

Data Explainer Series

Week 7 - Office Hours

Care Experience, Quality of Life, Social Connection



Series Schedule

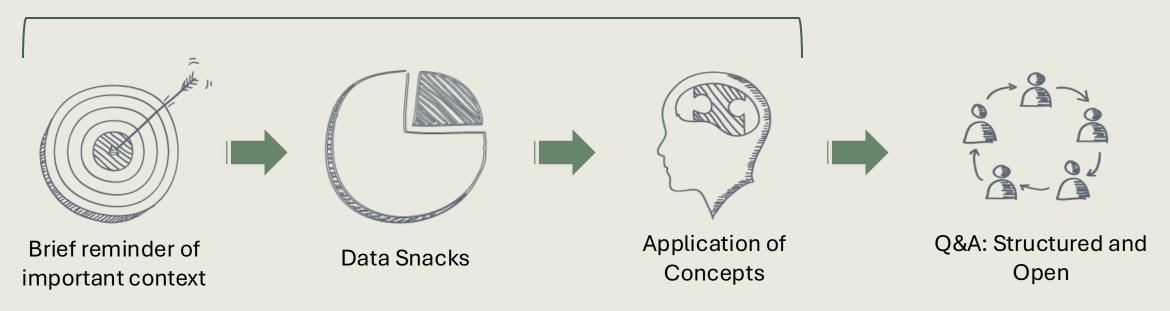
Webinar	Office Hours	Webinar Title
Date	Date	
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated 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 — You Are Here
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

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, Chat for reactions, comments, etc.

Office Hours Grounding

20-30 minutes



- Statewide Behavioral Health Goals
- Dashboard and Resource Overview
- Equity and stratified analysis
- Drafting your
 Integrated Plan

Anything else?

The Largest Picture

The vision for Behavioral Health Transformation is that all Californians have access to behavioral health services...

... this leads to improved health and happiness for individuals, better overall outcomes and reduced disparities.





The More Immediate Picture: Integrated Plan

Locate and review publicly available data for each measure

Analyze and understand your data; Identify disparities

Develop hunches; Engage in your Community Planning Process

Draft your initial BHSA Integrated Plan





Care Experience Quality of Life Social Connection

Additional Goals

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

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

• WHAT WHY HUNCHES

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.

Measure	Type of Measure	Source
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

Source: BHSA County Policy Manual

• WHAT WHY HUNCHES

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.

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

Source: BHSA County Policy Manual

^{*} 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.

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

Source: BHSA County Policy Manual

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

Discussion Questions – Please Think About These and We Will Come Back to Them Later

If you are considering selecting one of this week's goals, what are some strategies you are considering for conducting disparities analyses?

Do you have any preliminary hunches and strategies in mind?



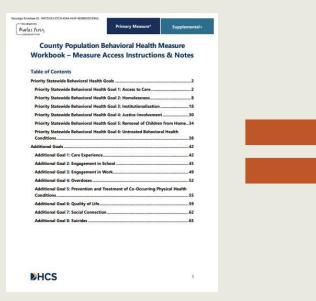
Dashboard

Care Experience
Quality of Life
Social Connection

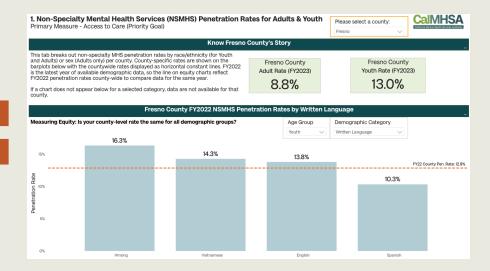
What are the Sources for CalMHSA's Dashboards?



