MHSA Outcomes Workgroup Post-Event Summary

Meeting 1

Meeting Information

Virtual Meeting 1: Thursday, October 10, 2:00 – 3:30 pm PCT

Attendees

Workgroup Members:
Dan Foley
Juliana Fuerbringer
Tamara Hamai
Lucianne Latu
John McMahon
Jean Perry
Melissa Platte
Laura Shih
Lanajean Vecchione
Chandrika Zager
Jonathan (in Jordan Anderson's place)

Workgroup Facilitators:
Koray Caglayan
Tania Dutta
Doris Estremera

Overview

On October 10, 2024, the American Institutes for Research (AIR) convened the first meeting of the Mental Health Services Act (MHSA) Outcomes Workgroup on direct treatment programs funded under MHSA's Community Services and Supports component. This document summarizes the input that was collected from workgroup members during the meeting. Input from members throughout the three-meeting series will be synthesized along with feedback from MHSA staff.

Welcome and Introductions

Presenter: Doris Estremera

Doris Estremera welcomed all workgroup members and expressed the importance of capturing the meaningful impact of MHSA programming. Tania Dutta and Koray Caglayan, the team from AIR, introduced themselves and their work with the San Mateo County Behavioral Health and Recovery Services (BHRS) team. Attending workgroup members introduced themselves and discussed their interest in joining the group.

Background of Mental Health Services Act (MHSA) and Overview of the Workgroup Objectives

Presenter: Doris Estremera

Doris Estremera discussed the background of the MHSA legislation. She highlighted the 1% tax that is used as a funding source to transform systems and meet the MHSA goals of improving access to services, equity, and quality of life outcomes for clients with, and at risk of, serious mental health issues, and their families. She then discussed how the County has developed their methodology over the last few years to measure and report on MHSA indicators, noting that any program that receives funding must submit an annual report and demonstrate the impact via MHSA's intended outcomes. She explained that despite a lack of consistent reporting requirements, especially for the direct treatment programs, the workgroup can use MHSA's overall goal of tracking impact to design reporting metrics that capture meaningful impact. She then highlighted three objectives for the workgroup:

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.

Doris Estremera addressed two questions about whether we will be discussing outcomes strictly related to direct treatment programs or also structuring outcomes for programs under other funding streams, such as from Behavioral Health Services Act (BHSA). Doris confirmed that we will be focusing on outcomes related to all programs in the "Community Services & Supports" category in preparation for the Proposition 1 (called Prop 1 from hereon) work that will go into effect July 2026. She emphasized that while we do not know the exact work that will be required under Prop 1, we will use the workgroup's findings as a building block for the MHSA work that will eventually be expanded to the rest of the system.

Annual Reporting of MHSA Funded Programs

Presenter: Koray Caglayan

Koray Caglayan presented the mixed methods evaluation work that he and the team at AIR conduct to produce annual reports for the following MHSA-funded programs. Koray emphasized that these programs are diverse and therefore have different data requirements:

- Adult Resource Management
- Board and Cares
- Pre-to-Three
- HEAL
- Mateo Lodge Embedded FSP
- Neurosequential Model of Therapeutics
- Older Adult System of Integrated Services
- Pathways Court Mental Health
- Primary Care Interface
- Puente Clinic for Intellectually Disabled Dual Diagnosis
- School-Based Mental Health

Koray then outlined AIR's current quantitative evaluation process, stating that the team starts by confirming with program staff a list of unduplicated clients that have an open episode during the fiscal year of interest. Once the lists are confirmed, AIR works with program staff and existing data to identify outcome measures across programs and by program. Across programs, AIR reports on healthcare utilization of Psychiatric Emergency Services (PES) episodes and inpatient/residential episodes, as well as various demographic information of the clients served. By program, AIR works with program staff to identify program-specific outcomes, such as engagement with other programs or goals met.

