



Data Explainer Series

Week 9: Institutionalization

September 23, 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
9/23/2025	9/26/2025	Institutionalization ← <i>You Are Here</i>
9/30/2025	9/30/2025	Webinar Series Recap & Collaborating with Local Planning Processes

Thank you to DHCS for sponsoring this series.

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

Primary Goal: Institutionalization

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

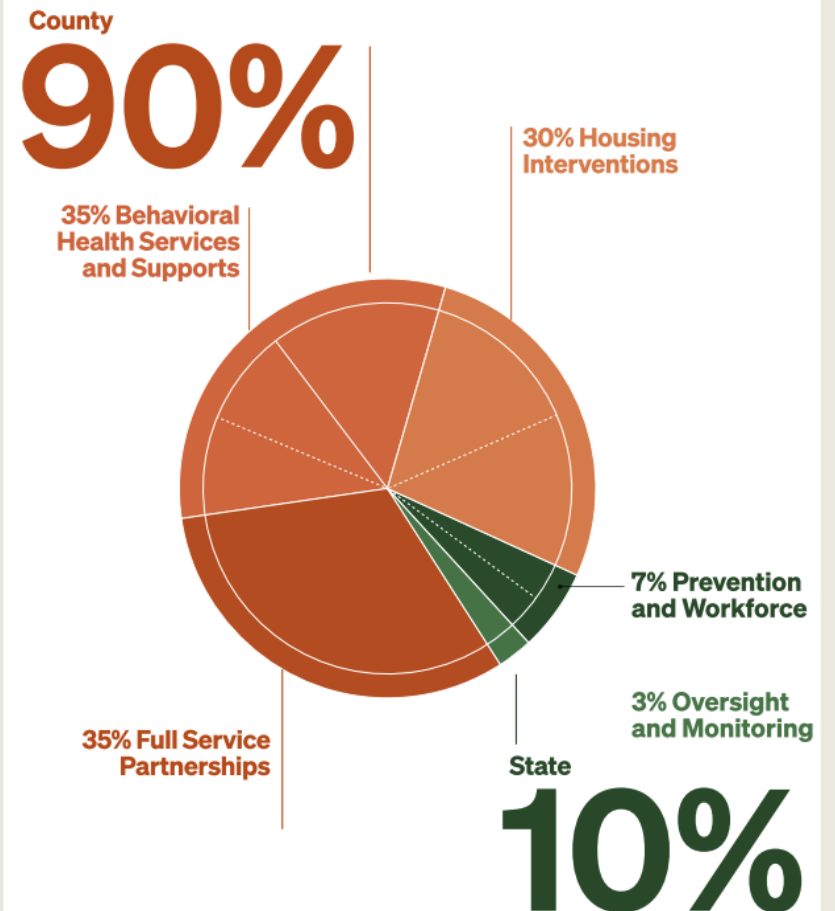
MHSA Modernization = BHSA

- 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

Funding Allocations



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.

FUTURE STATE: Phase 2

PHASE 2

Use *individual client-level data* to measure performance and identify Plan accountability for BH goals.

In Progress – further guidance forthcoming.

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



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



Institutionalization

Priority Goal

This data reflects our community members
at their moments of *highest need*,
when intensive services and supports are *essential*.

We strive to ensure people receive
the right *care*,
at the right *time*,
in the right *setting*.

Counties are making *significant investments* in crisis and intensive supports, *strengthening* the behavioral health continuum.

What?



Institutionalization

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum.

The goal is to ensure institutionalization is only used when necessary, for the appropriate duration, and never longer than clinically indicated.

Reducing Institutionalization

To minimize time in institutional settings, the focus is on:

- Ensuring timely access to community-based services across the care continuum, delivered in clinically appropriate and least restrictive environments.
- Reducing stays in institutional settings that are not—or are no longer—the least restrictive environment.
- Maximizing opportunities for community integration.
- Expanding access to supportive housing options that offer intensive, flexible, and voluntary services for all individuals who may benefit.

Institutionalization Measures

<i>Measure</i>	<i>Type of Measure</i>
Inpatient Administrative Days, FY 2023	
Total Days per Beneficiary – Adults and Children/Youth	Primary
SMHS Crisis Service Utilization, FY 2023	
Crisis Intervention – Adults and Children/Youth	Supplemental
Crisis Stabilization – Adults and Children/Youth	Supplemental
Crisis Residential Tx Services – Adults and Children/Youth	Supplemental

Institutionalization Measures

<i>Measure</i>	<i>Type of Measure</i>
Involuntary Detentions, FY 2021-2022	
14-Day Involuntary Detention Rates	Supplemental
30-Day Involuntary Detention Rates	Supplemental
180-Day Post-Certification Involuntary Detention Rates	Supplemental
Temporary Conservatorship Rates	Supplemental
Permanent Conservatorship Rates	Supplemental

Behavioral Health Continuum of Care*



* Continuum is simplified for the purposes of this presentation. Concept sourced from [DHCS](#).

1 Inpatient Administrative Days, FY 2023

Primary Measure

On average, when a Medi-Cal member* remains in acute psychiatric inpatient care after it is no longer clinically needed, how many days are they remaining there?

Numerator: Total number of inpatient administrative days for which the BHP authorized payment in FY 2023

Denominator: Total number of Medi-Cal members in a given county with at least 1 inpatient administrative day

* Data are separated by age group, with one set of data for adults 21+ and another for children and youth.

What is an "inpatient administrative day"?

A hospital may claim for administrative day services when:



Beneficiary met medical necessity criteria for acute psychiatric inpatient hospital services, but no longer needs inpatient care



Has not yet been accepted for placement in an appropriate, non-acute residential treatment facility within a reasonable geographic area



Hospital contacts at least 5 appropriate, non-acute residential treatment facilities/week (at least 1 contact/day), attempting to transfer to lower level of care

