

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 recommendations. This draft will be reviewed by the Evaluation Committee on August 5, 2014; revisions to the initial set of criteria were based on feedback received from Evaluation Committee members at a July 11th Committee meeting. After the Committee reviews this current draft, the criteria will be shared with the Commission for their review and potential adoption at the August Commission meeting.

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, and linguistic 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 MHSAs 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 MHSAs funding and services comply with relevant statutes and regulations, evaluate impact of MHSAs and public community-based mental health system, use evaluation for quality improvement purposes, communicate impact of MHSAs 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 15 criteria.

Rating Options:

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

- 1) **Potential for Quality Improvement:** Potential for impact on perceived consumer care/services (e.g., Will activities assess consumer perceptions of care/services? Will results have the potential to strengthen experiences with care/services?)
- 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 local/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 data and/or 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?)
- 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 consumers/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