Data Explainer Series

Week 10 – Office Hours

Collaboration with Local Planning Processes

And Webinar Series Recap

CalMHSA

California Mental Health Services Authority

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
9/30/2025	**9/30/2025**	Webinar Series Recap & **Collaborating with Local Planning Processes** ⬅ *You Are Here*

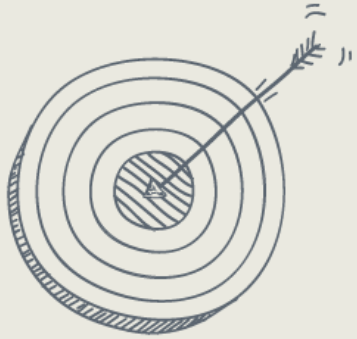
Thank you to DHCS for sponsoring this series.

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

Office Hours Grounding

30 minutes



Brief reminder of important context

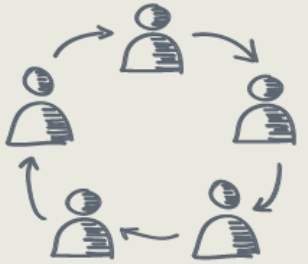
Why are we here?

Data Snacks

Skills and Sets

Application of Concepts

Stories



Q&A: Structured and Open

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

Collaborating with Local Planning Processes

Examples from CHA/CHIP

There's a lot of opportunity for alignment

Fresno County 2023 CHA/CHIP
CHA Health Needs

1. Environmental Conditions
2. Mental Health
3. Access to Care (vision, dental/oral/ primary, and specialty care)
4. Food Insecurity
5. Adverse Childhood Experiences

Humboldt County 2023 CHA/CHIP
CHIP Priority Areas:

- Behavioral Health
  - Suicide
  - Substance Use
- Housing Instability and Homelessness
- Healthy Beginnings and ACEs

San Bernardino County 2024 CHA
Health Improvement Priorities:

- Behavioral Health
- Injury and Violence Prevention
- Chronic Disease

Source: Fresno County 2023 CHA/2024-2028 CHIP; Humboldt County 2022-2027 CHIP; San Bernardino County 2024 CHA

Skills, Sets, and Stories

Let's Recap

Skills

Data Snacks we reviewed during this series

Week 1

Statewide Mean, Median, and Rate

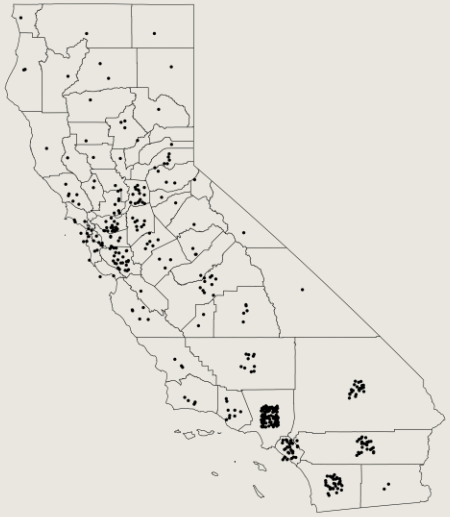
Statewide Mean

Sum of all county rates divided by 58.

Counties weighted equally despite different population sizes.

Statewide Rate

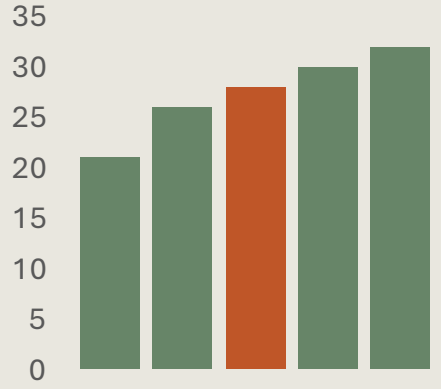
A "weighted mean”



County population-size matters.

Statewide Median

County rates ranked by minimum to maximum, capture mid-point of the measure.



Measures a "typical" county.

Week 2

Rate or Count?

