



Mental Health Services
Oversight & Accountability Commission

Research and Evaluation Committee Meeting

Wednesday, August 17, 2022

9:00 am – 12:00 pm

Welcome

COMMISSIONER DR. ITAI DANOVITCH, CHAIR
COMMISSIONER MR. STEVE CARNEVALE, VICE CHAIR



Agenda

- | | |
|-----------------|--|
| 9:00 AM | Welcome |
| 9:10 AM | Action: Approval of May 12, 2022, Meeting Minutes |
| 9:20 AM | Information: Status Report on the Commission's Research and Evaluation Portfolio |
| 9:40 AM | Information & Discussion: Update on the Commission's Evaluation of SB 82/833 Triage |
| 10:30 AM | BREAK |
| 10:40 AM | Continuation of Triage Presentations and Breakout Group Discussion |
| 11:30 AM | Breakout Groups Report Out |
| 11:50 AM | Wrap-Up |
| 12:00 PM | Adjourn |

Agenda Item #1

Action: Approval of Meeting Minutes

COMMISSIONER DR. ITAI DANOVITCH, CHAIR



Public Comment



Vote



Agenda Item #2

Information: Status Report on the Commission's Research and Evaluation Portfolio

MELISSA MARTIN-MOLLARD, PHD, DIRECTOR OF RESEARCH AND EVALUATION





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Research and Evaluation Portfolio: Updates

August 17, 2022

Role of Research and Evaluation

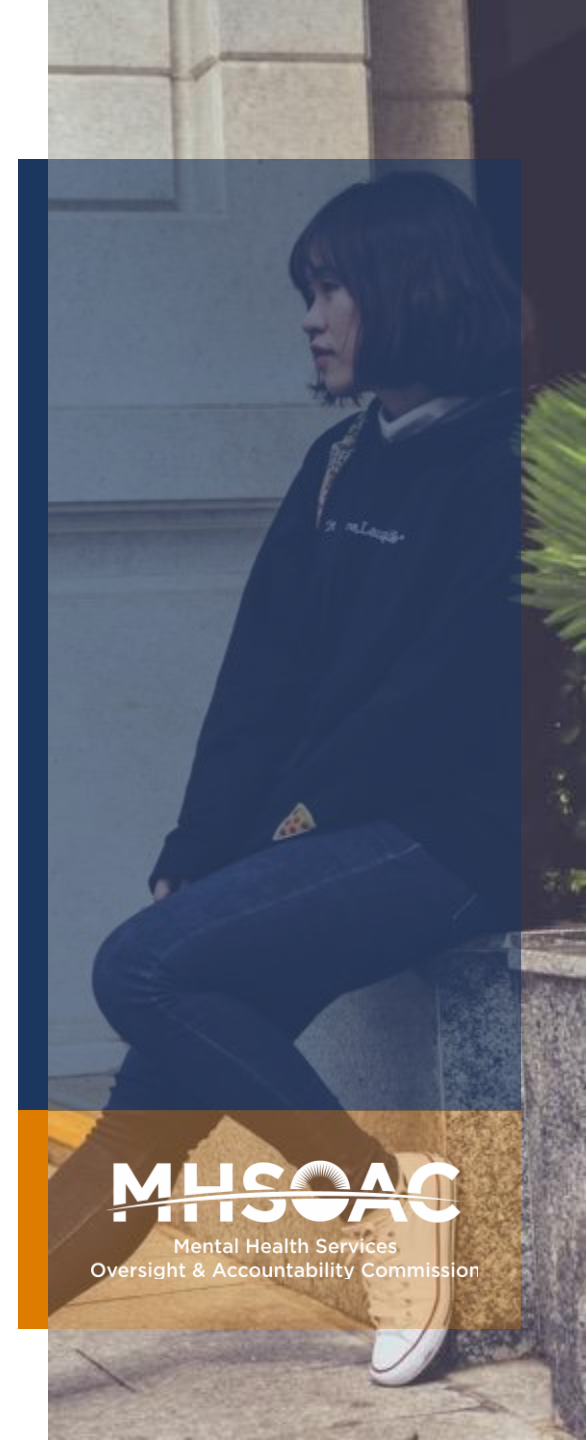
- How has the MHSA made a difference in the lives of individuals and their communities?
- What have the improvements/benefits been at:
 - The system level
 - The community level
 - The individual level

Types of Questions We're Asking

- Are we providing the right kind of programs and services for the needs of the population in California?
- How and why do programs fail? How and why do programs succeed?
- When programs aren't working, what were the structures and systems that allowed that to happen?
- Are we talking to the right people? Are we getting the right information, and from the client perspective?
- What barriers are there for getting the data that help answer these questions?
- How can we make it easier to improve our mental health programs?
- Can we use innovation as an opportunity to answer these questions?

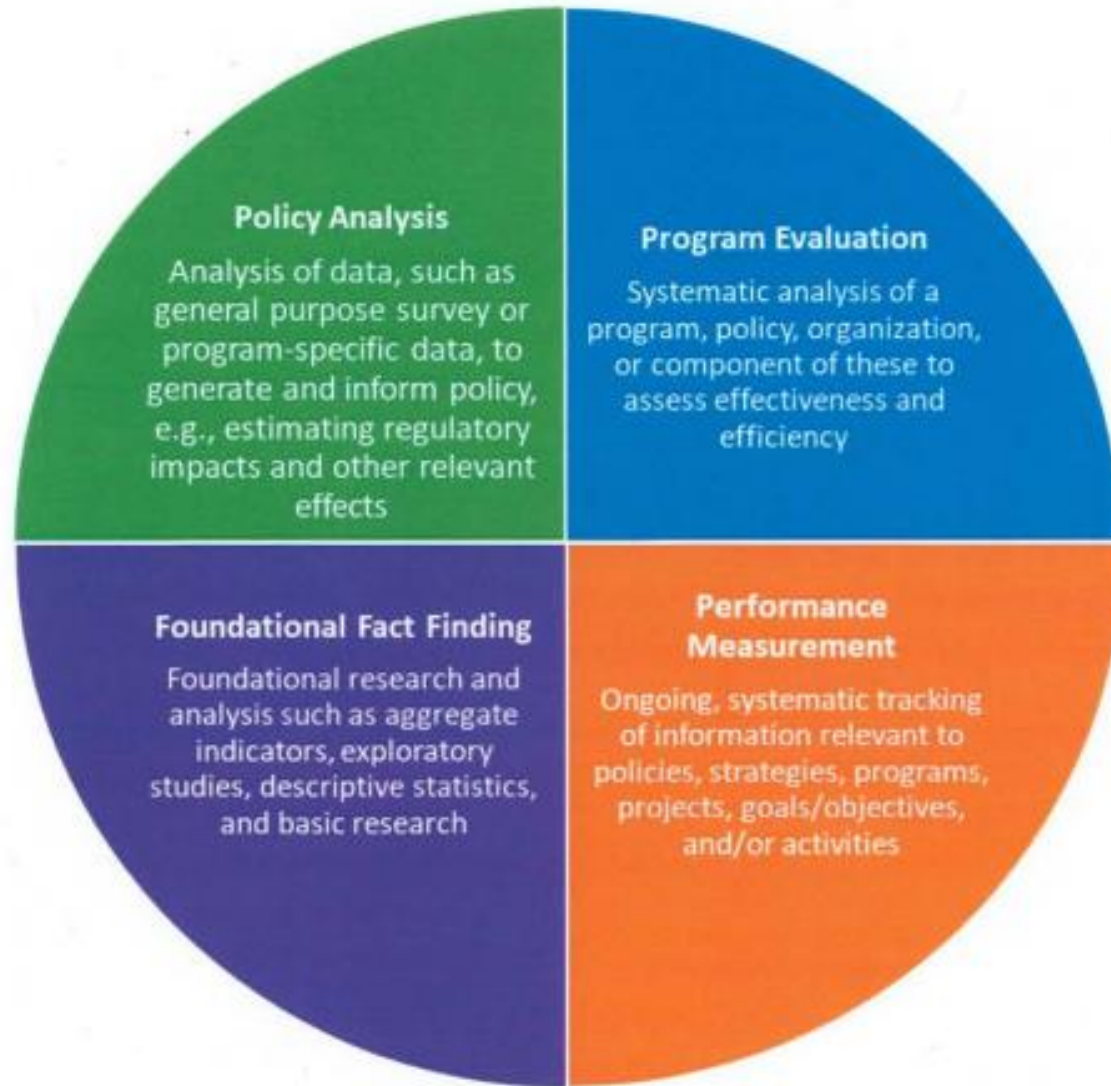
Learning Agendas

- Learning agendas are a set of **prioritized research questions** and activities that guide an agency's evidence-building and decision-making practices.
- Inform decision-making on programs, policies, and systems.
- Link learning agenda to **strategic goals and objectives** of Commission.



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**Figure developed by the Office of Management and Budget*

Learning and Evaluation Agenda

Role of the Research and Evaluation Division is to facilitate conversations with Commissioners, staff, and community members (including members of this Committee) to establish:

- 1) What are our priority questions based on our strategic goals and objectives?
- 2) What are our evidence-building activities?

Example of the Process

Strategic Objective 2c. Further develop the Commission's capacity to aggregate and integrate cross-system data, including data regarding health and mental health, education, employment and criminal justice to assess system performance and identify opportunities for improvement.

Priority Questions development process

What does the previous work and evidence tell us?

What does the data tell us about service usage and criminal justice outcomes?

Are there programs/services on which to focus? What do we already know from the literature that can help inform these questions? From community members?

From counties? What are legislative priorities?

Evidence-building activities

Given our priority questions, what are the most impactful activities the Research and Evaluation team can do—foundational fact finding, policy analysis, performance measurement, or program evaluation?

