



SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

MHSA Program Outcomes Workgroup 3

American Institutes for Research

December 12, 2024

Virtual Meeting/ Conference Recording Notice

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Meeting Guidelines and Reminders

Guidelines:

- Contribute your thinking and experience
 - Try on new ideas
 - Practice *both/and* thinking instead of *either/or*
 - Try not to be alarmed by messiness
 - Listen together for deeper themes, insights, and questions
 - Share the airtime, be brief and to the point.
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Reminders:

- Stipends
- Materials on MHSA website

Today's Agenda

Today, we will:

1. Reflect on discussions from Meeting 2
2. Review the current reporting process for the direct treatment programs and engage in a facilitated discussion on a reporting example
3. Engage in facilitated discussion on three outcome metrics for direct treatment programs: hospitalization, substance use, and education

Reflections from Meeting 2

- 1) Social connections, cultural identity, and trauma-informed approaches play a critical role in fostering hope, meaningful relationships, and inclusive community support for individual well-being and recovery.
- 2) Trust, cultural sensitivity, and client empowerment are essential in data collection, with integrated systems and evolving standards ensuring accurate, respectful, and client-centered processes.
- 3) Systemic barriers in housing and justice, including inaccessible housing systems and biases in law enforcement, hinder progress and require integrated solutions like restorative justice and broader definitions of homelessness.

Current Reporting Process



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

MHSA ARM PROGRAM ANNUAL REPORT

Please complete the following report by August 30 of each year for previous fiscal year (July 1–June 30) program services. Email the report to mhsa@smcgov.org.

Please submit your report as a Microsoft Word file (no pdf) to facilitate the transferring of graphs/tables into the MHSA Annual Update we submit to the State of California. Reports should be written in third person.

1. AGENCY INFORMATION

Agency's name: Behavior Health and Recovery Services
MHSA-funded program's name: Adult Resource Management program
Program manager's name: Mariana Rocha, LCSW
Email: MRocha@smcgov.org
Phone number: 650-599-1208

2. PROGRAM DESCRIPTION

In 300-500 words, please provide a brief description of your program, including the program purpose, target population served, and primary program activities and/or interventions provided.

Report Sections:

- 1) Agency Information
- 2) Program Description
- 3) Narrative (*Qualitative*)
- 4) Outcome Data and Program Impact (*Quantitative*)
 - Healthcare Utilization
 - Program-Specific Outcomes
- 5) Successes and Challenges (*Qualitative*)
- 6) Client Information and Demographics (*Quantitative*)

Facilitated Discussion on Reporting

The ARM (Adult Resource Management) program provides trauma-informed and culturally responsive mental health support to adults with SMI and co-occurring substance use who are homeless or at risk of becoming homeless. There are a number of program-specific outcomes they track, including the example below.

Table 3 summarizes the status of ICM clients for the ARM program during FY2022–2023. Most of the clients were in the program (55%), and 32.5% completed their goals and were discharged.

Table 3. ICM: Client Status (FY2022–2023)

Status of ICM clients	Number of clients	Percentage of clients
Active	22	55.0
Completed goals	13	32.5
Did not engage	3	7.5
Was not admitted to program	2	5.0
Total	40	100.0

Note. ICM = Intensive Case Management; FY = fiscal year.

Facilitated Discussion on Reporting

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Discussion Questions:

1. What about this example was most **difficult** for you **to understand or follow**?
2. What would be some of the most **meaningful ways to report** on program outcomes?
3. What **additional** context, information, or format would make this report more useful to you to understand program impact?

Facilitated Discussion on Systemic Indicators

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

Proposed Indicator	Proposed Definition
Hospitalization	The number and frequency of clients’ hospital admissions for physical and mental health care, reflecting the program’s support in managing health outcomes and promoting overall wellness of individuals served by the program.

Facilitated Discussion on Systemic Indicators

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

Proposed Indicator	Proposed Definition
Substance Use	The levels and patterns of clients’ substance use challenges, assessing the program’s effectiveness in supporting recovery and enhancing overall well-being of individuals served by the program.

Facilitated Discussion on Systemic Indicators

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

Proposed Indicator	Proposed Definition
Education	Clients’ educational achievements and progress, including the engagement in educational outcomes and opportunities for individuals served by the program.

Wrap-Up and Next Steps

- Be on the lookout for information from Doris about an optional fourth meeting in January to discuss recommendations.
- Brooke will share a summary from this meeting as it becomes available.