Use a **rate** for a comparison**:**

- Comparing between different size populations (e.g. comparing across counties, or comparing across demographic groups)
- Trending your own counties' data over time

"Compared to other counties, we have a lower rate of people accessing housing-related services."

Use a **count** for scale:

- Measuring how many members of your community are affected by an issue
- To understand the resources needed to serve a population

"In our county, 800 people were identified as experiencing homelessness on a given night.

Week 2

Small Numerators & Denominators

- The smaller the number, the more “jumpy” the estimates can be.
- Recommendation:
  - Use "hover" feature on dashboard to understand numerator & denominators counts, not just the rate itself
  - When numbers are small, use caution in interpretation. Look for consistency over time, and for meaningfully-sized differences in rates.
  - Take population size into account when considering the scope of the intervention
- Example County:
  - Context: County population of around 100,000 but one race only has an estimated population of 200 people.

$$\frac{6}{200} = 0.03 \times 10{,}000 = 300 \text{ per } 10{,}000$$

$$\frac{8}{200} = 0.04 \times 10{,}000 = 400 \text{ per } 10{,}000$$

A change of two people on the PIT count, changes the rate by 100 in 10,000!

Week 2

Homeless Measure Comparison

Estimates of homelessness vary widely by the data source and definition of homelessness being used.
The chart below compares the estimates of youth homelessness under 18 across the three data sources used in the Homelessness Statewide Goal.

