



Data Explainer Series

Week 8: Engagement in School, Engagement in Work

September 15, 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
9/15/2025	9/19/2025	Engagement in School and Work ← <i>You Are Here</i>
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 Goal: Engagement in School

Additional Goal: Engagement in Work

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.



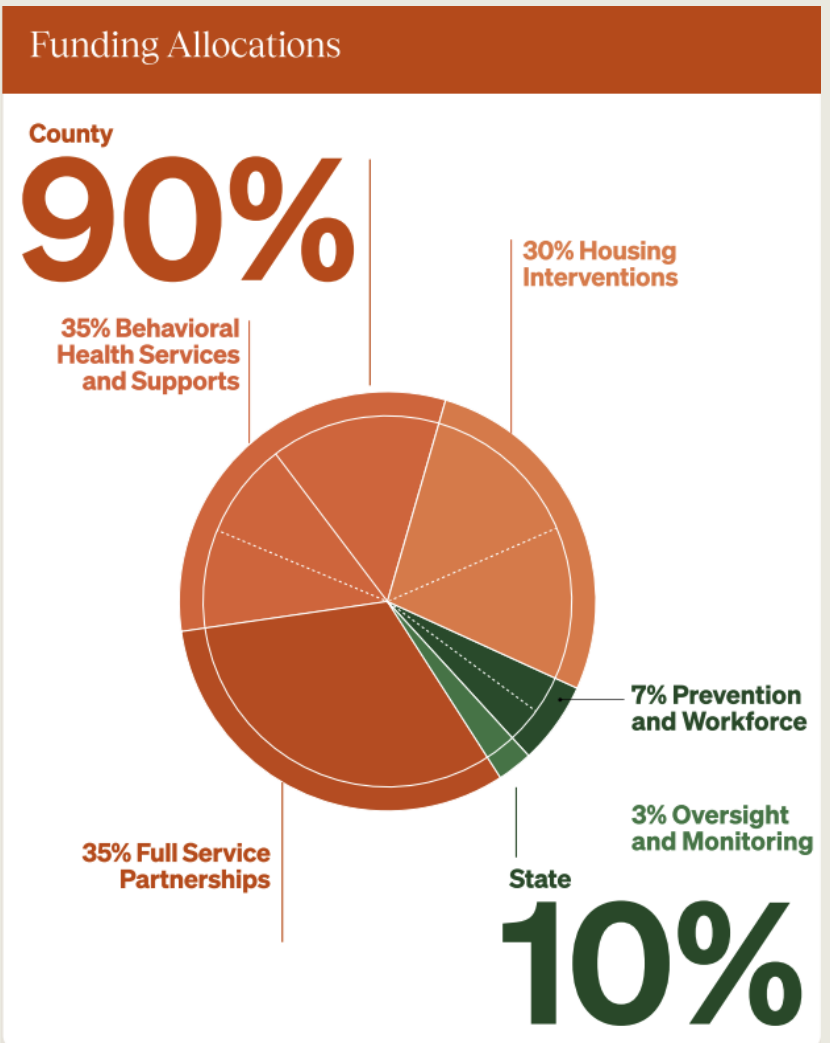
Behavioral Health Services Act

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.

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.

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

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 Community Planning Process (CPP) engagement results to see which issues matter most to your community

Check Feasibility

- **Required:** Select at least one for which your county is performing below the statewide rate/average on the primary measure(s)
- 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



Introduction

Engagement in School and Work

Meaningful engagement in
school and work are signals of
recovery and living a full life.

They're also *protective factors*
that can reduce justice involvement and
improve health and quality of life.

School and work are
engagement points
for prevention and intervention.



Engagement in School

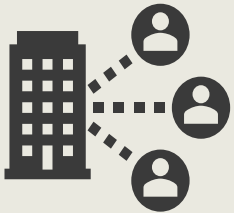
Additional Goal

What?





Schools are *central access points* to find and support youth and families.



Collaboration with education partners is critical to improving youth and family behavioral health.

Engagement in School

The level of attention, curiosity, interest, passion, and optimism an individual demonstrates toward school and related activities—including enrollment, participation, and graduation.

Engagement in School Measures

<i>Measure</i>	<i>Type of Measure</i>
Twelfth Graders who Graduated High School on Time, 2022	Primary
Student Chronic Absenteeism Rate, 2022	Supplemental
Meaningful Participation at School, 2023	Supplemental

1

Twelfth Graders who Graduated High School on Time, 2022

Primary Measure

What percentage of high school students graduated in four years?

Numerator: Students who graduated from high school in 4 years with a regular high school diploma in 2022

Denominator: Students in the adjusted cohort for the 2022 graduating class*

* Adjusted cohort definition on next slide



What is the "adjusted cohort for the 2022 class"?

Students who entered grade 9 for the first time in the 2018-2019 school year at the selected reporting level (state, county, district, or school)



Any student who transfers in later in the 9th grade year or in the next three years



Any student from the cohort who transfers out, emigrates from the country, transfers to a juvenile facility or a prison, or dies during that same period.

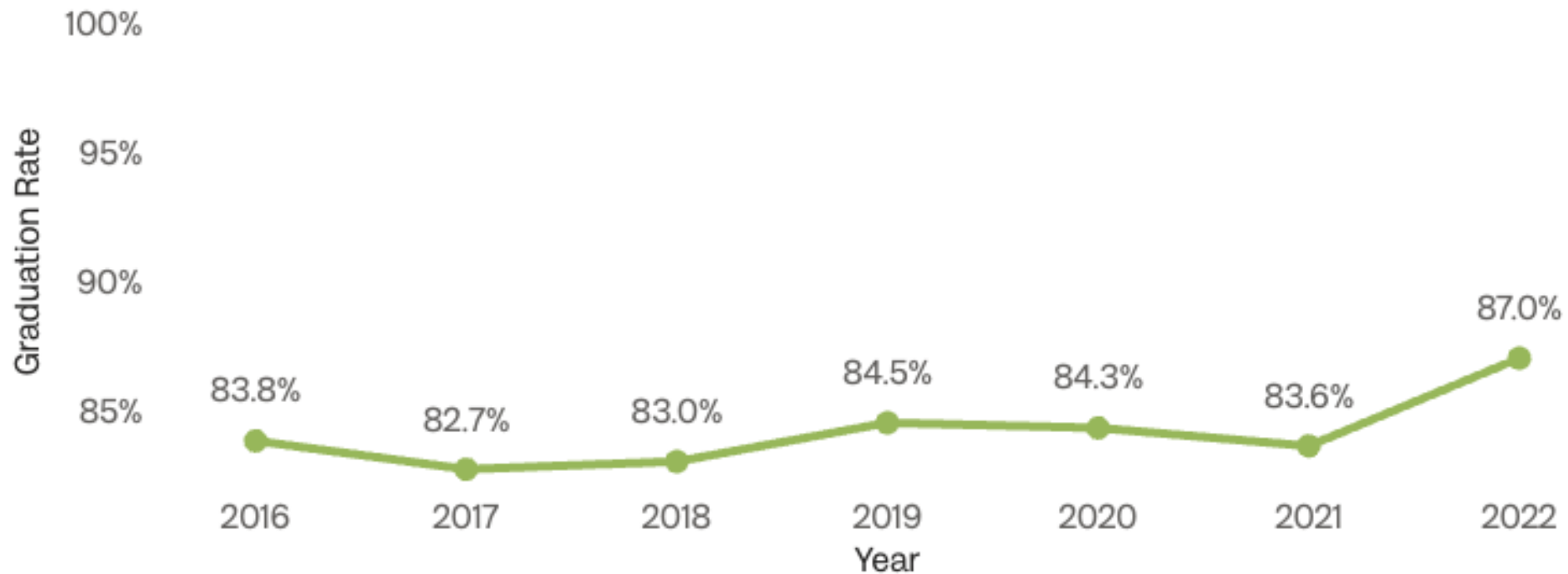


- WHAT

WHY

HUNCHES

Statewide Twelfth Grade On-Time Graduation Rate 2016-2022



💡 Key Insight: Rate have been increasing over time.

2 Student Chronic Absenteeism Rate, 2023-2024

Supplemental Measure

What percentage of students were chronically absent in the 2023-2024 school year?

Numerator: Chronic Absenteeism count*

Denominator: Chronic Absenteeism Eligible Enrollment count

*Absent for 10% or more of the days they were expected to attend

Who is counted as chronically absent in an academic year?

All Students Within
An Academic Year

Students Eligible to be
Considered Chronically Absent

Chronically Absent Students

*Absent for 10% or
more of the days
they were expected
to attend*



Students *cannot be counted* as chronically absent if they were:

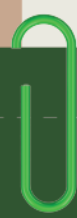
- Expected to attend <31 days;
- Enrolled but never attended; or
- Enrolled in a Non-Public School, home or hospital instructional setting, or full-time in community college



Number of "expected attendance days" can vary by student based on grade, enrollment type, and other factors.



