SB-82/833 Evaluation Webinar

Mental Health Crisis Programs in California:
Evaluation Plan Overview

Objective: Public Input into Main Evaluation
of SB-82/833 Programs

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Welcome!

- Slides will be available to participants after the webinar.

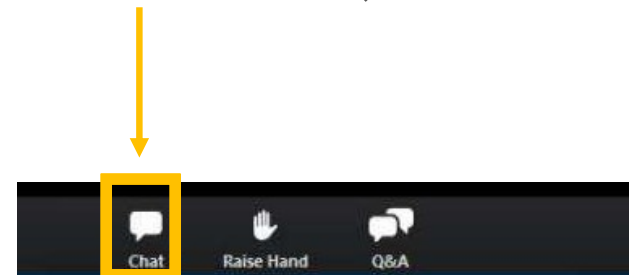- All participants are muted. Please check your speakers for sound.

Technical Issues?

Please email Bherevia@ucdavis.edu

Public Feedback

- Please enter your questions, comments, or suggestions in the "Chat Box" (shown below).

- You can also follow the link to our survey following the webinar to provide additional feedback on the evaluation plan.

SB-82/833: Investing in Mental Health Wellness Act of 2013

Presenter: Tom Orrock, MA, LMFT

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Mental Health Services Oversight & Accountability Commission

- Who we are

- What we do

- Proposition 63 is more than a Funding Stream....
  - Prevention and Early Intervention
  - Wellness and Recovery
  - Underserved, Unserved, Inappropriately Served
  - Stigma and social barriers
  - Stakeholder process
  - Innovation: test new approaches
    - → Tomorrow's best practices
    - → Transformational Change

Mental Health Services Act (MHSA)

- Components
  - **CSS**-Community Services & Supports
  - **INN**-Innovation
  - **PEI**-Prevention & Early Intervention
  - **CFTN**-Capital Facilities & Technological Needs
  - **WET**-Workforce Education & Training
    - Triage programs are funded through the MHSA Administration fund

7 Negative Outcomes

- The MHSA has prioritized a focus on the 7 negative outcomes associated with mental illness
  - Suicide
  - Homelessness
  - Unemployment
  - Incarceration
  - School failure
  - Out of home placements
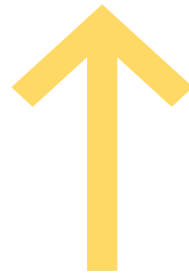 - Prolonged suffering

Priority

What is Triage?

- Senate Bill (SB) 82 enacted the Investment in Mental Health Wellness Act in 2013 (Act).
  - Expands crisis services for individuals, regardless of age.
  - Intended to reduce unnecessary expenditure of law enforcement, unnecessary hospitalizations, and recidivism; increase access.

- August 2017, the Commission voted to make 50% of Triage funds available for programs targeting children and youth 21 years and under (SB 833).

- Statewide Evaluation of Triage programs

Triage: Round 1

Over 70,000 instances of individuals utilizing the services provided through the grant

Initial implementation delays point to need for greater Collaboration

Significant amount of unspent funds

Access and linkages to services and resources , utilization of peers in crisis intervention

Psychiatric hospitalizations and stigma associated with mental illness

Improved consumer well -being and coordination of services

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Triage: Round II

- **3** RFA released:
  - **2** specific to adult, TAY, children and families
  - **1** specific to providing school-based mental health crisis intervention

- Three to four-year programs that offer crisis intervention services
- **340** Personnel
- **130**+ Peer providers
- **400**+ Collaborative Partners
- **70**+ school districts

Needs Going Forward

- Increase results sharing
- Regular face to face contact
- Collaborative approaches to logistical barriers
- Data sharing

Rox Glassman
Family Advocate

Evaluation Plan Overview

The main evaluation of overall impact and examples

Presenters: Kenneth Wells, MD, MPH and Cameron Carter, MD

University of California, Davis

- Leads the evaluation for *Adult/Transitional Age Youth (TAY) Crisis Interventions*

University of California, Los Angeles

- Leads the evaluation for *Child Crisis Interventions* and *School-County Collaboratives*

UC Davis and UCLA are partnering on evaluations

- Especially on the Adult/TAY and Child Crisis Intervention Programs, given the similarities