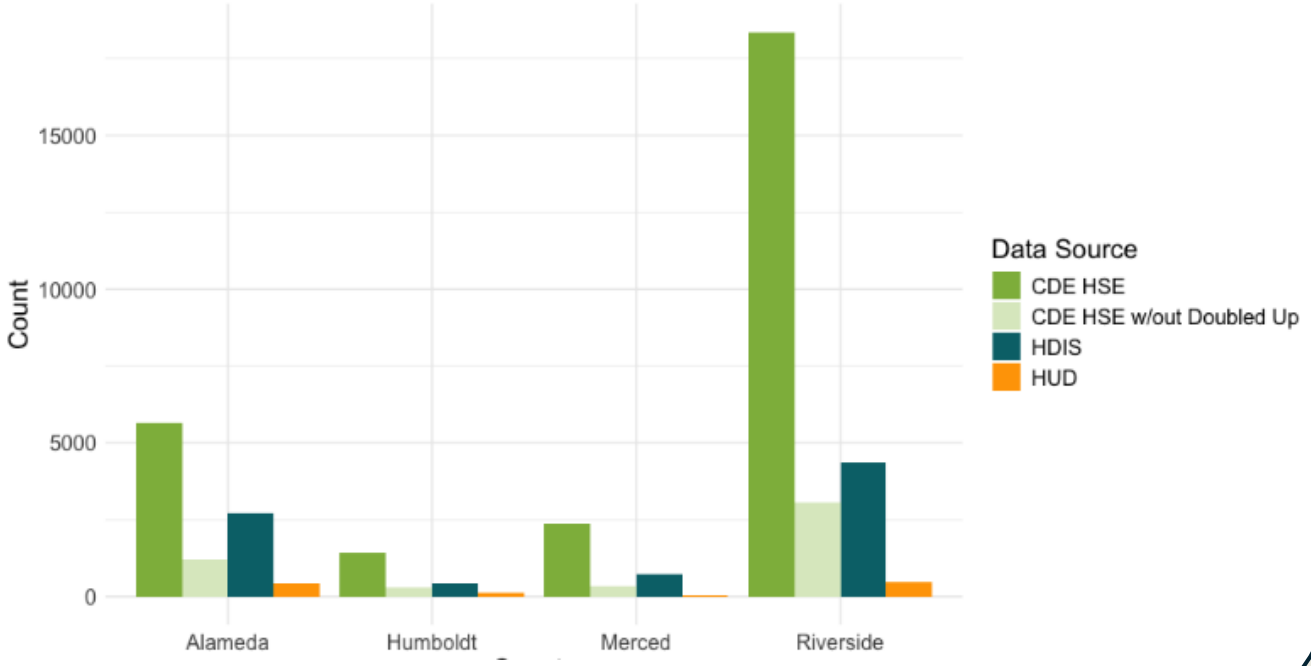
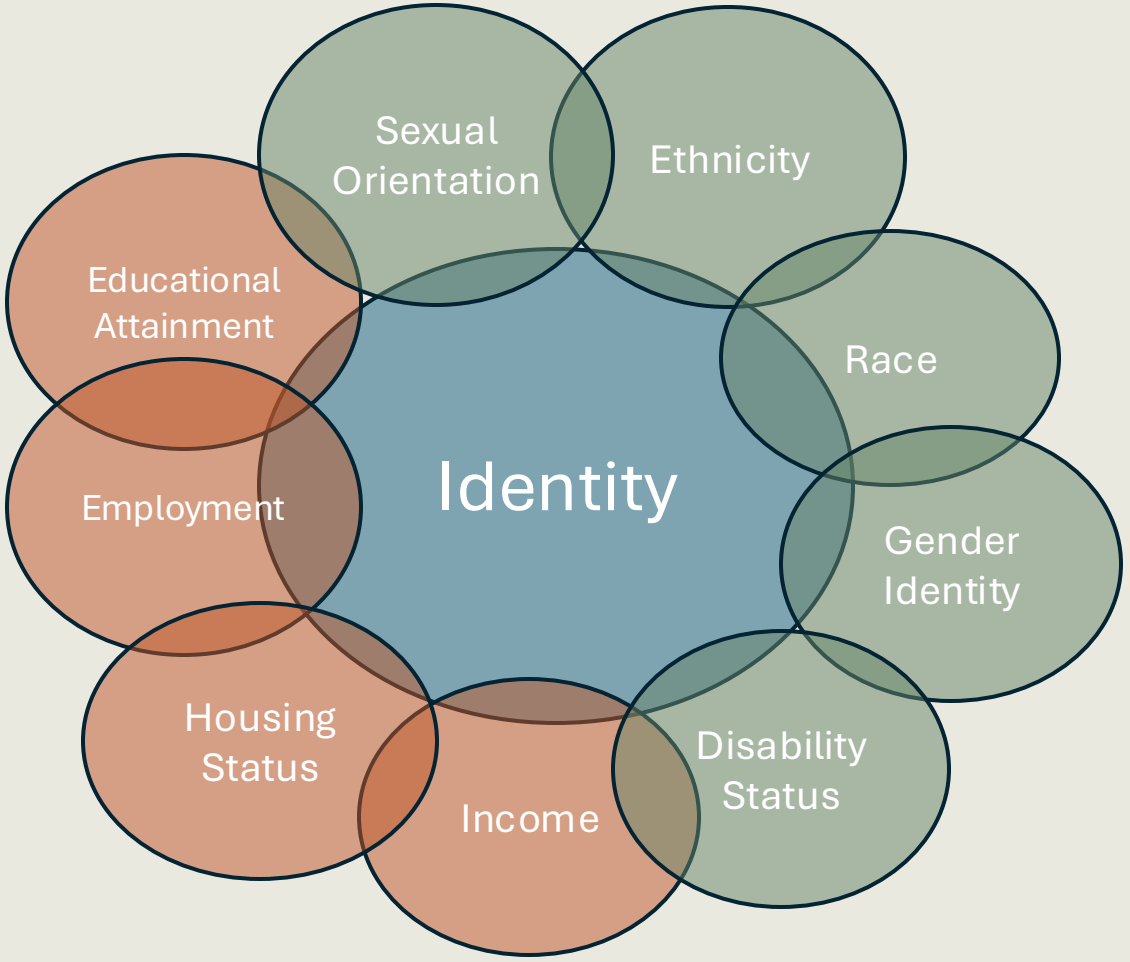


Chart Legend

- **Measure 4 CDE HSE:** CDE's total Homeless Student Enrollment (HSE) count
- **Measure 4 CDE HSE w/out Doubled Up:** The total HSE count excluding those categorized as "temporarily doubled up"
- **Measure 5: HDIS (HMIS) service access:** The "under 18" category from HDIS' demographic data
- **Measure 1: HUD PIT Count** The summation of "persons in households with only children" and the "children under age 18" subset within "persons in households with at least one adult and one child"