Koray continued to say that AIR is currently working with the County to move towards a comprehensive evaluation across all programs to better and more efficiently identify the impact of the collective system of programming. Koray highlighted the proposed indicators that the workgroup is discussing to meet this goal of a collective evaluation. He noted that while some indicators are outcomes that we are already capturing, such as emergency utilization, we are going to use this workgroup to discuss adding new indicators, and how we can improve the data collection, use and relevance of the indicators. The proposed indicators include:

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

Facilitated Discussion

Facilitators: Koray Caglayan and Tania Dutta

Discussion Question 1

From the list of outcomes (see above), are we missing any indicators or should we remove any indicators that would help meaningfully and efficiently demonstrate the impact of the collective system of programming?

Before discussing the definitions of the first three indicators (see above) in depth, Koray asked the workgroup if there are any indicators missing from the list. Doris added that we will not be focusing on any specific program but instead developing a broad framework for the impact that we are having within the millionaire's tax, and eventually, as an organization. She emphasized that while every program may not be able to collect data about all the indicators, the goal is for programs to capture which indicators align with their program goals. Tania agreed and highlighted that we would like the workgroup to think about how we would want to report on these indicators in an ideal world.

Workgroup members' responses focused on the need to shift from deficit-based, crisis-focused indicators toward more holistic, person-centered measures of connection, wellness, and resilience, while also understanding the challenges of data collection and system constraints. Members discussed the importance of:

- **Understanding the differences between different types of healthcare utilization and avoiding harmful groupings**. One workgroup member highlighted that emergency utilization and hospitalization could be combined. Members discussed that the separation of these in reporting may obscure the overlap of the continuum between prevention, early intervention, and post-treatment. Members felt that emergency utilization and hospitalization may only reflect crisis moments versus the often beneficial result of receiving those services.
- **Focusing on strength-based indicators (through social or person-centered approaches) versus deficit model indicators (through current medical models).** Workgroup members felt current reporting was dominated by a deficit model and that it was instead important to focus on finding solutions and improvement versus what someone may be lacking. Members discussed the benefit of a strength-based approach that would measure wellness and resilience through activities like going to the gym, volunteering, or self-reported contentment. One member said that some clients may never be fully employed, but they could volunteer, and others may not want to risk negative consequences by attempting employment with disabilities. Others noted examples of possible alternatives such as the social model for disability, hopefulness, resilience, and self-reported ability to function.
- **Challenges in defining and measuring meaningful impact.** One workgroup member noted that the current approach seems like a "laundry list", and they thought that data should not be collected for the sake of collection. The member thought it would be important to understand outcomes through the lens of the desires or needs of the client, versus through a systemic outcome that may be unrelated to the client, such as housing. Another workgroup member agreed and noted that measuring items, such as housing at different intervals, may not adequately or meaningfully measure what programs can do or what they are doing well. For example, if older populations are living with caretakers or parents that may soon pass away, they will not be counted at risk of homelessness despite often facing those challenges.
- **How programs will use the data.** One workgroup member wondered if there was a "magic number" for demonstrating the program's impact. Another workgroup member wondered if programs would measure negative or positive traits, such as if people are employed full time versus participating in

activities such as volunteering, side hustles, readiness and job training programs, and supported employment. Members emphasized the importance of showing what people do well.

Discussion Question 2

Does the following definition of "emergency utilization" meaningfully contribute to the overall framework for evaluating system impact? Is it accurate, relevant, and useful to you?

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.

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept. During the conversation, Doris noted that we are focusing on the ideal scenario now, but we will likely have some reality checks as we work to structure data collection processes.

Workgroup members' responses focused on the need for a more nuanced, continuum-based definition of emergency utilization that incorporates both crisis responses and preventative care. Members discussed the importance of:

- **Complexity and contextual nuances**. Participants expressed that the definition is too broad and lacks important context. One workgroup member pointed out the need for timeframes, and others suggested qualifiers should account for scenarios where initial engagement might increase emergency utilization before it decreases. Additionally, members thought the definition may not fully capture nuances such as dual diagnoses, trauma-informed care, or the spectrum between different types of emergencies. One member emphasized that the word "episode" seems insignificant and negative, whereas "visit" seems more planned. They highlighted that trauma-informed semantics were important to include in these definitions.
- **Indicators beyond crisis.** Several members proposed a broader set of indicators beyond crisis moments, such as wellness, prevention, and proactive care measures. For example, one member thought that connection to health insurance, connection to primary care providers, regularity of having a physical in the last 12 months, regular connection to a therapist even when there's not a crisis, and regular medications are all outcomes that are reducers of needing to use emergency care due to preventative and ongoing regular treatment. This reflects a preference for balancing deficit-focused measures with solution-oriented, positive health indicators.
- **A continuum of care.** Members felt that emergency utilization should be seen as part of a larger continuum of health and wellness. They thought the definition should not reflect a binary (emergency versus non-emergency) but instead capture a spectrum of mitigating factors and preventative care practices that can reduce the need for emergency interventions. Members felt that incorporating peer support, problem-solving, and day-to-day well-being would better represent the lived experience and mitigate crises before they escalate. One member noted that there is a continuum in all directions, with wellness in the middle, and that black and white measures do not mean much. For example, they noted

that someone could have housing but not be happy in that setting. They provided additional examples of possible interventions that could improve quality of life outcomes such as including connection with California Clubhouse or Heart and Soul, regular connection with their team members, medication adherence, calling a crisis line, and staying at Serenity House.

- **Understanding data as a starting point, not the end.** Some members voiced concerns that focusing too narrowly on certain indicators could lead to punitive uses of data rather than fostering a deeper understanding. Members thought that indicators should be seen as flags for further inquiry rather than definitive judgements, and care must be taken to ensure data collection is trauma-informed and reflects the real-world complexities of people's experiences.

Discussion Question 3

Does the following definition of "employment" meaningfully contribute to the overall framework for evaluating system impact? Is it accurate, relevant, and useful to you?

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.

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept. She reinforced from the two previous discussions that some members do not think all of these indicators would fit under each program, and she encouraged members to think more broadly about whether the proposed definition is capturing the actual concept.

Workgroup members' responses focused on the need for a more inclusive and nuanced definition of employment that accounts for various forms of work, personal fulfillment, and systemic barriers, while ensuring the employment aligns with individuals' well-being and strengths. Members discussed the importance of:

- **A broader definition of employment**. Participants emphasized that employment should not be narrowly defined as formal, paid work. Instead, it should also encompass volunteer work, side hustles, readiness and job training programs, and alternative forms of supported employment, such as peer support roles. Members thought these varied paths reflect the different ways individuals contribute and find satisfaction in their work. One workgroup member expressed that strict employment measures tend to be expanded to programs for which that outcome is not the intent, and clients therefore are perceived as less important. Another member expressed the need to add something about supported employment, vocational rehabilitation, or other types of supported employment that are not mental health related, such as the 55+ program at Peninsula Family Service.
- **Nuanced and individualized measures of success.** Rather than a binary measure of employment/unemployed, members advocated for a definition that captures a person's sense of fulfillment, alignment with personal goals, and how well their employment or activities contribute to their well-being. Participants thought a more nuanced, flexible approach would help avoid stigmatizing those who do not meet conventional employment standards. One member thought that we should measure if an individual feels satisfied with the work they are contributing to the world and if they feel

respected. They thought that it would be important to reflect how an individual feels about their status, what their goals and hopes are, and that they are on the right trajectory for meeting those goals.

- **Systemic barriers and lack of support.** Members expressed concerns about systemic issues within employment systems, particularly in nonprofit and social service settings. Examples shared by the members include inadequate support from employers, being overworked, and a general lack of understanding for those with lived experience, creating hostile or unsustainable work environments. Members therefore thought that a measure reflecting peer-support, such as whether clients are overworked or have support from employers, would be important.
- **The potential for negative impacts on mental health.** Similar to the discussion about systemic barriers and lack of support, members raised the issue that being employed in the wrong setting or under poor conditions can negatively affect mental health. Members therefore thought the employment indicators should consider not just whether someone is employed, but whether the job is conducive to the person's well-being and strengths.

Discussion Question 4

Does the following definition of "goals met" meaningfully contribute to the overall framework for evaluating system impact? Is it accurate, relevant, and useful to you?