UC Davis Evaluators

Cameron Carter, MD

Joy Melnikow, MD

Andrew Padovani, PhD

Mark Savill, PhD

UCLA Evaluators

Ken Wells, MD, MPH

Jeanne Miranda, PhD

Bonnie Zima, MD, MPH

Sheryl Kataoka, MD, MSHS

Overview of Counties/ Programs

- Adult/TAY Crisis Intervention
  - Alameda, Berkley City, Butte, Calaveras, Humboldt, Los Angeles, Merced, Placer, Sacramento, San Francisco, Sonoma, Stanislaus, Tuolumne, Ventura, Yolo

- Child Crisis Intervention
  - Berkeley City, Calaveras, Humboldt, Los Angeles, Placer, Riverside, Sacramento, San Luis Obispo, Santa Barbara, Stanislaus, Yolo

- School-County Collaborative
  - CAHELP, Humboldt, Placer, Tulare

Importance of Stakeholder Engagement

- Provide information known best by stakeholders and providers
  - Important resources and services for mental health crisis intervention
  - Gaps in mental health and crisis triage services and literature

- Engagement Activities - YOU!
  - Webinars and newsletters
  - Workgroups
  - Advisory boards
  - Public input on key deliverables
    - Webinars and online

Importance of Stakeholder Engagement

- Integral in shaping the evaluation of SB-82/833-funded programs
  - Feasibility
  - Effectiveness
  - Generalizability
  - Outcomes

- Provide opportunities for UC Davis and UCLA evaluators to learn about programs'
  - Challenges
  - Successes
  - Areas for improvement

- Match focus of evaluation to community/client/family needs and priorities

Evaluation Plan

Adult/TAY and Child Crisis Intervention Programs

Presenters: Andrew Padovani, PhD, Bonnie Zima, MD, MPH, Dawn Williams

Question-based Analytic Framework

Adult/TAY and Child Crisis Interventions

- Conceptual framework: Crisis Continuum

- Organizational framework: Logic Model

- Stakeholder Input
  - Ensures relevance
  - Provides key contextual variables

- Bring together in well-defined evaluation questions:
  - Population
  - Intervention
  - Comparison group
  - Outcome

- Mixed methods
  - Linear regression using longitudinal and clustered data
  - Interviews with Program Staff and Clients

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Evaluation Questions

Adult/TAY and Child Crisis Interventions

- What are the client characteristics and delivery features of SB-82/833-funded services for crisis intervention programs?
  - What is the variation in shared contextual characteristics?

- What is the impact of SB-82/833-funded crisis intervention programs clinical and service use outcomes?
  - Reduce the rate of psychiatric hospitalizations?
  - Reduce the rate of mental health emergency department encounters?
  - Reduce the time law enforcement spends with clients in crisis?
  - More likely to utilize post-crisis behavioral health services?
  - Reduce recidivism among behavioral health clients?

Examining Impact: Care Delivered and Outcomes

Quantitative Evaluation

- Our analytic strategy is tailored to each evaluation question:
  - Each outcome has its own set of challenges to evaluation
  - The target population of mental health crisis interventions is already at risk of adverse outcomes

- Analysis also controls for:
  - Client-specific characteristics and service utilization
  - County-specific population and socioeconomic characteristics
  - County contextual characteristics based on Stakeholder input

Examining Impact: Implementation

Learning from Program Experience!

- Interviews with program staff to describe:
  - Unique features and strengths
    - Program structure
    - Community partnerships
    - County resources
      - Local psychiatric beds
      - Mental health capacity in emergency departments

  - Challenges
    - Staff Changes
    - COVID-19

Examining Impact: Implementation

Learning from Program Experience!

Describe care processes delivered:

- Crisis Intervention
- Referral to Outpatient MH
- Follow-up w/ Outpatient MH
- ED Visits
- Inpatient
- Collaboration w/ School-County programs

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Data Sources

- County Proposals
- Interviews with programs
- REDCap Logs
- Data from County EHRs
- SB-82/833 expansions client and services data
- Sources of County-level data
  - American Community Survey
  - California Transit Association
  - Medi-Cal M.C. Quality Improvement and Performance Measurement Reports
- Stakeholder input
- Workgroup meetings

Dawn Williams
Health Program Manager, Department of
Health Services, Behavioral Health Services,
Sacramento County

Evaluation Plan

School-County Collaborative Programs

Presenter: Sheryl Kataoka, MD, MSHS

School-County Collaborative Evaluation Questions

- How has SB-82/833 funding stimulated new, and strengthened existing, school partnerships with county and community agencies to better serve children in crisis?