County Rates directly from DHCS Workbook



County-specific Equity Data extracted from DHCS-recommended data sources



An all-in-one resource for you to complete your IP



Additional Data Tips for Your Integrated Plan

- ✓ When more recent data are not available, appropriate to use the most recent year of data available for the IP
- ✓ If publicly-available or local data are not available, can note on IP "None Available"
- ✓ Use locally available data to supplement publicly-available sources
- ✓ Phase 1 is focused on median and mean as benchmarks for planning rather than evaluation





Data Bite: Dashboard Orientation



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:

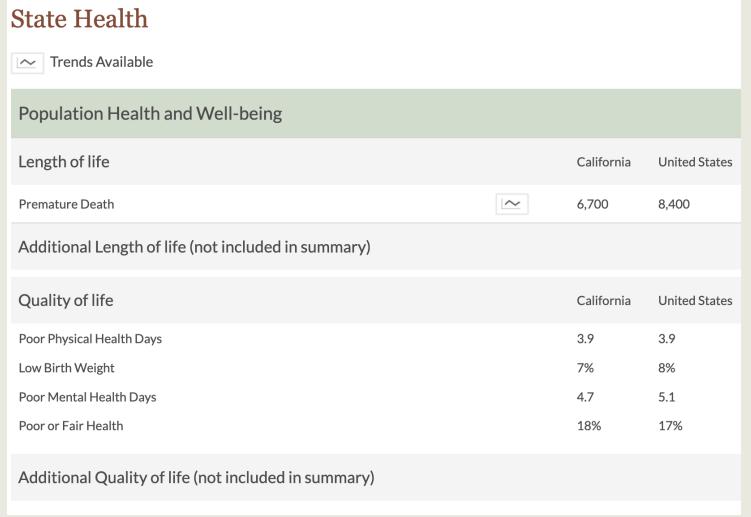
- . Webinars (Tuesdays, 12-1 p.m.): Focused on understanding the data, including statewide performance metrics, system context, and county health equity and disparity considerations
- . Office Hours (Fridays, 12-1 p.m.): A collaborative, open forum for discussion and cross-county learning

CONTENTS





County Health Rankings



County Health Rankings can be filtered to State, County, and ZIP code

Measures are available for Population Health and Well-Being and Community Conditions

Data can be downloaded for further analyses locally

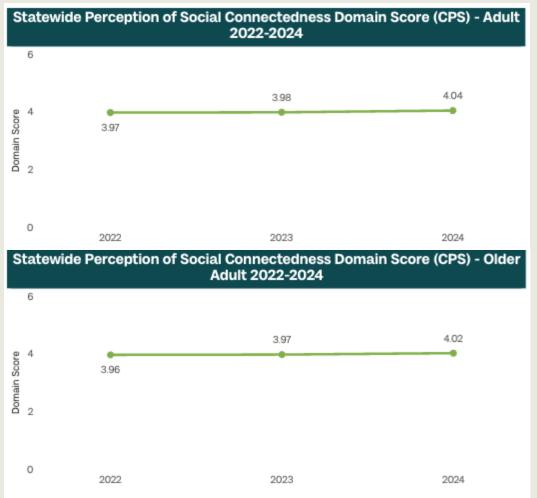


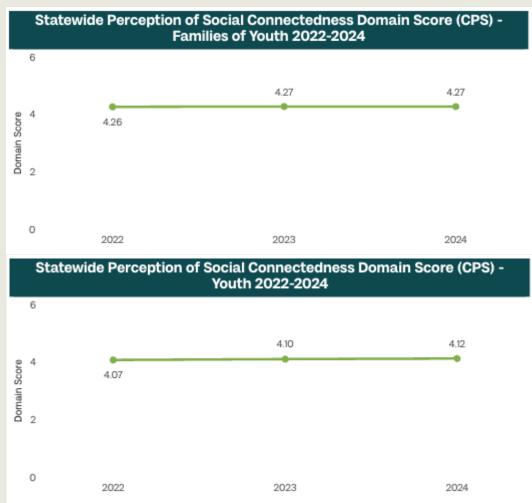
https://www.countyhealthrankings.org/health-data/california?year=2025