"Absent" means a student missed the *entire* school day.

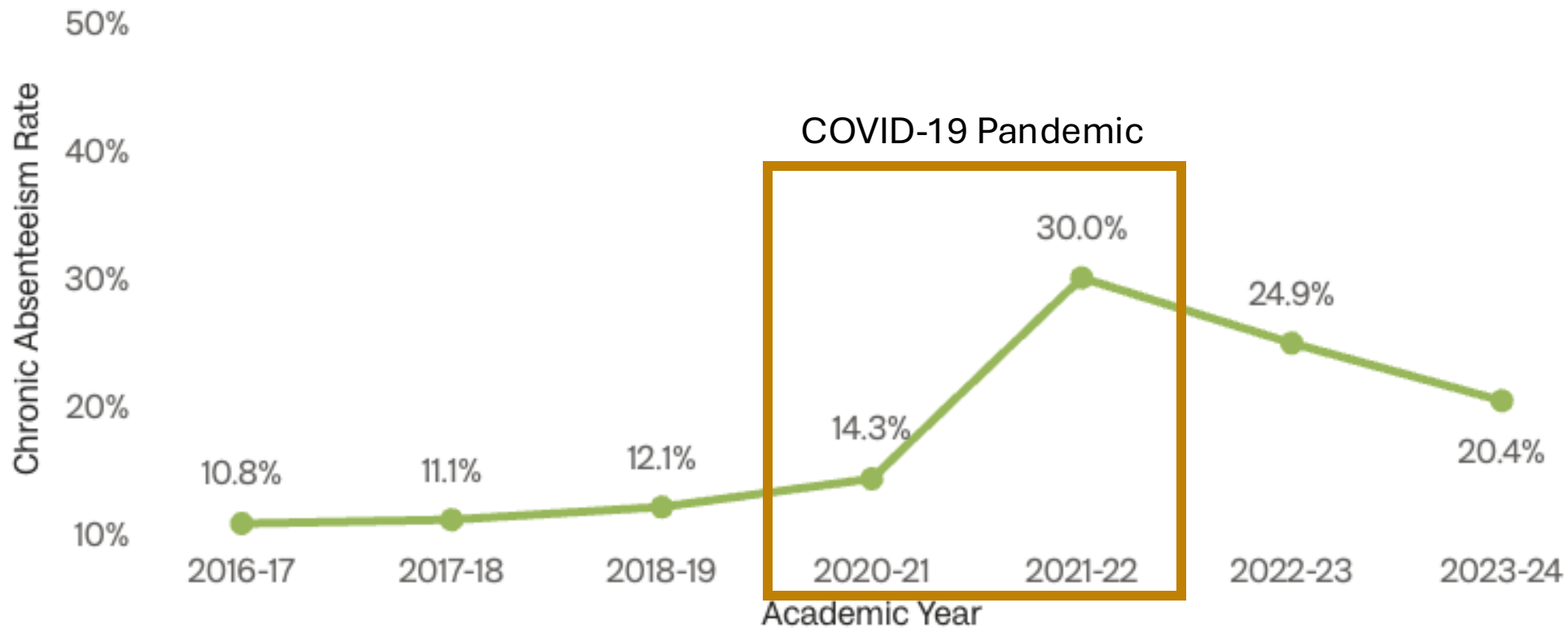


• WHAT

WHY

HUNCHES

Statewide Chronic Absenteeism Rate 2016-2024



💡 Key Insight: Rates increased from 2016, then have been decreasing since 2021-22.

• WHAT

WHY

HUNCHES

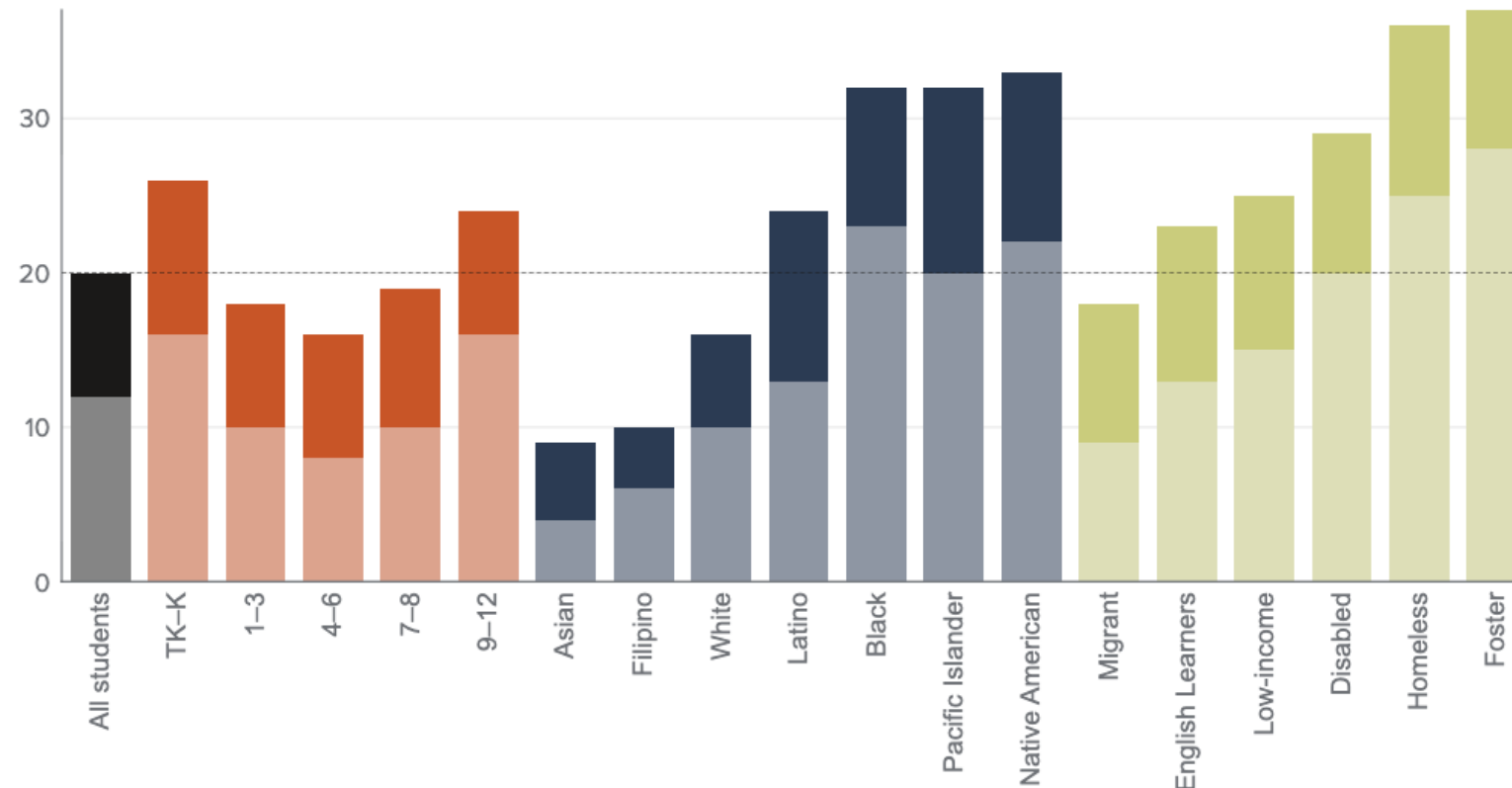
Chronic absenteeism rates vary by 10 to 24 percentage points across student groups

Average days absent

Chronic absenteeism rate

Change 2018–19 to 2023–24

2018 chronic absenteeism rate



Source: Public Policy Institute of California

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Meaningful Participation at School, 2023

Supplemental Measure

What percentage of secondary school students reported that at school they do interesting activities, help make decisions, and "do things that make a difference"?

