



Data Explainer Series

Week 7: Care Experience, Quality of Life, Social Connection

September 9, 2025

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Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection ← <i>You Are Here</i>
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	9/30/2025	Collaborating with Local Planning Processes

CalMHSA

Uplifting community through meaningful behavioral health solutions

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority – an independent government entity – formed in 2009 by counties and cities throughout the state to focus on collaborative, multi-county projects that improve behavioral health care for all Californians.

By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community behavioral health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations.



Housekeeping

- Each week we have a new webinar topic and corresponding office hours
- The aim of office hours is to dive a bit deeper and respond to questions
- All webinars will be recorded and placed on our website (*office hours will not be recorded*)
- Utilize the Q&A for questions

Agenda

Welcome

Recap: Statewide Goals and Measures

Additional Goals: Quality of Life; Social Connection; Care Experience

What? (Goal/Measure)

Why? (What Does this Mean?)

Hunches (What Do I Do?)



Statewide Behavioral Health Goals and Associated Measures



Behavioral Health Transformation

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.



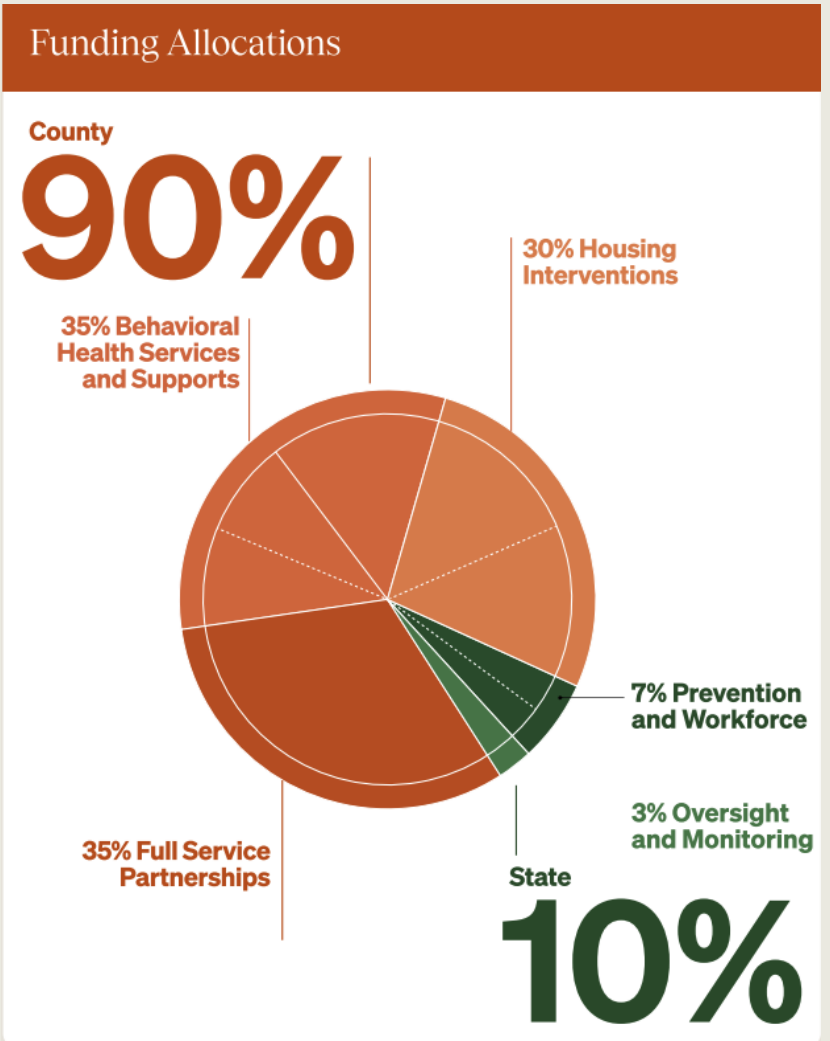
Behavioral Health Services Act

MHSA Modernization = BHSA

- Increased focus on most vulnerable populations
- Broadening of county behavioral health plan responsibilities to include housing interventions
- Expands eligibility to Substance Use Disorder only populations
- Redirecting administration of funding for population-based prevention and workforce programming

Introduces Behavioral Health Services Act Integrated Plan

Introduces Statewide Behavioral Health Goals and Measures



BHT Goal Phase 1

PHASE 1

DHCS has elected to use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Counties will *identify interventions* to improve areas of low performance relative to statewide rate.

Phase 1 Goal & Measure Structure

- Goals - "Priority" and "Additional"
 - Six "Priority Goals" that BHPs must address.
 - BHPs select one "Additional Goal" (from eight options) based upon county performance and local needs.

BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.