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.

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept. Koray confirmed that "goals met" is a separate indicator. He said that the goals set across programs and clients may differ, so even though we are trying to standardize some of the indicators, this indicator is intended to reference if goals set by the clients in the context of the program were met. He added that the first step would be to determine if the goals were met or not, but the next step would be to categorize goals into buckets and determine their respective success rates. During the conversation, Koray and Tania confirmed that we could possibly track data over years to give a continuum over time.

Workgroup members' responses focused on the importance of a client-centered, flexible approach to measuring goals, where progress is based on individual perceptions, evolving goals, and overall quality of life rather than rigid, program-defined metrics. Members discussed the importance of:

- **Client-centered and personal goals**. Members thought the focus should be specified to emphasize personal client goals, not program-defined ones. Members thought it would be important to measure the extent to which clients believe they have achieved their own goals, recognizing these goals can change over time and may vary widely between individuals. One member also said goal types should be tracked to reflect the diversity of client needs and priorities.
- **Perception and hopefulness.** Members thought success should be based on the client's perception of their progress and hopefulness. This includes how hopeful they feel about setting and meeting goals, the support they receive, and their confidence in accessing resources and navigating systems.

- **Cultural and individual variability.** One workgroup member expressed that goal setting is not universally meaningful across all cultures or individuals and that the definition should therefore account for variations in what different people consider important in improving their quality of life. Members thought a broader indicator might include perceptions of overall life quality, rather than just goal achievement.
- **Tracking progress over time.** Members suggested tracking progress over time and being specific about timeframes in the definition, since goals so often change. Members thought we should save annual calculations to observe a continuum of change rather than viewing goal attainment as static, since this would provide a clearer picture of long-term improvement and the impact of support.

Wrap-Up and Next Steps

At the end of the session, Tania and Doris thanked members for providing their valuable insights and participation. Doris noted that we will keep going through each indicator, but she acknowledges the big-picture feedback that we have received so far. She added that while many indicators are defined by the state, there are other things that we can do locally to gauge meaningful impact and continuous improvement.

Tania asked workgroup members to continue reviewing the indicators. She added that the workgroup team will send out notes from this meeting and an agenda for the next meeting, which will be held on **November 14** from **2:00-3:30 pm PCT**.

Appendix A. Zoom Chat from Kickoff Meeting

Luci's Notetaker 4:58 PM
Luci added Luci's Notetaker to the meeting.

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Jonathan He/Him/His 5:02 PM
This is exciting!! 2 recordings
one is Tania and one is notetaker AI
Messages addressed to "meeting group chat" will also appear in the meeting group chat in Team Chat
Jean Perry joined as a guest

Tamara Hamai (she/her) 5:02 PM
brb
Jean Perry left

You 5:04 PM
In the chat, please indicate what interested you in participating in this workgroup.

Jonathan He/Him/His 5:05 PM
Hi everyone, Jonathan(he/him) my interest is improving San Mateo County from a mental heath perspective
Jean Perry joined as a guest

Melissa Platte (she/her) Mental Health Association 5:05 PM
I am interested in sharing a voice about how the work will impact the lives of the individuals we serve, in particular if we can offer suggestions to improve what is available and/or how it is offered.

Doris Estremera (she/hers) 5:06 PM
I am interested in improving how we talk about and share the impact of the many amazing programs we have funded by MHSA
Jean Perry joined as a guest

Tamara Hamai (she/her) 5:06 PM
I run a consulting company that serves organizations that receive MHSA funding.
Jean Perry left

Lanajean (she/her) 5:06 PM
Hi I'm Lanajean a peer advocate and family member who has sat on other MHSA workgroups and directly benefitted from MHSA programs. My pronouns are She, Her

John McMahon (he/himhis) 5:07 PM
I am interested in contributing my lived mental health experience to help those with dual diagnosis both mental health and substance use disorder.

Jean Perry 5:14 PM
I'm Jean. I want to contribute my experience as a family member of loved ones with mental health challenges. I volunteer with NAMI as Family to Family leader and service on the Behavioral Health Commission.