Equity and Stratified Analysis

Data are Naturally Stratified by Age

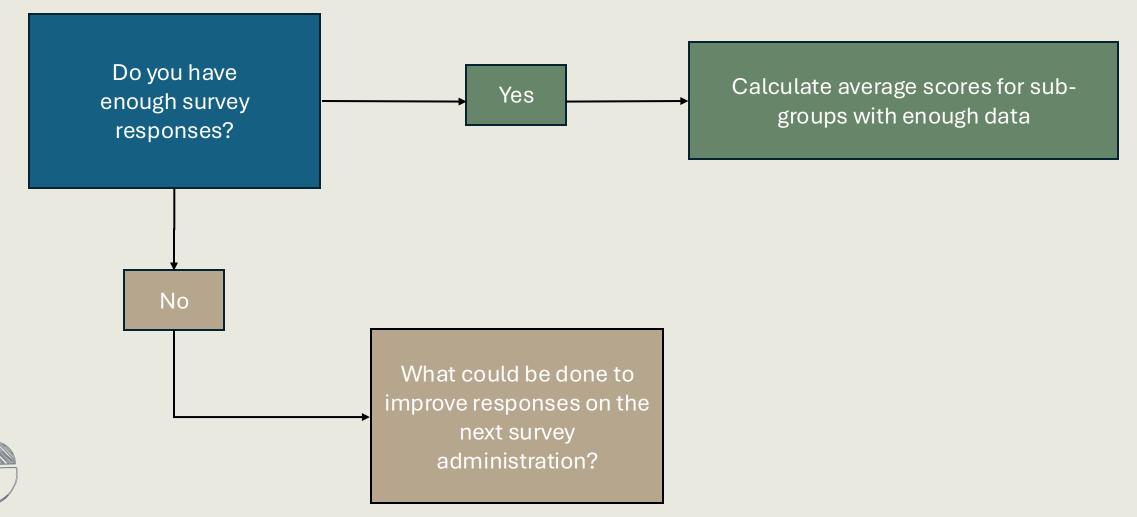






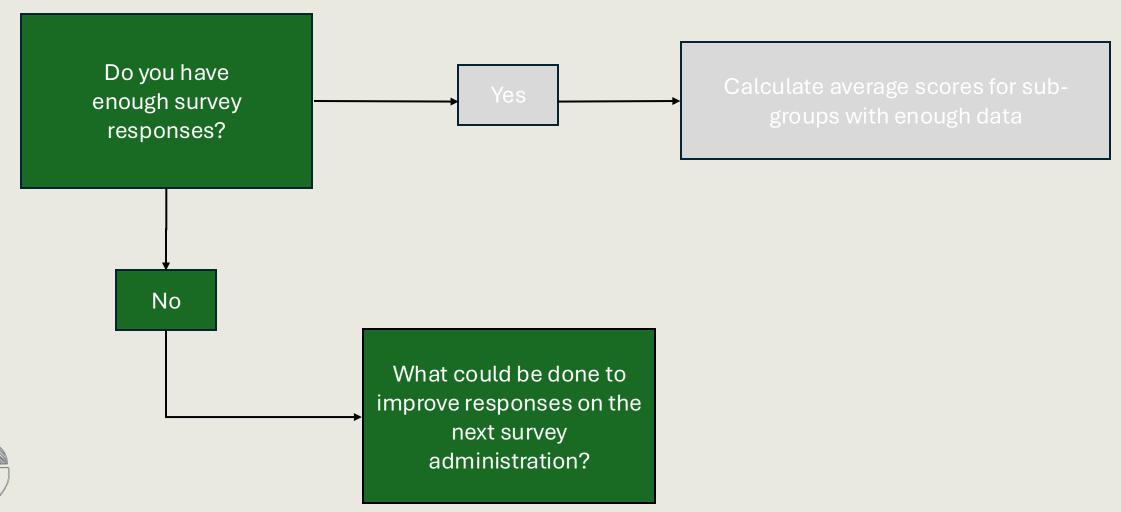
Decision Tree for Stratified Analysis with Local CPS and TPS Data

If you want to select this as an additional goal...