Choose at least one – your county must be performing lower than statewide on the goal you select

Priority Goals

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice-Involvement
5. Removal of Children from the Home
6. Untreated Behavioral Health Conditions



Additional Goals

1. Care Experience
2. Engagement in School
3. Engagement in Work
4. Overdoses
5. Prevention and Treatment of Co-occurring Physical Health Conditions
6. Quality of Life
7. Social Connection
8. Suicides

Phase 1 Goal & Measure Structure

- Measures - "Primary" and "Supplemental"
 - Each goal has one or more associated measures.
 - "Primary Measures" reflect the community's status relative to the goal.
 - "Supplemental Measures" provide additional context.

Selecting Additional Goals

Start with the Data


- Review baselines for each "Additional Goal" – including disparities – and identify the biggest gaps
- Identify additional goals where your county is performing below the statewide rate/average on the primary measure

Center Community Voice

- Use your CPP engagement results to see which issues matter most to your community

Check Feasibility

- Select a goal where you have partnerships, programs, and resources to realistically make measurable change.
- Select a goal where strategies can be maximized across multiple goals
- **Required:** Select at least one for which your county is performing below the statewide rate/average on the primary measure(s)



Care Experience
Quality of Life
Social
Connection

Additional Goals

This week's measures amplify your clients' voices and can help guide meaningful engagement.

These data offer insight but may
not capture the full client
experience.

These primary measures fall
squarely within your sphere of
influence.

What?



Care Experience

- Care experience includes individuals' interactions with the healthcare system and the quality of care received, both of which affect treatment engagement and duration.

Care Experience Measures

<i>Measure</i>	<i>Type of Measure</i>	<i>Source</i>
1) Perception of Cultural Appropriateness/ Quality Domain Score, 2024	Primary	Consumer Perception Survey
2) Quality Domain Score Treatment Perception Survey, 2024	Primary	Treatment Perception Survey

Quality of Life

- Quality of life is defined as an individual's perception of their position in life, within the context of their culture, value systems, goals, expectations, standards, and concerns.

Quality of Life Measures

<i>Measure</i>	<i>Type of Measure</i>	<i>Source</i>
1) Perception of Functioning Domain Score, 2023*	Primary	Consumer Perception Survey
2) Poor Mental Health Days Reported, 2024	Supplemental	County Health Rankings & Roadmaps

* DHCS has indicated it will update its guidance to utilize 2024 results

Social Connection

- Social connection refers to the extent to which an individual has the number, quality, and variety of relationships they desire to experience belonging, support, and care.

Social Connection Measures

<i>Measure</i>	<i>Type of Measure</i>	<i>Source</i>
1) Perception of Social Connectedness Domain Score, 2023*	Primary	Consumer Perception Survey
2) Caring Adult Relationships at School, 2023	Supplemental	California Healthy Kids Survey

* DHCS has indicated it will update its guidance to utilize 2024 results

Data Sources:

Quality of Life, Social Connection, Care Experience Measures

There are common data sources across these three goals:

Goal	Consumer Perception Survey (Primary)	Treatment Perception Survey (Primary)	Other Data Source (Supplemental)
Care Experience	✓	✓	
Quality of Life	✓*		✓
Social Connection	✓*		✓

**No county data publicly available. DHCS will make county-level data available in a future technical update.*

Consumer Perception Surveys (CPS) - Mental Health

- Four survey types

- Adults (ages 18-59)
- Older Adult (ages 60+)
- Youth (ages 13-17)
- Families of Youth/Children (ages 0-17)

MHSIP (Mental Health Statistics Improvement Project)

YSS/YSS-F (Youth Services Survey/YSS-Family)