Jonathan He/Him/His 5:16 PM
I solid framework is necessary in social service
due to the various regulations between vendors...someone has to set the standard for future outcomes
Laura Shih (she/her), BHRS left
Laura Shih (she/her), BHRS joined as a guest
Laura Shih (she/her), SMC Health BHRS joined as a guest
Laura Shih (she/her), BHRS left

Jonathan He/Him/His 5:19 PM
Thank you.. Data collection has to have a standard
it skews the results when data collection is done without a clear definition

Dan F 5:21 PM
I'm Dan, I shared a little earlier but my background is sort of a mix of casework and public health advocacy. I've been both a consumer and provider of services, and honestly am just frustrated with how people in need are not getting the care or consideration that they need.

There are plenty of resources but not nearly enough funding or energy is given to help save lives or help people to avoid homelessness in this county.

Jonathan He/Him/His 5:26 PM

This is why products like EPIC and Electronic Health Records are the future

Jonathan He/Him/His 5:27 PM
It helps connect other govt agencies...when they actually listen to NP's and CBO's

Jonathan He/Him/His 5:22 PM
She's correct. it takes time to clean data.

Dan F 5:29 PM (Edited)
Agreed. I worked on a study for UCSF years ago where patient records from 3 different records applications were consolidated in a new and improved database.

It was definitely a lesson learned on how difficult data collection can be with all of these different sources of data out there.

Jonathan He/Him/His 5:29 PM
👍

Jonathan He/Him/His 5:33 PM
Think about coworkers and how the effort put into reports

Doris Estremera (she/hers) 5:34 PM
https://www.smchealth.org/sites/main/files/file-attachments/commission_data_notebook_2024.pdf?1727464783

Juliana Fuerbringer 5:35 PM
I have a comment

Lanajean (she/her) 5:35 PM
My landlord is 90 and when he dies my housing is in jeopardy. They don't have to be parents.

Jonathan He/Him/His 5:36 PM
That's true. I went to a meeting and presented that people who work as caregivers do not have savings, retirement or stable housing. So when the client dies, where is this person to live or work?

Dan F 5:37 PM
I appreciate what Jean is saying here about how relevant some of this data collection is. A lot of funding is determined by these studies but there will always be different ways of collecting data and room for improvement.

John McMahon (he/himhis) 5:38 PM
Maybe a suggestion I could make would be in terms of housing, how much homelessness has been prevented.

Jonathan He/Him/His 5:38 PM
isolation can be helped with companionship= a caregiver

Chandrika Zager (she/her) 5:38 PM
Can you clarify what you mean by "connection" because it can be broad? We have a definition that we use for the PEI framework. Just so it is aligned.

Lanajean (she/her) 5:39 PM
I also noticed there was no wellness orientation towards evidenced based practices like Wrap groups, peer support and other tactics that help with connections like 12 step groups, volunteering, etc

Jonathan He/Him/His 5:39 PM
caregiver=a human that provides care to another human. whether paid or unpaid

Dan F 5:39 PM
Yes, the isolation & connection issue is as important as anything here. A lot of us haven't had the social support that we've needed a lot of the time.

Jonathan He/Him/His 5:42 PM
This is wonderful information. Comprehensive frameworks are a mixture of knowledge from various areas. There is a wonderful mixture of knowledge here.

Jonathan He/Him/His 5:43 PM
What is the baseline?

Lanajean (she/her) 5:43 PM
Not every indicator will apply to every client.

Jonathan He/Him/His 5:43 PM
What are we using to measuring improvement?
Are people into the social model for disability? or is the medical model still the standard.

Jonathan He/Him/His 5:46 PM
If the top people are still using the medical model... then all the DEI will do in one ear and out the other... meaning there NEEDS to be people who know about new updated healthcare models

Dan F 5:46 PM
With a lot of these indicators we'll have to depend more on qualitative research than on quantitative research. Numbers are important but they don't always speak to the grey area that isn't always so easy for people to see in this data collection.