Commission Initiatives

COVID & Emerging Issues	Prevention & Early Intervention	Workplace Mental Health
Criminal Justice Prevention	School Mental Health	Youth Drop-in Centers
Early Psychosis Intervention Plus	Suicide Prevention	Youth & Peer Empowerment
Innovation Incubator	Triage	Transparency Suite

RESEARCH AND EVALUATION DIVISION ACTIVITIES



TRACKING COMMUNITY INDICATORS

- Mental health funding
- Suicide incidence and rate
- Criminal justice/mental health demographics and outcomes
- Numbers served in county mental health programs
- Participation in [Full Service Partnerships](#)
- Disparities in access to services



CURATING MENTAL HEALTH RESOURCES

- Documenting county innovation projects
- Building a prevention and early intervention dataset



POLICY RESEARCH TO IMPROVE POLICIES AND PRACTICES

- Embracing school mental health
- Enhancing criminal justice diversion
- Creating fiscal accountability
- Supporting prevention and early intervention
- Getting to zero in suicide prevention
- Promoting workplace mental health



EVALUATING NEW INITIATIVES TO ACCELERATE LEARNING, ADAPTATION, AND SCALING

- Mental Health Student Services Act
- SB 82/Triage Crisis Services
- Mental Health Innovation Incubator
- [Full Service Partnerships](#)



BUILDING DATA INFRASTRUCTURE TO SUPPORT ACCOUNTABILITY

- Mental health service utilization data
- Education data
- Employment data
- Criminal justice involvement data
- Child welfare data

Quarterly Activities: May-July 2022

Foundational Fact Finding: Data Center/Linkage

- Client Service Information (CSI)
- Data Collection and Reporting (DCR)
- California Department of Education
- Department of Health Care Access and Information (HCAI)
- California Department of Public Health (CDPH) Vital Statistics
- Employment Development Department (EDD)

Pending

- New Department of Justice (DOJ)
- Department of Health Care Services (DHCS) Short-Doyle Medi-Cal Claims

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Quarterly Activities: May-July 2022

Performance Measurement

- Updated the Fiscal Transparency Suite
- Beta tested Innovation Encumbrance Dashboard
- Developed initial set of metrics for MHSSA reporting



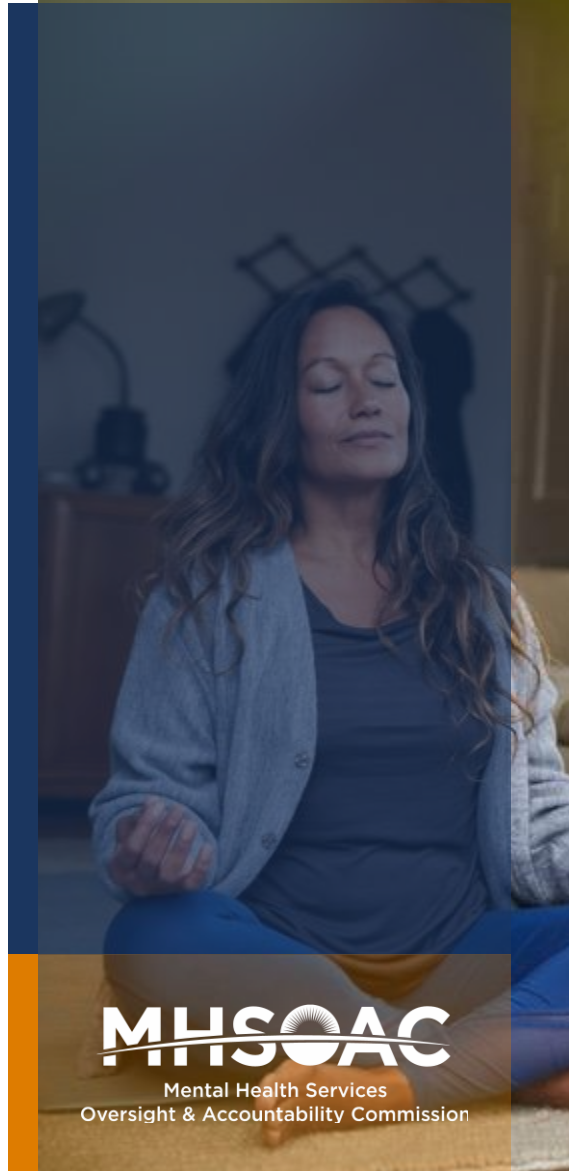
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Quarterly Activities: May-July 2022

Program Evaluation

- Mental Health Student Services Act (SB 75/MHSSA)
- Full Service Partnership (SB 465)
- Mental Health Wellness Act/Triage (SB 82)
- Process evaluation of Innovation Incubator



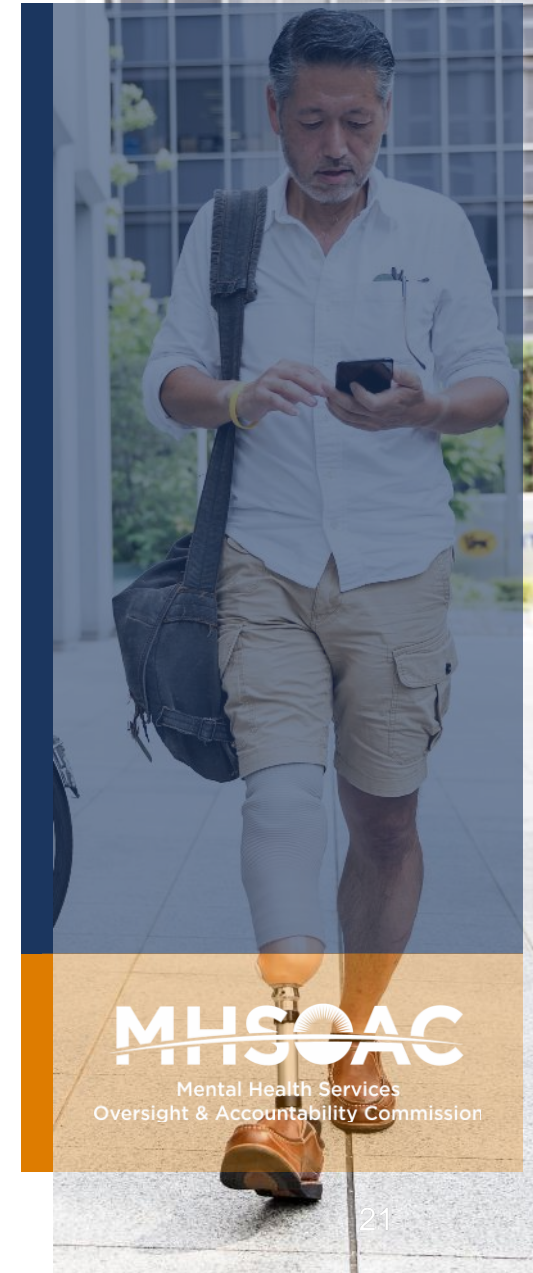
Quarterly Activities: May-July 2022

Policy Analysis

- Draft Prevention and Early Intervention Report
- Advance data opportunities for the State's suicide prevention plan, Striving for Zero

Role of the Research and Evaluation Committee

- Assist with strategic research/evaluation guidance (e.g., MHSSA)
- Advise on technical aspects of research/evaluation for specific projects (e.g., SB 82/Triage)
- Partners on development of learning agenda for the mental health field (e.g., “big picture” priority questions)



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Thank You

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Agenda Item #3

Information & Discussion:

The Commission's Evaluation of SB 82/833, Triage Grant Programs Update

COREY O'MALLEY, PHD, POSTDOCTORAL RESEARCHER OF PSYCHIATRY, SEMEL INSTITUTE FOR
NEUROSCIENCE AND HUMAN BEHAVIOR, UCLA

MARK SAVILL, PHD, ASST. PROFESSOR, DEPT. OF PSYCHIATRY, UC DAVIS

KALLIE CLARK, PHD, TRIAGE EVALUATION PROJECT DIRECTOR, MHSOAC



Early Findings from a Formative Evaluation of SB-82/833 Child and School-County Collaborative Triage Grant Programs

Corey O'Malley, PhD
UCLA Department of Psychiatry
Semel Institute for Neuroscience & Human Behavior

Presented to the MHSOAC Research and Evaluation Committee

August 17, 2022

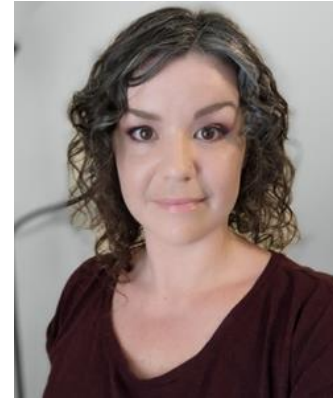
UCLA Evaluation Team



Bonnie Zima, MD, MPH
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Roya Ijadi-Maghsoodi,
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Corey O'Malley, PhD



Elyse Tascione, MA



Alanna Montero, BS



Lily Zhang, MS



Alethea Marti, PhD



Elizabeth Bromley,
MD, PhD



Kenneth Wells, MD,
MPH

Overview

- Early findings from an ongoing formative evaluation of **11** Child/Youth and **4** School-County Collaborative programs
- Second round of Crisis Triage Grants awarded in 2018
- Evaluation spans from program start through grant end in:
 - **Q4 2021** (Child/Youth)
 - **Q4 2022** (School-County Collaborative)



WELLNESS • RECOVERY • RESILIENCE



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Specific Aims

1. To **describe and assess select program implementation activities, processes, and outcomes** over time, while accounting for variation in programs and the impacts of the COVID-19 pandemic.
2. To **identify facilitators and barriers to program implementation** over time.
3. To **provide lessons learned and evidence-based recommendations** for future program implementation.