- Seven domains

Process Measures

- Access
- General Satisfaction
- Quality
- Participation in Treatment Planning

Outcome Measures

- Outcomes
- Social Connectedness
- Functioning

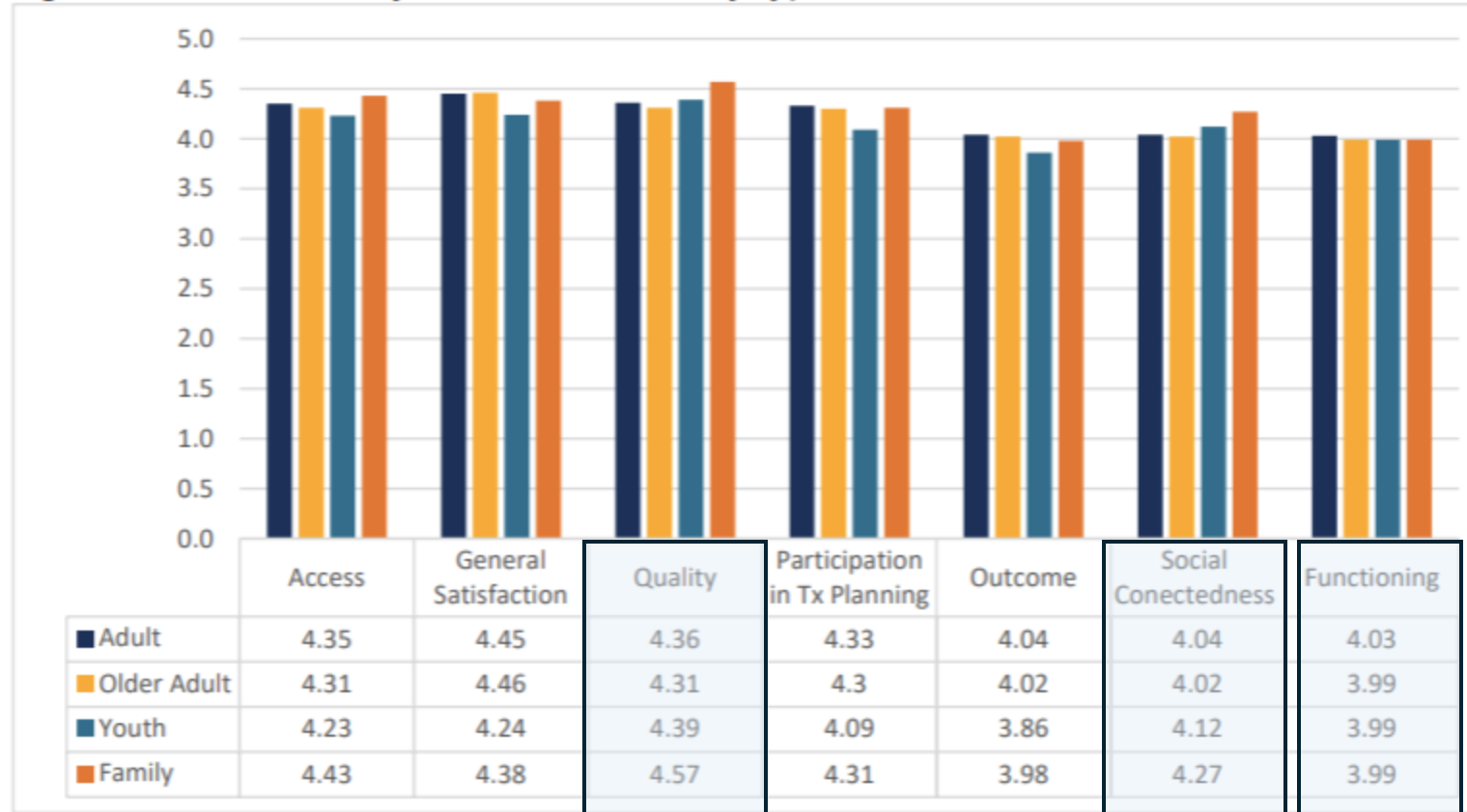
- Available in 12 languages

- 54,592 surveys were submitted in 2024



Consumer Perception Survey Domains

Figure 4: Mean scores by domains and survey type



Consumer Perception Survey Trends

Figure 12: Three Year Trend in Mean Perception Scores – Adult, 2022-2024



CPS Measures – 3 Domains

Perception of Cultural
Appropriateness/
Quality
(Care Experience)

Perception of
Functioning
(Quality of Life)

Perception of Social
Connectedness
(Social Connection)

CPS Measures – 3 Domains

Perception of Cultural Appropriateness/ Quality

All ages: Nine questions

- Assess if clients felt supported, respected, and empowered
- Focus areas:
 - Staff belief in recovery
 - Respect for rights & culture
 - Clear communication
 - Encouragement for self-management
 - Support for peer resources

Perception of Functioning

Adults/Older Adults: Five questions

- Assess personal progress in:
 - Well-being
 - Independence
 - Managing life and symptoms
 - Engaging in meaningful activities

Youth/Families: Six questions

- Assess child's progress in:
 - Daily functioning
 - Relationships
 - Emotional well-being
 - Social well-being
 - Academic/work well-being

Perception of Social Connectedness

Adults/Older Adults: Four questions

- Assess:
 - Community belonging
 - Satisfaction with friendships
 - Support during a crisis

Youth/Families: Six questions

- Assess strength of social & emotional support:
 - Feeling heard
 - Feeling supported
 - Feeling connected in daily life and crisis

Treatment Perception Surveys (TPS) - SUD

- Treatment perceptions of care across 5 domains for adults, 6 for youth

Adults

- Access
- Quality
- General Satisfaction
- Outcome
- Care Coordination

Youth

- Access
- Therapeutic Alliance
- Quality
- General Satisfaction
- Outcome
- Care Coordination

- Two survey types

- Adults (ages 18+)
- Youth (ages 12-17)