Week 3

Considering Intersectionality

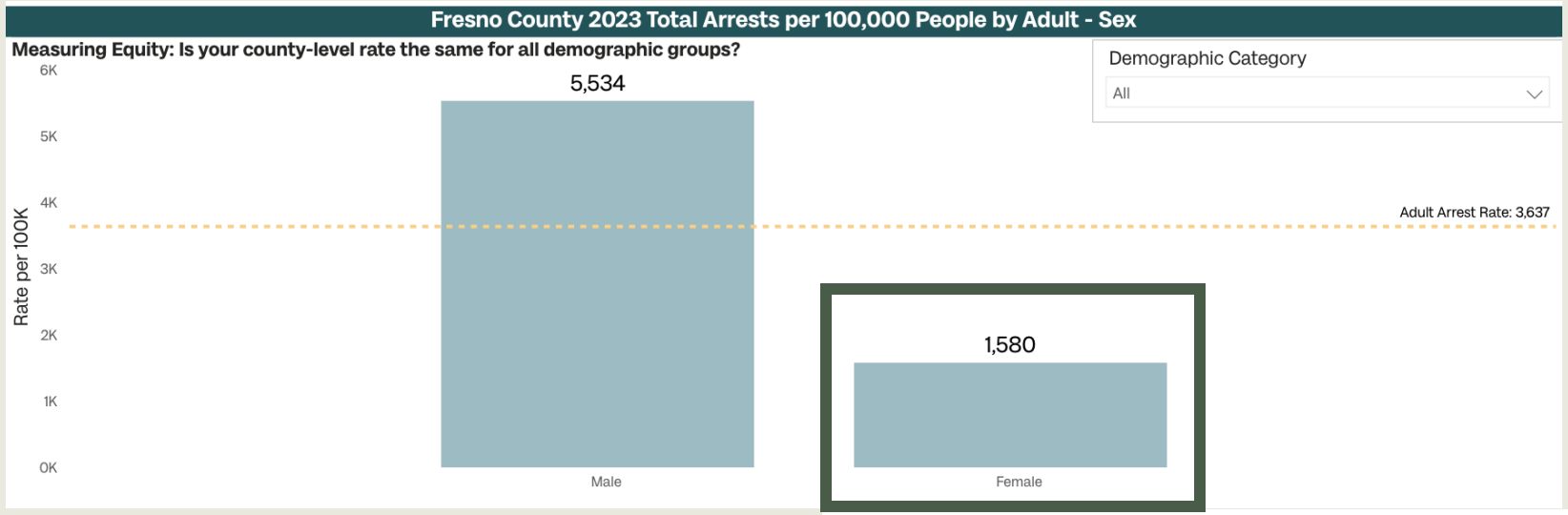


Source: Crenshaw, K. (1991). *Mapping the margins: Intersectionality, identity politics, and violence against women of color*. Stanford Law Review, **43**(6), 1241–1299. https://doi.org/10.2307/1229039