Methods

- **Community-partnered, mixed-methods** approach (Jones & Wells, 2007)
- Data sources:
 - **Qualitative interviews**
 - **Surveys of program leads**
 - Regular **engagement activities** with program and other community partners

Qualitative Interviews

- Six rounds of semi-structured qualitative interviews with program leads and staff at 6-month intervals from 2019 to 2022

	Pre-COVID		Post-COVID			
	Baseline	6-month	12-month	18-month	24-month	30-month
Dates	June–Sept 2019	Jan–Feb 2020	June–Oct 2020	Feb–Apr 2021	July–Oct 2021	Feb–Apr 2022
Participants	Leads	Leads	Staff	Leads	Clinical Supervisors	Peer/Parent Partners
# of Interviews	12	14	14	14	13	11

Qualitative Interviews

- Interview guide adapted domains and constructs from the Consolidated Framework for Implementation Research (Damschroder et al., 2009)

Program Characteristics	Inner Setting	Outer Setting	Individual Characteristics	Implementation Processes
<ul style="list-style-type: none">• Adaptability• Complexity	<ul style="list-style-type: none">• Networks and communication• Culture and climate	<ul style="list-style-type: none">• Community resources• Community needs• COVID-19	<ul style="list-style-type: none">• Staff knowledge• Staff attitudes	<ul style="list-style-type: none">• Planning• Engaging• Executing

- Interviews were audio-recorded, transcribed, and thematically analyzed

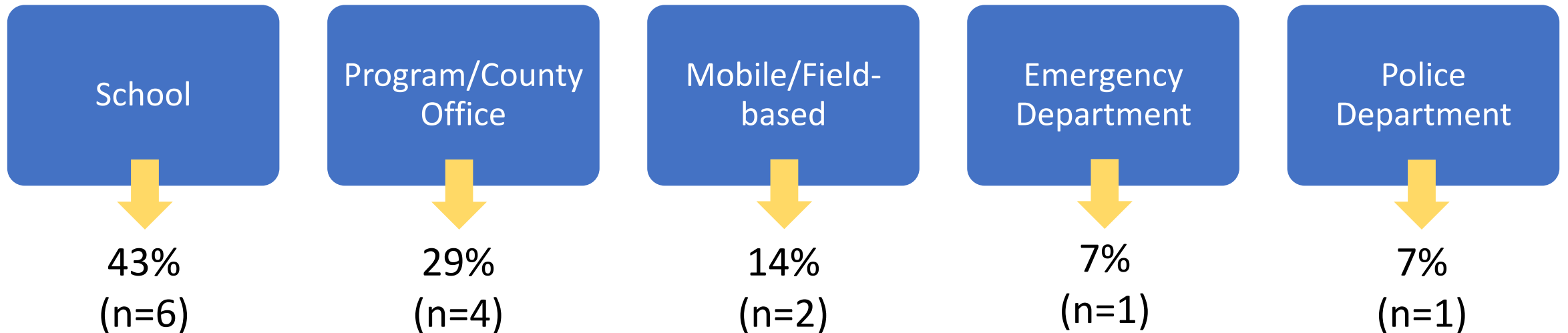
Key Findings

Finding	Description
Program features affecting implementation	<ul style="list-style-type: none">• program heterogeneity, complexity, and adaptability
Impacts of COVID-19 pandemic	<ul style="list-style-type: none">• changes in clinical acuity, community needs, and program demand• rapid but mixed uptake of telehealth
Workforce challenges	<ul style="list-style-type: none">• staff turnover and recruitment
Access to resources	<ul style="list-style-type: none">• variable funding and “patchworking”• limited community assets for child mental health
Partnerships	<ul style="list-style-type: none">• critical but time intensive• challenges across sectors (e.g., schools, hospitals)
Sustainability	<ul style="list-style-type: none">• limited reliable, appropriate options

Program Features

- SB-82/833 programs are **heterogeneous** in their settings and care processes

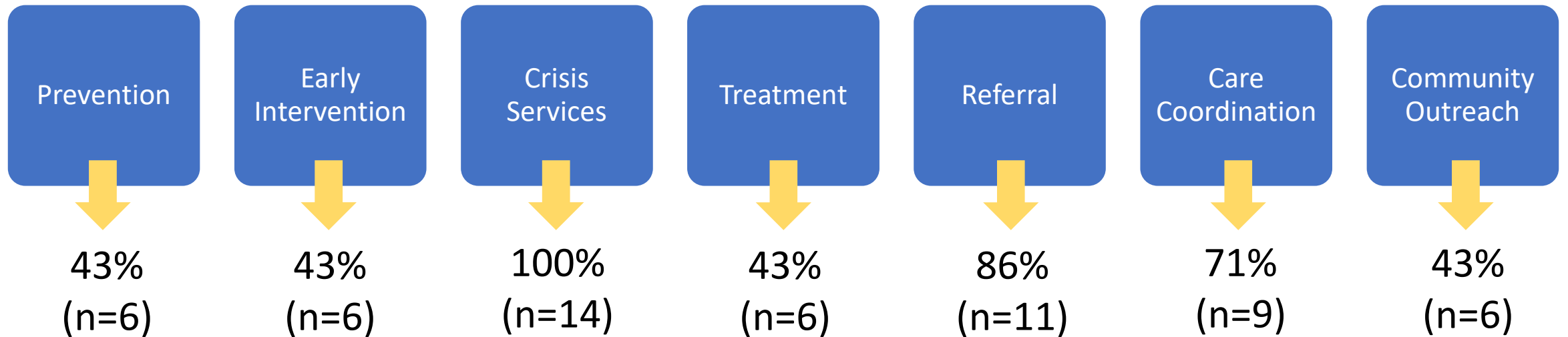
Primary program settings:



Program Features

- SB-82/833 programs are **heterogeneous** in their settings and care processes

Care processes targeted:



Program Features

- Many SB-82/833 programs are **complex** in their structure:
 - Partnerships across agencies and/or sectors
 - Multiple teams or units in different settings or regions
 - Multiple regulatory systems
- Both heterogeneity and complexity are due to **tailoring to community needs and service systems**
 - Necessary and advantageous, but particularly challenging
- **Adaptability** made it possible for programs to be executed as broadly intended despite challenges

Impact of COVID-19 Pandemic

Mental Health and Community Needs

- Observed increase in clinical acuity and overall mental health need
- Observed increase in basic and social needs (food, housing, public benefits, connective tech, etc.)

Program Demand & Referrals

- Low early in pandemic, variable by spring 2021
- School closures significantly disrupted access to referrals
- Concern for “tsunami” of demand as schools re-opened

Impact of COVID-19 Pandemic

- Rapid but mixed uptake of telehealth

Provider Challenges

- Logistical
- Differing attitudes on the appropriateness and efficacy of telehealth for youth

Youth and Family Challenges

- Acceptability: parental engagement and consent
- Accessibility: connective technology
- Virtual engagement and fatigue

Workforce Factors

- Most programs were impacted by **staff turnover or gaps**:

Impacts

- Reduced range or quality of services
- Increased staff case load
- Reduced staff morale
- Loss of expertise and institutional knowledge

Contributors

- Stresses of crisis work
- Compensation
- Structure and workload of some roles

Recruitment Challenges

- Particularly for smaller, rural, and partnered programs

Partnerships

- **Critical to the successful operation of many programs**, but require active leadership engagement and resources to build and sustain
- Additional challenges for programs working across sectors:
 - Regulatory hurdles
 - Differences in institutional culture
- Program leads and staff described how SB-82/833 crisis triage **programs created new or enhanced existing partnerships**
- Both an advantage and an additional challenge

Resources

Funding

- Grant funds personnel; amount varies by county
- Adaptation to budget cuts
- Most programs reported limited resources for staff, admin, data coordination

Patchworking

- Multiple sources of funding and revenue
- In-kind contributions from counties

Access to Community Resources

- Variable availability of critical youth mental health resources

Sustainability

- Grant terms require sustainment plans for after grant end

Status

- At least 9 of 14 have specific plans for sustainment
- 2 programs ceased operations before grant end

Major Sources Considered

- Medi-Cal
- Other MHSA funds
- Local funds (e.g., county, school district)

Challenges

- Medi-Cal not suitable for all care processes, penetration varies
- Many options not predictable or long-term

Key Lessons

- Mental health service systems would benefit from greater support for **coordination and partnerships**
- Experiences during the pandemic suggest demand as a function of **access and system functionality**, not need
- Effects of school closures illustrate the critical importance of **schools as sites for mental health** prevention, early intervention, and crisis response
- Challenges with telehealth point to need for **preparation, continued innovation, and flexibility** to ensure crisis service continuity during social crises
- Workforce, resource, and equity challenges call for **systemic solutions**

Next Steps

- Final round of interviews with School-County Collaborative programs in Q3 2022
- Three more rounds of interviews with one Child/Youth program that began in 2020 (Q3 2022, Q1 2023, Q3 2023)
- Descriptive analysis of quarterly data on program activities
- Final round of program lead survey
- School-County Collaborative program case studies

Thank You!

Questions for Breakout Group #1

1. What priority areas should we focus on as we refine our findings? Are there areas of particular concern that should inform our final interpretation and reporting of findings?
2. What considerations or concerns relevant to community mental health services are we missing? Are there additional factors we should investigate or incorporate into our existing findings?
3. What policy considerations and concerns should inform the final stages of this formative evaluation?
4. How can the Commission ensure that the Triage evaluation findings are meaningful and actionable? How can the evaluation findings best be leveraged to inform local programs and state policy?