- Available in 13 languages

- 16,628 surveys were submitted in 2023



TPS Measures – Quality Domain

Perception of Quality

- Adults: Five questions
- Assess quality of care:
 - Collaborative goal-setting
 - Adequate session time
 - Respectful & clear communication
 - Cultural sensitivity

- Youth: Four questions
- Evaluate services for being:
 - Appropriate & respectful
 - Culturally sensitive
 - Supportive of individual & family needs

Data Snack: Analyzing Likert Scales

$$\text{Percent Agreement} = \frac{3 \text{ people (A,B,E)}}{5 \text{ people}} = 60\%$$

$$\text{Average Score} = \frac{18 (5+4+3+2+4)}{5 \text{ people}} = 3.6$$

Response	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)
A					✓
B				✓	
C			✓		
D		✓			
E				✓	



Care Experience

Additional Goals

1

Perception of Cultural Appropriateness / Quality Domain Score, 2024

Consumer Perception Survey

Care Experience – Primary Measure

How did consumers of mental health services feel about the quality and cultural appropriateness of the services they received?

Average score across CPS Quality Domain
survey responses

CPS: Quality Score Methodology



County-level measure data publicly available



Calculated as an Average Score by age group



9 questions in the Cultural Appropriateness/Quality Domain Score. Including:

- “Staff believed that I could grow, change and recover.”
- “Staff was sensitive to my cultural/ethnic background.”



CPS: Quality Score Methodology

Primary Measure				
County Name	Perception of Cultural Appropriateness/Quality Domain Score (CPS) - Families of Youth	Perception of Cultural Appropriateness/Quality Domain Score (CPS) - Youth	Perception of Cultural Appropriateness/Quality Domain Score (CPS) - Adults	Perception of Cultural Appropriateness/Quality Domain Score (CPS) - Older Adults
Statewide Rate	4.57	4.39	4.36	4.31
Statewide Median	4.64	4.37	4.34	4.34

2 Quality Domain Score, 2024

Treatment Perception Survey

Care Experience – Primary Measure

What percentage of adults and youth accessing substance use services within DMC-ODS felt the services were high-quality?

* Report was published in 2024 but utilizes 2023 data.

Percent agreement across TPS Quality Domain Score survey responses

TPS: Quality Domain Score



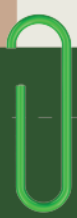
County-level measure data publicly available



Calculated as Percent Agreement



5 questions for Adults, and 4 questions for Youth.



TPS: Quality Domain Score

Primary Measure					
Quality Domain Score (TPS) - Adults					
County Name	I Choose My Treatment Goals with My Provider <i>Percent in Agreement with the Statement</i>	Staff Gave Me Enough Time <i>Percent in Agreement with the Statement</i>	Staff Treated Me with Respect <i>Percent in Agreement with the Statement</i>	Staff Spoke to Me in a Way that I Understood <i>Percent in Agreement with the Statement</i>	Staff Were Sensitive to My Cultural Background <i>Percent in Agreement with the Statement</i>
Statewide Rate	87.1%	91.4%	92.5%	94.1%	90.1%
Statewide Median	88.1%	92.6%	93.9%	94.7%	90.6%



Quality of Life

Additional Goals

1 Perception of Functioning Domain Score, 2023

Consumer Perception Survey

Quality of Life - Primary Measure

How did consumers of mental health services describe their level of functioning after receiving services?

Average score across CPS Perception of Functioning survey responses

* County level data not available

CPS: Perception of Functioning



No county-level measure data publicly available*



Calculated as an Average Score



Examples: As a direct result of the services I received...

1. I do things that are more meaningful to me.
2. I am better able to do things that I want to do.
3. My child is better able to cope when things go wrong.

* DHCS will make county-level data available in a future technical update.



CPS: Perception of Functioning

Primary Measure	
County Name	Perception of Functioning Domain Score (CPS)
Statewide Mean: Youths	3.87
Statewide Mean: Adults	3.98
Statewide Mean: Older Adults	3.97

2

Poor Mental Health Days Reported, 2024 (age-adjusted)

Other Data Sources

Quality of Life - Supplemental Measure

How many days within the last 30 days did adults report they had poor mental health?

Numerator: Sum of all numbers submitted by individuals in the denominator, denoting their poor mental health days in the last 30 days.

Denominator: Number of adults surveyed in the Behavioral Risk Factor Surveillance System (BRFSS)



BRFSS: Poor Mental Health Days



Original Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Accessed via: County Health Rankings



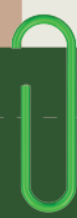
Methodology:

- Annual phone survey administered in all 50 states
- Coordinated by the CDC in partnership with state agencies
- Tracks health-related risk behaviors, chronic health conditions, and use of preventive services among U.S. adults (18+).