Decision Tree for Stratified Analysis with Local CPS and TPS Data

If you want to select this as an additional goal...



Do You Have Enough Survey Responses?

- Examine Table 2 Demographics in your summary report
- Are the numbers what you expect based on your population served?
- Which sub-groups are too low to have meaningful insights (e.g., below 30 respondents)?

Demographics	Family		Youth		Adult		Older Adult	
	N	%	N	%	N	%	N	%
Gender Identity								
Female	5,237	42.9%	4,435	48.9%	7,657	41.8%	1,413	44.0%
Male	5,322	43.6%	2,882	31.8%	7,263	39.7%	1,292	40.2%
Non-Binary	111	0.9%	269	3.0%	408	2.2%	23	0.7%
Transgender: Female to Male	103	0.8%	222	2.4%	162	0.9%	16	0.5%
Transgender: Male to Female	31	0.3%	59	0.7%	162	0.9%	16	0.5%
Another Gender Identity	46	0.4%	147	1.6%	151	0.8%	17	0.5%
Decline to answer/Missing	1,489	12.2%	1,286	14.2%	2,864	15.6%	483	15.0%
Sexual Orientation	N/A		4.017	F2 10/	11.575	C2 20/	2,188	68.1%
Straight/Heterosexual	•		4,817	53.1%	11,575	63.2%	100	
Gay or Lesbian	N/A		341	3.8%	711	3.9%		3.1%
Bisexual	N/A		1,035	11.4%	1,302	7.1%	97	3.0%
Another Sexual Orientation	N/A		321	3.5%	392	2.1%	14	0.4%
Unknown	N/A		384	4.2%	292	1.6%	37	1.2%
Prefer Not to Answer	N/A		668	7.4%	932	5.1%	190	5.9%
Decline to answer/Missing	N/A		1,682	18.5%	3,515	19.2%	645	20.1%
Hispanic Ethnicity								
Yes	7,540	61.8%	5,447	60.0%	6,412	35.0%	709	22.1%
No	2,774	22.7%	1,886	20.8%	7,941	43.4%	1,874	58.3%
Decline to answer/Missing	1,881	15.4%	1,738	19.2%	3,963	21.6%	632	19.7%
Race								
American Indian/Alaska Native	396	3.2%	468	5.2%	975	5.3%	146	4.5%
Asian	553	4.5%	503	5.5%	1,463	8.0%	278	8.6%
Black	1,406	11.5%	961	10.6%	2,563	14.0%	441	13.7%
Native Hawaiian/ Other Pacific Islander	147	1.2%	133	1.5%	306	1.7%	46	1.4%
White/Caucasian	4,027	33.0%	2,526	27.8%	6,687	36.5%	1,409	43.8%
Other	2,551	20.9%	2,275	25.1%	2,537	13.9%	373	11.6%
Unknown	565	4.6%	703	7.7%	1,007	5.5%	105	3.3%
Decline to answer/Missing	1,576	12.9%	1,256	13.8%	2,931	16.0%	472	14.7%
How long have you received services here?								
Less Than One Month	934	9.0%	668	8.9%	1,142	7.5%	96	3.7%
One to 5 Months	3,559	34.3%	2,443	32.6%	3,315	21.9%	289	11.1%
6 Months to One Year	3,021	29.1%	2,176	29.0%	2,667	17.6%	328	12.7%
			_,					
More Than One Year	2,787	26.9%	2,448	32.7%	7,925	52.4%	1,857	71.6%



Addressing Low Survey Response Rates

Meet People Where They Are

Make It Easy

Build Trust

Incentivize Engagement Create Community Moments

Close the Loop



Addressing Low Survey Response Rates

Meet People Where They Are Distribute and complete surveys at wellness centers, peer groups, clubhouses, and community events where people already gather

