**Research and Evaluation Committee Teleconference Meeting Summary**

**Monday, August 24, 20209:00 – 11:00 AM**

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| **Committee Members:** | **Staff:** |
| Commissioner Itai Danovitch  CommissionerKen Berrick  Rikke Addis  Sergio Aguilar-Gaxiola  Robert H. Brook  Victor G. Carrión  Eleanor Castillo Sumi  Jonathan Freedman  Sharon Ishikawa  Bridgette Lery  Gustavo Loera  April Ludwig  Belinda Lyons-Newman  Laysha Ostrow  Mari Radzik  Ruth S. Shim  Lonnie R. Snowden, Jr. | Dawnté Early  Filomena Yeroshek  Brian Sala  Ashley Mills  Anna Naify  Kai LeMasson |

Committee members absent: Katherine Watkins

**Welcome and Introductions**

Commissioner Danovitch, the Chair of the Research and Evaluation Committee welcomed the Committee members and the public to the first meeting of the newly established Research and Evaluation Committee. Commissioner Danovitch introduced the Vice Chair Commissioner Berrick and each provided opening remarks. Committee members were asked to introduce themselves and share a little bit about their background. A rollcall of Committee members was taken that established a quorum.

**Agenda Item 1: Overview of MHSA and MHSOAC**

Commissioner Danovitch gave an overview of the MHSA and the Commission. This presentation included description and/or summary of:

* California’s size, population, unique characteristics, and diverse counties;
* The unmet mental health needs of Californians, which Commission Danovitch said are outpacing the capacity of counties to provide services;
* A history of mental health policy and services in California including a history of the MHSA, and its components and funding mechanism;
* The Commission’s mission, organization, strategic plan, projects, grants programs, and evaluation components;
* An evaluation approach, which includes: 1) Documenting programs and services; 2) Measuring outcomes, in particular the seven negative outcomes described in the regulations; 3) Ensuring fiscal accountability; and 4) Improving data quality, which Commissioner Danovitch said was a major challenge and an area where the Commission has had some success but has more to do, particularly with linking disparate data sets.

**Agenda Item 2: Overview of the Commission’s Research and Evaluation Work**

Dr. Dawnté Early, the Chief of the MHSOAC’s Research and Evaluation Division presented on the current work of the division. The information presented included:

* The Commission’s Strategic plan, which Dr. Early said will guide the Research and Evaluation Division’s work over the next 2 years.
* The Transparency Suite (e.g., fiscal reporting tool, MHSA programs tool), which Dr. Early stated makes data available to the public; putting it back into the hands of advocates, consumers, and others. She stated that the next round of new and revamped dashboards will be made available in the upcoming months and include Client Services Information (CSl), Full Service Partnerships (FSP), Demographic, and Allocation dashboards.
* The Reducing Criminal Justice Involvement Project. Dr. Early stated that this project links Department of Justice and FSP data. The Committee asked several questions for clarification about this project.

Dr. Robert Brook, Committee member asked a general question about whether the MHSA had improved outcomes over the past 15 years. Brian Sala, the Deputy Director of the MHSOAC stated that historically there has been large deficits in descriptive data on the system of services and clients, thus making it difficult to do evaluation work.

Dr. Early presented information on the Data Recovery Project, which is a cohort of five counties working together to improve outcomes for clients in the criminal justice system. She also highlighted two policy projects that link policy work to data: 1) The Prevention and Early Intervention (PEI) project (SB 1004) which she said is developing a state-level monitoring strategy for PEI and; 2) The Schools and Mental Health project which supports building and strengthening school-county partnerships through incentives (e.g., Triage grant and Mental Health Student Services Act (MHSSA) grant programs). She stated that the Research and Evaluation Division is also pursuing data use agreements to examine:

* The impact of mental health services on school outcomes;
* The impact of mental health services on sustaining employment; and
* Birth and death records for clients receiving mental health services.

**Agenda Item 3 - The Role of the Research and Evaluation Committee**

Filomena Yeroshek, MHSOAC Chief Council gave a high-level overview of the Bagley-Keene Act. She referred Committee members and the public to a 2-page handout on Bagley-Keene that was part of the meeting materials and posted on the MHSOAC website. She stated that the main takeaways were:

* The public must have an opportunity to be at a meeting;
* There is a requirement of a 10-day public notice of the meeting;
* Public comment must be allowed on agenda items that are being discussed or voted on;
* A majority of Committee members meeting outside of a noticed meeting dealing with the subject matter of the Committee is a violation of Bagley-Keene; which precludes serial meetings (one-to-one, sequentially); and
* Votes on agenda items are done through roll-call.