Numerator: Students from the denominator who answered "strongly agree" or "agree" to Meaningful Participation in School questions

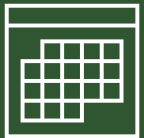
Denominator: Students in grades 7, 9, 11, and non-traditional who took the 2023 CHKS Survey

Reminder: CHKS



California Healthy Kids Survey (CHKS):

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

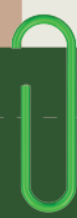


Administered under the California Department of Education (CDE):

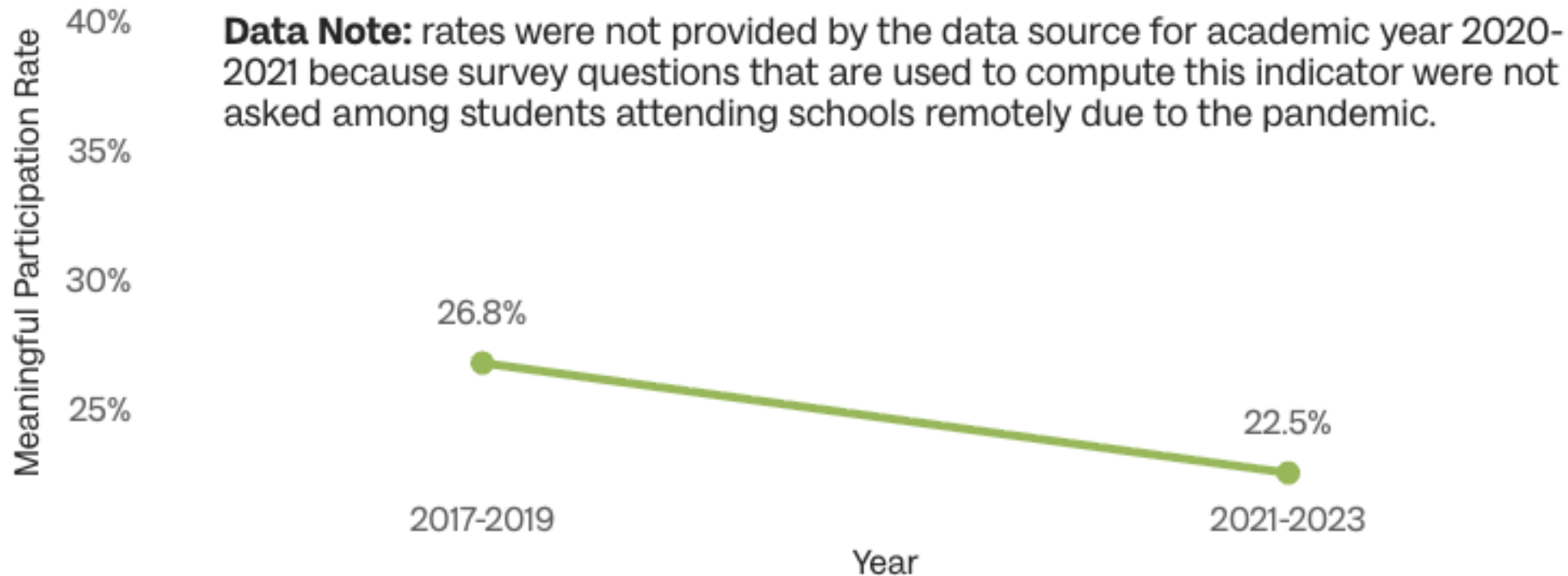
- Every 2 years
- To students in grades 5, 7, 9, and 11 and non-traditional enrolled in public schools



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



Statewide Meaningful Participation Rate 2017-2023



💡 Key Insight: Participation rates were lower in 2021-2023 than they were in 2017-2019.

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.

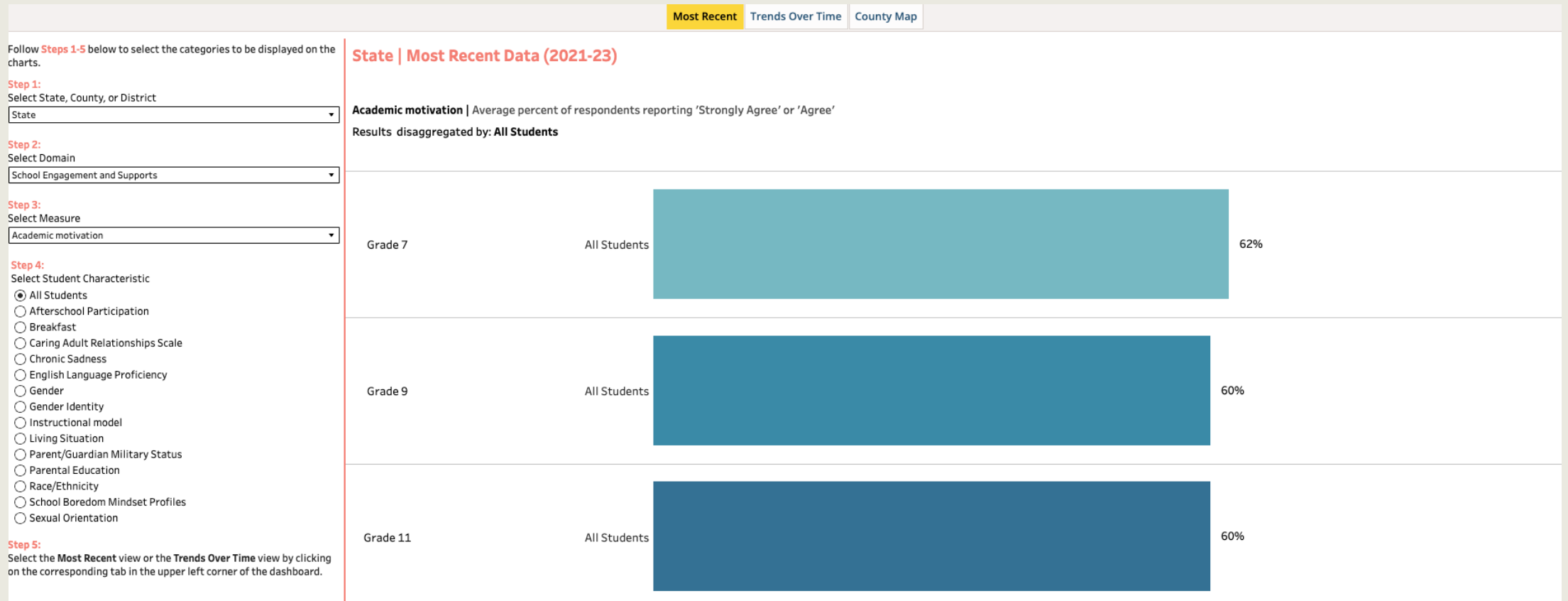
Each week's offering will focus on one or a related grouping of statewide goals and measures and examine them through:

- **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](#)

CalSCHLs Dashboards



<https://www.calschls.org/>

Why?





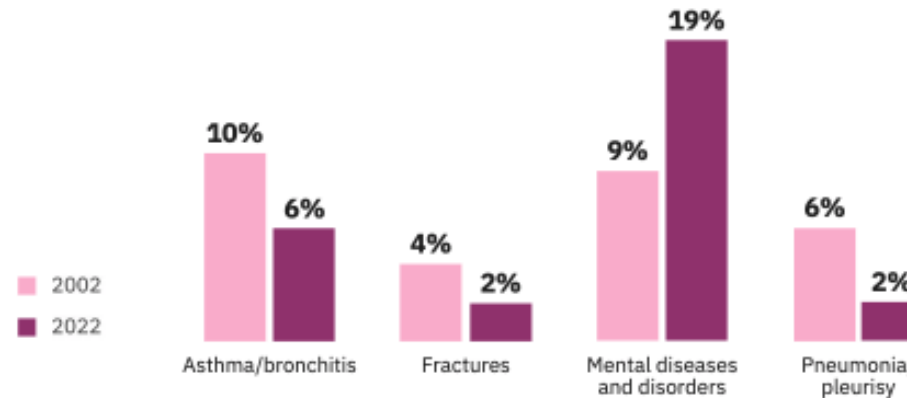
California's youth face increasing challenges with their behavioral health.

Growing Needs and Access Barriers

Mental health issues are the #1 reason California kids are hospitalized.

In the past two decades, mental illness has grown as a percentage of all child hospitalizations.

Top diagnoses, as a percentage of all California child hospitalizations, 2002 vs 2022



California ranked at the bottom (of all 50 states and DC) of parents' reported ability to obtain mental health care for their child. Denials by health plans are a major barrier to kids getting mental health care.

Nearly half of parents reported that it was somewhat/very difficult or not possible to obtain care.⁷⁵



* Among all insurance types. Source: [2024 California Children's Report Card](#), Children Now

California students have far less access to support staff at school than their peers nationwide (but we're working on it!)

Ratio	Professionally Recommended	National Average	California
Student-to-Teacher	Varies	15:1	21:1
Student-to-Counselor	250:1	386:1	546:1
Student-to-Social Worker	250:1	1424:1	2991:1
Student-to-Psychologist	700:1	1280:1	868:1
Student-to-Nurse	750:1	798:1	1577:1

On-Time Graduation

Chronic Absenteeism

Meaningful Participation

These measures are *signals* about how your county's youth are interacting with their schools and may *suggest opportunities* to partner with schools to address youth mental health and substance use.

