



Mental Health Services
Oversight & Accountability Commission

Research and Evaluation Committee Meeting

Wednesday, February 16, 2022

1:00 pm – 4:00 pm

Welcome

COMMISSIONER, DR. ITAI DANOVITCH



Agenda

- | | |
|----------------|--|
| 1:00 PM | Welcome |
| 1:10 PM | Action: Approval of September 1, 2021 Meeting Minutes |
| 1:20 PM | Information: The Commission's Research and Evaluation Division's 2022 Strategic Portfolio |
| 1:45 PM | Information: Update on the Commission's Triage Summative Evaluation Plan |
| 2:05 PM | Break |
| 2:10 PM | Information and Discussion: Transforming California's Mental Health System and the Need for Robust, Comprehensive Metrics |
| 3:50 PM | Wrap-Up |
| 4:00 PM | Adjourn |

Agenda Item #1

Action: Approval of Meeting Minutes

COMMISSIONER DR. ITAI DANOVITCH



Public Comment



Vote



Agenda Item #2

Information: Research and Evaluation Division's 2022 Strategic Portfolio

COMMISSIONER ITAI DANOVITCH, CHAIR
TOBY EWING, PH.D., EXECUTIVE DIRECTOR



Agenda Item #3

Information: Commission's Triage Summative Evaluation Plan Update

KALLIE CLARK, PHD, SENIOR RESEARCH DATA ANALYST, MHSOAC



UPDATE: Triage Summative Evaluation

Progress on Summative Evaluation

- **Incorporation of Commissioners' and public feedback.**
- **Update on demographics, encounters, and diagnoses data:**
 - Percent of grantees reporting

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. A thin white horizontal line runs through the middle of the letters.

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INCORPORATING COMMISSIONER AND PUBLIC FEEDBACK: TRIAGE SUMMATIVE EVALUATION PLAN