Make It Easy

Offer help with survey completion (staff/peer support, drop-in assistance, tablets/kiosks in clinics, phone option)

Build Trust

Frame the survey as a way for community voices to directly shape programs and services – not just data collection

Incentivize Engagement Small, meaningful survey completion incentives (snacks, raffles, certificates) can increase participation for both clients and staff

Create Community

Moments

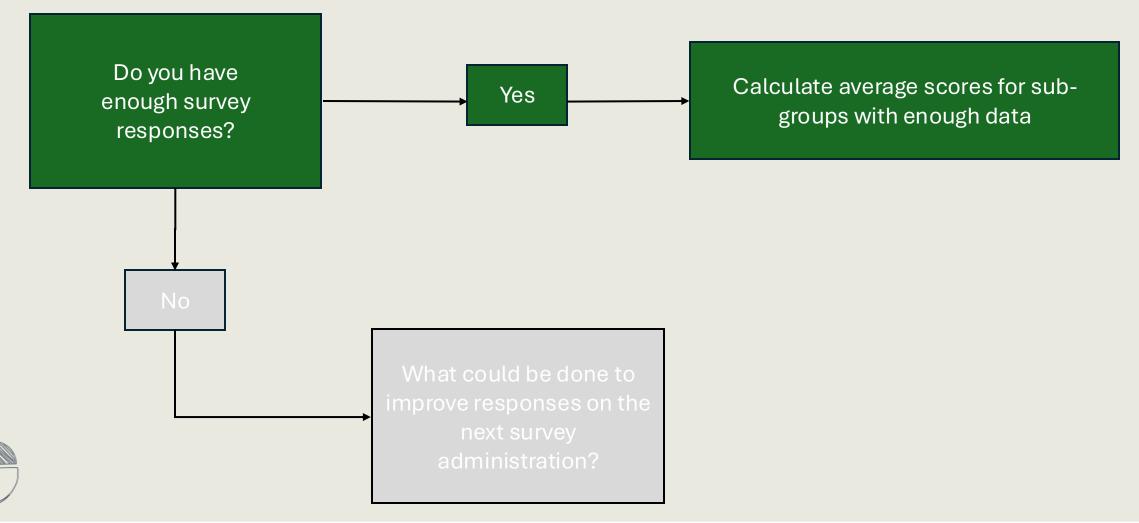
Group-based efforts (e.g. shared meals, coffee hour, art group) can make survey-taking social and enjoyable

Close the Loop

Share back how survey results with clients, staff, and other partners were used so participants see their feedback made a difference – boosting motivation for future participation

Decision Tree for Stratified Analysis with Local CPS and TPS Data

If you want to select this as an additional goal...



Calculate Average Scores for Sub-Groups with Enough Data

Consider calculating average score by:

- Survey language
- Gender
- Sexual Orientation
- Race and ethnicity
- Provider



One Technique to Calculate Sub-Group Averages

1)

Structure excel table and calculate each respondents' domain score

2

Use a Pivot Table or Chart to calculate average domain scores by sub-groups



Structure Excel Table and Calculate Each Respondent's Domain Score

- Age data are available as separate excel files (e.g., family, youth, adult, older adult)
- Identify the questions and columns that contribute to that domain for the specific age group and line them up next to each other as consecutive columns
 - For example, for Perception of Functioning among Youth/Families, select these columns: "dailylif,"
 "bettrfam," "bettrfrn," "bettrsch," "cope," "dowants"
- Add a new column and title it (e.g., "DomainScore_PerceptionFunction")
- Type this excel formula into the DomainScore column:
 =IF(COUNTIF(Z2:AE2,"<>9")>0,AVERAGEIF(Z2:AE2,"<>9"),"")
 - Note: it's important exclude values of 9 from the calculation as they indicate missing responses
 - Z2:A2 should be updated to match the 6 columns that contribute to this domain
- Drag down the excel formula to all rows of data