On-Time Graduation

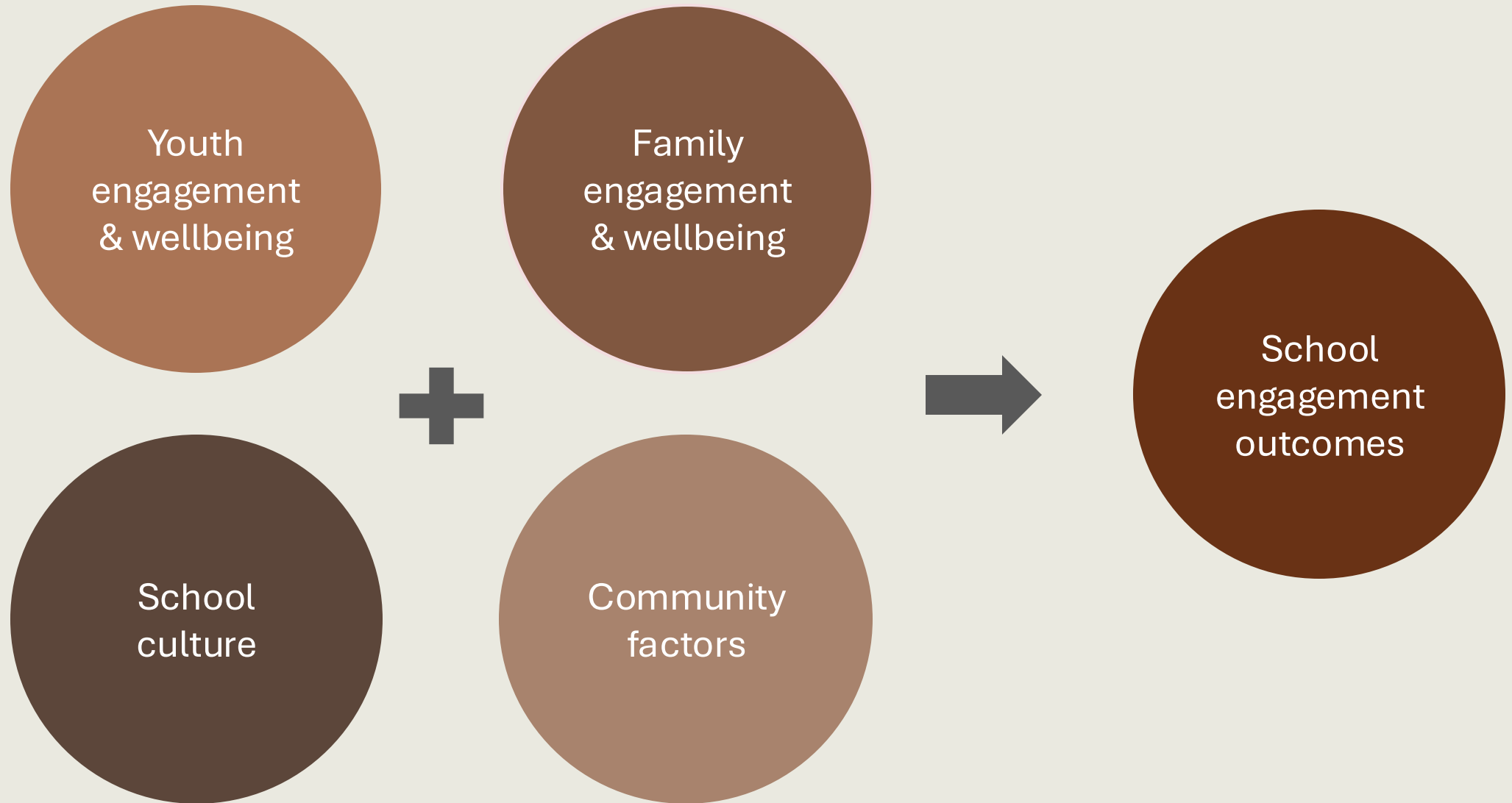
- Are most students succeeding academically?
- Are certain populations succeeding more than others?
- Is behavioral health a factor?

Chronic Absenteeism

- Are students showing up at school? Which students? Which schools?
- Is mental health or substance use of the student or parents a factor?

Meaningful Participation

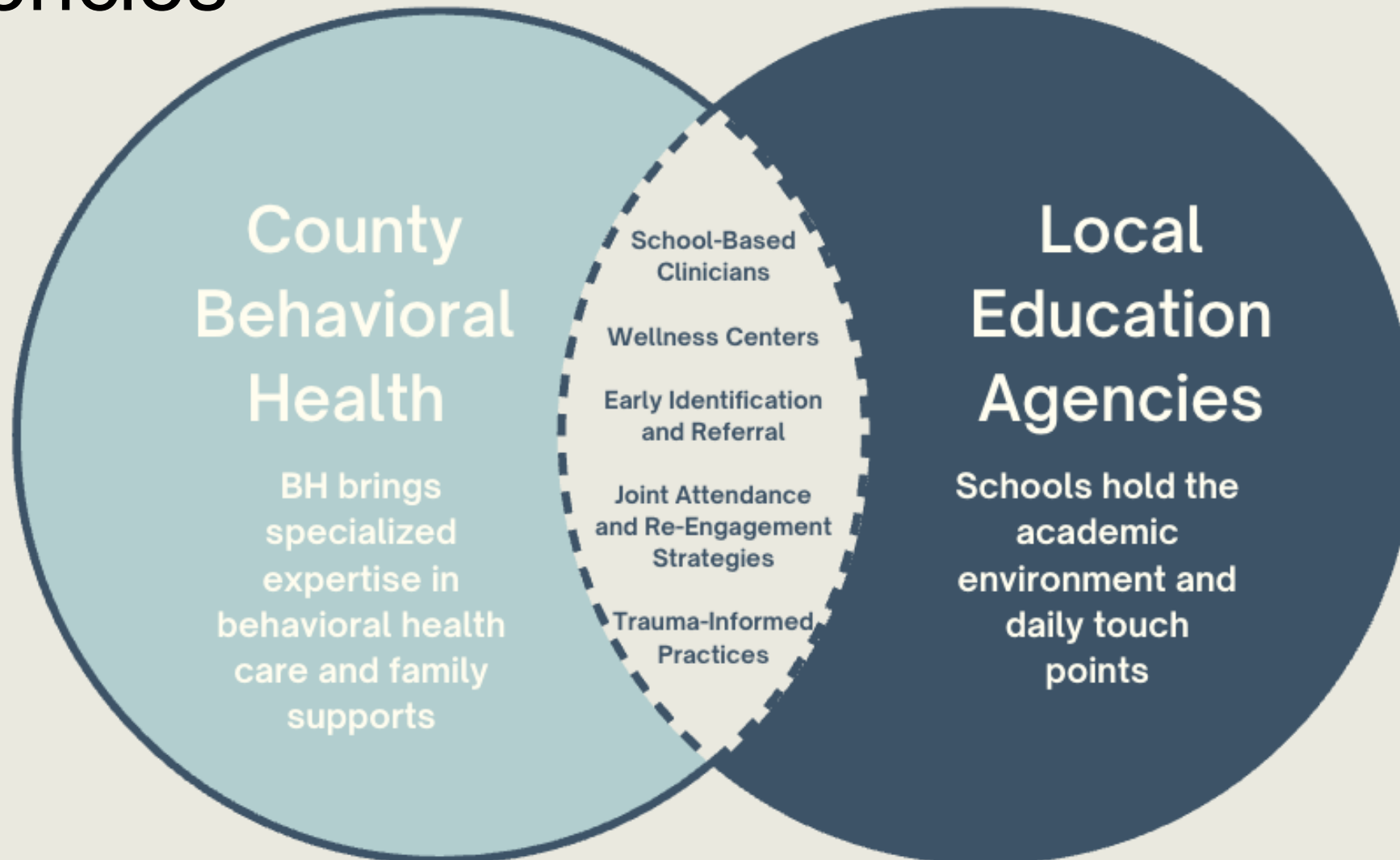
- Are students and caregivers feeling safe and empowered enough to access school resources?
- Are certain students excluded?



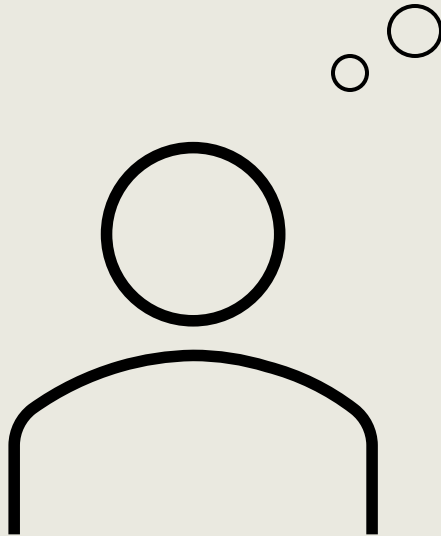
Your education partners are already analyzing these data and moving to hunches and strategies.