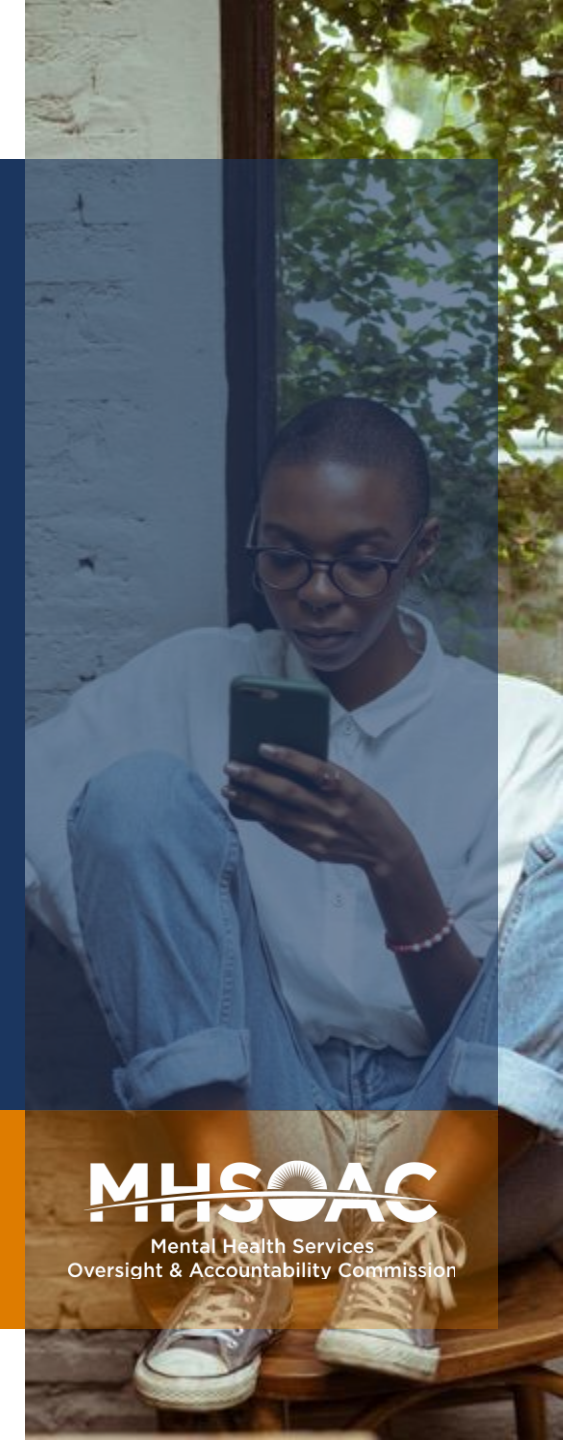
MAJOR THEMES

EVALUATION DESIGN

DATA QUALITY AND SOURCE

EQUITY

WORKFORCE CAPACITY AND SYSTEMS



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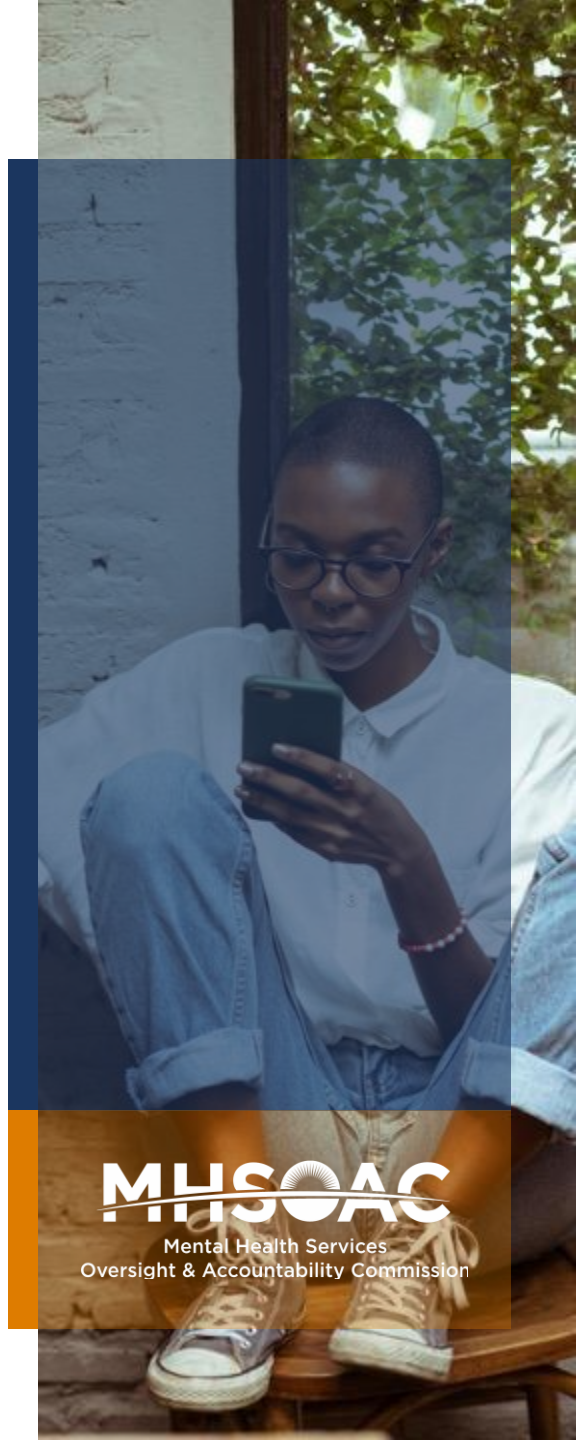
EVALUATION DESIGN:

INCORPORATED

- Multi-level modeling to address differences across counties
- Comparing clients within county when possible
- Discuss timing of evaluation design (post onset of grants)

EXPLORING FOR FUTURE ANALYSIS

- Quality of Life measurements
 - Unable to systematically administer to clients
 - No ability to administer to comparison group not receiving Triage services.