Formative Evaluation of the SB-82 TAY/Adult Crisis Programs

Dr. Mark Savill

UCDAVIS

**BEHAVIORAL HEALTH CENTER
OF EXCELLENCE**



UCDAVIS

**Center for Healthcare
Policy and Research**

UC Davis Adult/TAY Evaluation Team



Cameron Carter, MD
Principal Investigator



**Joy Melnikow,
MD, MPH**
Principal Investigator



Tara Niendam, PhD
Co-Investigator



Mark Savill, PhD
Lead Qualitative
Scientist



**Matthew Goldman,
MD, MS**
Consultant



Jamie Mouzoon, MA
Project Manager



Lindsay Matthews
Qualitative Research
Coordinator



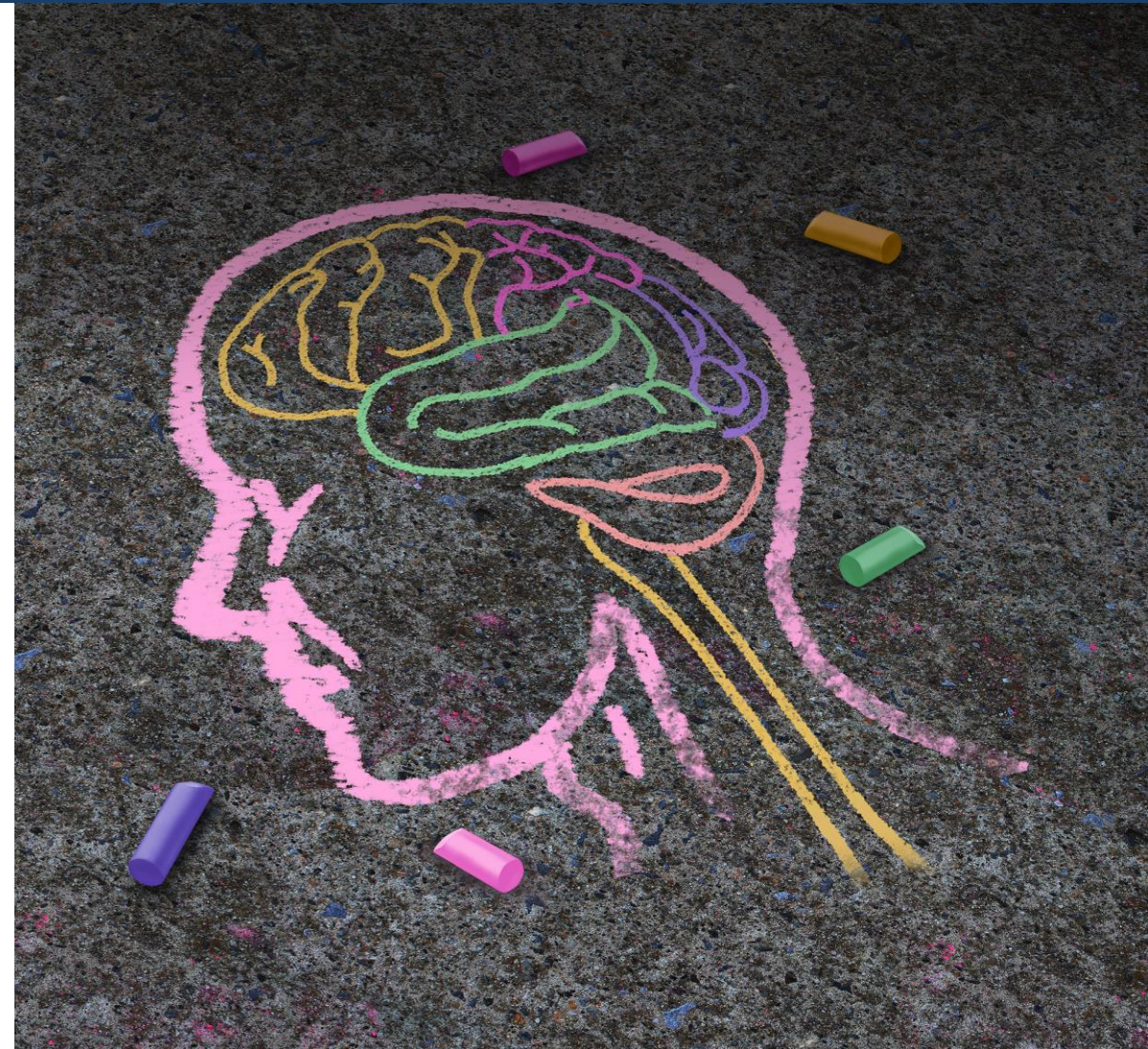
Bethney Bonilla, MA
Community Engagement &
Program Support Specialist



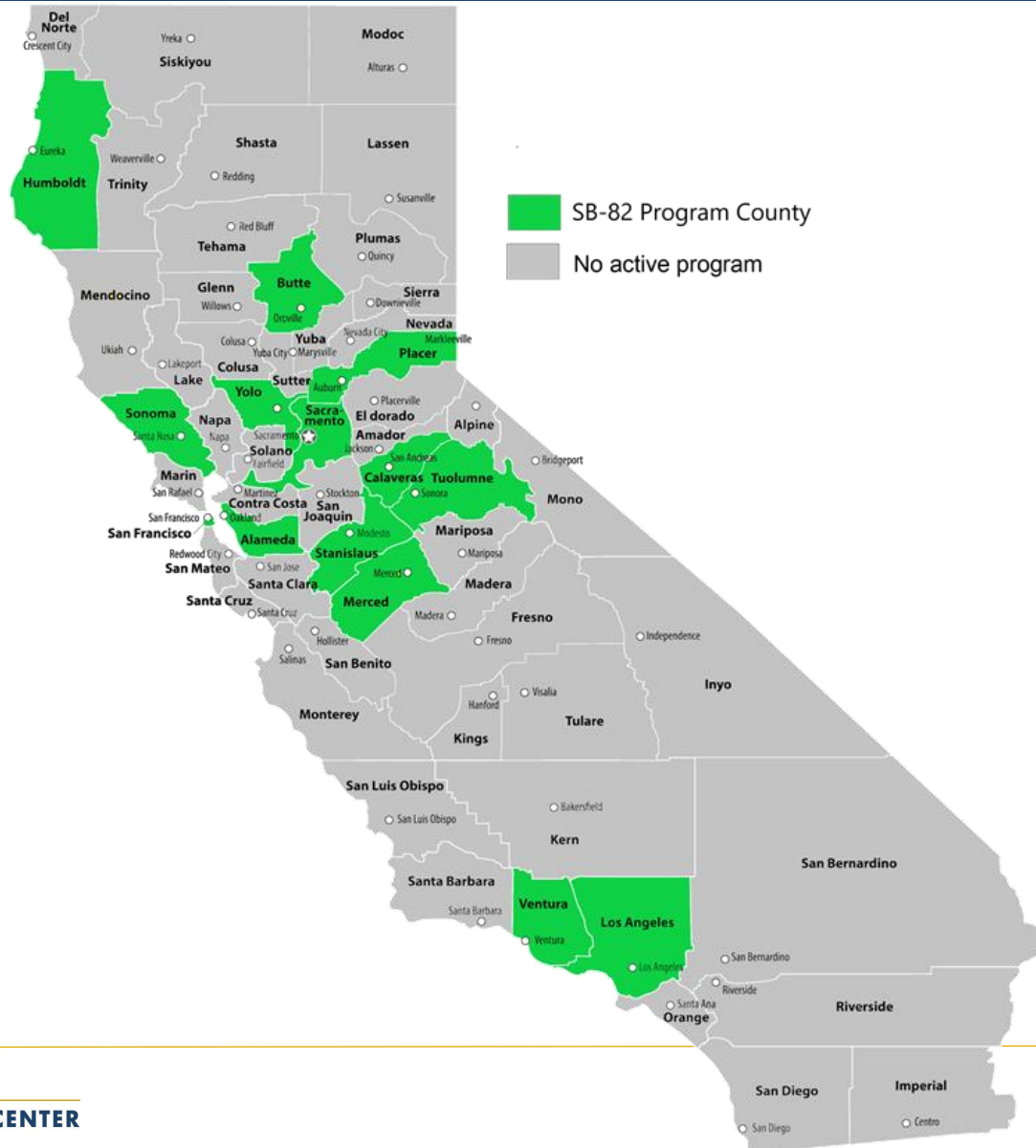
Melissa Gosdin, PhD
Community Engagement
Specialist

SB-82 Evaluation

- SB-82: Investment in Mental Health Wellness Act 2013 for:
 - Crisis intervention
 - Stabilization
 - Treatment
 - Rehabilitation
 - Mobile crisis support teams
- Aims:
 - Expand community crisis services
 - Improving client experience, achieving recovery and wellness, reduce costs
 - Reduce hospitalizations and inpatient days
 - Reduce recidivism and law enforcement expenditure



SB-82 Round 2 Adult/TAY Grant Recipients



- 15 Counties awarded Adult/TAY grants in 2nd round of funding
- All participated in statewide evaluation of services

Key Questions for the Formative Evaluation

Question 1	How are programs structured?
Question 2	What contextual factors impact program implementation?
Question 3	What MOU's have been established with county partners?
Question 4	How successful have the programs been at provider recruitment, training and retention?
Question 5	Who received what services?
Question 6	What are the early program impacts?
Question 7	What are the barriers and facilitators to program implementation?

Methods

- **Mixed Methods Approach**
- **Qualitative Interviews**
 - Provider participants: 2019 and 2021
 - Consumer and law enforcement participants: 2022
- **Program Survey**
 - Two rounds of surveys: 2021 and 2022
 - Data collected by program staff primarily from electronic medical records
 - Developed with programs, advisory board members, and crisis care experts
- **Other Data Sources**
 - Program MOU's
 - County grant proposals + revisions
 - County census data
 - Community partner engagement activities

Approach – Qualitative Interviews



2021 Provider Interviews

- 24 interviews completed across 14 programs
- Included peer specialists, case managers, clinicians, and program leadership



2022 Consumer & Law Enforcement Interviews

- Aim: 10 from each group
- Progress:
 - Clients: 2 interviewed
 - Law enforcement partners: 1 scheduled



Interviews recorded, transcribed, and analyzed utilizing conventional content analysis

Approach – Program Survey

- Round I survey (April 2021) included 2018-2020 activities regarding:
 - **Program-level information:** hours of operations, staffing, turnover
 - **Patient-level information:** clients counts, demographics
 - **Service activities:** program referrals, service utilization
 - **Revenue and sustainability:** supplemental funding, Medi-Cal billing, sustainability plans
- Round II survey (March 2022) included 2021 activities regarding:
 - **Patient-level information:** client counts, demographics
 - **Program-level information:** information regarding community partners, role of peer advocates, language availability, and efforts to support cultural humility
- Unique surveys for LA County and City of Berkeley

Equity and Engagement

- Important given disproportionate incarceration and hospitalizations amongst historically marginalized groups
- **In leadership:** Community Advisory Board
 - Members with professional, personal, and/or lived experiences with mental health crisis triage services
 - Provides input on all aspects of evaluation implementation
- **In research:**
 - Quantitative: demographic data collected to explore whether programs are successfully engaging historically underserved groups; round II survey questions focused on cultural humility and threshold language availability
 - Qualitative: purposive sampling of diverse community