Structure Excel Table and Calculate Each Respondent's **Domain Score**

Respondent domain score

New column with excel formula

dailylif	bettrfam	bettrfrn	bettrsch	cope	dowants	DomainScore_PerceptionFunction :
9	9	9	9	9	9	
9	9	9	9	9	9	
3	5	4	4	3	4	3.833333333
9	9	9	9	9	9	
2	4	9	4	4	3	3.4
4	4		2	4	4	3.5
9	9	9	9	9	9	
1	1	1	1	2	1	1.166666667
5	5		4	5	9	4.8
4	5		5	5	4	4.66666667
5	5		5	5	5	5
9	9		9	9	9	
3	4	4	5	3	3	3.66666667
4	4	4	9	3	4	3.8
5	5		5	5	4	4.833333333
9	9		9	9	9	
3	4		4		4	3.833333333
5	4		4	4	3	3.833333333
2	2	5	3	4	1	2.833333333
1	4	4	4	3	5	3.5
4	3	4	4	4	5	4

=IF(COUNTIF(Z2:AE2,"<>9")>0,AVERA GEIF(Z2:AE2,"<>9"),"")



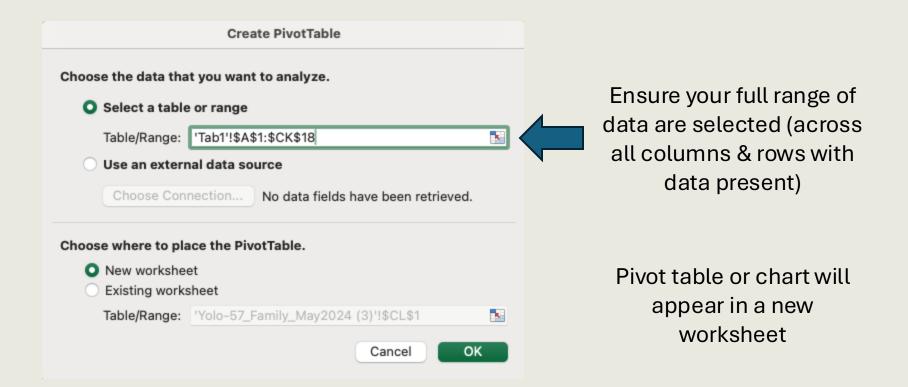
Use a Pivot Table to Average Domain Score by Sub-Groups

- Create Pivot Table to average Domain Score by sub-groups
- Rows= demographic category of interest (e.g., language, one racial/ethnic category)
- Values = Average Domain Score and Count of CCN (# respondents)
 - Click on "i" icon and set to "Average" or "Count" in Summarize by options