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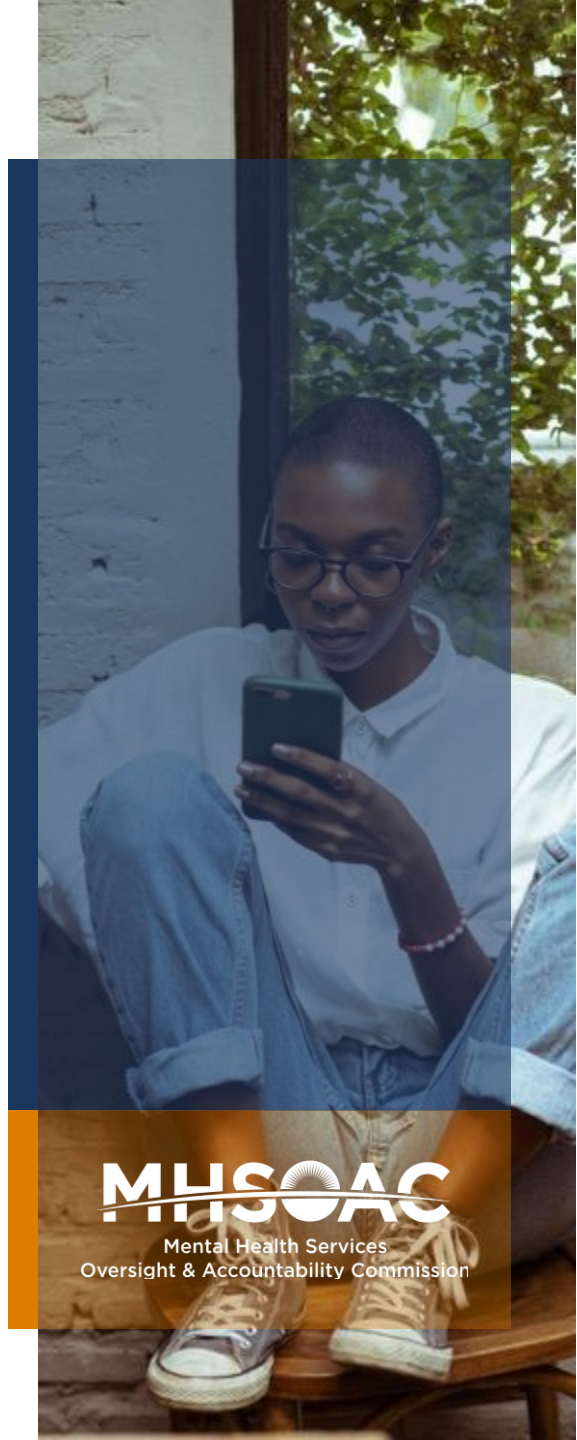
DATA QUALITY AND SOURCE:

INCORPORATED

- Linking data for clients without SSN
- Categorizing and summarizing Triage services
- Examine differences by service type
- Standardizing variables and outcomes

EXPLORING FOR FUTURE ANALYSIS

- Incorporate CA Reducing Disparities Project core measures or Child and Adolescent Needs and Strengths data
- Dosage of services (ideal number of services)