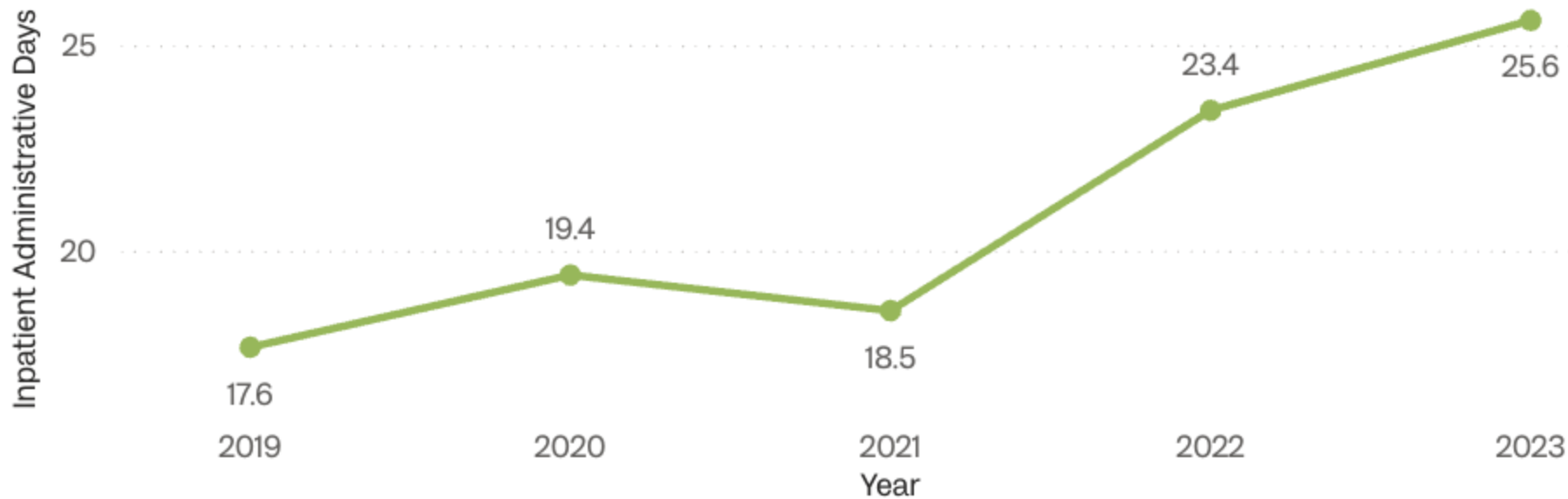


- WHAT

WHY

HUNCHES

Statewide Inpatient Administrative Days for Adults, Total Days per Beneficiary FY19-FY23



💡 Key Insight: This rate has been decreasing for youth and increasing for adults.

Ideally, this number will reduce over time.

2

SMHS Crisis Service Utilization, FY 2023

Supplemental Measure

For Medi-Cal members* who accessed crisis services** in FY2023, what was the average time spent receiving care?

* Data are separated by age group (adults 21+ and children/youth) for each type of crisis service.

** Data are included for 3 types of crisis services, which excludes the Medi-Cal mobile crisis benefit.

Numerator: Total number of time units of each type of crisis services** claimed for individuals from the denominator in FY 2023

Denominator: Total number of Medi-Cal members* in a given county with at least 1 crisis service** claim in FY 2023

Which crisis services are being measured?



Crisis Intervention

Unplanned, expedited service to address a condition that cannot wait for a regularly scheduled visit. The goal is to stabilize an immediate crisis within a community or clinical treatment setting. May be provided face-to-face, by telephone, or telemedicine with the beneficiary or significant support person.



Crisis Stabilization

Unplanned, expedited service lasting less than 24 hours, to or on behalf of a member to address an urgent condition requiring immediate attention that cannot adequately or safely be addressed in a community setting.



Crisis Residential Treatment Services (CRTS)

Short term therapeutic or rehabilitative services provided in a non-institutional residential setting with a structured program. Alternative to hospitalization for those in acute psychiatric crisis who do not have medical reasons to require nursing care.



Which crisis services are being measured?

Crisis Intervention: Adults 21+ (minutes)	Crisis Stabilization: Adults 21+ (hours)	Crisis Residential Treatment Services: Adults 21+ (days)
Crisis Intervention: Children/Youth (minutes)	Crisis Stabilization: Children/Youth (hours)	Crisis Residential Treatment Services: Children/Youth (days)

3

Involuntary Detentions, FY 2021-2022

Supplemental Measure

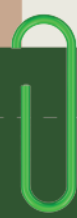
How many involuntary detentions and conservatorships* were initiated in FY 2021-2022?

Numerator: Instances of each type of involuntary detention or conservatorship initiated in the county in FY 2021-2022

Denominator: Total county population**

* Data are included for 3 types of involuntary detentions and 2 types of conservatorship.

** County Population Estimates Report E-2 from the California Department of Finance (DOF) was used in conjunction with DOF Census 2010 Demographic Profile Summary File by county in California to calculate county populations.



Types of Involuntary Detention

14-Day Intensive Treatment

30-Day Intensive Treatment

180-Day Post-Certification Intensive Treatment*

Types of Conservatorship

Temporary Conservatorship

Permanent LPS or Murphy Conservatorship

* Data are suppressed, incomplete, not provided, or 0 for all reporting counties.



Unique Considerations with these Data



14-, 30-, and 180-day detentions reported by the county where the facility is located



Temporary and permanent conservatorships reported by county of residence/responsibility for client