Evaluation Findings



1. How are programs structured?

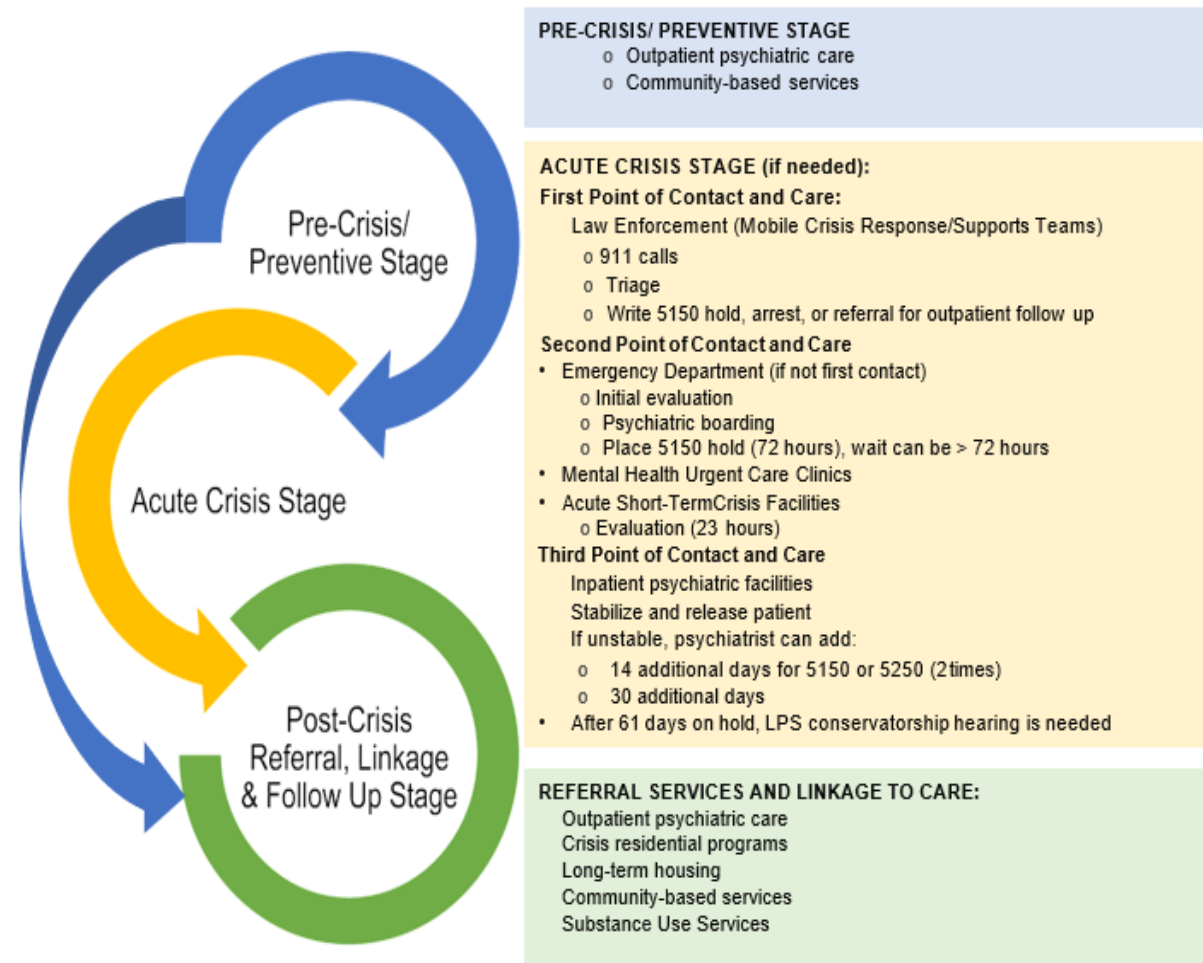
Data Sources

- Grant proposals
- County census data
- Provider interviews

Program Service Types

- **Access:** City of Berkeley, Los Angeles, Merced, Sacramento, Stanislaus, Tuolumne
- **First Responder:** Butte, Humboldt, Los Angeles, Sonoma, Yolo
- **Post-Crisis Linkage:** Alameda, Butte, Calaveras, Humboldt, Merced, Placer, Sacramento, San Francisco, Tuolumne, Ventura, City of Berkeley

CONTINUUM OF ADULT/TAY CRISIS INTERVENTIONS



2. What contextual factors impact program implementation?

Data Sources

- Provider interviews, webinars, provider meetings, advisory board

Findings

- Factors affecting implementation identified include:
 - County infrastructure
 - Staff recruitment, retention, and burnout
 - Local 5150 policy
 - COVID policy response
 - Characteristics of engagement with law enforcement and other agencies
 - Wider availability of resources

3. What MOU's have been established with county partners?

Data Sources

- County MOU's, provider interviews, program surveys

Findings

- 33.3% of programs had SB-82 specific MOU's
- Not considered critical to effective collaboration
- Facilitators to effective collaboration:
 - Mutually beneficial partnerships
 - Relationships/communication across management levels
 - Prior relationships/knowledge of partners
 - Trust
- Most frequent collaborators: outpatient psychiatric care centers, emergency departments, and community-based services

4. How successful have the programs been at provider recruitment, training and retention?

Data Sources

- Hiring reports, program surveys, provider interviews

Findings

- Clinician recruitment highly challenging
 - Extended hours
 - Increased risk and liability
 - Field-based work
 - Preference for longer-term carework
 - Underpayment/under-classification of role
- Burnout concern. Self-care and team approach critical
- Most SB-82 Adult/TAY programs (12/14) provided cultural competency training.

5. Which consumers received what services?

Data Sources

- Program surveys, county census data

Findings

- 7/13 met or exceeded expected annual number of clients
- Since Dec. 2021: Provided over 80,000 services during 24,248 encounters with 14,829 unique consumers
- Consumer demographics reflected demography of counties.
- 2020: Outreach/engagement and case management services decreased, attributable to pandemic-driven changes
- Service delivery did not change significantly during height of pandemic

6. What are the early program impacts?

Data Sources

- Provider interviews

Findings

- Providers felt programs are having a substantial impact on following outcomes:
 - Reductions in hospitalizations
 - Reductions in evictions, homelessness, and suicides
 - Reduced ED and law enforcement involvement in crisis care
 - Improved satisfaction in crisis care
 - Improvements in recovery outcomes
 - Improvements in care linkage
- Programs can address stigma towards BH services and increase engagement

7. What are the barriers and facilitators to successful implementation of the proposed programs?

Data Sources

- Provider interviews, program surveys

Facilitators

- Provider Approach to Care
- Strategies to Improve Client Engagement
- Importance of Clients' Support System
- Optimal Crisis Service Structure

Lessons Learned

- **Care Delivery:** 80,682 services during 24,248 encounters with 14,829 individual clients delivered as of December 31, 2021
- **Provider Approach:** Client-oriented; focused on de-escalation, motivational enhancement, risk assessment skills; and addressing primary needs of consumers (food, water)
- **Importance of Collaborating Partners:** Critical for program referrals, safety, and facilitating engagement
- **Crisis Service Structure:** Operate outside standard office hours, deliver team-based care in a community setting
- **Importance of Peer Specialists:** Critical to improving engagement in care through destigmatizing mental illness and fostering trust

Next steps



Continue interviews with service users and law enforcement partners



Clean and analyze data from program surveys



Final report and recommendations due: November 30, 2023

Questions for Breakout Group # 2

1. We will be recruiting law enforcement partners who have collaborated with the SB-82 funded crisis triage programs in the final round of interviews. Do you have any guidance/thoughts around how we can approach in the best way possible?
2. It appears many of the programs are winding down after the grant ends. What avenues can programs consider to support the sustainability of these services? As evaluators, what questions should we be asking in this area?
3. As the UC Davis, UCLA, and Commission research teams continue to work collaboratively, how can we as the formative evaluation team best support the summative evaluation team? What contextual factors should we be collecting to inform the interpretation of the summative findings?
4. How can the Commission ensure that the Triage evaluation findings are meaningful and actionable? How can the evaluation findings best be leveraged to inform local programs and state policy?

INTERIM DATA

8/17/22

Triage Summative Evaluation

Grant Cycle 2 Data Update 2017 - 2022

Kallie Clark, MSW, PhD

Manuel Andrade, MS, MBA

Mary Bradsberry, BA

Martha Clemente, MPH, CHES

Heike Thiel de Bocanegra, PhD, MPH



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Agenda

- **Stakeholder engagement and feedback**
- **Overview of Triage data**
- **Updates on Triage demographic and encounter data**
- **Next steps**
- **Breakout room questions**

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Previous Committee Engagement and Feedback



September 2021 Committee Meeting

- Presented the Triage Summative Evaluation Plan
- Gathered and organized committee and public feedback

February 2022 Committee Meeting

- Presented an updated evaluation plan based on committee and public feedback
- Summarized feedback and outlined steps taken to address concerns and suggestions

Final version available on MHSOAC website

- [Triage Summative Evaluation Plan \(ca.gov\)](https://www.ca.gov)

A close-up photograph of a man with a grey beard and short dark hair, looking upwards and to the right with a thoughtful expression. He is wearing a light blue suit jacket over a striped shirt. The background is a blurred outdoor scene with a large, light-colored building featuring a prominent tower or spire. The overall lighting is soft and natural.