Juliana Fuerbringer 5:47 PM
I agree with Lanajean is saying

Jean Perry 5:47 PM
Satisfaction/contentment, hopefulness, resilience, self reported ability to function

Lanajean (she/her) 5:48 PM
I would like to hear from people in the group who haven't spoken as well
Inherent bias is real with the deficit model. Language matters.

Jonathan He/Him/His 5:49 PM
Yes, At the Stanford conference a human reported that people do not to be labeled when requesting help from the system
no one wants a SW to say, your deficits are your identity and thats why I am here.. who would accept help from that person?

Dan F 5:51 PM
About positive vs negative results, at my most recent job we were given statistics in our staff meetings but it always felt like they were cherry-picking results to show staff because we knew there were plenty of negative outcomes with no clear solutions to these problems in sight.

Tamara Hamai (she/her) 5:52 PM
Indicator Areas like: Well-Being, Connection, Embedded in a System of Care, System Navigation

Jonathan He/Him/His 5:54 PM
I like this indicator. It is automatically collected when the person checks into the hospital.
Ive worked with people where the state was legally able to deny them emergency services due to being on Medi-Cal and used up their budget
so what happened to that person- jail

Lanajean (she/her) 5:57 PM
Preventative measures

Dan F 5:56 PM

Some emergency statistics could show results that we didn't expect to see, like maybe how ineffective some facilities are at dealing with these emergencies or crises

Jonathan He/Him/His 5:57 PM
People need help not to be punished.
I've had people come back with a customer review of a facility and my company ended the contact with them.

John McMahon (he/himhis) 5:59 PM
Supported employment is an important indicator.

Jonathan He/Him/His 6:02 PM
does urgent care take psych patient.. I usually go there for ER but not ER room reasons. Sprained ankled, stiches, shots
what would an urgent care do with someone experience a crisis mental health situation? is there an Psych person there or is it all medical people?

Jean Perry 6:03 PM
We are with you Luci

Jonathan He/Him/His 6:04 PM
Someone are combined and some are separated. it depends on what type of data the person is asking
Everyone is tracked all times they enter a medical facility

Dan F 6:05 PM
I appreciate these stories. I could go on for hours about how services can be counterproductive.

If we're going to get anything close to the funding that's needed for systems change then we need to utilize the funding and resources that we have a lot better than we do now.

Jonathan He/Him/His 6:06 PM
Lets not separate people.. more so spread the word of promoting healthy behaviors
I was told to speak in their language and magically their ears will open and the information will go to their brains and not the trash can

Lanajean (she/her) 6:07 PM
Domestic violence and trauma is an underlying factor to substance abuse.

Tamara Hamai (she/her) 6:06 PM
Health and mental health and substance use and housing, etc. are all intertwined. Is grouping like we

are seeing here actually useful? What is the true theory of change underlying how BHSA is intending to create change for consumers/patients? That would be the real guidance for what indicators are important and how to define them.

Melissa Platte (she/her) Mental Health Association 6:08 PM

👍

Lanajean (she/her) 6:08 PM
Is anybody measuring barriers to meeting the indicators?

Jonathan He/Him/His 6:09 PM
A person called 911 it was ER or Jail

Jonathan He/Him/His 6:06 PM
and this is for the govt officials when they decide who needs money and who gets to go overbudget

Dan F 6:10 PM
I don't think everyone will agree with this, but I'm convinced that the whole process for funding essential services and other programs in law enforcement, education, etc is just turning people against each other.

A lot of nonprofits have an unfair advantage over others because they have more money or grant writers, which doesn't make them any more qualified than other agencies that compete for the same kind of funding.

Jonathan He/Him/His 6:12 PM
This is 99.9% effective
Her speech is why this is a good a good indicator

Dan F 6:14 PM
I don't want to say too much here about the employment indicator in this meeting, but a lot of us in social services, especially those of us with lived experience are being taken for granted and used up for all we're worth to these agencies and then we get kicked to the curb.

Dan F 6:16 PM
Supported employment and vocational programs are essential but from my experience people are not always being given the best advice or placed in jobs that are healthy for them

Juliana Fuerbringer 6:16 PM

I agree with the definition of employment needs expansion to include volunteerism, etc.