Incomplete data due to incomplete reporting and data suppression



Not disaggregated by age group or BHP-involvement



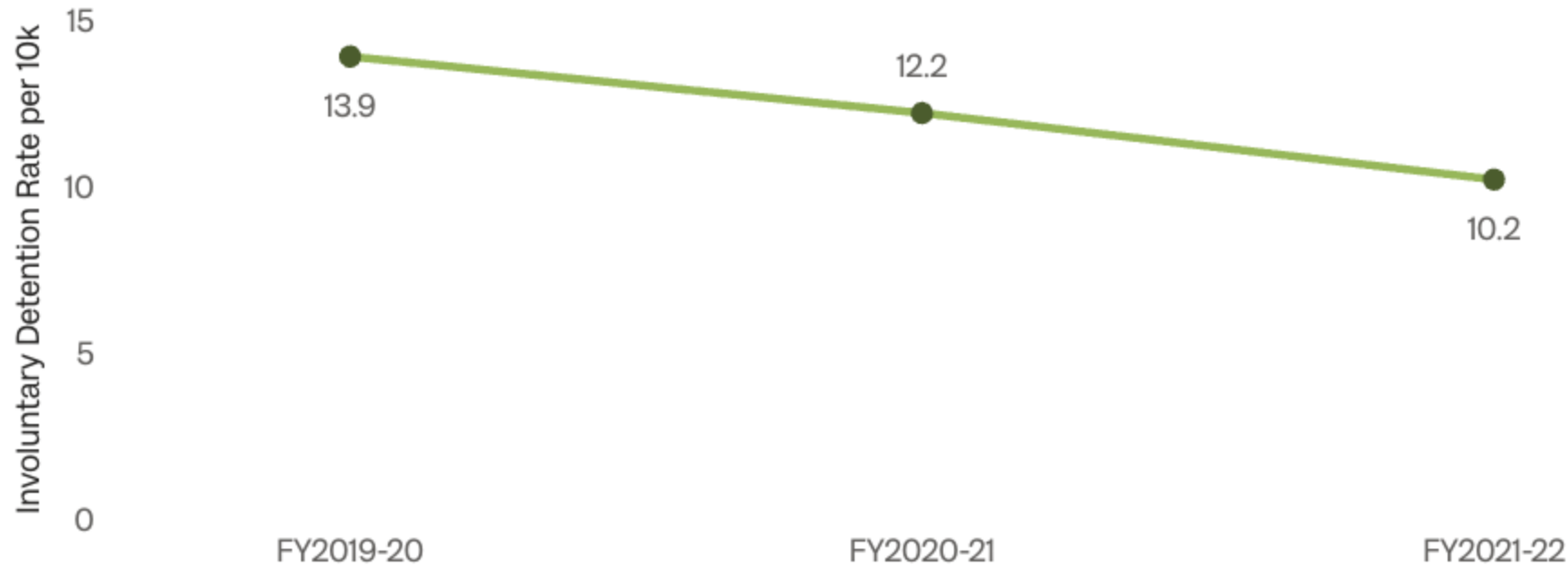
• WHAT

WHY

HUNCHES



Statewide 14-Day Involuntary Detention Rates per 10,000 FY19-FY22



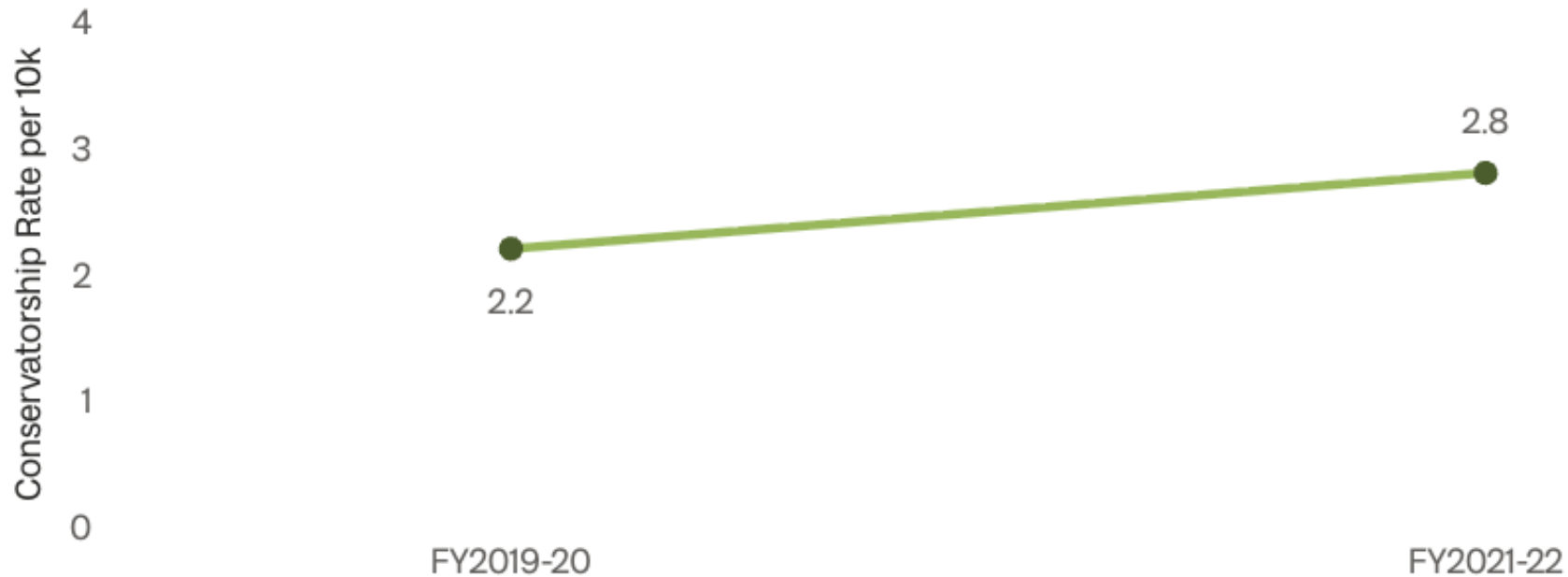
💡 Key Insight: The 14-day rate has decreasing over time, while the 30-day rate has been staying the same.

• WHAT

WHY

HUNCHES

Statewide Permanent Conservatorship Rates per 10,000 FY19-FY22



💡 Key Insight: The temporary and permanent conservatorship rates have been staying the same. FY20-21 data was not available from the data source.

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](#)

Other Data Sources

- [Rates of psychiatric inpatient administrative days](#), psychiatric inpatient residential facility use, and psychiatric inpatient hospitalizations per population
- [New DHCS reports](#) related to involuntary detention data
- Local EHR data
- Mobile crisis utilization
- Information from contracted providers, if not captured in the same system
- Utilization reports or analyses of placements
- Fiscal and placement data from the Public Guardian's office

Why?



How We Got Here



The Past:
Rise and Fall of
Institutions



1960's & 1970's:
Moving towards
Community-Based Care



Today:
The Deinstitutionalization
Dilemma

Counties Are Already Leading Solutions

FSPs, ACT, & FACT

Mobile Crisis Services
and Teams

Crisis Stabilization &
Residential Programs

Step-Down Supports

Discharge Liaisons

Voluntary Supports

Momentum and Investments Ahead

BHCIP Rounds 3-5 and Bond BHCIP Round 1 To Date*

251

Projects Awarded

429

New/Expanding
Behavioral Health
Facility Types Funded

926,000+

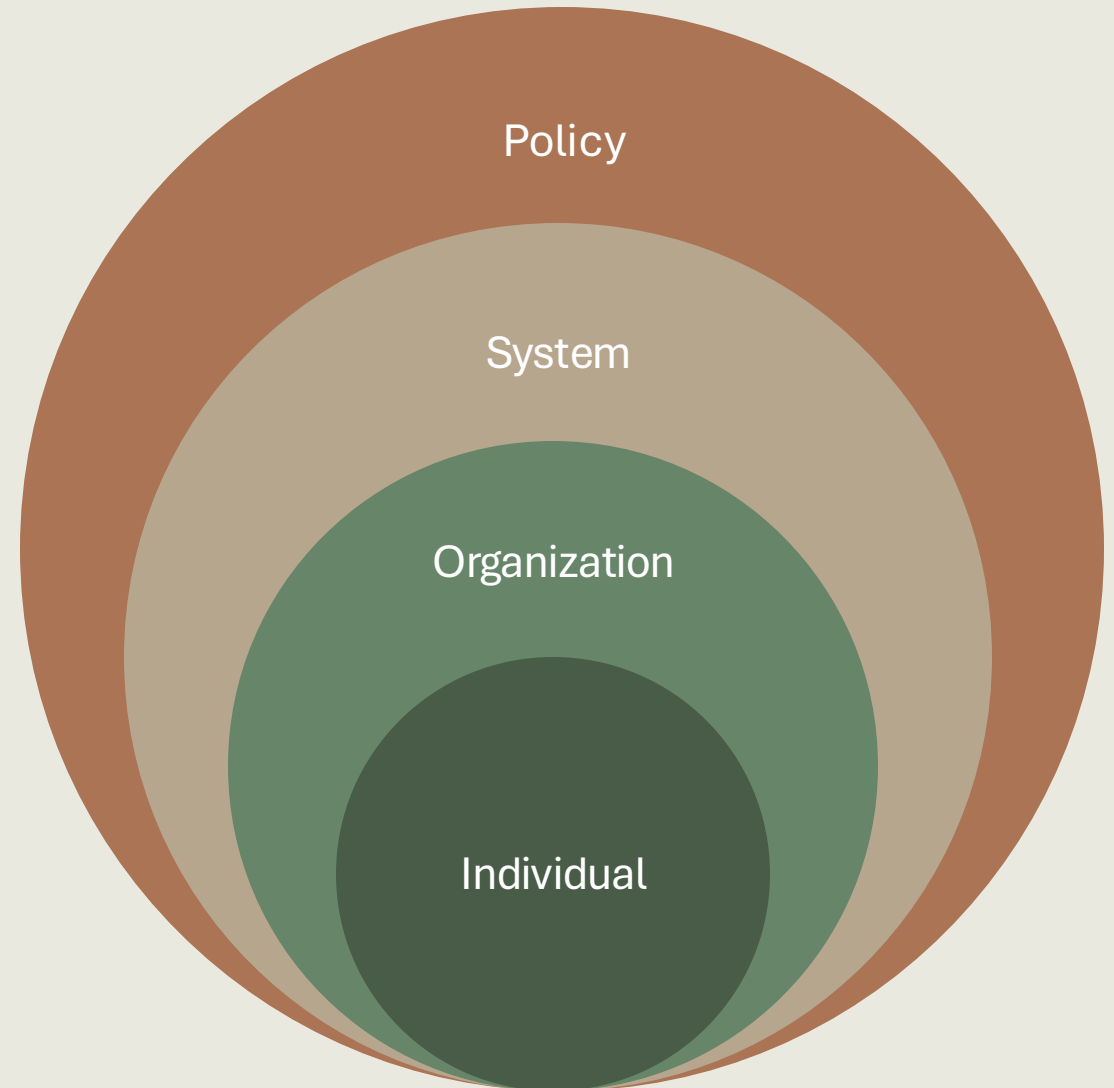
Individuals Projected
to be Served Annually