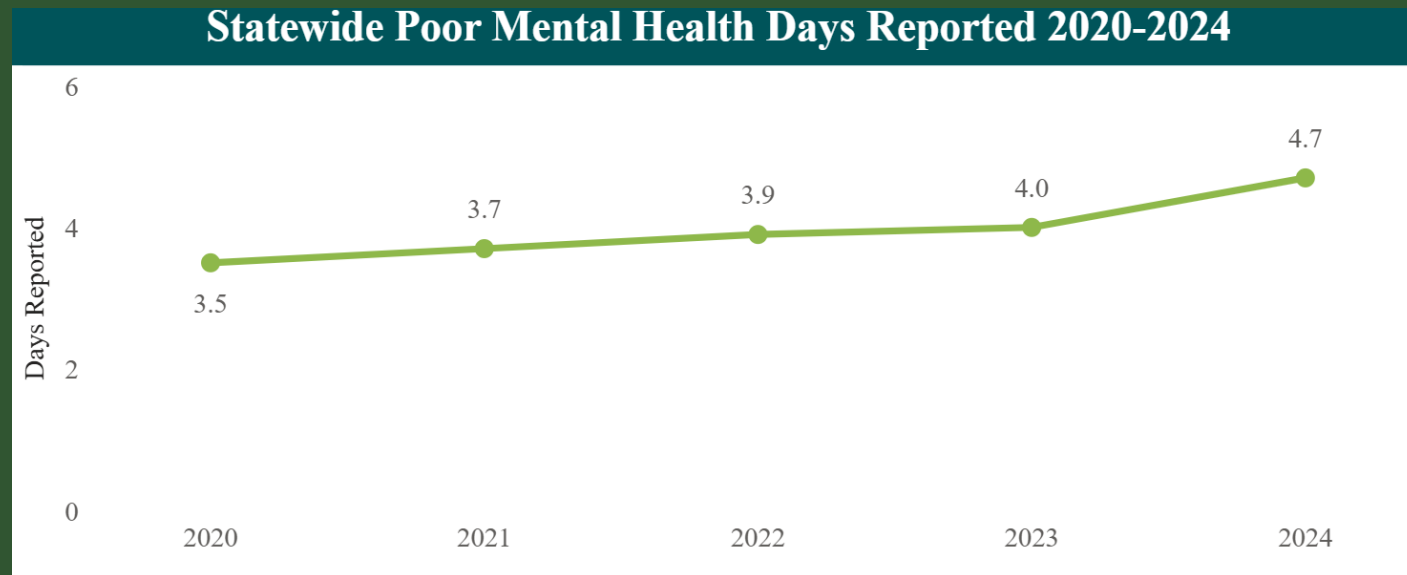


Specific Question:

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”



BRFSS: Poor Mental Health Days





Social Connection

Additional Goals

1

Perception of Social Connectedness Domain Score, 2023

Consumer Perception Survey

Social Connection – Primary Measure

How did consumers of mental health services describe their satisfaction with their social connectedness after receiving services?

Average score across CPS Social Connectedness survey responses

* County level data not available

CPS: Social Connectedness Methodology



No county-level measure data publicly available*



Calculated as an Average Score



Examples: As a direct result of the services I received...

1. I feel I belong in my community.
2. In a crisis, I would have the support I need from family or friends.
3. People will listen when I/my child needs to talk

* DHCS will make county-level data available in a future technical update.



CPS: Social Connectedness Methodology

Primary Measure	
County Name	Perception of Social Connectedness Domain Score (CPS) <i>Mean Score (Out of 5)</i>
Statewide Mean: Families of Youth	4.27
Statewide Mean: Youths	4.10
Statewide Mean: Adults	3.98
Statewide Mean: Older Adults	3.97

2

Caring Adult Relationships at School, 2024

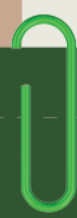
Other Data Sources

Social Connection – Supplemental Measure

What percentage of secondary school students reported they have at least one caring adult relationship at school?

Numerator: Students from the denominator who indicated having at least 1 teacher or adult at school who cares, notices, and listens to them.

Denominator: Students in grades 7, 9, 11, and non-traditional who took the 2023 California Healthy Kids Survey



CHKS: Caring Adult Relationships



California Healthy Kids Survey (CHKS):

A California statewide, school-based survey that collects data on student health, well-being, and school climate.