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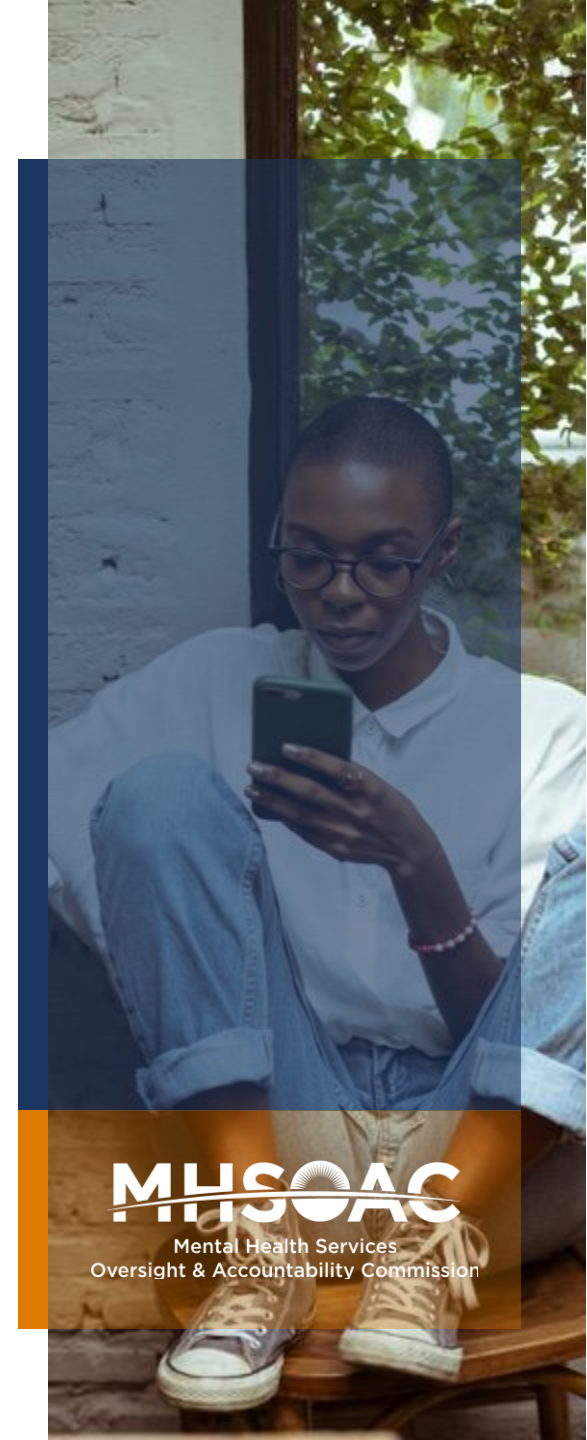
EQUITY:

INCORPORATED

- Differential usage and impacts for people of color
- Standardize demographic characteristics (race / ethnicity, socio-economic status, urbanicity, education etc.)

EXPLORING FOR FUTURE ANALYSIS

- Underreporting of mental health symptoms by people of color: We will acknowledge this but can only estimate impacts for individuals who seek services.



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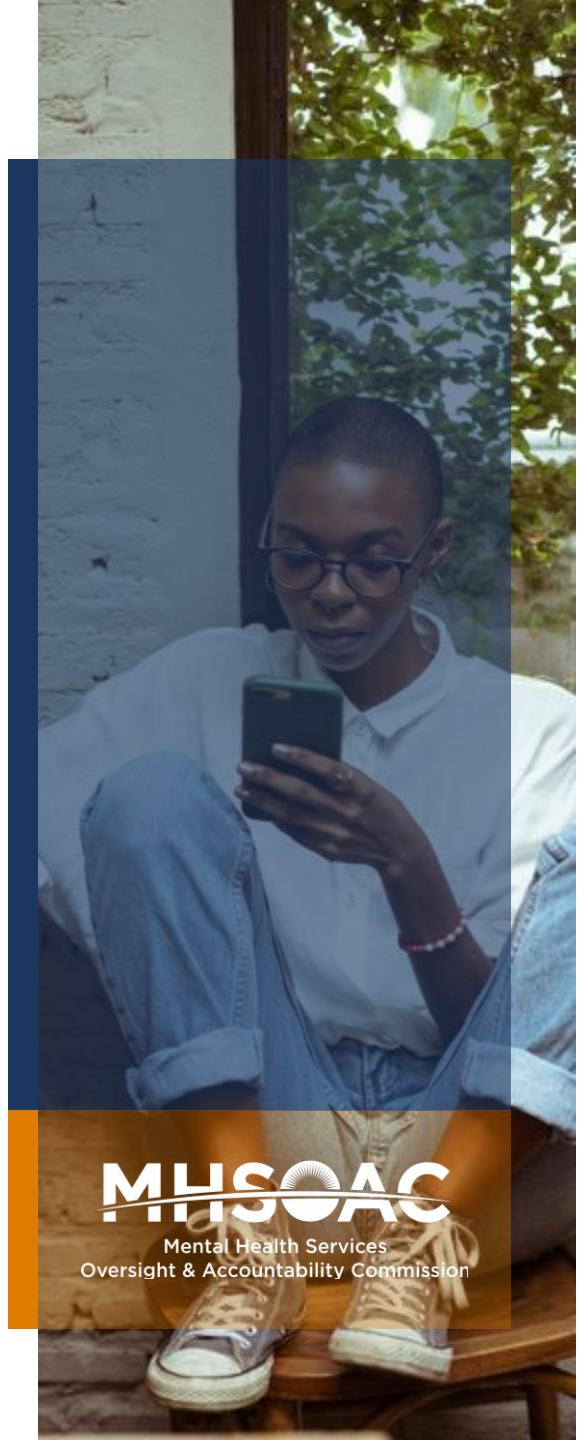
WORKFORCE CAPACITY / SYSTEM ISSUES:

INCORPORATED

- Variation in health care infrastructure across counties

EXPLORING FOR FUTURE ANALYSIS

- Impacts of workforce capacity



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Overview of Data Acquisition

Total Triage Grantees:
30

Grantees by Type

Adult / TAY	15
Child	11
School-County Collaborative	4

Overview of Data Acquisition

Data Collected From the Following Grantees

ADULT / TAY	Humboldt	Sacramento	CHILD	Sacramento
Alameda	Los Angeles	Sonoma	Berkeley	Santa Barbara
Berkeley	Merced	Stanislaus	Calaveras	San Luis Obispo
Butte	Placer	Tuolumne	Placer	Stanislaus
Calaveras	Riverside	Ventura	Humboldt	Riverside
SCHOOL COUNTY	Humboldt	Placer	Tulare	

Overview of Data Acquisition

Total Triage Clients:
16,876

Adult: 12,049
Child: 4,827



Percent of Grantees Reporting	Adult/ TAY	Child	School- county
Demographics	87%	82%	50%
Encounter	67%	64%	50%
Diagnoses	60%	45%	0%

Comments & Questions



BREAK

Agenda Item #4

Information: Transforming California's Mental Health System and the Need for Robust, Comprehensive Metrics

LISHAUN FRANCIS, MPP, CHILDREN NOW
FATIMA CLARK, MSW, CHILDREN NOW





TM

**Children
Now®**

**Robust Data
Systems Needed for
California's Child
Behavioral Health**



Research, policy development and advocacy dedicated to promoting children's health, education and well-being in California.

Leads The Children's Movement of California, a unique network of more than 4,600 diverse organizations.



Purpose

- Identify publicly reported metrics on children's mental health and substance use from various state agencies
- Identify data gaps and recommend ways California can improve data collection efforts and leverage existing/new data to promote better outcomes for children and youth

Robust Data Systems Needed for California's Child Behavioral Health

November 2021



Methodology



Methodology

80 Metrics

Group	Type of Domain	Number of Measures*
Population Indicators describe characteristics of the child population regarding behavioral health	Known Prevalence	15
	System Use	24
	Outcomes	6
	Early Identification	39
System Performance Indicators describe how the child behavioral health care system is functioning	Access	18
	Quality	4
	Consumer Satisfaction	0