- Has SB-82/833 funds improved linkages from schools to county services for children and families in crisis?

- Does SB-82/833 funding lead to a greater number of educators trained in school-based prevention strategies and more students and caregivers receiving prevention and early intervention supports and crisis services when needed in schools?

- How has SB-82/833 funding resulted in better school functioning for youth?

- Among the School-County Collaborative Programs, how are services tailored to the unique needs of each community and school population served?

Sites	Site Characteristics	Main Care Processes	Primary Interventions
CAHELP	Collaborating with 19 LEAs in San Bernardino County	• Health Promotion/Prevention • Early Intervention • Acute Intervention	• Implementing PBIS • Crisis management trainings for teachers • Linking clients to community supports
Humboldt	Collaborating with all 31 school districts across Humboldt County	• Acute Intervention • Crisis Treatment	• Responding to crisis situations on school campuses • Providing assessments and case management • Linking clients and families to ongoing supportive services
Placer	Collaborating with 8 schools in 2 school districts in Roseville, Placer County	• Health Promotion/Prevention • Early Intervention • Acute Intervention • Crisis Treatment	• Providing PBIS services • Implementing wellness center on campus • Engaging in outreach to schools and coordination between schools and child triage programs
Tulare	Collaborating with 48 schools over a two-cycle period (24 schools from 24 districts for each cycle) in Tulare County	• Health Promotion/Prevention • Acute Intervention • Crisis Treatment	• Linking at-risk students to mental health services • Utilizing the Mindful Schools curriculum to improve school climate • Providing social worker to targeted sites

School-County Collaborative Evaluation by Aims

- Aim 1. To describe the client characteristics and delivery of SB-82/833 services and examine variation in shared characteristics across sites
  - How do services vary by county characteristics?
  - How do services vary by parents and student sociodemographics?
  - How do services vary by program characteristics?

- How will we measure this?
  - REDCap: Program Activity Logs and Client Contact Logs
  - Qualitative interviews

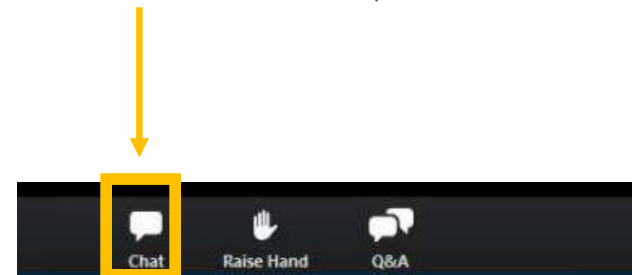## School-County Collaborative Evaluation by Aims

- Aim 2. To evaluate the impact of funded SB-82/833 programs on clinical and service outcomes
  - What are the partnership impacts on shared outreach for children and parents/ caregivers?
  - What are the impacts of school-county program activities (prevention, early intervention) on linkage to crisis interventions and mental health services?
  - What are the impacts of programs on distal outcomes such as school discipline?

- How will we measure this?
  - Single time series design using data from program and client logs
  - Distal outcomes to be measured using public use data files in pre/post design

School-County Collaborative Evaluation by Aims

- Aim 3. To identify potential explanations for the variation in implementation and impact of program findings using **case studies**

- How will we measure this?
  - In-depth qualitative interviews
  - Analyze any site-specific data available (i.e., data on whole school climate)

Public Feedback Discussion

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- You can also follow the link to our survey following the webinar to provide additional feedback on the evaluation plan.

Questions

Thank you!

Resources

Give feedback!

Post-Webinar Survey: https://uclahs.az1.qualtrics.com/jfe/form/SV_2n6BD11Dt1FpS6N

MHSOAC Public Comments: https://mhsoac.ca.gov/30-day-public-comment-period-triage-draft-evaluation-plan

For more information:

MHSOAC Website: https://www.mhsoac.ca.gov/

UC Davis Website: https://behavioralhealth.ucdavis.edu/evaluation-projects

UCLA Website: https://hss.semel.ucla.edu/sb82/