Administered under the California Department of Education (CDE):

- Every 2 years
- To students in grades 5, 7, 9, and 11 in public schools

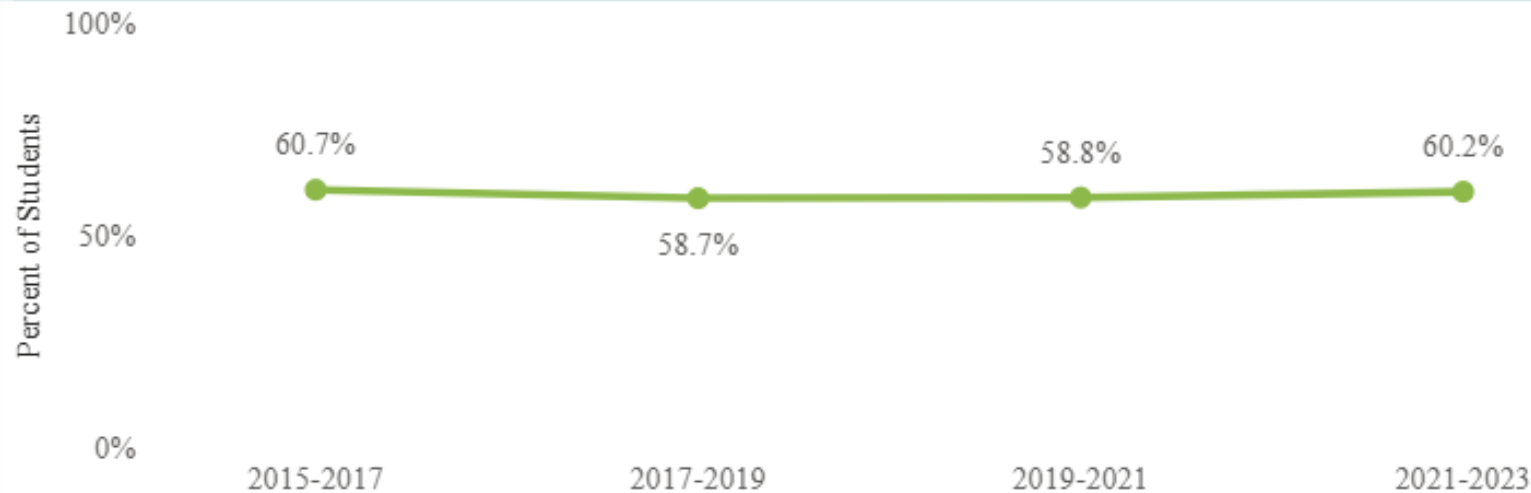


Conducted online or on paper during school hours. Primarily self-report.




CHKS: Caring Adult Relationships

Statewide Caring Adult Relationships at School by Grade 2015-2021



Data Note: CalMHSA estimated the statewide rates by combining grade-stratified secondary school rates and denominator data from CHKS and accessed through [CalSCHLS](#).

 **Key Insight:** This rate has been staying the same over time.

CalMHSA Dashboards



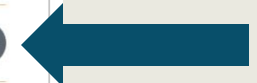
CalMHSA is hosting an educational series through Sept. 30 to support counties in advancing California's statewide behavioral health goals and population-level measures under the Behavioral Health Services Act. The webinars and corresponding office hours will help counties incorporate these goals into Integrated Plans and strengthen data-informed strategies that improve population health outcomes. *Please note: Live participation in the series is only for county behavioral health staff.*

Visit this web page for links to recordings of each webinar, printable resource materials, and data dashboards as they are developed.

Each week's offering will focus on one or a related grouping of statewide goals and measures and examine them through:

- **Webinars (Tuesdays, 12-1 p.m.):** Focused on understanding the data, including statewide performance metrics, system context, and county health equity and disparity considerations
- **Office Hours (Fridays, 12-1 p.m.):** A collaborative, open forum for discussion and cross-county learning

CONTENTS

[Webinars](#)[Data Dashboards](#)[BHT Planning Documents](#)

Why?



Consumer Perception Survey and Treatment Perception Survey



Purpose and Use



Survey Administration



Data Analysis and Oversight

Consumer Perception Survey and Treatment Perception Survey



Purpose and Use

- Evaluate consumer experiences with specialty MH (CPS) and SUD (TPS).
- Identify areas for improvement in service delivery.
- Inform policymaking and support quality assurance across California.



Survey Administration

- Conducted annually during a designated one-week period.
- Administered by non-clinical staff to ensure objectivity.
- Available in both paper and online formats for accessibility.



Data Analysis and Oversight

- Survey of individuals receiving services through MHPs and DMC-ODS Plans.
- Survey data is analyzed by UCLA.
- DHCS uses statewide mean scores to assess system performance.