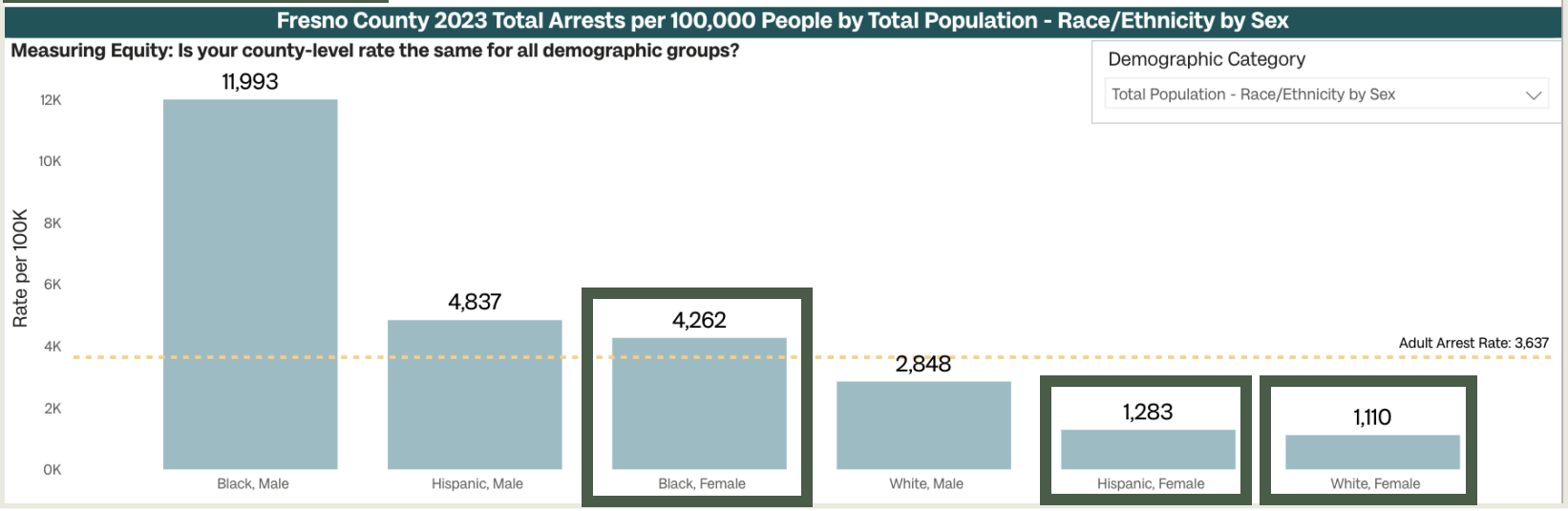
Week 3

Considering Intersectionality

Although people who are female gender are less likely to be arrested…



Black women are more likely to be arrested than other racial/ethnic groups



Week 3

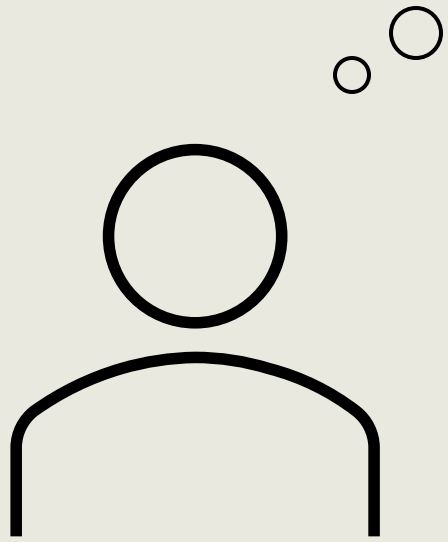
Measuring Equity

1. **What are the main drivers?** Identify determinants associated with the measures and goal.
2. **Which populations are most affected?** Compare sub-groups to county average and to each another.
3. **Why might you be seeing this result?** Examine potential causes of the result you're seeing.
4. **How do you want to make an impact?** Set specific goals based on inequities identified and locus of control.
5. **Are you meeting your goals?** Monitor progress and adjust when needed, including discussions and feedback from affected communities.

Week 3

Measuring Equity

Which populations are most affected?



How do other subgroups compare to the best-performing or most socially advantaged group?

How far off are different groups from the county-wide rate?

Are all racial and ethnic groups meeting minimum performance level targets?**

**** During Phase 1, DHCS does not expect BHPs to meet or exceed specific benchmarks on statewide goals or measures.**

Source: Zyllia E, Stewart A, and Lukanen E. Robert Wood Johnson Foundation. Health Equity Measurement: Considerations for Selecting a Benchmark. Sept 2023.

Week 3

Measuring Equity

Which populations are most affected?