*Information updated May 12, 2025 and only includes BHCIP Rounds 3-5 and Bond BHCIP Round 1 Infrastructure projects. Data reported here are grantee reported estimates and subject to change.

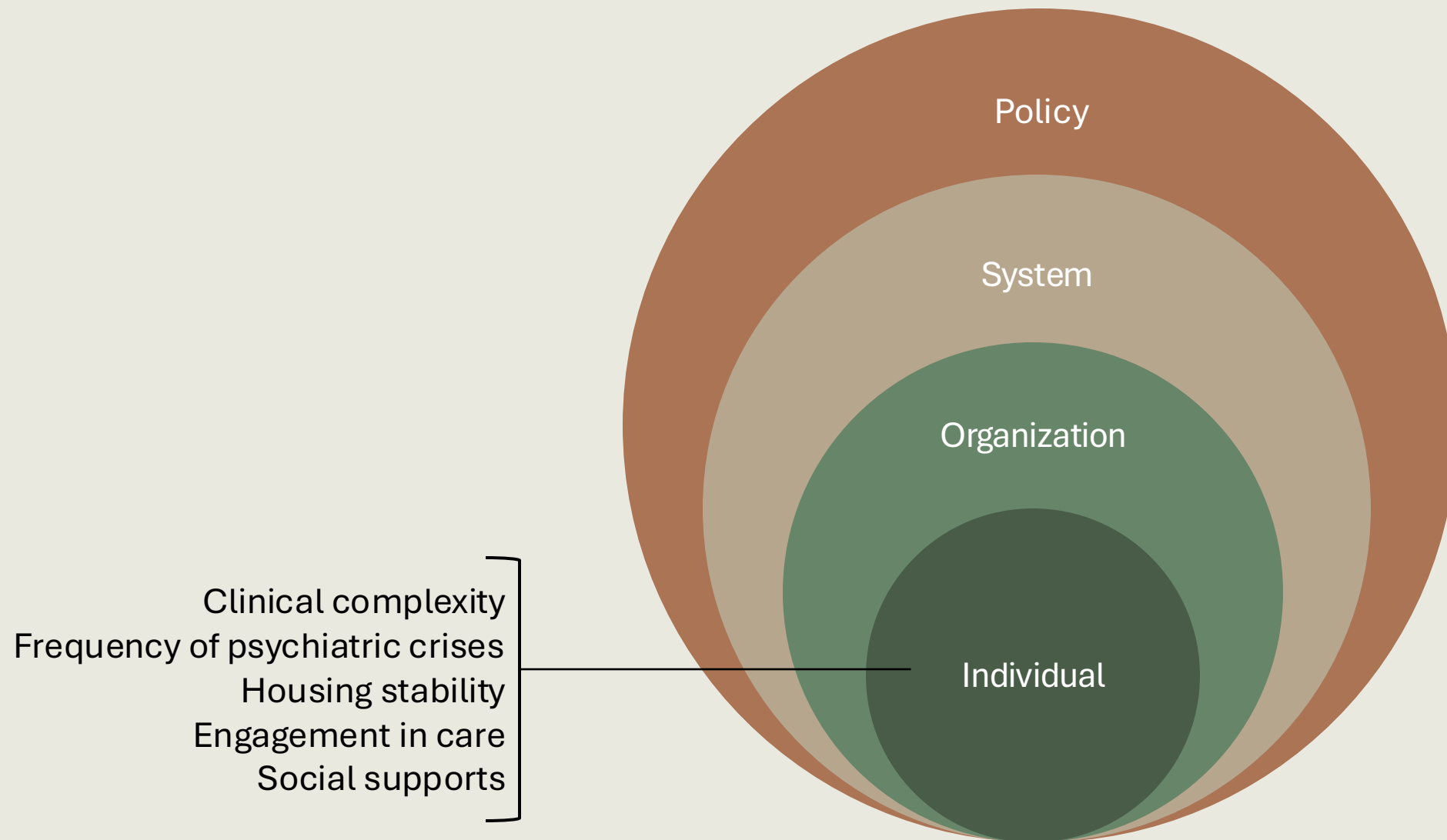
Bond BHCIP Round 2: Unmet Needs (October 2025)

Grant funds for rural or remote areas with outstanding behavioral health needs or insufficient behavioral health infrastructure, projects with a campus model and regional collaborations, and geographic areas with no prior BHCIP infrastructure award.