Why Consumer Voice Matters

Improved
Access to Care



Increased
Retention in
Services



Stronger
Therapeutic
Alliances



Reduction in
Symptoms



Comprehensive Quality Strategy Prioritizes Member Voice

QUALITY STRATEGY GOALS



Engaging members as owners of their own care



Keeping families and communities healthy via prevention



Providing early interventions for rising risk and patient-centered chronic disease management



Providing whole person care for high-risk populations, addressing drivers of health

QUALITY STRATEGY GUIDING PRINCIPLES

- » Eliminating health disparities through anti-racism and community-based partnerships
- » Data-driven improvements that address the whole person
- » Transparency, accountability and member involvement

How and Why Might Results be Biased?

- Non-response bias, extreme response bias, response bias
- Lack of true anonymity (CCNs included on CPS)
- Clients from certain programs, or being treated by certain clinicians, may be over- or under-represented
- Length and complexity of surveys



Gathering Additional Client Input

Other processes where BHPs are already gathering feedback from consumers and families:

Quality
Improvement
Committees

Mental Health
Board/ Behavioral
Health Boards

Cultural
Competency
Committees

Gathering Additional Client Input

Creative, low-barrier feedback avenues like:

- Gather input at existing groups (e.g. family support groups or other groups at Wellness Centers) and existing events
- Set out feedback boxes in a lobby with simple format (emoji choice, thumbs up/down), checked regularly
- Utilize peer providers or promotor/as

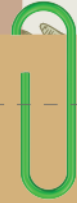
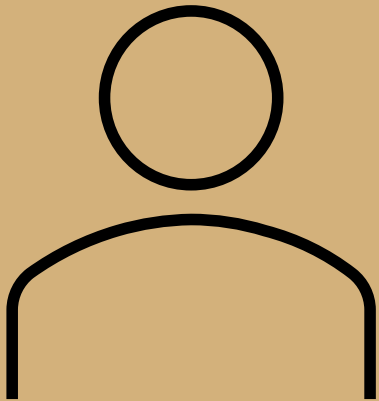
Questions to Ask Yourself

How complete do you think your responses were for CPS/TPS?

Has your county consistently received lower ratings on certain domains than others?

Have the ratings for any of the domains notably decreased in the most recent year's results?

Do you have the capacity and appropriate staff to do additional analyses using your raw data?



Hunches



For Additional Goals, your Integrated Plan must include...

Why this goal was selected: The reason you chose this additional goal as a focus area (e.g., primary measures that are performing below statewide rate/averages, inequities)

Disparities identified: A clear summary of measures where you identified disparities, including data that supported this analysis and specific population(s) affected.

Strategies: The approaches or methods you'll use to reach your goal.

Funding: A description of the category (or categories) of funding that will be used to achieve these strategies.

And today we'll show you examples of what this might look like.



What are Hunches?

- Hunches are **early theories about what we might do next** based on what we see in the data and sphere of influence.
- Hunches can be framed as “**What if...**” **statements that express** ideas and guide conversation.
- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

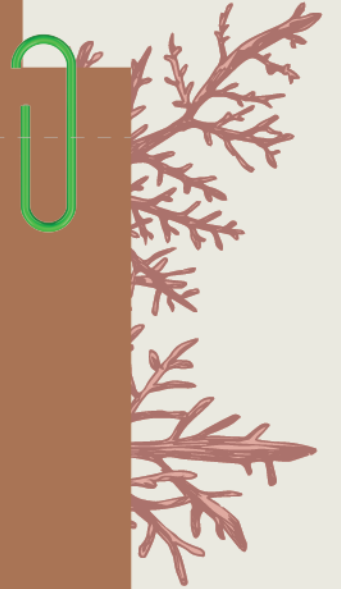


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- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

Example hunch:

What if our Wellness Centers hosted more diverse cultural events so members have more opportunities to build social connections?



Measuring Equity

What are the main drivers? Identify determinants associated with the measure.

Which populations are most affected? Compare sub-groups to county average and to each another.

Why might you be seeing this result? Examine potential causes of the result you're seeing.

How do you want to make an impact? Set specific goals based on inequities identified and locus of control.

Are you meeting your goals? Monitor progress and adjust when needed, including discussions and feedback from affected communities.

Santa Clara County Example: Care Experience

Measure	State Rate	County Rate	Equity-Stratified Data
Perception of Cultural Appropriateness/ Quality Domain Score (CPS)	Families of Youth: 4.57 Youths: 4.39 Adults: 4.36 Older Adults: 4.31	4.65 4.44 4.35 4.27	Additional analyses required
Quality Domain Score Treatment Perception Survey (TPS) - Adults	Chose Goals: 87.1% Enough Time: 91.4% Respect: 92.5% Understood: 94.1% Culturally Sensitive: 90.1%	88.2% 92.8% 94.5% 95.7% 93.0%	Additional analyses required
Quality Domain Score Treatment Perception Survey (TPS) - Youths	Services for Me: 86.7% Respect: 92.1% Culturally Sensitive: 77.6% Family Services: 75.4%	92.3% 96.3% 92.3% 100%	Additional analyses required

In Santa Clara's Case...