Overview of Triage Data

County Data Collected

Demographic

Age
Country of Birth
Gender
Primary Language
Race and Ethnicity
Years of Education
Geographic location

Service Utilization

Date of Service
Place of Service
Crisis vs. Non-Crisis Service
Type of Service
Encounter factors

- 5150 or 5850 holds
- Law enforcement
- Emergency department visit

Diagnoses

ICD-10 Codes and Descriptions

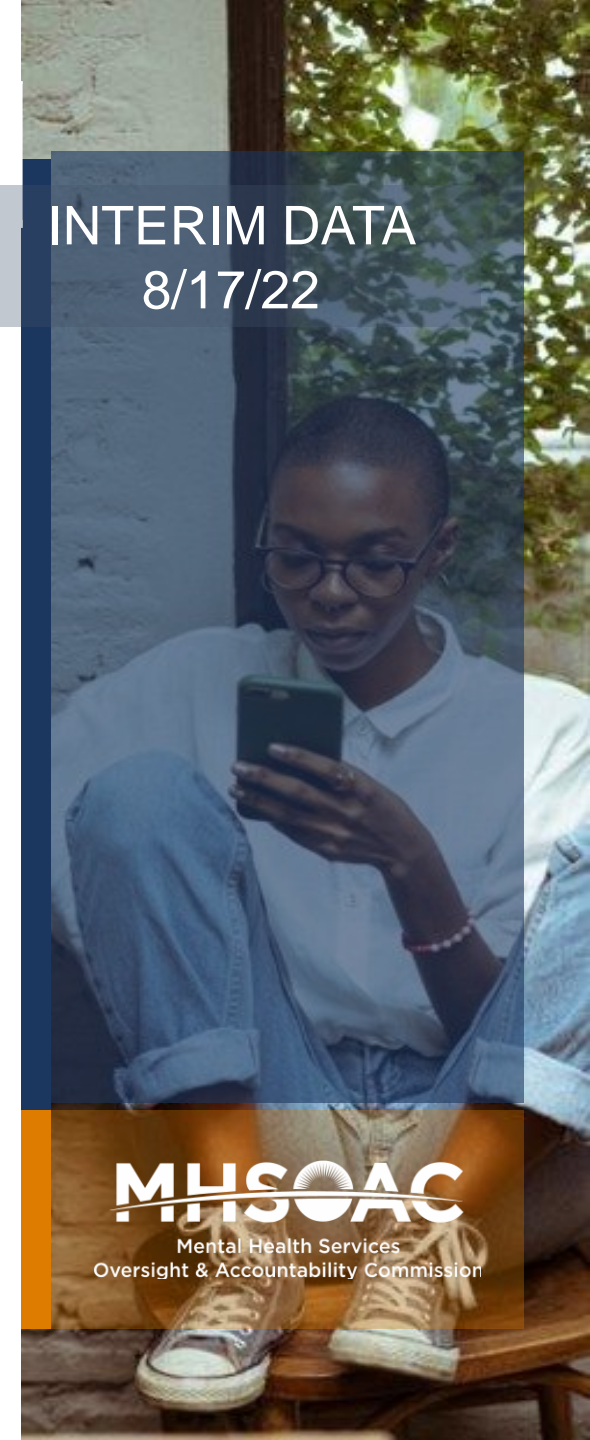
INTERIM DATA
8/17/22



State Agency Data

Received	Data Source	Pending	Data Source
<i>Client and Service Information</i>	<i>Department of Health Care Services (DHCS)</i>	Arrest and incarceration	Department of Justice (DOJ)
<i>Education attainment and discipline</i>	<i>California Department of Education (CDE)</i>	Health Care Records*	Health Care Access and Information (HCAI)*
<i>Employment</i>	<i>Employment Development Department (EDD)</i>	Medi-Cal claims and encounters	Department of Health Care Services (DHCS)
Birth and Death records	California Department of Public Health (CDPH)		

INTERIM DATA
8/17/22



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Triage Clients Key Demographics

INTERIM DATA
8/17/22

Points to Consider

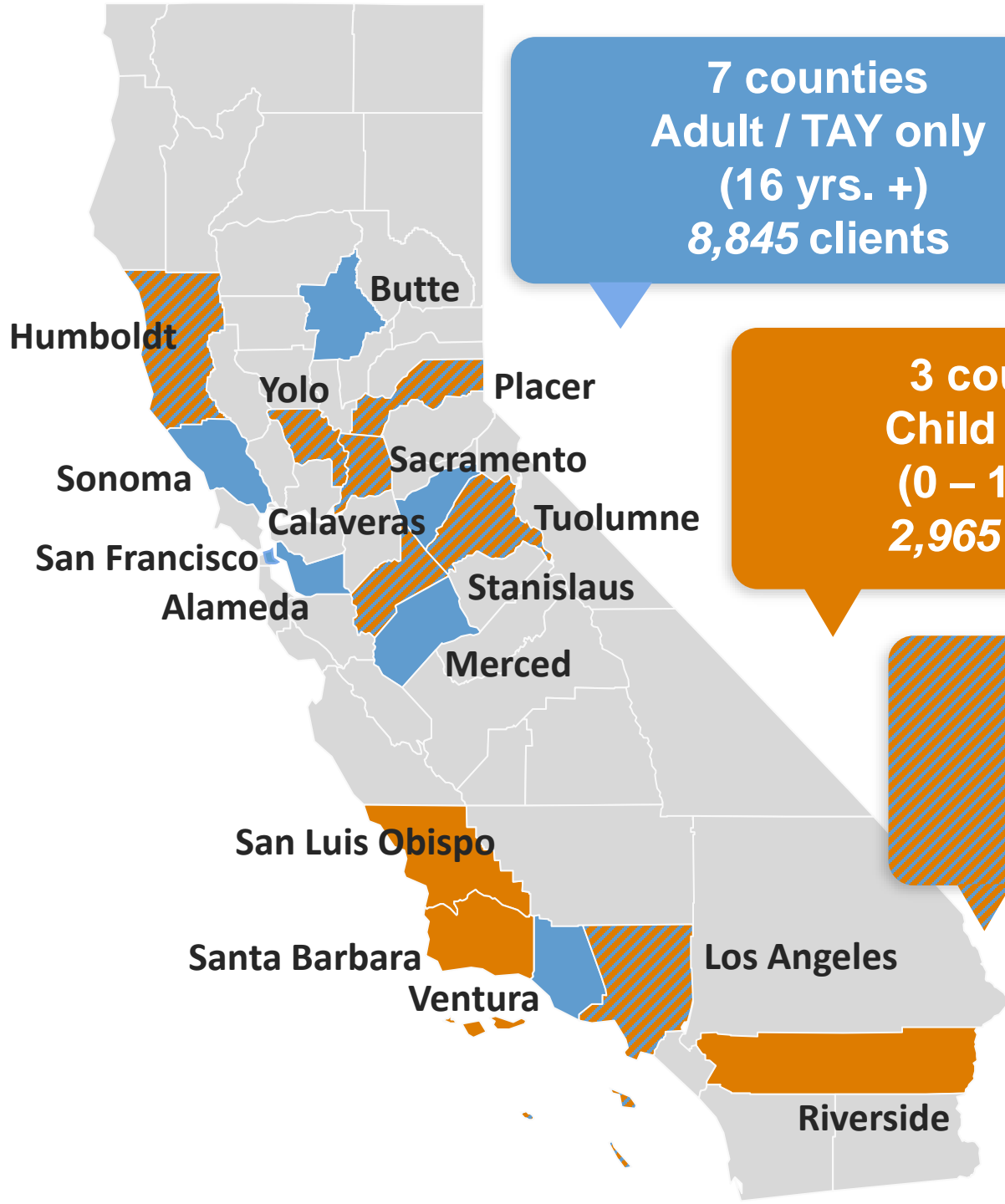
- **Reporting categories with 100+ individuals at state level, 11+ at county level**
- **More Adult/Transition Age Youth (TAY) than Child/Youth clients**
- **Demographic and encounter data on Adult/TAY clients**
- **“Unknown/not reported” data will likely diminish as we merge county data with state data, and as county data collection continues**
- **Encounter data on subset of counties**

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Population of Focus by County