	Reference	Benchmark
How do other subgroups compare to the best-performing or most socially advantaged group?	Best-performing group	Rate of the subgroup with the best rate
	Most socially advantaged group	Rate of the subgroup with most social advantage
How far off are different groups from the county-wide rate?	Comparing against a population average	County or State rate
Are all racial and ethnic groups meeting a pre-defined benchmark?**	Comparing against a set target or goal**	Example: Minimum performance level (MPL) for HEDIS measures

**** During Phase 1, DHCS does not expect BHPs to meet or exceed specific benchmarks on statewide goals or measures.**

Source: Zyllia E, Stewart A, and Lukanen E. Robert Wood Johnson Foundation. Health Equity Measurement: Considerations for Selecting a Benchmark. Sept 2023.

Week 3

Measuring Equity

Which populations are most affected?

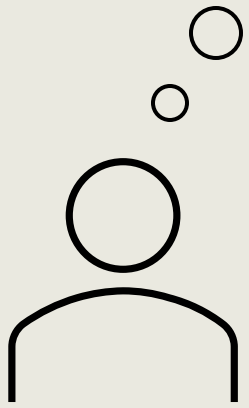
Reference Point	Best-performing group	Most socially advantaged group	Comparing against a population average	Comparing against a set target or goal**
Pros & Cons	• Expectation that "best" performance is achievable by all • Focuses on performance rather than assumptions • Focuses improvement efforts on sub-groups experiencing greatest disparities • Could change across categories • Might reinforce problematic narratives	• Consistent group across comparisons made • Opportunity to miss intersectionality – assuming groups are a monolith of experiences • Might reinforce problematic narratives and assumptions	• Consistent across comparisons made • Commonly used, easy to interpret • Stable given size • Some groups will always fall above and below • Might miss capturing full extent of disparities	• Consistent across comparisons made • Encourages simultaneous improvement among all groups • Straightforward, easy to interpret • Difficult to set a realistic target • Risk of diluting focus on health equity

**** During Phase 1, DHCS does not expect BHPs to meet or exceed specific benchmarks on statewide goals or measures.**

Source: Zyllia E, Stewart A, and Lukanen E. Robert Wood Johnson Foundation. Health Equity Measurement: Considerations for Selecting a Benchmark. Sept 2023.

Week 4

A difference does not always mean there is an inequity that needs to be addressed... but it can!



Are these different enough that we should take a closer look?

What do these differences tell us?

How can we work with our partners to understand **both** what the data "means" and how we might do something to intervene?

