MHSA Outcomes Workgroup Post-Event Summary

Meeting 3

Meeting Information

Virtual Meeting 3: Thursday, December 12, 2:00 – 3:30 pm PCT

Attendees

Workgroup Members:
Ivy Clark
Dan Foley
Juliana Fuerbringer
Tarra Fuchsknotts
Tamara Hamai
Lucianne Latu
John McMahon
Jean Perry
Melissa Platte
Laura Shih
Lanajean Vecchione
Chandrika Zager
Jordan Anderson

Workgroup Facilitators:
Koray Caglayan
Tania Dutta
Doris Estremera
Brooke Shearon

Overview

On December 12, 2024, the American Institutes for Research (AIR) convened the third and final 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, thanked all members for their contributions, and presented a few announcements. She noted that:

1) We recorded the session for notetaking purposes.
2) All materials can be found on the website under the Announcements tab, and as requested, she will not post the chat on the website to protect anonymity.
3) Stipends for eligible participants were submitted to the Office of Consumer Family Affairs. and that members can request a stipend via email. She reviewed the meeting guidelines and encouraged active participation, use of the chat for feedback, and open-minded contributions.

Per a question from a workgroup member, Doris also noted that we will be hosting an optional fourth meeting in January 2025 to outline next steps and present AIR's actionable recommendations to guide future actions.

Reflections from Meeting 2

Presenter: Brooke Shearon

After reviewing the agenda for Meeting 3, Brooke Shearon emphasized the value of participant feedback from the second meeting, which shaped three key takeaways:

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.

Brooke noted that these insights informed and will continue to inform the ongoing revision of the indicator definitions and final recommendations.

In response to these takeaways, participants highlighted issues like the continuity in mental health fields due to high turnover and low pay, cultural and systemic biases in housing systems, and burdensome data collection processes. They emphasized the importance of integrated solutions like restorative justice, accessible housing, and broader definitions of homelessness. Challenges related to Section 8 housing, including stigmas and payment limitations, were also discussed. The conversation transitioned to reporting practices, with a focus on reducing burdens on providers and clients while ensuring comprehensive data collection.

Brooke invited participants to continue to provide input in the chat and via email to inform recommendations and next steps.

Data Collection, Outcome Metrics, and Analysis + Facilitated Discussion

Presenters/Facilitators: Koray Caglayan and Tania Dutta

Koray Caglayan outlined the current data reporting process and its related challenges. He said that after AIR confirms with program staff a list of unduplicated clients that have an open episode during the fiscal year of interest, AIR analyzes program-specific outcome data, hospitalizations, emergency department visits, and demographics to assess program impact on client-wellbeing. He highlighted that there are difficulties in standardizing outcomes across diverse programs with varying goals, particularly when existing data is incomplete or limited to crisis situations. Once AIR analyzes the data, AIR reports the data in the template shown below (Exhibit 1). He outlined the sections of the report which include: (1) Agency Information, (2) Program Description, (3) Narrative, (4) Outcome Data and Program Impact, (5) Success and Challenges, and (6) Client Information and Demographics.

Exhibit 1: Sample template for MHSA Program Annual Report

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.

In response to questions from the Workgroup, Doris elaborated on state-required reporting based on the Full-Service Partnership programs, highlighting the nine key indicators under discussion by the Workgroup. She shared that the indicators align with broader mental health service goals and were selected through a community-informed process. Doris emphasized the importance of integrating local perspectives into state-

mandated reports, creating opportunities to shape reporting frameworks while meeting state requirements. She explained that these reports, while informed by local priorities, must still align with the state's standardized metrics. Participants discussed the feasibility of consolidating reporting into a single format, rather than producing multiple reports, and Doris confirmed there will only be one report. Doris also mentioned prior experiences with prevention and early intervention programs, which followed a similar approach to ensure both state compliance and local relevance.

Koray then introduced a reporting example (see below) from the ARM report from FY2022-2023 and provided a quick background on the ARM program. He then asked members to reflect on the discussion questions 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.

Discussion Question(s) 1

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

Workgroup members highlighted the need to refine the data collection and reporting processes, with particular emphasis on ensuring clarity, accurate representation, and flexibility in data management. Members specifically discussed the importance of:

- **Ensuring accurate data interpretation**. Participants emphasized the need for close collaboration with program staff to ensure that the data is not only correctly understood but also appropriately utilized. This involves going beyond just reviewing the data to actively engaging with staff to explore underlying reasons for data patterns, which will ensure that the findings reflect real-world conditions rather than superficial interpretations.
- **Refining data tables for clarity.** The workgroup discussed the benefits of separating referral data from goal completion data to provide clearer insights into client progress. By doing so, participants felt like the data would better highlight how clients are progressing through different stages of engagement, allowing for a more accurate picture of program effectiveness and helping identify areas in need of improvement.
- **Understanding participant engagement.** Participants noted that it is crucial to understand why some participants disengage or fail to meet goals. Instead of simply recording goal completion rates, the Workgroup highlighted the importance of exploring the reasons behind these outcomes, as they

thought this would provide valuable context for the data and allow for a deeper understanding of the factors influencing client participation and success.