Selecting Care Experience as an Additional Goal is
NOT an option.

Santa Clara is performing about the same, or better than, the statewide rate for nearly all of these measures' metrics.

Example 1: Care Experience

Observation: In your county, Perception of Cultural Appropriateness/Quality Domain mean scores (CPS) and Quality Domain agreement percentages (TPS) are lower than statewide for adults.

Hunches:

- What if we implemented simple feedback surveys that clients are directed to on their way out of the office?
- What if we trained front desk staff to provide information about consumer-run programs at the time members check in for appointments to increase awareness of these programs?
- What if we conducted additional analyses of our raw data to investigate whether there are racial/ethnic disparities across respondent ratings of staff sensitivity to their background?

Example 2: Quality of Life

Observation: In your county, Perception of Functioning Domain mean scores (CPS) are lower than statewide for adults.

Hunches:

- What if we create new consumer-led groups to support members with developing skills such as learning new ways to get their needs met, handling challenging situations, and achieving their personal goals?
- What if we looked at the frequency of member appointments to get more information about how often our members are being seen and if there are any trends in need of further exploration?
- What if we looked at crisis service utilization to identify members whose symptoms appear to not be well-managed?

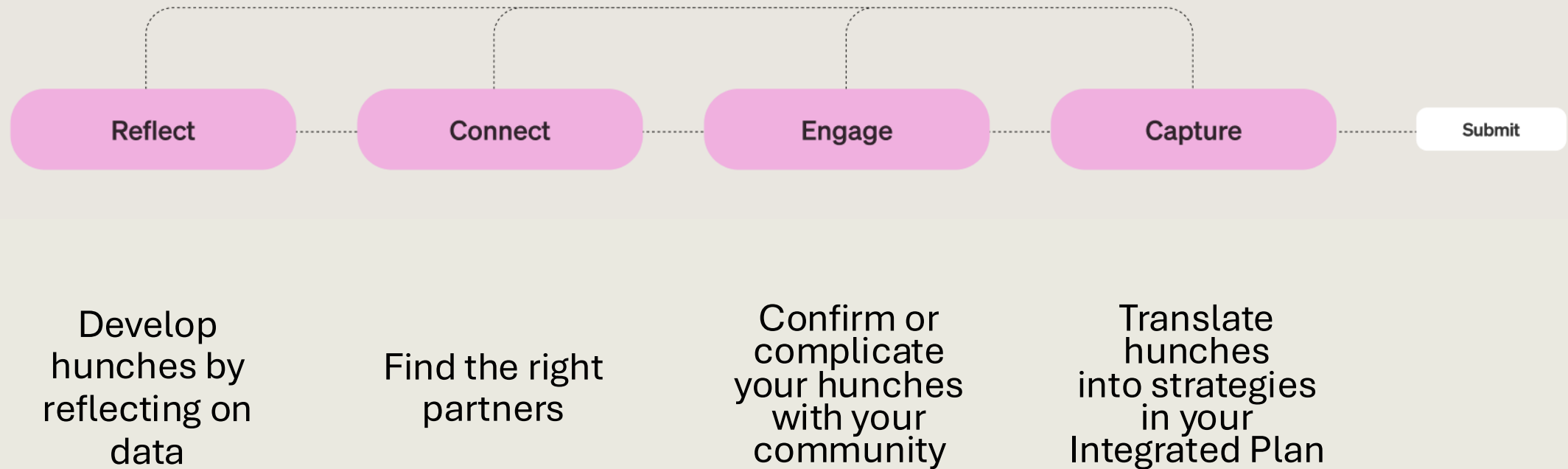
Example 3: Social Connection

Observation: In your county, Perception of Social Connectedness Domain mean scores (CPS) are lower than statewide for adults.

Hunches:

- What if we evaluated the programming at our wellness centers to identify opportunities to enhance activities that foster social interactions, and increase utilization?
- What if we held focus groups to learn from members how they think we could enhance our programming to foster social connections?
- What if we partnered with NAMI to integrate Peer to Peer, Family to Family, and Mental Health First Aid to promote crisis preparedness among members and their families?

From Hunches to Strategies: Taking These Into Your Community Planning Process



Reminder: There are Six Priority Goals and One Additional Goal

Designing strategies that address more than one goal/measure at once will work in your favor!

Can your results on any of the measures for these potential additional goals help you inform your work to address any of your priority goals?



What's Next?

Please fill out the survey in the chat!

Office Hours: Friday 9/12, 12-1 p.m.
Continued Discussion on Data and Hunches

Please note: Next week's webinar will be held on **Monday** 9/15 at noon rather than on Tuesday.

Questions:
managedcare@calmhsa.org





Thank You!