

# **Executive Summary**

## **SB-82/833 (Triage) Summative (Main) Program Evaluation**

*UCLA Lead for Child Crisis Intervention Programs and  
School-County Collaborative Programs*

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### **Introduction**

This document describes the plans for conducting the “summative” or main impact evaluation of the SB-82/833 Triage programs funded by the Mental Health Services Oversight and Accountability Commission of California (MHSOAC). The overarching goal of the SB-82/833 programs is to increase services that would prevent mental health crises or treat those who do have crises in the State of California. Counties receiving funding through SB-82 will expand crisis intervention services for adult and transitional age youth. Counties receiving funding through SB-833 will expand services for child and adolescent crisis intervention, as well as promote innovations in school-county partnerships for preventing child mental health crises. Counties who receive funding can develop interventions that are focused on preventing mental health crises, treating crises early, and providing crises services that are able to stabilize individuals as well as link them to ongoing care.

This evaluation of the crises services is conducted across the University of California at Davis (UC Davis) and the University of California, Los Angeles (UCLA). The evaluation team is structured such that UC Davis is the lead for Adult/TAY (SB-82) and UCLA is the lead for Child Crisis Intervention and School-County Collaborative programs. Here, we focus on the Child and School-County programs for which UCLA is the evaluation lead. UC Davis and the funder of the programs and this evaluation, the MHSOAC, are partners in this evaluation. The funded county programs are collaborating in this evaluation, as are stakeholders, such as patients, family, and community advocates.

We have an Advisory Board with family members and involved community participants providing us with direction in developing the evaluation and help in understanding our findings. Throughout the evaluation, we send our newsletters, hold public webinars, and participate in meetings with participating programs, stakeholder advisors, and the Commission to get feedback from those who provide and use these services and are involved in communities served by the crisis interventions programs.

### **SB-82/833 Evaluation Project**

The Child and School-County Collaborative SB-82/833 funded programs include eleven Child Crisis Intervention programs and four School-County Collaborative programs dedicated to improving the ability of these counties or communities to provide programs to prevent mental health crises and/or to provide early intervention for children or adolescents experiencing a mental health crisis. The interventions vary widely because they were developed by the programs to meet the unique needs of their communities, with local stakeholder input. The evaluation will be flexible so that we can

identify unique contributions of these programs.

***The overall goal of our evaluation is to describe the broad impact of these Child Crisis Intervention and School-County Collaborative programs, as well as describe some of the particular interventions in more depth and the impacts they have on children and adolescents, their families, and the providers who care for them.*** The evaluation uses information we gain by interviewing programs about their services, as well as looking at records kept by the programs providing services that describe the services delivered and known outcomes. For those programs without access to administrative records, we will be collecting data from them using a standardized survey tool, to capture both individual level services and program activities such as partnerships and outreach activities. This approach using qualitative interview data and services records, termed a “mixed methods approach,” offers a rich overview of programs and their impact. In addition, we will obtain perspectives of those who are in communities who know about or use the services to determine their views on the impact of the services. In addition to describing overall impact, the evaluation will provide specific examples of individual programs or groups of programs and their impacts. The evaluation will also explore how programs may have affected different subgroups of populations, for example, under-resourced populations or racial/ethnic minority groups. Community members and providers have helped us develop the evaluation approach at every step.

## Interview Data

To help determine the impact of the County Child Crisis Intervention programs, we will interview those who provide the services, as well as examine notes from meetings about the services and describe community activities related to the services. Through these interviews, we hope to describe the unique features and strengths of each program, as well as challenges the programs experience. Among other things, we will describe how the programs are actually structured, including strategies for carrying out the crisis interventions, staffing changes, other county resources involved, and information that helps us describe the environments of the programs, including availability of psychiatric hospital beds locally for children, use of Emergency Departments, etc. During the course of the study, we anticipate sharing early findings during regularly scheduled follow-up interviews with County participants, to stimulate discussion that could support continuous improvement of the crisis intervention services they provide.

To help determine the impact of the School-County Collaborative programs, we will interview program and school staff to understand how the SB-82/833 funding brought about new, or strengthened existing partnerships with county and community agencies to better serve children. For example, we will determine whether the funded programs actually helped school children in need gain access to county crisis services. We will examine if the funded programs increase the number of school personnel trained in mental health prevention strategies, and whether more students and caregivers in these settings receive prevention and treatment services. We will examine whether and how the prevention and crisis services funded through the SB-82/833 initiative are tailored to the specific needs of student groups served.

