)² studied several federal agencies to examine "(1) the criteria, policies and procedures they use to determine programs to review, and (2) the influences on their choices." Their findings provide the basis for the structure for this part. The GAO found several criteria used to plan evaluations in federal agencies with extensive evaluation efforts.

Priorities of critical audiences will need to be assessed and competing priorities balanced against each other based on the following criteria (which include the GAO findings):

1. **Audience:** Consistent with key decision-maker(s) and/or stakeholder priorities and are expected to be used at the state level for decision-making, quality improvement, oversight and accountability, etc.
2. **MHSA Driven:** Consistent with MHSA and systems of care statutory goals, outcomes, and indicators.
3. **Priority of MHSOAC:** Consistent with the MHSOAC Logic Model adopted July 28, 2011 which outlines the MHSOAC oversight and accountability outcomes.
4. **Efforts Address (at least one of the following):**
 - a. Strategic priorities representing major program or policy area concerns or new initiatives
 - b. Program-level problems or opportunities, and/or
 - c. Critical unanswered questions or evidence gaps, and
5. **Feasible:** conducting a valid study is feasible, including source and amount of resources. (Note: available resources include not only funds allocated for evaluation, but also such other resources as partnerships with research entities, access to federal and foundation grants, leveraging the work of other agencies and commissions, etc.)
6. **Impact:** the proposed use of the project is expected to have highest impact on the public mental health system.

² <http://www.gao.gov/products/GAO-11-176>