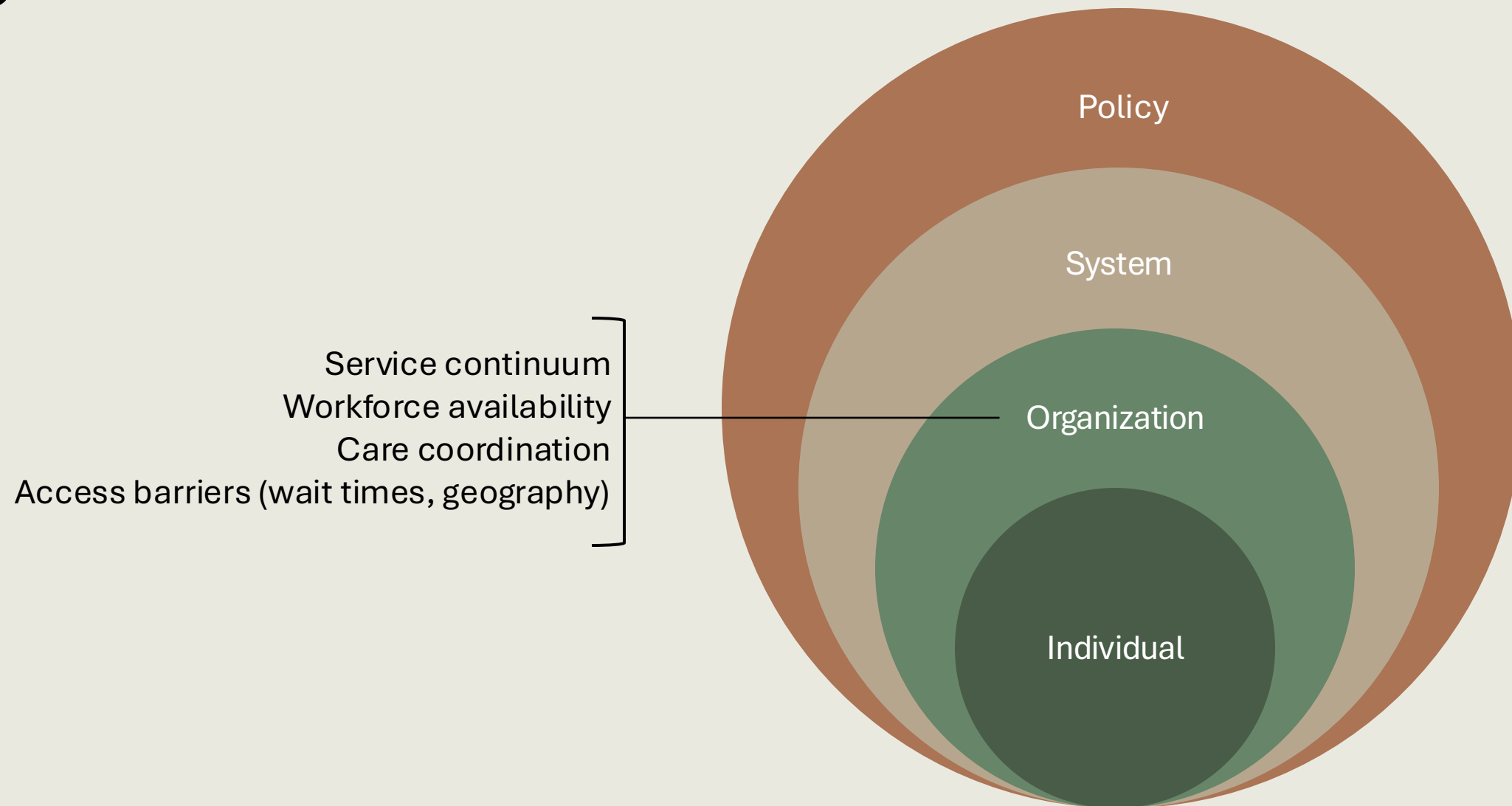
Think about the factors that influence institutionalization at each level — and how they interact to shape outcomes.



Individual

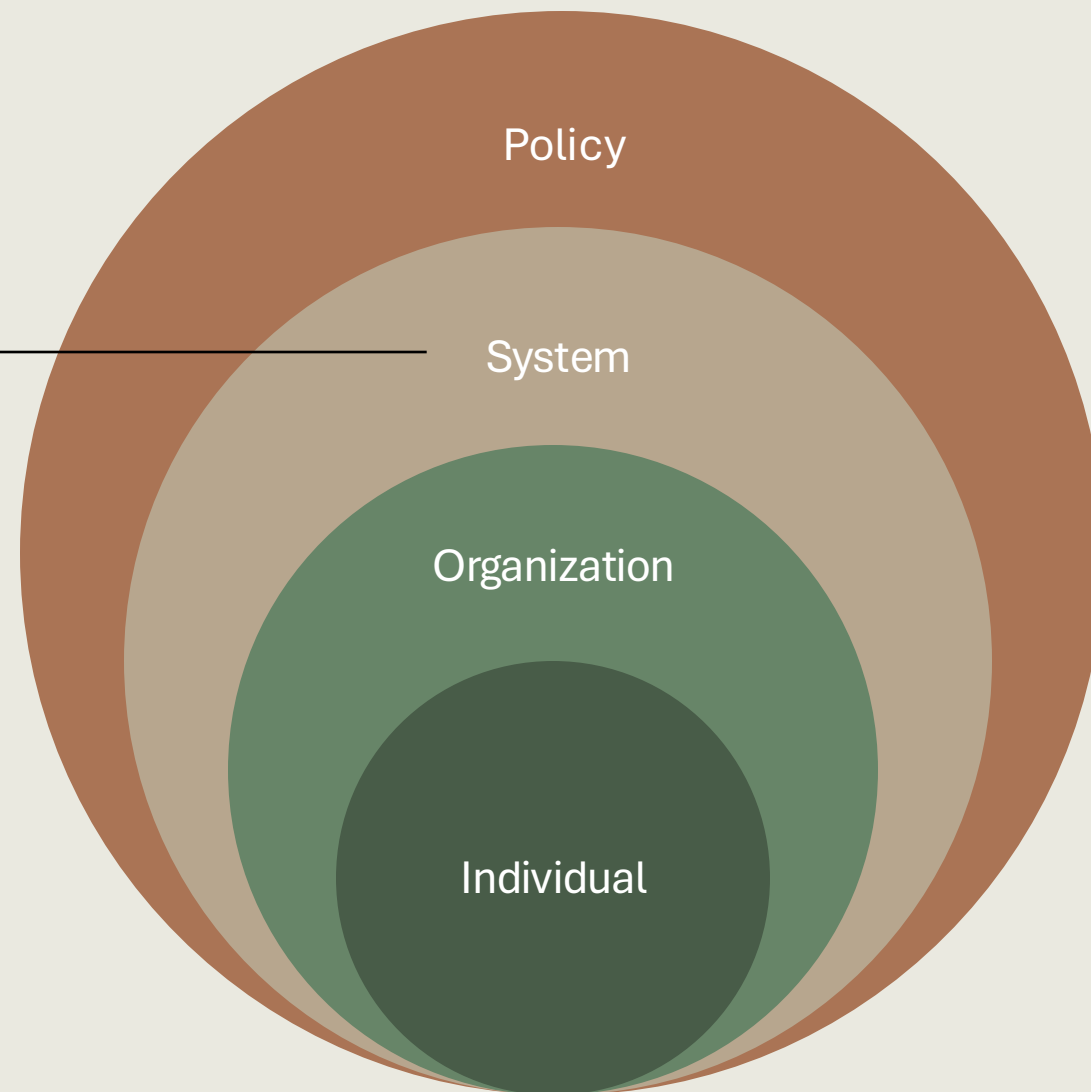


Organization



System

Integration with hospitals, jails, physical health,
and behavioral health care
Crisis and stabilization options
Discharge and transition planning
Availability of step-down beds and supportive
housing