- Requirement to address school climate as part of Local Control Accountability Plans (LCAP)
- Local implementation of [Community Schools](#)
- Statewide push to [cut chronic absenteeism rates by half in 5 years](#), deepened by the funding pressures that absenteeism puts on districts
- Legislative mandates like SB 691 – inclusion of mental health support in truancy notices
- Implementation of the [Multi-Payer Fee Schedule](#)

Partnering with Schools & Local Education Agencies



Why might you choose Engagement in School for your Integrated Plan?



Your county is underperforming as compared to state rates on the primary measure for Engagement in School ****REQUIRED****

There are other opportunities in your data around youth access to care or youth behavioral health outcomes.

Collaboration between local education agencies and county BH needs some targeted improvement.

Exciting partnerships between county BH and education partners are already underway, like school-based behavioral health centers.

Disparities in your youth data suggest the need for equity-focused interventions.

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.

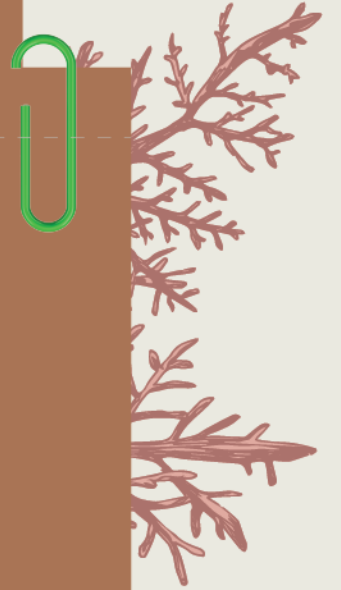
Funding: A description of the category (or categories) of funding that will be used to achieve these strategies.

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.

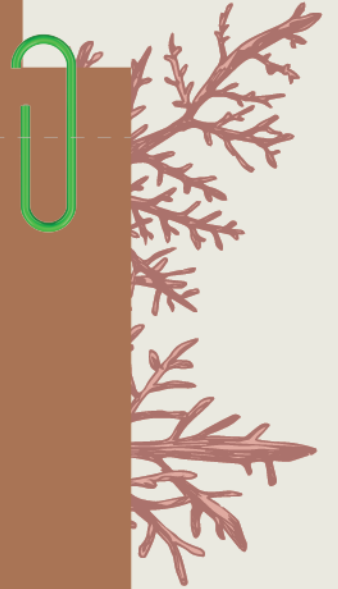


What are Hunches?

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Example hunch:

What if ... school-based behavioral health initiatives were better aligned and integrated with specialty mental health services?



County Example: Nevada County

Nevada County's Engagement in School + Work Data Overview

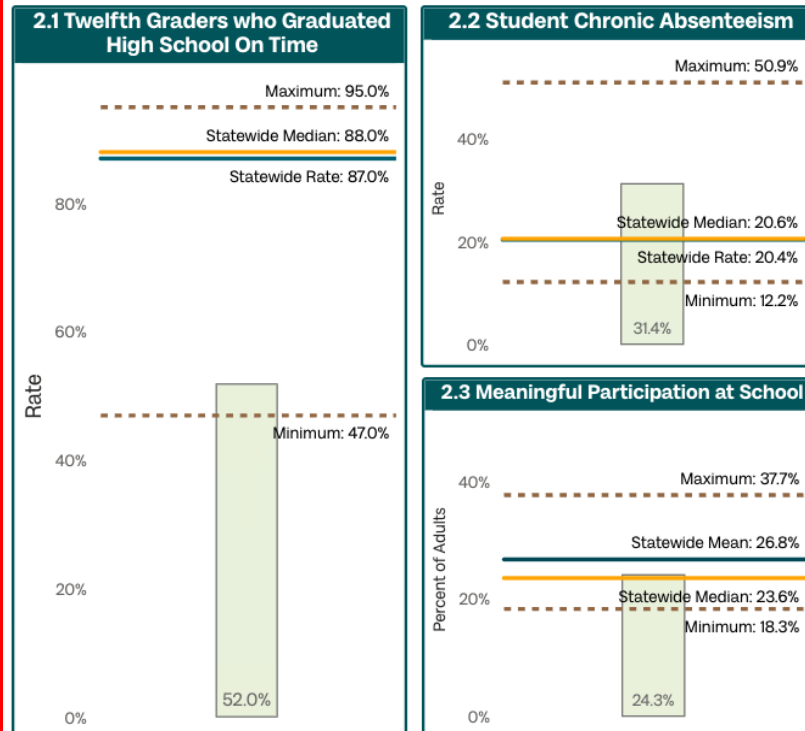
This tab provides an overview of each measure per county goal. County-specific rates are shown on the barplots below with the statewide rate or mean, median, minimum and maximum displayed as horizontal constant lines.

Please select a county:

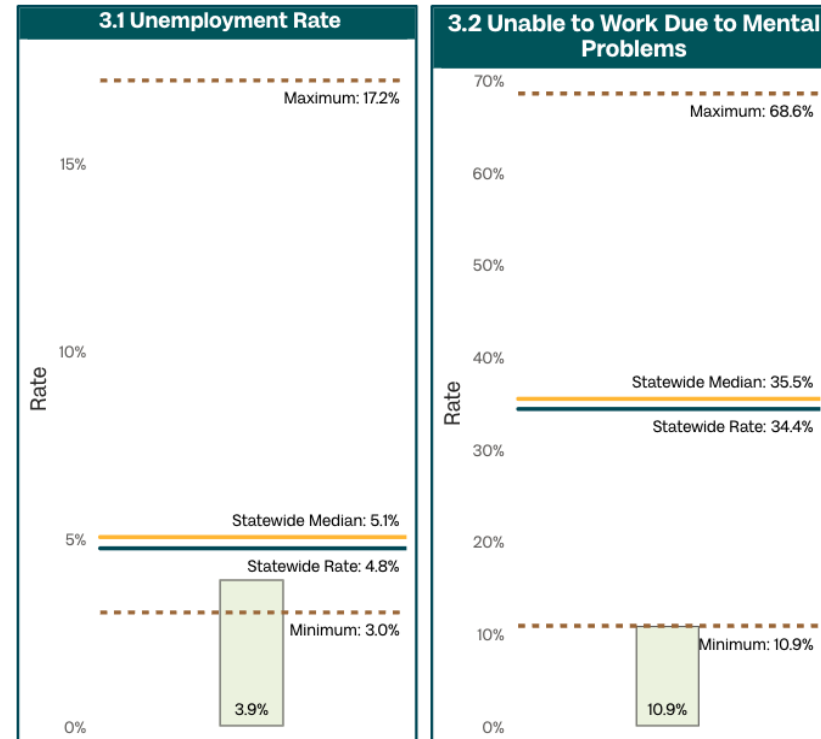
Nevada



Goal: Engagement in School



Goal: Engagement in Work



Nevada County Overview: Engagement in School

Measure	State Rate	Nevada County Rate	Equity-Stratified Data
Twelfth Graders who Graduated High School on Time	87%	52%	Other (84.6%), White (84.5%), Asian (46.2%), Black (36.1%), Latino (25.6%)
Student Chronic Absenteeism Rate	20.4%	31.4%	African American (67.1%), Latino (53.3%), AI/AN (30.4%), Two or more races (27.4%) Asian (26.7%), White (22.1%)
Meaningful Participation at School	26.8%	24.3%	See secondary dashboard

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

Reflect

Develop hunches by reflecting on data

Connect

Find the right partners

Engage

See what resonates with your community

Capture

Translate hunches into strategies in your integrated plan

Reflect: Develop Hunches by Reflecting on Data

Reflect

Observation:

Compared to state averages, Nevada County faces significant challenges with school engagement, particularly among students of color.

Graduation rates are much lower than state average: Black (36%) and Latino (26%) students graduate on time at rates far below White and Asian peers (~84%).

Chronic absenteeism is higher overall (31%) and disproportionately affects African American (67%) and Latino (53%) students.

Fewer students report meaningful participation at school, with the greatest gaps among historically underserved populations.

Reflect: Develop Hunches by Reflecting on Data

Reflect

Hunches:

- What if we explored local school engagement data in partnership with key stakeholders—like school districts, the County Office of Education, and community-based organizations—to better understand which students are most affected and why, and use that insight to guide supports and interventions?
- What if we strengthened partnerships with School Attendance Review Boards (SARBs) to identify and connect students who are struggling with attendance or engagement to timely behavioral health supports?
- What if we coordinated with local school districts and the County Office of Education to align school-based behavioral health initiatives with specialty mental health services, creating more seamless access to supports for students who need them most?