LIVE DEMO

Airtable Behavioral Health Measures for Kids (CA) Use this data

Hide fields Filter Grouped by 1 field Sort

Domain	Focus Area	Measure	Description	Insurance Type	Source	Organizations/State Agenci...	Race/Ethnicity
DOMAIN Access Count 11							
1 Access	Mental Health (MH)	Timely Mental Health Non-Urgent Appointment	The percentage of compliance for timely access standards of 10 business days from a members request for mental health non- urgent appointments for each Medi-Cal managed care plan in the counties they serve.	Medi-Cal only	Timely Access Report	DHCS	No
2 Access	Mental Health (MH)	Unique Count of Children and Youth Receiving Specialty Mental Health Services ...	Count of children/youth receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR)	Medi-Cal only	Performance Dashboard	DHCS	No
3 Access	Mental Health (MH)	Unique Count of Children and Youth Receiving Specialty Mental Health Services ...	Count of children/youth that met the criteria for both Service Continuanace (>=2 years) and Exits	Medi-Cal only	Performance Dashboard	DHCS	No
4 Access	Mental Health (MH)	Unique Count of Children and Youth Receiving Specialty Mental Health Services ...	Count of children/youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year	Medi-Cal only	Performance Dashboard	DHCS	No
5 Access	Mental Health (MH)	Pediatric Mental Health Outpatient Services Provider-to-Member Ratio	Managed care plans must meet pediatric provider to member ratios to ensure access to mild-to-moderate mental health services for approved providers including: psychologists, licensed clinical social workers, and licensed marriage and family therapists. DHCS calculates provider to member ratios annually by ...	Medi-Cal only	Annual Network Certifi...	DHCS	No
6 Access	Mental Health (MH)	Timely Mental Health Urgent Appointment	The percentage of compliance for timely access standards of 96 hours from a members request for mental health urgent appointments for each Medi-Cal managed care plan in the counties they serve.	Medi-Cal only	Timely Access Report	DHCS	No
7 Access	Mental Health (MH)	Unique Count of Children and Youth Receiving Specialty Mental Health Services ...	Count of children/youth that met both the criteria for both arrival and exits.	Medi-Cal only	Performance Dashboard	DHCS	No

77 records

Findings

State data reports fail to provide a comprehensive view of the behavioral health needs and outcomes of children and youth:

- Significant gaps in disaggregated demographic data (i.e. age, race, ethnicity, sexual orientation, gender identity, geography, etc.)
- Lack of data on non-clinical settings (i.e. at home, in community, at school)
- No consistent data across delivery systems (i.e. private, public coverage)

Opportunities for Better Data – Momentum

- Children and Youth Behavioral Health Initiative
- Cradle – to – Career Data System
- California Advancing and Innovating Medi-Cal (CalAIM)

Opportunities for Better Data – Changes Needed

- Improve demographic data collection
- Disaggregate data for special populations (i.e. young children, children and youth with child welfare, foster care, and/or juvenile justice involvement)
- Gather consumer experiences and satisfaction
- Focus on quality and outcomes

Measure	Type of Domain
Percent of children 0 -5 receiving support for identified developmental or behavioral health challenge	Access
Number/percent of children who want mental health services but have not been able to obtain any	Consumer Experience/Access
Number/percent of youth who want substance use disorder services but have not been able to obtain any	Consumer Experience/Access
Percent of youth satisfied with provider	Consumer Experience/Access
Percent of youth satisfied with the frequency and type of services received	Consumer Experience/Quality
Reason for satisfaction/dissatisfaction with services or provider	Consumer Experience/Quality
Percent of parents reporting concerns about their child's development	Early Identification
Percent of parents reporting need for support for their children's behavioral health but not finding it	Early Identification/Access
Percent of children 0 -5 identified with a developmental or behavioral health challenge	Early Identification/Known Prevalence
Percent of children/youth with a co-occurring diagnosis of mental health and substance use disorder	Known Prevalence
Percent of children/youth screened for substance abuse	Known Prevalence
Percent of children suspended with a mental health/substance use disorder need	Outcome/Early Identification
Number/percent of young children suspended and/or expelled from child care programs due to behavioral issues	Outcome/Early Identification
Number/percent of missed school days due to mental health related issues	Outcome/Early Identification
Percent and outcome of developmental and social emotional screenings for young children	Outcome/Known Prevalence
Percent of juvenile justice-involved youth with a mental health/substance use disorder need	Outcome/Known Prevalence

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Equity Fellowship

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Discussion

Discussants

*Katherine Watkins, MD, MSHS, Senior Physician Policy Researcher,
RAND Corporation*

Lynn Thull, PhD, President, LMT & Associates, Inc.

Discussion Questions

FACILITATOR: DR. ANNA NAIFY, CONSULTING PSYCHOLOGIST, MHSOAC



Question #1

What are the most important community indicator domain areas in children and youth behavioral health?

Question #2

What are the biggest near-term opportunities for the Commission to improve public access to and understanding of key children and youth behavioral outcomes? Should outcomes be defined for specific subpopulations (e.g., foster youth)?

Public Comment



Wrap-Up & Adjourn

COMMISSIONERS DR. ITAI DANOVITCH



Thank you!