Juliana Fuerbringer 6:17 PM
Also some people are unemployable for reasons beyond their control and should be penalized.

Jonathan He/Him/His 6:14 PM
whoever falls off the map= needs help

Melissa Platte (she/her) Mental Health Association 6:16 PM
Agreed, but important that they continue to be followed and served...but possibly in different ways that are measured as or more important to and for the individual.

Melissa Platte (she/her) Mental Health Association 6:17 PM
Such as volunteering, supported employment and peer work, paid or unpaid.

Lanajean (she/her) 6:18 PM
Like a 12 step sponsor. . .that is work!

Juliana Fuerbringer 6:18 PM
** and should NOT be penalized.

Jonathan He/Him/His 6:19 PM
the voice to text is not perfect. Thank you folx for working with me.
Im on the fence with this wording due to people's voice not heard
I like the idea

Dan F 6:21 PM
Another concern about employment that I have is when employers say that an employee just can't handle the stress of a job when the employers and coworkers themselves are creating a hostile work environment, especially in nonprofits and social services

Jonathan He/Him/His 6:21 PM
the goals are for the specific company which is needed to know who benefits or not

Tamara Hamai (she/her) 6:22 PM
This is only as meaningful as the goal setting process. Who defines the person's goal? How much does it focus on the person's well-being and chosen by the person, rather than goals of reducing symptoms or goals set by the program.

Jonathan He/Him/His 6:22 PM

change the wording for more accountably on the programs for the people who complete the reports

Doris Estremera (she/hers) 6:23 PM
We are talking about personal/client goals (not program-level goals)

Jonathan He/Him/His 6:23 PM
or something that says an outside agency should be included to evaluate this particular goal

Dan F 6:25 PM
Sometimes it's difficult to tell the difference between personal and program level challenges.

I think it's smart to not have some of these goals and outcomes too standardized so we can be more open to change.

Tamara Hamai (she/her) 6:25 PM
Goal orientation is not always a good thing or necessary. Perceived quality of life and perceptions of having support available and knowing how to access that support would be potential replacements for this indicator.

Melissa Platte (she/her) Mental Health Association 6:26 PM
Accessing support is a great addition, whether here or somewhere else.

Jonathan He/Him/His 6:26 PM
When DEI is thrown in conversation -
the language matter when this is taken to court
I like the goal - where working on language that can be used for all humans

Lanajean (she/her) 6:02 PM
What if you end up in the emergency room only because you lack health insurance?

Dan F 6:29 PM
Or because patients are treated poorly just about any time they go to a hospital

Jonathan He/Him/His 6:29 PM
asking for bi-annual reports to be include in the annual report

Tamara Hamai (she/her) 6:29 PM
We would need to follow the same client across time

Tamara Hamai (she/her) 6:29 PM

Otherwise, we couldn't know if it really was improvement or not

Jonathan He/Him/His 6:31 PM
This was great. I look forward to the next meeting towards the final project.

Luci Latu 6:31 PM
Is 1 hour sufficient?

Tamara Hamai (she/her) 6:32 PM
Can you share the theory of change or logic models for the programs? It is really hard not to know what the programs are really trying to impact.

Melissa Platte (she/her) Mental Health Association 6:33 PM
Have to leave for another meeting. Thank you.
Melissa Platte (she/her) Mental Health Association left

Tamara Hamai (she/her) 6:33 PM
Click on the ... at the top of chat

Lanajean (she/her) 6:34 PM
Thank you everyone

Appendix B. Responses to Unanswered Chat Questions from Meeting

Question(s)	Response
Can you share the theory of change or logic models for the programs? It is really hard not to know what the programs are really trying to impact.	Because we are working to identify indicators that best capture the collective impact of programs, we will not be reviewing program-specific logic models but instead focusing on the overall effect we would like to capture from MHSA programming.
What is the baseline?	Baseline refers to client outcomes at the start of the program. However, we will be working with the group to identify the best time to capture this information.
What are we using to measure improvement in client outcomes?	The evaluation design includes specific metrics, and data sources to measure improvement in client outcomes.