Commissioner Berrick discussed the role of the Committee and how it relates to the Commission. He explained that most MHSA dollars go to the counties and the counties have the responsibility to do evaluation of their programs. He stated that the Commission pulls together that information and that this Committee will provide expertise and guidance to the Commission (not the counties).

Commissioner Danovitch reviewed the Committee charter and emphasized that the role of the Committee as outlined in the charter is to support the MHSOAC in reaching its strategic goals and ensuring that information disseminated is timely and accurate, consistent with the needs and experiences of mental health consumers, and useful to improving community wellness and client recovery. He stated that it is important that the Committee is aware of the commitment to meet quarterly or more often if needed, and that a majority of members constitute a quorum. He stated that the charter will be reviewed annually, and changes made as needed.

The Committee discussed and asked questions about the charter. A Committee member asked whether the role of the Committee included guidance to the counties on the timing and approach of program implementation, so that the counties can plan for evaluation. Another Committee member asked if the charter really means a focus on all Californians versus those that are disadvantaged or poor. Commissioner Danovitch stated the language is taken from the Act and is the mission of the Commission*.* Commissioner Berrick stated that some of the work such as suicide prevention is with a wide lens and that the mission has been broadened in recent years.

Dr. Sergio Aguilar-Gaxiola, Committee member stated that we need to recognize under the purpose of the charter that care should also be linguistically competent. He stated that about 43 percent of Californians speak a language other than English at home and that we needed to recognize that diversity.

Jonathan Freedman, Committee member asked about the roadmap to accomplish Item #2 in the Commission’s Strategic Plan, and specifically what are the study questions and where are the data gaps? Commissioner Danovitch stated that the aim was to share with the Committee a landscape of what has been done so that the Committee can help the Commission identify gaps and develop evaluation strategies and approaches. Commissioner Danovitch requested that the Committee members review the Executive Summary in the meeting materials to identify what is useful and where there may be gaps.

Dr. Sergio Aguilar-Gaxiola, Committee member emphasized the multiple challenges we are all facing under COVID-19, and that vulnerable populations are being devastated.

Commissioner Danovitch suggested tabling the vote on the charter. He stated that between now and the next meeting, the Commission would ask for written input on the charter from the Committee members and the public. Commissioner Berrick stated the charter should be the first item on the next meeting’s agenda.

**Public Comment**

Dave Cartwright stated he is implementing a mental health program and would like guidance on the evaluation and types of questions to include in a pilot study.

Poshi Walker with Cal Voices and Out4MentalHealth requested that the Committee prioritize community-defined outcomes and evaluation methods. Ze emphasized that addressing the most vulnerable and disenfranchised does not preclude improving the wellbeing of all Californians and reminded everyone that the MHSA was voter approved.

Andrea Crook highlighted two additional MHSA funding components – the prudent reserve and community planning process. She stated that we needed MHSA which called for community involvement and elevating the client voice. Ms. Crook recommended that the Committee identify a meaningful recovery outcome data tool that counties can use. She stated that many counties were not tracking recovery outcomes and there was no support from the State even though counties would like that support.

Steve McNally stated he was glad to hear comments made today. He stated that one thing that bothers him is that the community planning process budget is around $100 million to do communications, but there are no dollars available for doing research and evaluating outcomes. Mr. McNally said that most of the data on the MHSOAC’s databases are old. He suggested figuring out how to get MHSA legacy data out and use with today’s technology. He also suggested asking local mental health boards to gather information and get local input.

Tiffany Carter, the Statewide Advocacy Liaison for Access California, seconded Andrea Crook’s comments and spoke on “livable wages” and how to define it within the community. She stated that we have yet to see the impacts of COVID-19 on job loss. She said the Committee should “generally and thoroughly” define livable wages because that is not happening across the State.

Steve Leone, an advocate introduced himself as someone who had been at the inception of the MHSA and was a past Evaluation Committee member. He stated that two hours is not long enough to meet, and requested that the speakers identify themselves since not everyone is calling into the meeting on computer. Mr. Leone also addressed an earlier comment about “all Californians” and stated it was meant to be inclusive of all people - race-ethnicity, LGBTQ, etc. He emphasized that the prevention and early intervention component was revolutionary.

**Next Steps**

Commissioner Itai Danovitch stated that the MHSOAC would solicit feedback about the charter to determine next steps. In addition, Commissioner Danovitch stated that MHSOAC staff would be reaching out to each Committee member to:

* Understand what specific needs and questions they have;
* Understand what they need to know to have impact and provide the Commission with guidance; and
* Invite Committee member feedback on how to improve the Committee’s working process.

Lastly, Filomena Yeroshek, MHSOAC Chief Counsel instructed Committee members and the public on how to submit comments and feedback.