Policy

SB 43 expansion of grave disability/SB 1238

SB 1338 / CARE Act

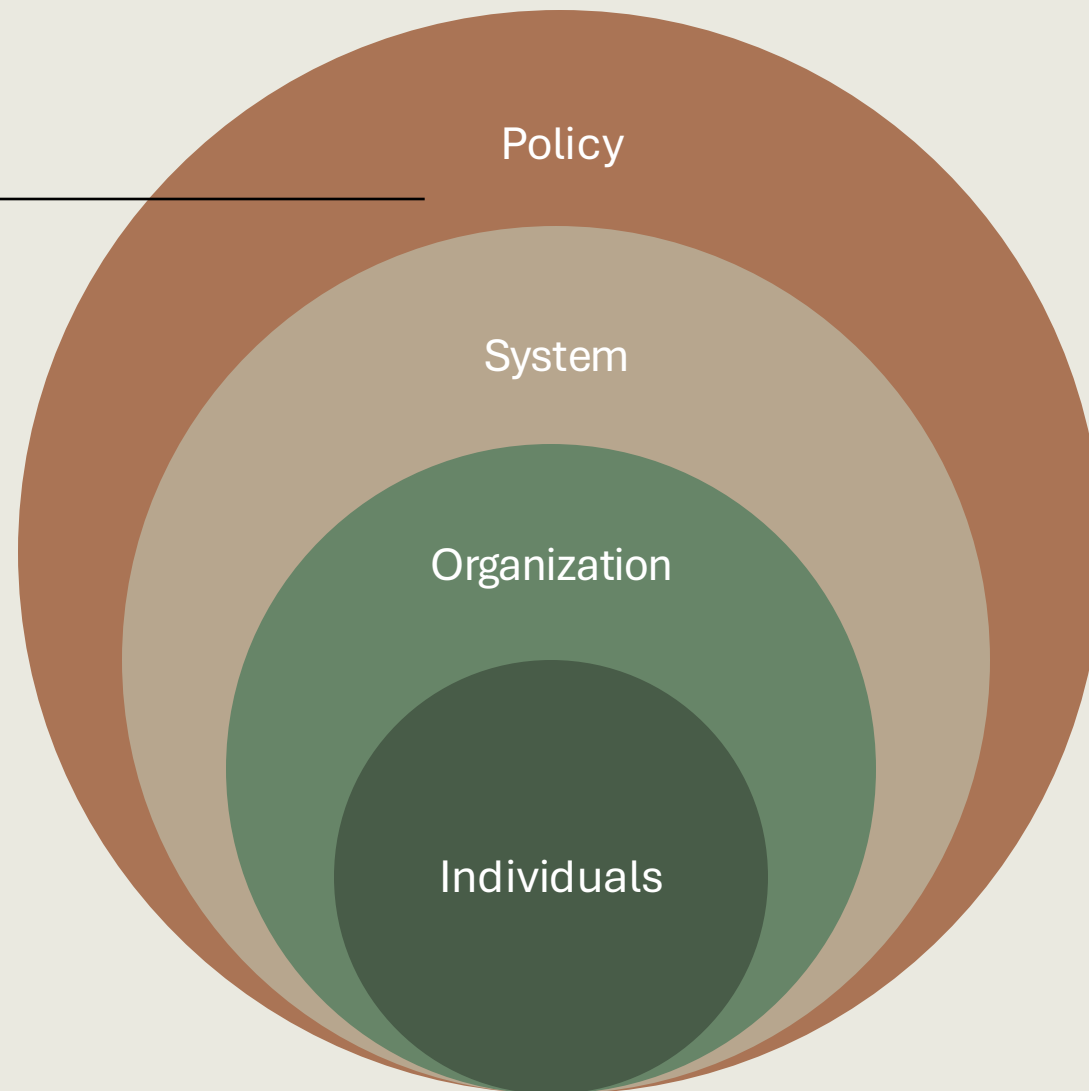
LPS Designated Facility Interim Regulations

IMD Waiver rules and limits

CaAIM ECM/Community Supports

Behavioral Health Continuum Infrastructure

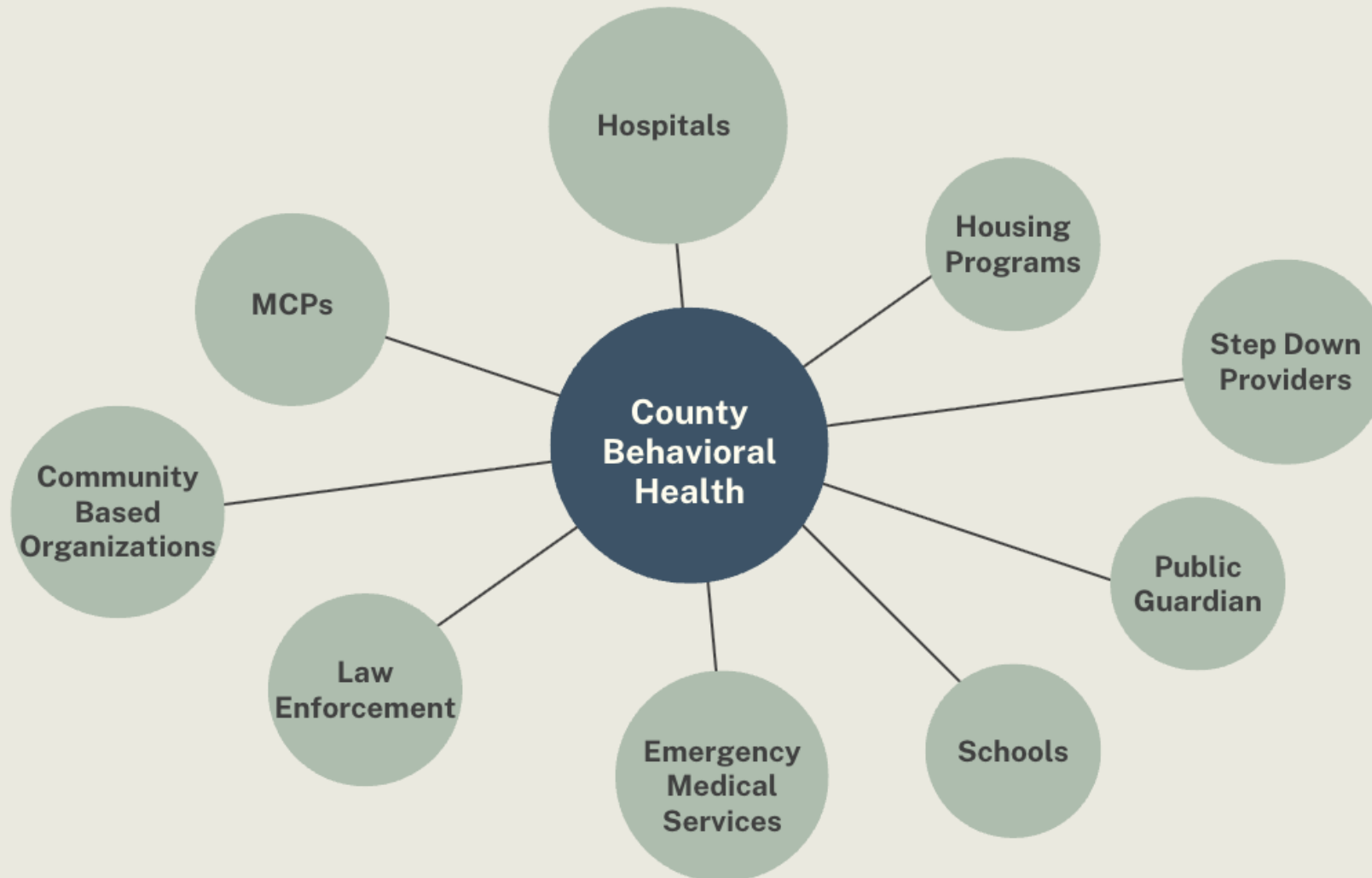
Program (BHCIP)



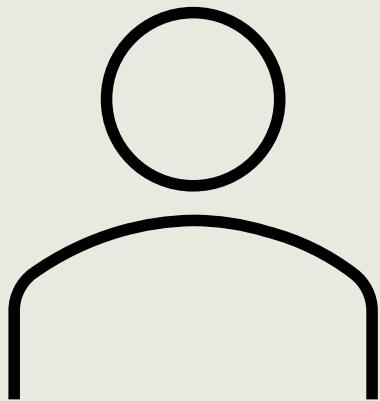
Intersection with Other Goals



The Power of Partnership



Questions to Ask Yourself



What local processes exist for discharge planning from hospitals?