Connect: Find the Right Partners

Reflect

Connect

Key Partners to Engage:

- School Attendance Review Boards (SARBs)
- Local school districts
- County Office of Education
- Community-based organizations providing culturally responsive supports
- Youth and family members with lived experience, especially from Black, Latino, and other underrepresented communities

Engage: See What Resonates With Your Community

Reflect

Connect

Engage

Community Engagement Questions:

- What factors are driving low graduation rates and high absenteeism among Black, Latino, and other underserved students?
- How do school climate, cultural responsiveness, or family stressors (like health, employment, or housing instability) affect engagement for historically underserved populations?
- Are certain groups—justice-involved youth, child welfare-involved youth, or youth experiencing homelessness—disproportionately impacted?
- What supports or partnerships would help students from the most impacted groups feel more connected to schools and community?
- How does access to behavioral health services in schools align with other youth-serving systems for students experiencing disparities?

Capture: Translate Hunches Into Strategies in Your Integrated Plan

Reflect

Connect

Engage

Capture

Potential Strategies:

- Strengthen partnerships with School Attendance Review Boards (SARBs) to create referral pathways for students struggling with attendance and engagement.
- Coordinate school-based behavioral health initiatives (Multi-Payer Fee Schedule, SBHIP, Specialty Mental Health Services) to improve access and equity.
- Invest in local behavioral health providers and community-based organizations to meet the needs of students facing the greatest disparities.
- Regularly review engagement data with partners to track progress, identify gaps, and refine strategies.

Example BHSA Integrated Plan: Engagement in School

Reflect

Connect

Engage

Capture

Why this goal was selected: Nevada County is performing below the state in graduation rates and chronic absenteeism. By focusing on school-based behavioral health services, we have an opportunity to support students early, address barriers to engagement, and improve outcomes for all youth—especially those historically underserved.

Disparities identified: Black and Latino students are graduating on time at far lower rates than their White and Asian peers, while African American and Latino students experience much higher rates of chronic absenteeism. These gaps highlight the need for targeted supports that address the underlying challenges affecting engagement.

Strategies: Partner with school districts, the County Office of Education, and Managed Care Plans to align school-based initiatives with Specialty Mental Health Services (SMHS). Use local engagement and attendance data to guide implementation, measure impact, and refine interventions over time.

Funding: BHSA BHSS, 1991 Realignment, FFP, LCAP, Multi-Payer Fee Schedule, SBHIP



Engagement in Work

Additional Goal

What?





Approximately 60-70% of adults living with serious mental illness want to work, *however...*



Estimates show that fewer than 15% are employed.

Engagement in Work

The level of attention, curiosity, interest, passion, and optimism an individual has toward work and related activities.

Engagement in Work Measures

<i>Measure</i>	<i>Type of Measure</i>
Unemployment Rate, 2023	Primary
Unable to Work Due to Mental Problems, 2023	Supplemental

1

Unemployment Rate, 2023

Primary Measure

What was the average monthly unemployment rate in 2023* for residents 16+?

*Annual rates are calculated as an average of the monthly rates for Jan-Dec in 2023

Numerator: People actively looking for work in the past month who have no employment

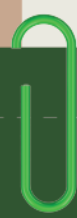
Denominator: County population of working individuals aged 16+ (civil labor force)

How is this measure calculated?

Statistical models combine data from:

- Current Population Survey (CPS)
- Current Employment Statistics (CES) payroll survey
- Census or American Community Survey (ACS) estimates
- Unemployment Insurance administrative records

Data are added as "building blocks" and corrected so local estimates add up to statewide totals



Who is counted as Employed or Unemployed?

Employed

- + Did any work as a paid employee, worked in their own business, farm, or as unpaid workers in a family business
- + Had a job but was temporarily absent (vacation, illness, labor dispute, etc.)

Unemployed

- + Had no employment during reference period
- + Were available for work
- + Actively looking for work in the past month

Employed + Unemployed = Civil Labor Force

Who is counted in this measure?



Population eligible for work excludes:

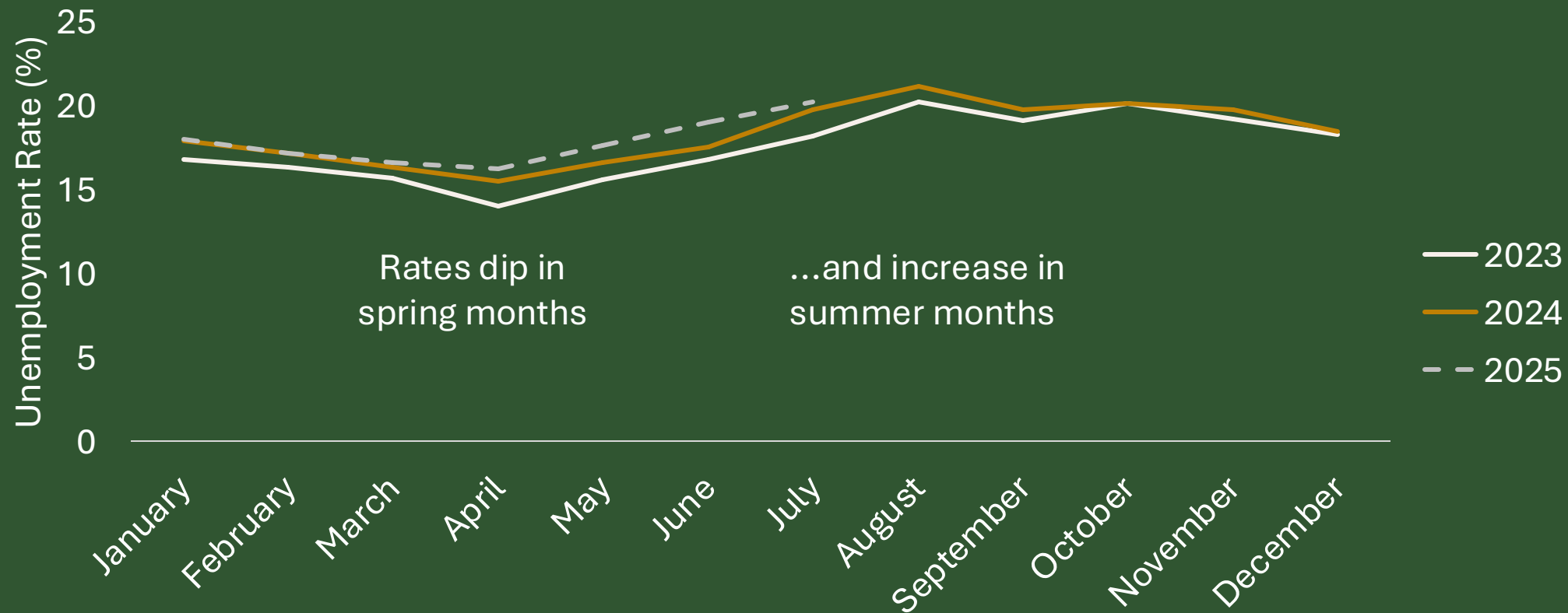
- Students not seeking work
- Retirees
- People not looking for work
- Discouraged workers
- People living in institutions (e.g., correctional institution, residential nursing, mental health care facility)
- Active duty in the Armed Forces



“Actively looking” includes contacting employers, employment agencies, sending out resumes, apply for jobs

Unemployment can be seasonal

Unemployment Rates - Imperial County, 2023-2025



2 Unable to Work Due to Mental Problems, 2023

Supplemental Measure

What percentage of adults who reported that they were unable to work due to mental problems for at least 31 days of the last year?

Numerator: People from the denominator who reported they were unable to work due to mental problems for at least 31 days of the previous year

Denominator: Adult respondents to the California Health Interview Survey (CHIS) in 2023

Reminder: California Health Interview Survey (CHIS) Methodology

- Annual survey based on a representative* sample of Californians
- Led by UCLA Center for Health Policy Research with CDPH and DHCS
- Conducted via web and telephone surveys
- Covers 100+ health topics including access to care, mental health, employment
- Can be accessed free via AskCHIS

Ready to get started?

Please create **new login credentials** to access the dashboard. If you have already created new login credentials for our website, then you will use the same username and password. The credentials that you used to log into the old *AskCHIS™* dashboard will not work.

Visit the AskCHIS™ dashboard

<https://healthpolicy.ucla.edu/our-work/askchis>

Measure Methodology

Respondents were asked...

“Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?”

- Able to work all days
- Unable to work 7 days or less
- Unable to work 8 - 30 days
- Unable to work 31 days - 3 months
- Unable to work more than 3 months

Collapse these two response categories to calculate the measure rate*

*Do not combine the two percentages in AskCHIS as this will give you an incorrect rate. Refer to [DHCS' Measure Access Instructions & Notes](#) for guidance on how to adjust layout to combine categories.