INTERIM DATA
8/17/22



7 counties
Adult / TAY only
(16 yrs. +)
8,845 clients

3 counties
Child / Youth
(0 – 15 yrs.)
2,965 clients

7 counties
Adult / TAY &
Child / Youth
7,891 clients

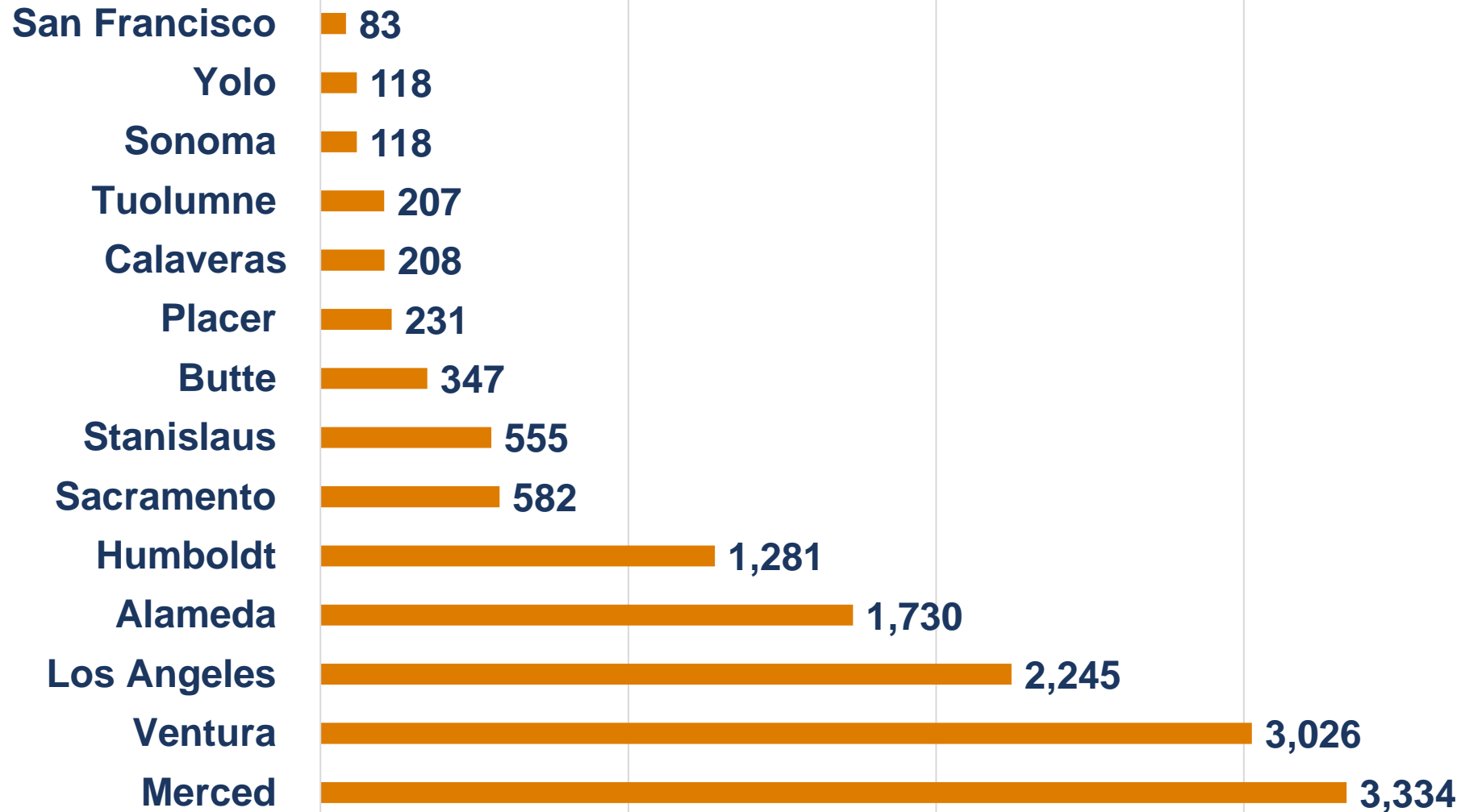
INTERIM DATA
8/17/22

**A focus on the
14,065
Adult/TAY
clients**

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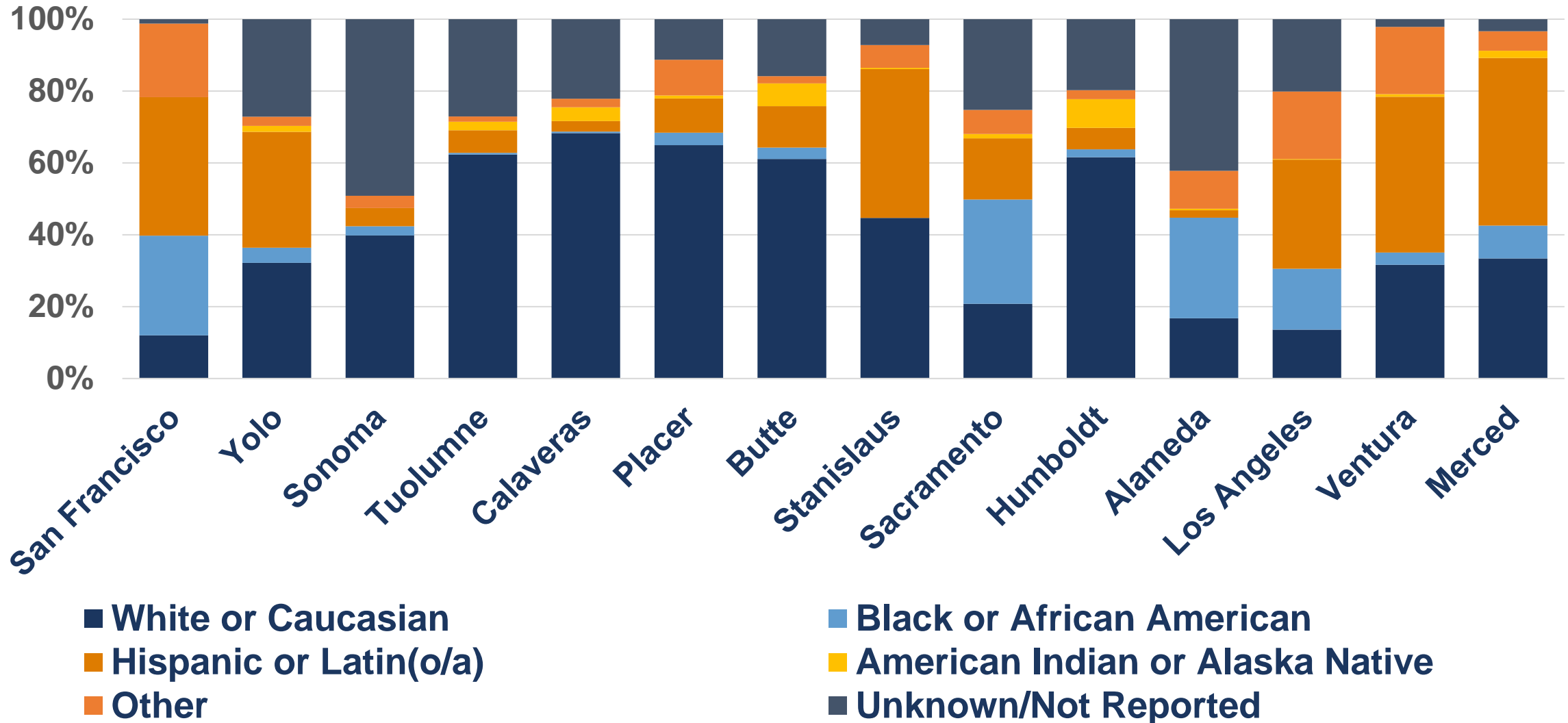
Number of Adult/TAY Triage Clients by County



INTERIM DATA
8/17/22

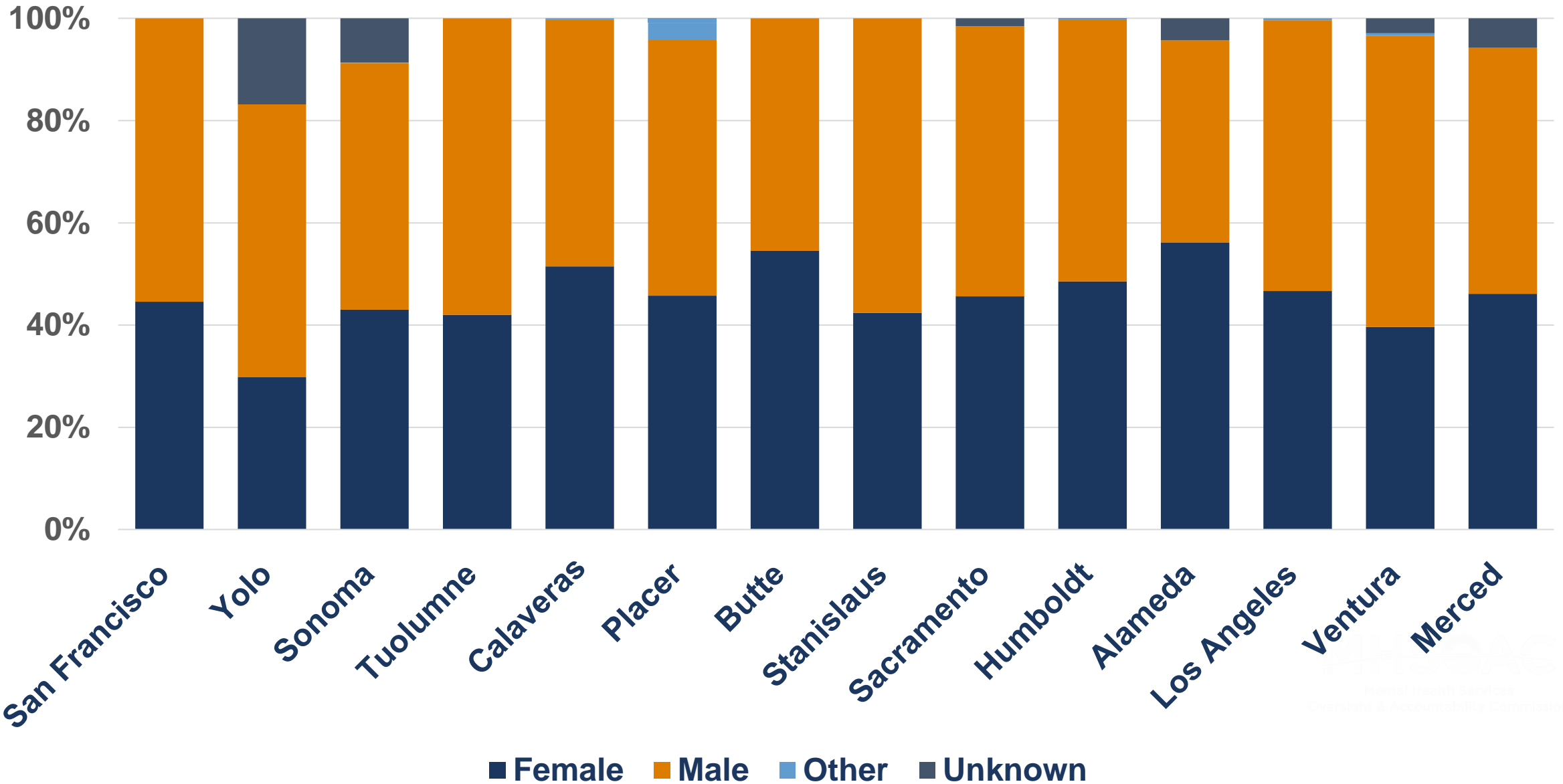
Adult/TAY Triage Clients by Race and Ethnicity

