

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**.