Do we track length of stay and how quickly members return to the community?

What do readmission rates tell us about whether supports after discharge are effective?

What step-down options exist, and do they provide enough capacity to support timely transitions?

To what extent are crisis services - including intervention, stabilization, and residential care - accessible and equipped to meet need?

How do we ensure equity so BIPOC, foster youth, and justice-involved individuals are not disproportionately institutionalized?

Hunches



Your Integrated Plan Must Include

Priority Area: The main focus or theme you're working on to create impact.

Problem Statement: A clear, concise explanation of the challenge you're trying to solve.

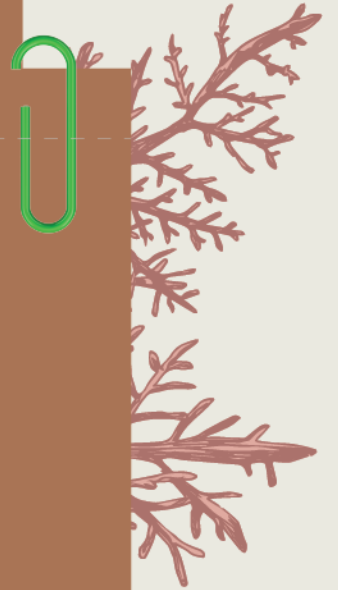
Goal: The desired outcome or change you want to achieve.

Target Populations: The specific group(s) of people your work is meant to serve or affect.

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

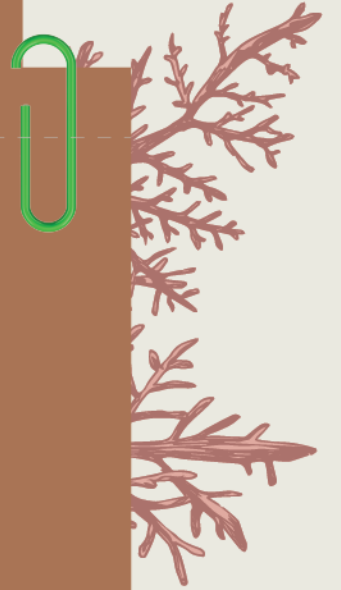
Key Outcomes: The measurable results that show progress or success.

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.

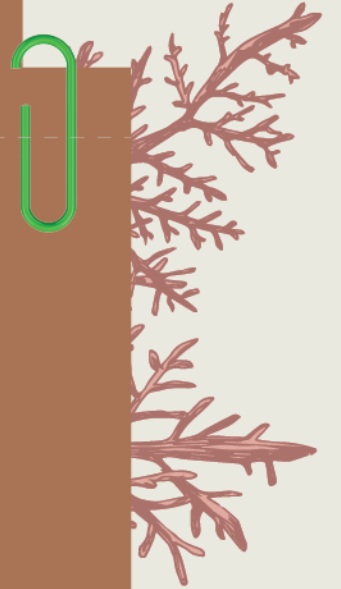


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Example hunch:

What if real-time data could pinpoint gaps and high-risk individuals to prevent extended institutional stays?



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.

County Example: Ventura County

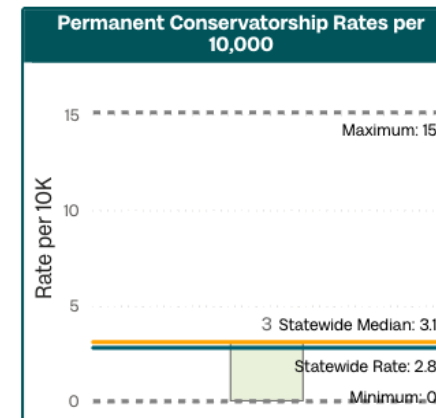
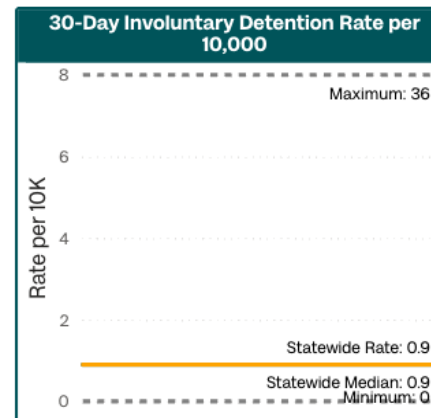
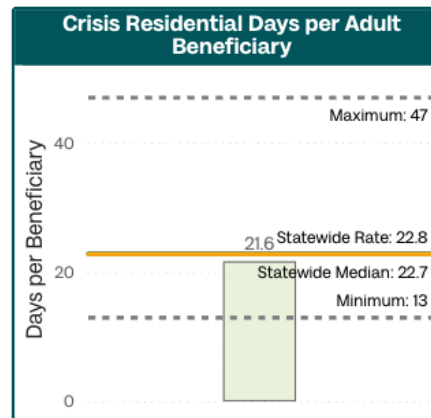
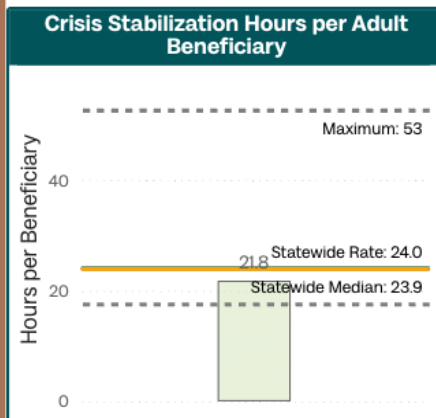
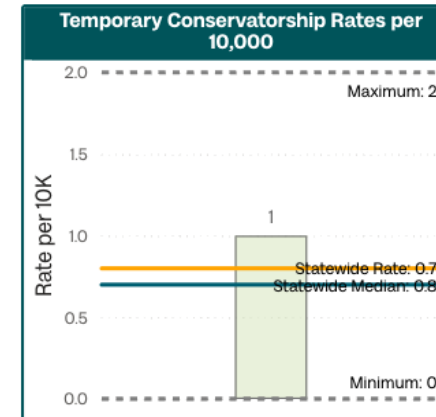
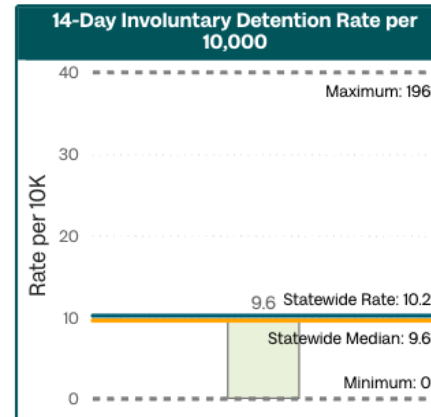
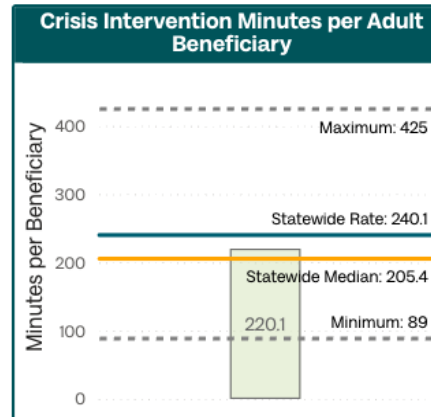
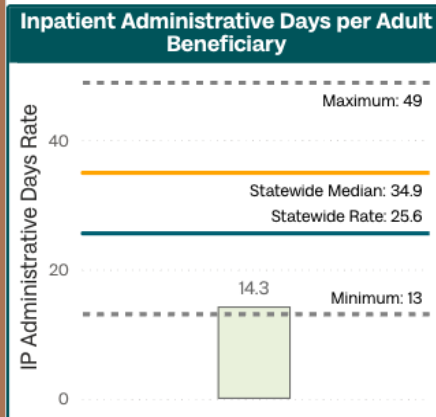
Ventura County's Institutionalization Data Overview

