



SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

MHSA Program Outcomes Workgroup 1

American Institutes for Research

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Virtual Meeting/ Conference Recording Notice

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Background – Mental Health Service Act (MHSA)

MHSA has provided a dedicated source of funding to transform behavioral health systems. Intended goals are defined in the legislation and include access, equity, prevention and quality of life outcomes such as education, employment, housing, justice system involvement, recovery, mental health.

- BHRIS has developed ongoing data collection and reporting frameworks for each MHSA service category.
- For this workgroup we will focus on direct outpatient treatment and recovery services under the Community Services and Supports (CSS) – General System Development service category.

MHSA Component	Service Category	Data Collection and Reporting Frameworks
Community Services & Supports (76%)	Full Service Partnerships (51%)	✓
	General System Development	In Progress
	Outreach and Engagement	In Progress
Prevention & Early Intervention (19%)	Ages 0-25 Programs (50%)	✓
	Early Intervention Programs	✓
	All Ages - Office of Diversity and Equity	✓
Innovations (5%)	Approved Innovative Projects	✓
Workforce Education and Training	Training for System Transformation	✓
	Training for/by Peers and Family Members, Lived Experience Academy, Advocacy Academy	✓
	BH Career Pathways (Cultural Stipends, Lived Experience Scholarship, Pipeline Program – TBD)	Not Started

Introductions and Working Group Members

Dan Foley

Jean Perry

John McMahon

Jordan Anderson

Juliana Fuerbringer

Lanajean Vecchione

Lucianne Latu

Melissa Platte

Tamara Hamai

Tarra Knotts

Laura Shih

Chandrika Zager

Workgroup Objectives and Today's Agenda

Through this workgroup, we aim to:

1. Develop a standardized framework for reporting on the outcomes of direct treatment programs funded by MHSA.
 2. Identify and define key indicators that capture behavioral health outcomes of clients in a meaningful and accessible manner.
 3. Discuss strategies for improving both the data collected and reporting of key indicators.
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Today, we will:

1. Introduce the outcomes metrics and reporting for outpatient treatment and client outreach services funded by MHSA
2. Discuss outcomes metrics for direct treatment programs

Annual Reporting of MHSA Funded Programs

AIR conducts mixed-methods evaluations for the following programs:

1. Adult Resource Management (ARM)
2. Board and Cares
3. Pre-to-Three
4. HEAL Program *(Newly added as of this year)*
5. Mateo Lodge Embedded FSP *(Newly added as of this year)*
6. Neurosequential Model of Therapeutics (NMT)
7. Older Adult System of Integrated Services (OASIS)
8. Pathways Court Mental Health
9. Primary Care Interface (PCI)
10. Puente Clinic for Intellectually Disabled Dual Diagnosis
11. School-Based Mental Health (SBMH)

By-Program Quantitative Data Collection

Primary	Secondary
Total number of clients served	<ul style="list-style-type: none"> • Number of unduplicated clients
Healthcare Utilization	<ul style="list-style-type: none"> • PES episodes • Inpatient/residential episodes and stays
Demographics of clients served	<ul style="list-style-type: none"> • Age • Primary Language • Race • Ethnicity • Sex assigned at birth • Sexual Orientation
Program-specific outcomes (as available)	<ul style="list-style-type: none"> • Engagement with other programs • Clients' perceptions of program impact on their lives • Locations where clients were served • Probation violations • Number of clients taken into custody • Housing status • Employment status • Percent of clients who met program-specific goals

Systemic Indicators for Direct Treatment Programs and Facilitated Discussion

Over the next three sessions, we will discuss the following indicators and their definitions. From this list, are we missing any indicators that would help meaningfully **demonstrate the impact of the collective system of programming?**

Proposed Indicators
Emergency Utilization
Employment
Goals Met
Housing
Connection
Criminal Justice
Hospitalization
Substance Use
Education

Facilitated Discussion on Systemic Indicators

Does the following definition meaningfully contribute to the **overall framework for evaluating system impact**?

Proposed Indicator	Proposed Definition
Emergency Utilization	The frequency and reasons for clients' use of emergency services, including emergency room visits, psychiatric emergency service episodes, and urgent care, indicating the program's impact on reducing crisis situations.

Facilitated Discussion on Systemic Indicators

Does the following definition meaningfully contribute to the **overall framework for evaluating system impact**?

Proposed Indicator	Proposed Definition
Employment	The employment status of clients, including job acquisition, retention, and type, to assess the program’s effectiveness in improving job readiness and financial stability of clients.

Facilitated Discussion on Systemic Indicators

Does the following definition meaningfully contribute to the **overall framework for evaluating system impact**?

Proposed Indicator	Proposed Definition
Goals Met	The extent to which clients achieve the individual goals set within the program, demonstrating the program’s success in helping clients reach their personal and program-specific objectives.

Wrap-Up and Next Steps

The next workgroup meeting will be held on **Thursday, November 14** from **2:00-3:00 pm PCT**. In preparation for this second call:

1. Please review the next set of indicators: **housing, connection, and criminal justice**.
2. Continue to think through today's indicators: **emergency utilization, employment, and goals met**. We will spend time in November discussing any additional thoughts the group may have.

Doris will share the agenda for the second meeting as it becomes available.