• WHAT

WHY

HUNCHES

Rates are higher among People covered by Medi-Cal in California

	Compare Geography ▾		Adjust layout ▾
	Covered by Medi-Cal		
Number of days unable to work due to mental problems	Covered by Medi-Cal ↕	Not covered by Medi-Cal ↕	All ↕
able to work all days	15.4% (11.5 - 19.3) 219,000	23.3% (20.6 - 26.1) 612,000	20.6% (18.3 - 22.8) 832,000
unable to work 7 days or less	12.5% (8.2 - 16.9) 178,000	23.4% (20.7 - 26.2) 614,000	19.6% (17.4 - 21.7) 792,000
unable to work 8 - 30 days	21.1% (16.3 - 25.9) 300,000	27.8% (24.3 - 31.3) 730,000	25.4% (22.7 - 28.2) 1,029,000
unable to work 31 days - 3 months, unable to work more than 3 months	51.0% (45.5 - 56.4) 725,000	25.4% (22.6 - 28.3) 668,000	34.4% (31.8 - 37.0) 1,393,000
Total	100.0% 1,422,000	100.0% 2,624,000	100.0% 4,046,000

Statewide 2023 Rate: 34.4%

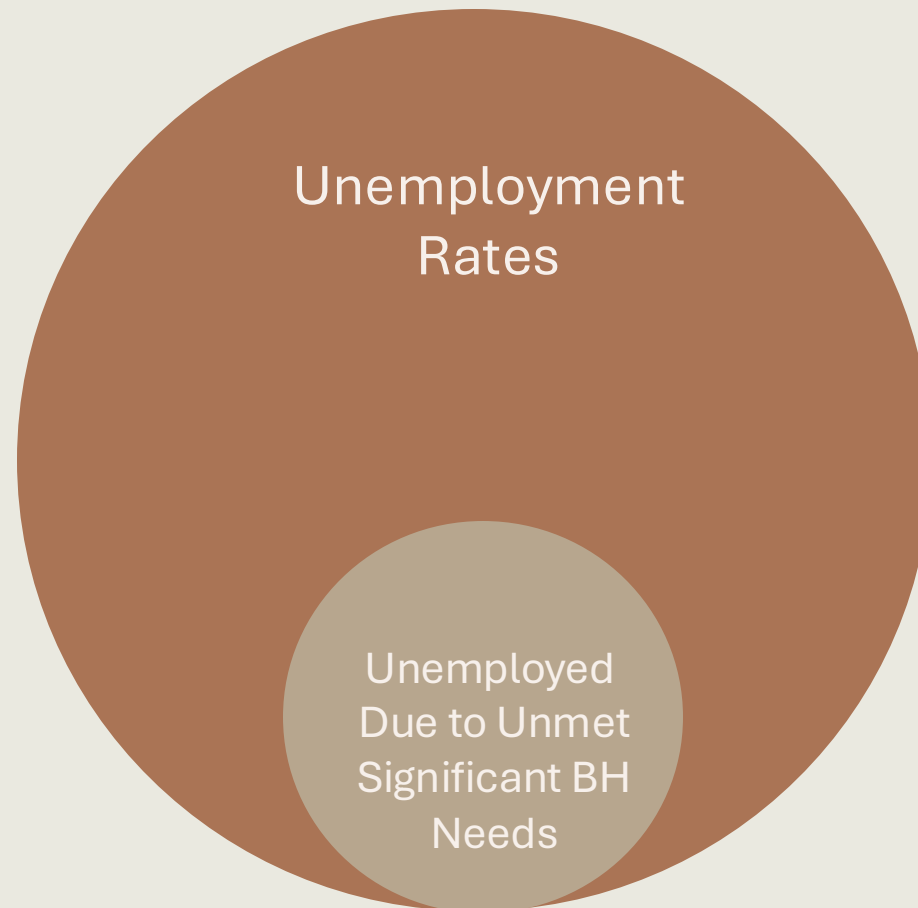
Other sources of data to draw from:

- California Employment Development Department
 - Labor market information (labor force, job availability)
 - Current Employment Statistics and projections
- CHIS data – stratified to Medi-Cal populations
- Community needs assessments
 - Mental Health Services Act (MHSA) plans and reports
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
- Department of Social Services – CalWORKs access

Why?



Unemployment rates are a *signal* of your county's engagement in work.



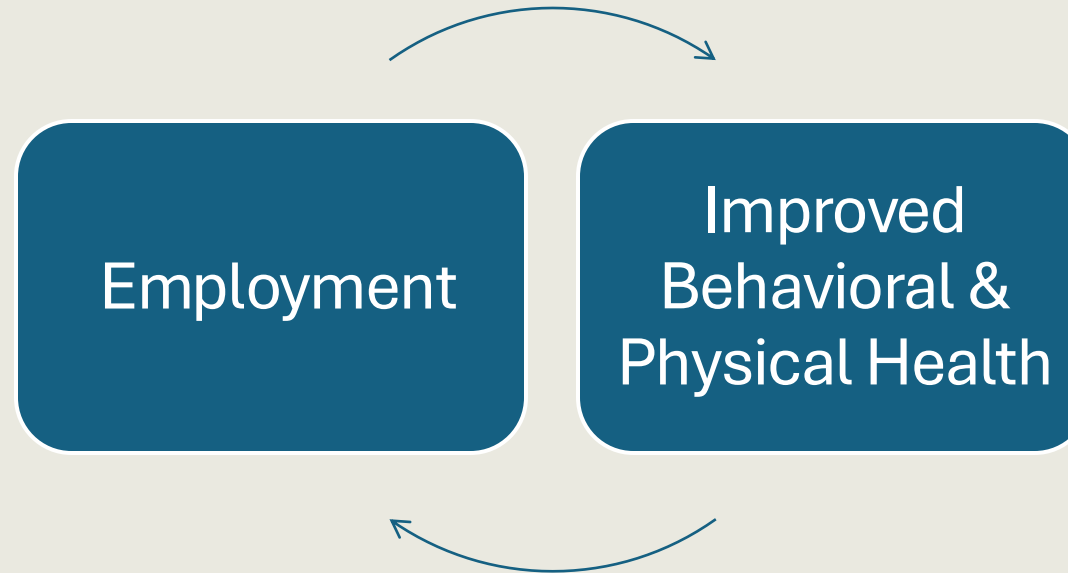
Importance of Engagement in Work

Individuals who engage in work are more likely to experience better outcomes across multiple BHT goals...



Supporting employment strengthens outcomes across the entire system.

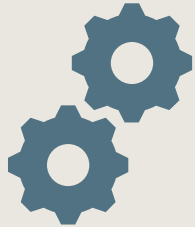
Importance of Engagement in Work



Factors Impacting Work Engagement



Economic/Labor Markets & Environmental
Factors



System and Service Factors



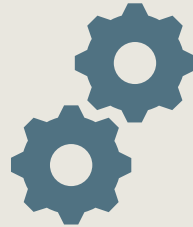
Individual Factors

Factors Impacting Work Engagement



Economic/Labor Markets & Environmental Factors

- Job availability – volume and type
- Community and regional differences in opportunities
- Social Determinates of Health



System and Service Factors

- SSI/SSDI benefits structures
- Lack of integration of employment support with treatment
- Employment & hiring practices



Individual Factors

- Functional impacts of symptoms and internal stigma
- Educational disruptions in education, digital divide, short work history
- Risk of disclosure and non-disclosure

What does success look like in work engagement?

Improved Wellbeing

- Strong prevention & treatment efforts have made it easier for people to pursue work
- Engagement in work is leading to better health, recovery, independence, and dignity