- **Dynamic data collection process.** The group agreed that the data collection process must remain flexible and adaptable to changing circumstances. Participants stressed the importance of continuous feedback loops, allowing for iterative revisions to the data collection methods. This approach ensures that the data remains relevant and that new insights can be incorporated as the program evolves.
- **Disaggregated data for deeper insights.** The group strongly agreed that it would be important to disaggregate the data to retain the individual significance of each data point. By breaking data into more granular categories (such as understanding why participants failed to meet goals versus just that they did not), one participant thought that we would be able to track specific trends and identify patterns that might otherwise be overlooked, ensuring a more comprehensive understanding of participant progress.
- **Cultural and contextual considerations in goal setting.** The group discussed the challenges of setting realistic goals for participants within a given reporting period. It was noted that some goals may not be achievable within the fiscal year due to cultural or contextual factors. This led to the suggestion that goals should be framed in a way that takes into account participants' unique circumstances, ensuring that they are both meaningful and achievable.

Facilitated Discussion on Outcome Metrics for Direct Treatment Programs

Facilitators: Tania Dutta

Discussion Question 2

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

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.

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept.

Workgroup members' responses focused on the nuances of hospital admissions, particularly in relation to the specific program context. Members specifically discussed the importance of:

- **Program dependency and hospitalization context**. Participants highlighted that the interpretation of hospitalization depends significantly on the program's goals and context. For some programs, hospitalization may be viewed as a positive outcome, reflecting necessary care for individuals who previously lacked access to healthcare. In contrast, other programs may view hospitalization as a less favorable outcome, suggesting that the program failed to address the individual's needs in a timely or sufficient manner. Members discussed the need for a more refined definition that accounts for these

program-specific variations and how hospitalization may reflect the success or limitations of different types of programs. This discussion underscored the complexity of defining hospitalization as an indicator and the need for more tailored approaches that align with program goals while considering the diverse experiences of individuals in care.

- **Stigma and sensitivity around hospitalization.** Several participants expressed concerns about the potential stigma associated with hospitalization. They suggested that the language surrounding hospitalization should be sensitive to the fact that, for some individuals, hospitalization may be a necessary and beneficial part of care, rather than a sign of failure. It was noted that the language should avoid reinforcing negative stereotypes and should reflect the complexity of health needs and outcomes.
- **Importance of more context.** Participants agreed that providing additional context to the data on hospital admissions would enhance its value. It was suggested that the definition should specify whether hospitalizations resulted in improved outcomes or addressed unmet needs, rather than simply counting on the number of admissions. Members also emphasized the importance of understanding the broader context in which hospitalizations occur, including whether the program facilitated access to care that was otherwise unavailable.

Discussion Question 3

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

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.

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept.

Workgroup members' responses focused on the challenges of measuring recovery, the importance of understanding individuals' starting points, and the need for comprehensive indicators. Members specifically discussed the importance of:

- **The impact on quality of life**. Participants emphasized that indicators should not only measure symptoms or diagnoses but also the broader consequences on individuals' lives. While some assessments capture these aspects, others fail to reflect the real-life impact on people's well-being.
- **Interconnected indicators.** Connections between substance use, housing, and incarceration were highlighted, noting that these factors often overlap and should be considered when assessing program effectiveness. Acknowledging how these indicators are interrelated is important for providing a more accurate evaluation.
- **Measuring individualized recovery and frequency versus patterns.** The need to measure where individuals are when they first engage with the program were discussed, particularly for those who may be returning clients or entering treatment due to external factors like arrest. Participants suggested comparing individuals to one another may not yield meaningful insights, and focusing on the individuals'

unique recovery path would be more beneficial. Participants also thought that focus on "frequency" and "numbers" versus "levels" and "patterns" could create a more positive connotation that is less biased.

Discussion Question 4

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

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

Tania read the definition and asked for members' thoughts and opinions on whether the definition captures the concept.

Workgroup members offered feedback on how to define and assess educational outcomes, particularly in relation to individuals with diverse backgrounds and learning paths. Members specifically discussed the importance of:

- **Diverse paths to education and challenges in defining education**. Participants acknowledged that education could take many forms beyond traditional degrees, such as peer support training or specialized courses. Some participants suggested including alternative educational experiences, especially for those who may not have formal educational achievements but have valuable skills or training. Additionally, the group recognized that education is perceived differently across cultures and backgrounds, and the definition should reflect this diversity. They also thought the time it takes to complete a degree due to life challenges should be considered.
- **Measuring individualized and diverse progress.** Members emphasized that educational progress should be viewed flexibly. Achievements like taking a class or completing a training program should be recognized as progress on the client level, even if individuals are not completing formal degree programs. Similar to substance use, participants suggested comparing individuals to one another may not yield meaningful insights, and focusing on the individuals' unique recovery path would be more beneficial. Additionally, the group recognized the importance of providing opportunities for education that meet individuals where they are, including offering flexible learning paths.
- **Engagement.** Participants agreed on the need to include engagement as a key factor in the definition, as it reflects an individual's involvement and commitment to their educational progress.

Wrap-Up and Next Steps

At the end of the session, Brooke thanked members for providing their valuable insights and participation. Brooke said that the workgroup team will send out the summary from this meeting when it becomes available. She also asked members to be on the lookout for Doris' email and calendar invite about the optional, fourth meeting in January to review recommendations. She reiterated that members could email AIR if they have any questions.