## Data from Records

In examining the County Child services, we will evaluate records of program services delivered/received to help identify the impact of the crisis intervention services. For the Child programs, we will evaluate data that each program keeps on their services delivered/received. If possible, we will look at data that all Counties in California provide to the State about their services so that we can compare services in Counties receiving SB-82/833 funding with those counties without such funding. We will evaluate youth ages 3 to 21 years at time of services. For School-County Collaborative programs, we will examine data that they collect in a standardized reporting tool, about services provided individual students as well as program data regarding prevention program trainings, and services and activities for school staff, classrooms, parents, and communities. Together, these data will be used by our team to help answer important questions about the impact of this funding initiative on child outcomes, and ultimately will help to improve prevention and early intervention of child mental health crises in the State.

In formal evaluation language, the evaluation design is a “prospective cross-sectional cohort study”. This means that data will be collected longitudinally or over time, for groups or cohorts of children served by the programs. Inclusion criteria, which refers to characteristics of children evaluated, will be children and youth ages 3.0 through 21.0 years at encounter start date (when services are first received), having at least one contact with SB-82/833-funded crisis intervention programs, during the study time period. The time period is the particular time window of the program, when the evaluation team will be obtaining data from the funded programs in a standardized manner. There will be no exclusion criteria (or clients not eligible for the evaluation) as we assume that programs will be responsive to all calls for crisis intervention or all calls for mental health team support from program sites or their service partners (i.e., ED, police department, schools).

In examining the School-County Collaborative programs, we will evaluate whether the services impact aggregate measures of child functioning, as feasible. For programs that provide school-wide preventive services, we will evaluate program-specific data and explore publicly available school- and district-level data to help determine the program’s impact. Distal school outcomes, such as attendance and discipline, for which public data is available (e.g., California Health Kids Survey), may be measured using comparison groups. One potential comparison group could be matching region(s) within the county without SB-82/833 services and comparing similar schools that do and do not receive the SB-82/833 funding in similar regions.

## Data Transfer

The County programs receiving SB-82/833 funding must provide data from their projects to the evaluation team as part of their contracts with the Mental Health Services Oversight and Accountability Commission. The data received may include some personal health information, such as date of birth to calculate age at time of interview or Medi-Cal number to link with billing data. However, for most Counties, de-identified data will be transferred to UCLA because the child is assigned a unique identifier when receiving

mental health care. This approach ensures data security and privacy because UCLA will not be able to link to any personal information, such as name or phone number.

On a quarterly basis, the Counties/programs will provide data to UCLA. The data will be transferred, stored, and analyzed through well-established, secure procedures.

### Summary of Data Sources

1. Counties submitted **proposals** to the Mental Health Services Oversight and Accountability Commission to receive SB-82/833 funding. The proposals will be used as a data source to provide information about general program characteristics, existing county resources, and engagement with communities in shaping the program.
2. **Interviews** will be conducted every 6 months with different stakeholder groups, such as families or involved providers and community participants, to provide clarity from grant proposals on general program characteristics and new and existing county resources.
3. **Quarterly staffing reports** are summaries of changes in staff reported by the grantees to the Mental Health Services Oversight and Accountability Commission on a quarterly basis. This data source will provide information on new hires and staffing changes.
4. The **Program Activity Log** will provide information on crisis intervention and prevention activities, such as staff trainings, outreach activities, parent activities and child activities.
5. The **Client Contact Log** will provide information on demographics of participants, client history, the crisis encounter, and follow-up visits.
6. For counties that have **County Electronic Medical Records** available, we will provide a server to which programs can upload their medical records. This method may be used in lieu of the Client Contact Log method of data collection.
7. **Supplemental data sources** from other agencies (i.e., juvenile justice, hospital/ER data, schools, child welfare) will be considered because many of these sources are not available or not linkable with client-level data, an alternative source of data may be State data. Other data sources may be available to help us to identify the impact of crisis intervention services on such things as emergency room use, or juvenile justice involvement. Such data sources may be at an aggregate level, such as school or county.
8. **Other sources**: We will also explore possible use of public use data sources, especially for evaluation of School-County Collaborative Programs. Because many of these sources are only available at the school- or district-level, these secondary data sources will only be used with schools that participate in whole-school or whole-district programming.
9. **Stakeholder input** will be described from notes in proposals, feedback from quarterly webinars or input online, feedback at in-person meetings with programs

and for some potential site visits (which may be remote); advisory board input; and other stakeholder activities to be determined with the advisory boards. In addition, input is obtained through ongoing work groups on the different programs and a combined data team.

## **Contact Information for UCLA Child Crisis Intervention and School-County Collaborative Program Evaluation**

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