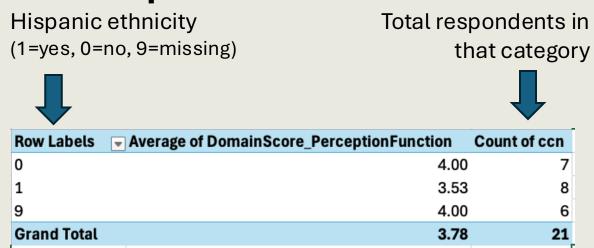
Example: Pivot Tables/Charts

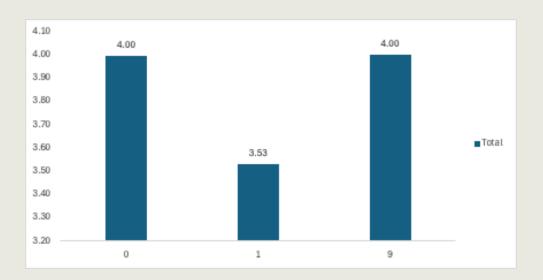


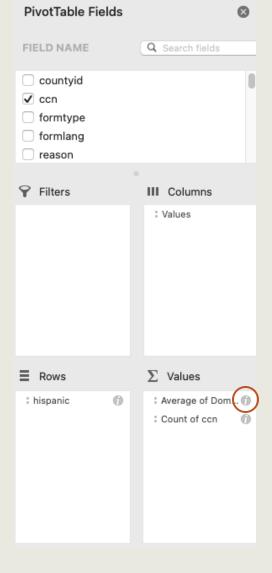




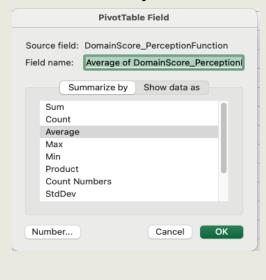
Example: Pivot Tables/Charts







Select "Average" or "Count" for summarize by





Reflecting CPS/TPS Back to Providers

Column Name:

reptunit

Reporting Unit (Location)	Max Clients Served/Mnth	Access	General Satisfication	Quality	Participation in Tx Planning	Outcome	Social Connectedness	Functioning
Α	50	4.24	4.86	4.77	4.11	3.87	3.15	3.10
В	570	4.35	4.84	4.22	4.31	3.84	3.89	3.84
С	33	4.90	4.39	4.37	4.13	4.12	4.07	4.02
D	94	4.28	4.48	4.49	4.00	3.20	3.94	3.89



Average of question scores in that domain for all surveyed clients from each reporting unit



Hunches & Strategies

These measures come directly from your clients—and *you are best positioned* to interpret what they mean for your system.

Generating Hunches: Care Experience, Quality of Life, and Social Connection

Start with the Data

Center Community Insight

Look at
System Gaps
and
Breakdowns

Build from What's Working

Generating Hunches: Care Experience, Quality of Life, and Social Connection

Start with the Data

- What do the survey questions themselves suggest about where to focus?
- Which groups rate lower than state rates?
- How might improving this area influence other goals (like access to care)?

Center
Community
Insight

- How does this data align (or not) with what you hear directly from clients, families, and peers?
- What stories or lived experiences add nuance to the numbers?
- Where can client advisory boards, peer groups, or community forums help interpret the results?

Generating Hunches: Care Experience, Quality of Life, and Social Connection

Look at System Gaps & Breakdowns

- Does the data point to barriers in client empowerment, service navigation, or staff-client relationships?
- Are disparities emerging across age groups, race/ethnicity, or geography that suggest structural inequities?
- How do results differ across providers, programs, or sites and would creating provider-level scorecards help identify opportunities for improvement?

Build from What's Working

- Which programs, sites, or populations are reporting higher satisfaction, connection, or quality experiences?
- What practices there could be scaled or replicated?
- How can you strengthen partnerships with wellness centers, peer programs, community organizations that support connection and quality of life?

The questions themselves point to experiences that *matter to your clients* — and responses may reveal opportunities for improvement.

Care Experience (CPS)

Adults, Older Adults, and Youth

- 1) Staff believed that I could grow, change and recover.
- I felt free to complain.
- 3) Staff told me what side effects to watch for.
- Staff respected my wishes about who is and is not to be given information about my treatment.
- 5) Staff was sensitive to my cultural/ethnic background.
- 6) Staff helped me obtain the information needed so I could take charge of managing my illness.
- 7) I was given information about my rights.
- 8) Staff encouraged me to take responsibility for how I live my life.
- 9) I was encouraged to use consumer-run programs.

Care Experience (TPS)

Adults

- 1) I chose the treatment goals with my provider's help.
- Staff gave me enough time in my treatment sessions.
- 3) Staff treated me with respect.
- 4) Staff spoke to me in a way I understood.
- 5) Staff were sensitive to my cultural background (race, religion, language, etc.).