INTERIM DATA
8/17/22



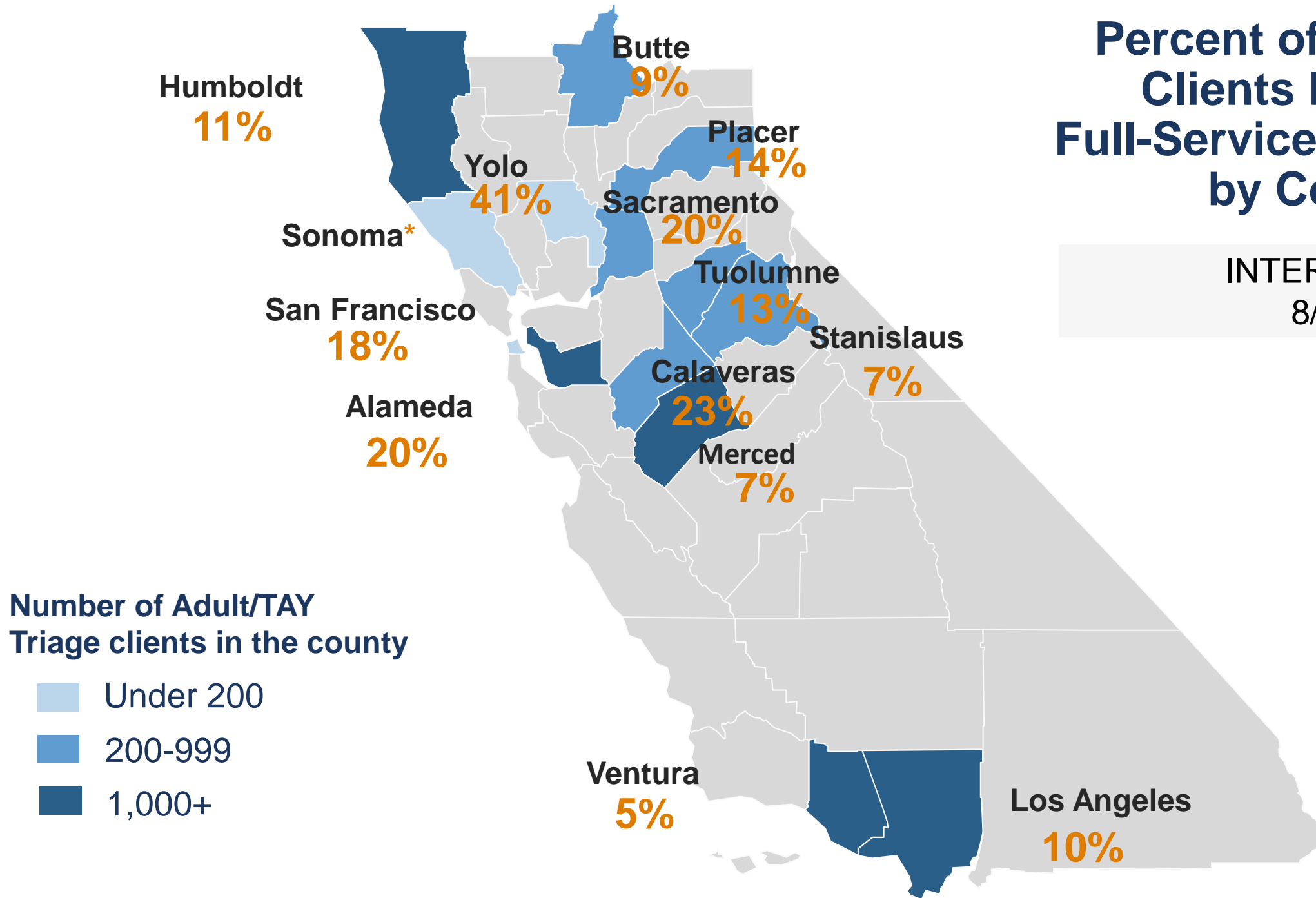
Adult/TAY Triage Clients by Gender

INTERIM DATA 8/17/22



Percent of Adult/TAY Clients Ever in a Full-Service Partnership by County

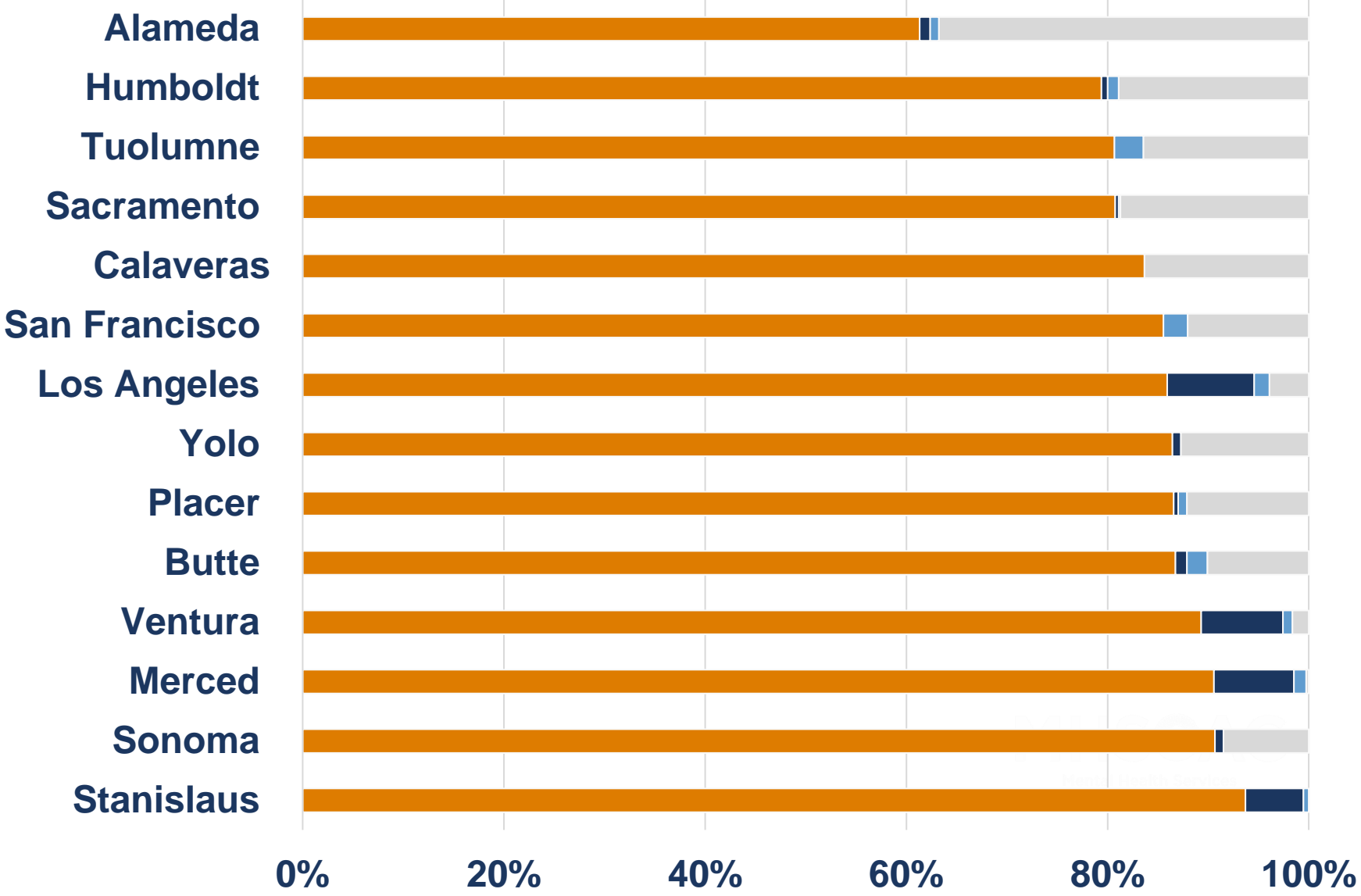
INTERIM DATA
8/17/22



INTERIM DATA
8/17/22

Clients' Primary Language

- English
- Spanish



Encounter Data

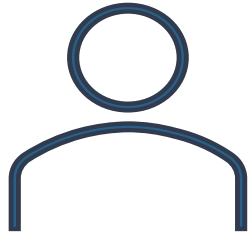
**Butte, Merced, Placer, Sacramento,
Stanislaus, Tuolumne, and Yolo
counties**

Distribution of Encounters per Client by County

County	Number of Encounters				
	<5	5-9	10-15	16-25	25+
Butte	96%	3%	1%	0%	0%
Merced	93%	5%	2%	0%	0%
Placer	100%	0%	0%	0%	0%
Sacramento	21%	26%	20%	17%	16%
Stanislaus	100%	0%	0%	0%	0%
Tuolumne	65%	15%	6%	6%	7%
Yolo	53%	15%	8%	5%	19%

INTERIM DATA
8/17/22

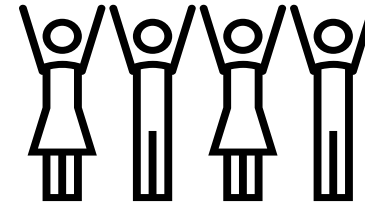
Takeaways



70% of Triage
clients are **Adult**
or **TAY**



Merced and
Ventura counties
account for **nearly**
50% of Adult/TAY
clients



Counties with
the most clients
are also more
racially and
ethnically
diverse



Most clients
have fewer
than 5
encounters
with Triage
programs.

Questions that came up

- Is the large percent of clients with preferred language as English a sign that non-English speakers do not access Triage services?
- What factors account for the variation in FSP clients across counties?
- Are Triage clients being connected to FSPs or are FSP clients more likely to use Triage services?
- What program or client characteristics are associated with experiencing a greater number of encounters?

Next steps

- Merge county data with state agency data sets to fill in missing data, connect to client service records, validate data, and examine client outcomes.
- Better understand how service usage and accessibility differs by age, race and ethnicity, and diagnoses.
- Identify individuals to serve as a comparison group for measuring the potential impact of Triage services.

Questions for Breakout Room #3

- What additional information would you like to know about the Triage client population overall or by county?
- What factors might impact whether someone receives Triage services versus non-Triage, crisis mental-health services? What client characteristics would you want to compare, between Triage and non-Triage clients, to determine if the two groups are similar?

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Questions for Breakout Room #3

- Are there groups that might benefit from the Triage programs more than others? If yes, which groups could that be? For instance, by geographic region, across demographics, or by program type?
- How can the Commission ensure that the Triage evaluation findings are meaningful and actionable? How can the evaluation findings best be leveraged to inform local programs and state policy?

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or gear-like pattern inside it. The logo is set against a dark blue background that is part of a larger image of a pier at sunset.

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Questions & Answers



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BREAK

Agenda Item #3 (Cont.) Breakout Groups

MHSOAC STAFF FACILITATORS



Breakout Groups



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Select a Breakout Room Group

Breakout Group #1:

UCLA Formation/Process Evaluations of Child and School-County Collaboration Triage Programs

Breakout Group #2:

UC Davis Formation/Process Evaluations of Adult/TAY Triage Programs

Breakout Group #3:

MHSOAC Summative Evaluation of Adult/TAY & Child Triage Programs

Breakout Group Report Out

Public Comment



Wrap-Up & Adjourn

COMMISSIONER DR. ITAI DANOVITCH



Thank you!