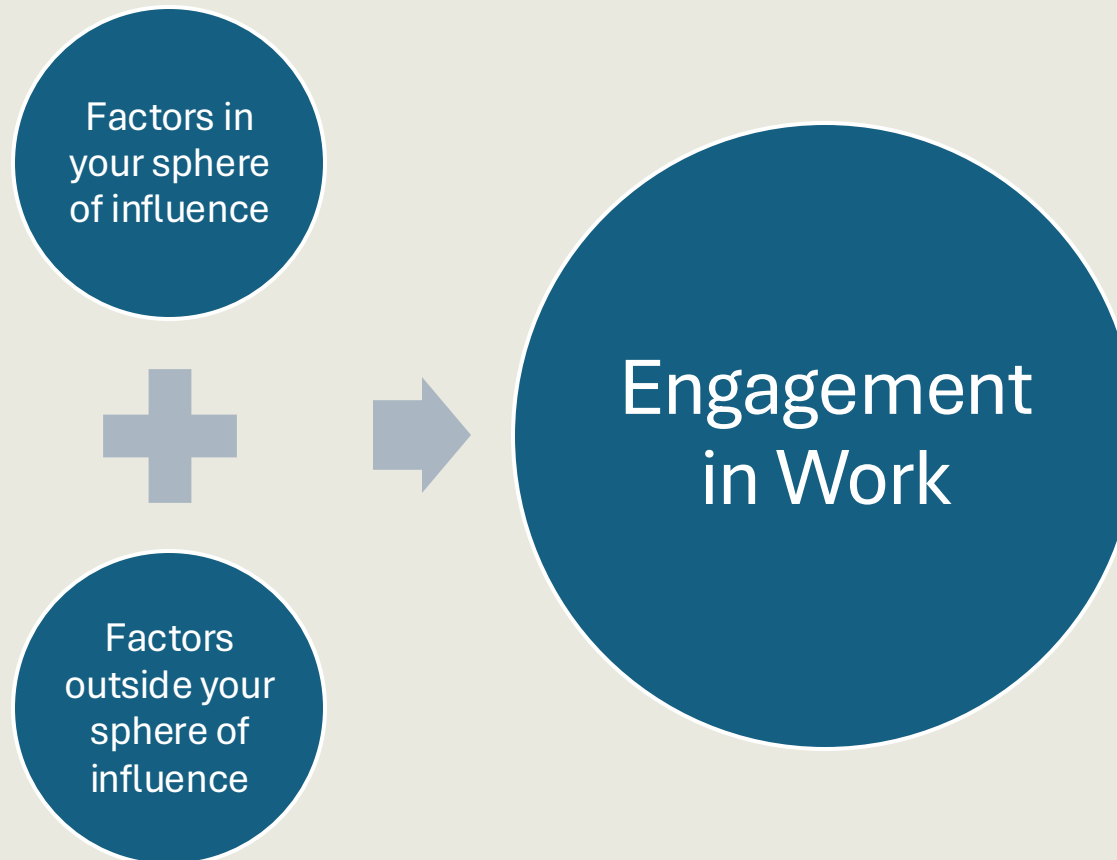
Access & Navigating Supports

- Resources for employment access and BH are easily available, with cross-navigation assistance
- BH treatment embeds employment services (e.g. benefits counseling to address SSI/SSDI concerns)
- Language access and culturally responsive outreach has reduced barriers

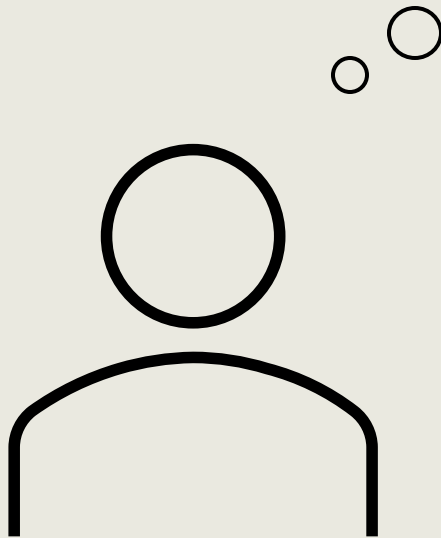
Outcomes & Accountability

- Focus on recovery-oriented care
- Data is used to track disparities in employment, housing, and health outcomes
- Inequities in access, engagement, and long-term stability are being reduced

Why might you choose Engagement in Work for your Integrated Plan?



Why might you choose Engagement in Work for your Integrated Plan?



Your county is underperforming as compared to state rates on the primary measure for Engagement in Work ****REQUIRED****

Your county is underperforming on related measures (such as justice involvement or housing stability), and strengthening engagement in work could also improve those areas.

There are opportunities to integrate BH services with employment supports, such as Individual Placement & Supports (IPS) and peer support.

Partnerships with CalWORKs, the Department of Rehabilitation, or the justice system could be leveraged to expand employment opportunities.

Disparities in your employment data highlight the need for strategies that address inequities in access, participation, and outcomes.

Hunches



County Example: Imperial County

Imperial County's Engagement in School + Work Data Overview

This tab provides an overview of each measure per county goal. County-specific rates are shown on the barplots below with the statewide rate or mean, median, minimum and maximum displayed as horizontal constant lines.

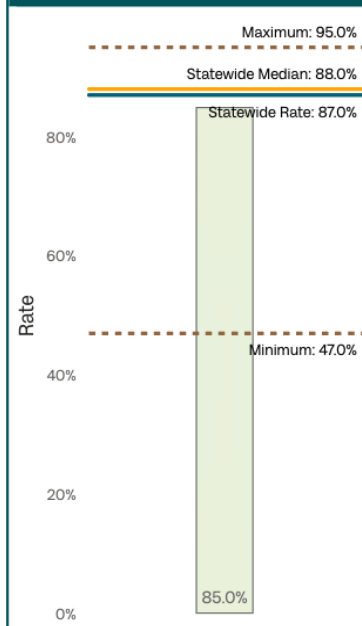
Please select a county:

Imperial

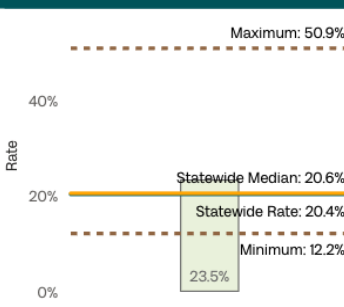


Goal: Engagement in School

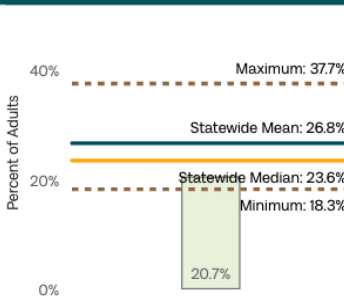
2.1 Twelfth Graders who Graduated High School On Time



2.2 Student Chronic Absenteeism

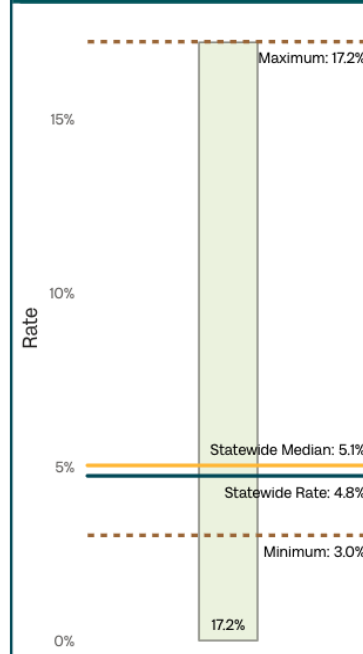


2.3 Meaningful Participation at School

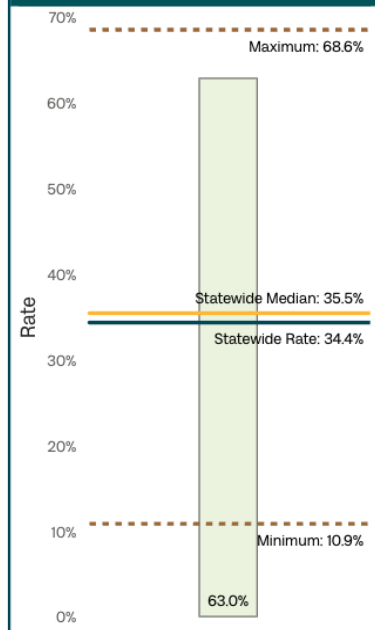


Goal: Engagement in Work

3.1 Unemployment Rate



3.2 Unable to Work Due to Mental Problems



Imperial County Overview: Engagement in Work

Measure	State Rate	Imperial County Rate	Equity-Stratified Data
Unemployment Rate	4.8%	17.2%	N/A
Unable to Work Due to Mental Health Problems	34.4%	63%	Latino, Male (54%), White, Male (51.8%), Latino, Female (32.4%)

Example: Imperial County Engagement in Work

Observation: Imperial County faces significant challenges with workforce engagement among adults. The unemployment rate is far higher than the state average, and a majority of adults surveyed report being unable to work due to mental health conditions. While detailed equity data are limited, additional local analysis can help identify which populations are most affected.

Hunches:

- What if we expanded access to supported employment programs to help adults with mental health conditions gain and maintain meaningful work?
- What if behavioral health expanded the peer workforce to provide mentorship and navigation while coordinating vocational supports with mental health and substance use services, addressing barriers like benefits, transportation, and skill-building to improve employment outcomes?

Example BHSA Integrated Plan: Engagement in Work

Why this goal was selected: Imperial County adults experience high barriers to workforce engagement. The county's unemployment rate is 17.2%, far above the state average of 4.8%, and 63% of adults surveyed report being unable to work due to mental health challenges (vs. 34.4% statewide). Supporting access to evidence-based employment services is critical to improving economic stability, recovery, and overall well-being for adults with behavioral health conditions.

Disparities identified: Equity data are currently limited. Additional local analysis may help identify disparities and ensure programs target populations facing the greatest barriers.

Strategies:

- Scale Individual Placement and Support (IPS) Supported Employment programs to help adults with mental health conditions gain and maintain competitive employment.
- Integrate employment services with mental health and substance use treatment, to connect participants to training and other supports that address barriers to workforce participation.

Funding:

- BHSA, FFP, Vocational Rehabilitation/Workforce Development Board partnerships (if applicable)

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 9/19, 12-1 p.m.
Continued Discussion
on Data and Hunches

Questions:
managedcare@calmhsa.org





Thank You!