Youth

- I received services that were right for me.
- 2) Staff treated me with respect.
- 3) Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).
- 4) My counselor provided necessary services for my family

Care Experience Example – Adults

Example Hunches:

- What if we improved communication between clients and providers to strengthen trust and engagement in care?
- What if our care planning could better empower clients to shape their own treatment?
- What if disparities in care experience point to gaps in our staff training, supervision, or client support programs?
- What if we scaled successful practices from high-performing programs to improve experiences across the system?

Potential Strategy:

Enhance staff training and peer support programs to promote recovery-oriented, culturally responsive, and client-centered care.



Quality of Life

Adults

- I do things that are more meaningful to me.
- 2) I am better able to take care of my needs.
- 3) I am better able to handle things when they go wrong.
- 4) I am better able to do things that I want to do.
- 5) My symptoms are not bothering me as much.

Youth and Family

- 1) My child is better able to do things he or she wants to do.
- 2) My child is better at handling daily life.
- 3) My child gets along better with family members.
- 4) My child gets along better with friends and other people.
- 5) My child is doing better in school and/or work.
- 6) My child is better able to cope when things go wrong.

Quality of Life Example – Youth and Family

Example Hunches:

- What if we built stronger connections between behavioral health, schools, and families to improve outcomes?
- What if we involved families more directly in care planning to improve youth outcomes?
- What if enhancing youth quality of life also reduced crises, improved school engagement, and supported family stability?
- What if we replicated high-performing programs or cross-system partnerships to improve system-wide outcomes?

Potential Strategy:

Partner with schools and youth-serving systems to expand behavioral health supports that foster connection and resilience.



Social Connection

Adults

- I am happy with the friendships I have.
- 2) I have people with whom I can do enjoyable things.
- 3) I feel I belong in my community.
- 4) In a crisis, I would have the support I need from family or friends.

Youth and Family

- I know people who will listen and understand me when I need to talk.
- 2) I have people that I am comfortable talking with about my problem(s).
- 3) In a crisis, I would have the support I need from family or friends.
- 4) I have people with whom I can do enjoyable things.

Social Connection Example – Older Adults

Example Hunches:

- What if we strengthened natural supports to reduce reliance on higher levels of care?
- What if we intentionally expand peer support networks that are effective at reducing isolation?
- What if improving social connection also leads to better behavioral health outcomes, like fewer crises or hospitalizations?
- What if gaps in social connection reflect opportunities to strengthen our community partnerships, referral pathways, or targeted outreach?

Potential Strategy:

Expand peer support programs and partnerships with senior centers to build connection, reduce isolation, and increase access to resources.



BHSA Integrated Plan Guidance: Additional Goal

Why this goal was selected:

For these additional goals, your county's results on the Primary Measure must be lower than the statewide rate for one or more age group(s).

Disparities identified:

There are no publicly available equity data for measures associated with the Care Experience, Quality of Life, and Social Connection goals beyond CPS and TPS survey types stratified by age group. Your county should review local data sources and note whether disparities emerge when stratifying by demographic categories.

If your county reviewed local data and did not find any data stratified by demographic categories for disparity analysis, be sure to note that.

Strategies:

After testing your hunches during the Community Planning Process, identify strategies that are feasible, targeted, and likely to address the areas of need highlighted by your local data. Consider approaches that leverage existing strengths and resources, address disparities or gaps in service, and align with other priority goals within your plan. Your strategies should be actionable, measurable, and designed to improve outcomes for the populations you serve.

Funding:

Identify specific funding streams that will support the implementation of selected strategies to address this goal.

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!





Office Hours Q&A



Discussion Questions

If you are considering selecting one of this week's goals, what are some strategies you are considering for conducting disparities analyses?

Do you have any preliminary hunches and strategies in mind?

What's Next?

Data Explainer Week 8:
Engagement in School and Work
Monday 9/15, 12-1 p.m.

Questions: managedcare@calmhsa.org





Thank You!

managedcare@calmhsa.org