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

Data Note: All data for 180-day post certification rates is entirely missing or equal to zero, so this measure is not visualized on this page.

Please select a county:

Ventura



Ventura County Overview: Institutionalization (Adults)

Measure	State Rate	Ventura County Rate	Equity-Stratified Data
Inpatient Administrative Days for Adults (Total Days per Beneficiary)	25.6	14.3	Hispanic (17), White (14.29), Other (12)
SMHS Crisis Service Utilization for Adults–Crisis Intervention (Total Minutes per Beneficiary)	240.1	220.1	Black (248.79), Hispanic (221.36), Other (204.83), White (197.14), Asian or Pacific Islander (170.69)
SMHS Crisis Service Utilization for Adults–Crisis Stabilization (Total Hours per Beneficiary)	24.0	21.8	White (28.74), Hispanic (25.92), Black (25.50), Other (19.16)
SMHS Crisis Service Utilization for Adults–Crisis Residential (Total Days per Beneficiary)	22.8	21.6	Other (21.73), White (21.68), Hispanic (19.03)

Ventura County Overview: Institutionalization (Children)

Measure	State Rate	Ventura County Rate	Equity-Stratified Data
Inpatient Administrative Days for Children (Total Days per Beneficiary)	8.7	N/A	Not available
SMHS Crisis Service Utilization for Children–Crisis Intervention (Total Minutes per Beneficiary)	266.8	214.1	Other (268.14), White (244.09), Hispanic (235)
SMHS Crisis Service Utilization for Children–Crisis Stabilization (Total Hours per Beneficiary)	18.6	17.8	Other (18.69), Hispanic (17.45), White (16.95)
SMHS Crisis Service Utilization for Children–Crisis Residential (Total Days per Beneficiary)	21.6	20.3	Not available

Ventura County Overview: Institutionalization

Measure	State Rate	Ventura County Rate	Equity-Stratified Data
14-Day Involuntary Detention Rates per 10,000	10.2	9.6	Not available
30-Day Involuntary Detention Rates per 10,000	0.9	0.0	N/A
180-Day Post Certification Involuntary Detention Rates per 10,000	0.0	0.0	N/A
Temporary Conservatorship Rates per 10,000	0.7	1.0	Not available
Permanent Conservatorship Rates per 10,000	2.8	3.1	Not available

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:

Ventura's adult inpatient administrative days are well below the state average, suggesting stronger discharge coordination or fewer delays in stepping people down from inpatient care. Crisis services are aligned with state averages, though some underutilization may exist. Involuntary detentions show a similar pattern: 14-day holds are close to the state rate, and no 30- or 180-day detentions were reported. Conservatorships are slightly above state averages, suggesting a somewhat higher reliance on long-term legal status.

Hunches:

- What if people could move through the care continuum faster and with fewer barriers?
- What if community supports and crisis alternatives were easier to access and more responsive to individual needs?
- What if real-time data could identify bottlenecks, gaps, or high-risk populations before extended stays occur?

Connect: Find the Right Partners

Reflect

Connect

Key Partners to Engage:

- Hospitals, emergency departments, and inpatient providers
- Behavioral health and community-based providers (including crisis services)
- Supportive housing providers
- Public Guardian staff
- EMS, law enforcement, courts, and public defenders
- Schools and education partners
- Peer and family advocates
- Crisis lines/988 providers

Engage: See What Resonates With Your Community

Reflect

Connect

Engage

Community Questions to Explore:

- Can people move through the care continuum without unnecessary delays or barriers?
- Are families and community members feeling supported and informed when using crisis services?
- Are culturally or linguistically appropriate supports sufficient for care and recovery?
- Do conservatorships support stability and recovery goals?
- Where do transitions between inpatient, step-down, and community services break down?
- Are certain populations experiencing repeated institutionalization, and if so, why?
- Are geographic or transportation barriers limiting access to step-down or outpatient services?

Capture: Translate Hunches Into Strategies

Reflect

Connect

Engage

Capture

Potential Strategies:

- Strengthen Care Transitions and Step-Down Supports
 - Improve discharge coordination to reduce delays
 - Expand access to step-down services and voluntary community supports
 - Use data to identify bottlenecks and high-risk populations
- Enhance Cross-System Partnerships and Community Engagement
 - Foster collaboration across hospitals, crisis services, public guardians, law enforcement, and EMS
 - Embed culturally competent peer and family supports into care planning

Example BHSA Integrated Plan: Minimizing Institutionalization, Maximizing Community Care

Problem Statement: Ventura County's inpatient administrative days are slightly below the state average, and crisis service utilization is aligned but may be underutilized. Conservatorships are slightly higher than the state average, suggesting some reliance on long-term legal status.

Goal: Minimize time in institutional settings by ensuring timely access to community-based services across the care continuum, delivered in clinically appropriate and least restrictive environments.

Strategies:

Strengthen Care Transitions and Step-Down Supports

- Standardize inpatient and crisis discharge plans.
- Expand capacity and referral pathways for crisis residential and step-down programs.
- Coordinate voluntary community-based services immediately post-discharge.
- Use real-time data to track flow, identify bottlenecks, and target high-risk populations.

Target Populations: Adults and youth experiencing acute behavioral health crises; those at risk of extended institutionalization

Key Outcomes:

- Reduced inpatient administrative days and extended institutional stays.
- Increased access to crisis services, step-down, and voluntary community-based services.
- Improved coordination across the care continuum, reducing delays and bottlenecks.

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!



What's Next?

Please fill out the survey
in the chat!

Office Hours: Friday
9/26, 12-1 p.m. Continued
Discussion on Data and
Hunches

Questions:
managedcare@calmhsa.org





Thank You!