Questions to Assess Disparities

Week 4

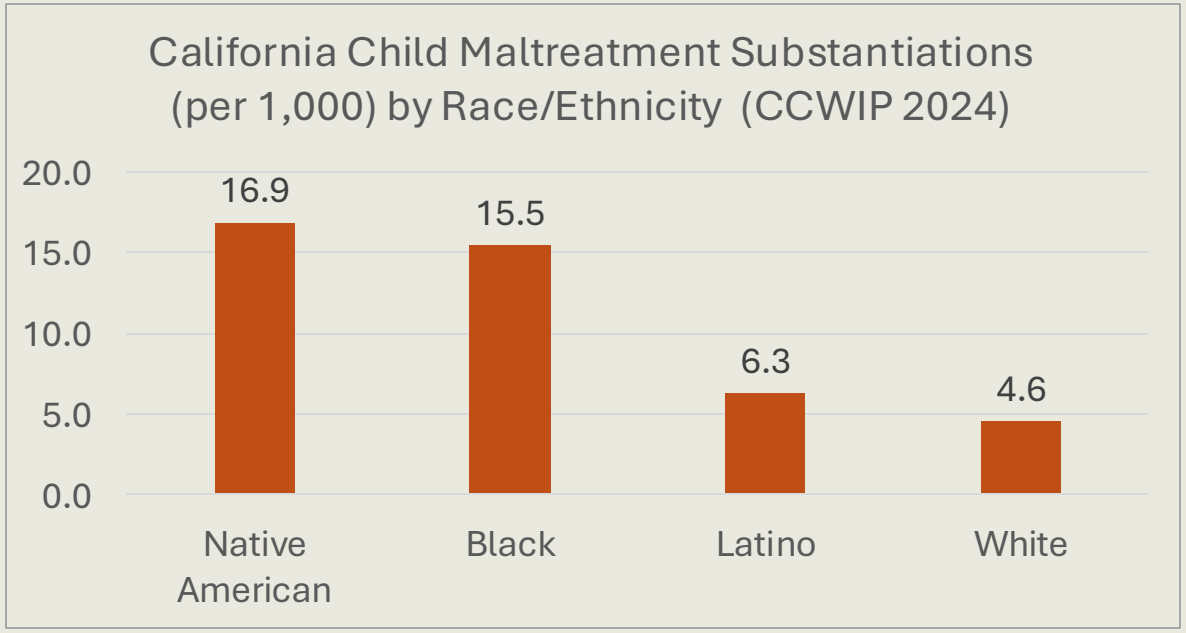
Disparity Identification → Action

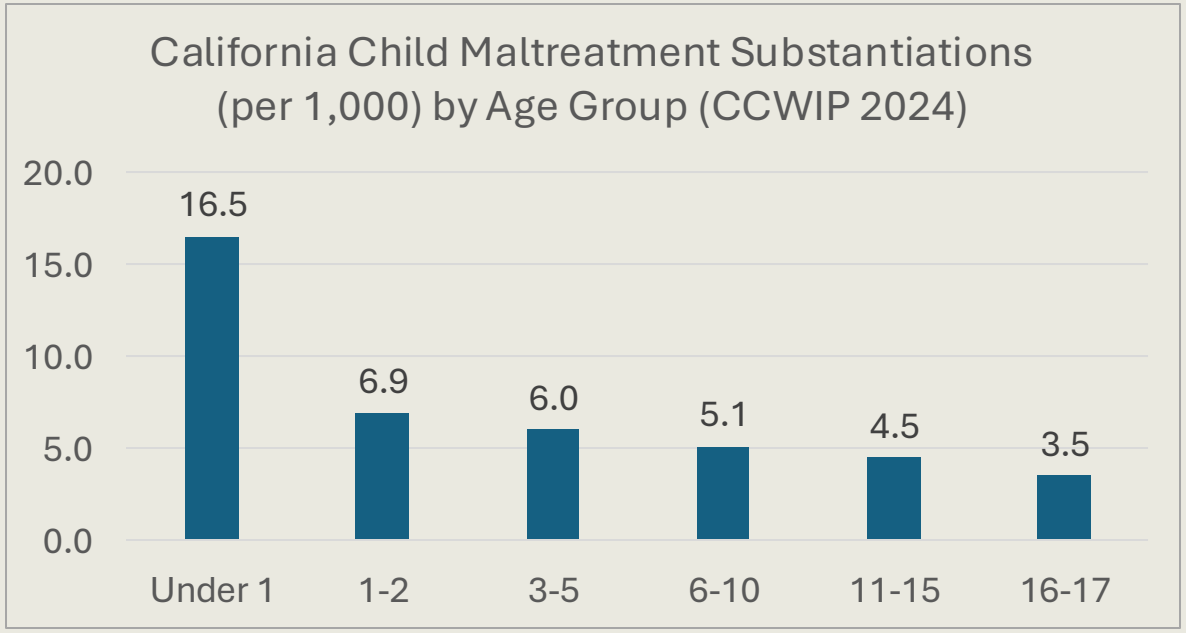
Disparity 1: Child Maltreatment Substantiations by Race/Ethnicity

- This disparity highlights an **inequity that needs to be addressed**

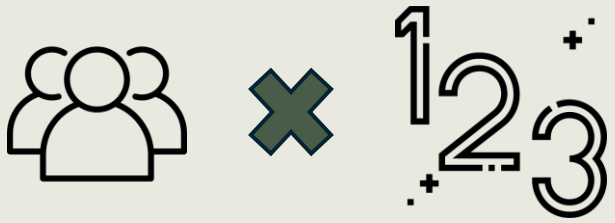
Disparity 2: Child Maltreatment Substantiations by Age

- This disparity highlights important **system context**





Person-Years



Interpreted as per person, per year

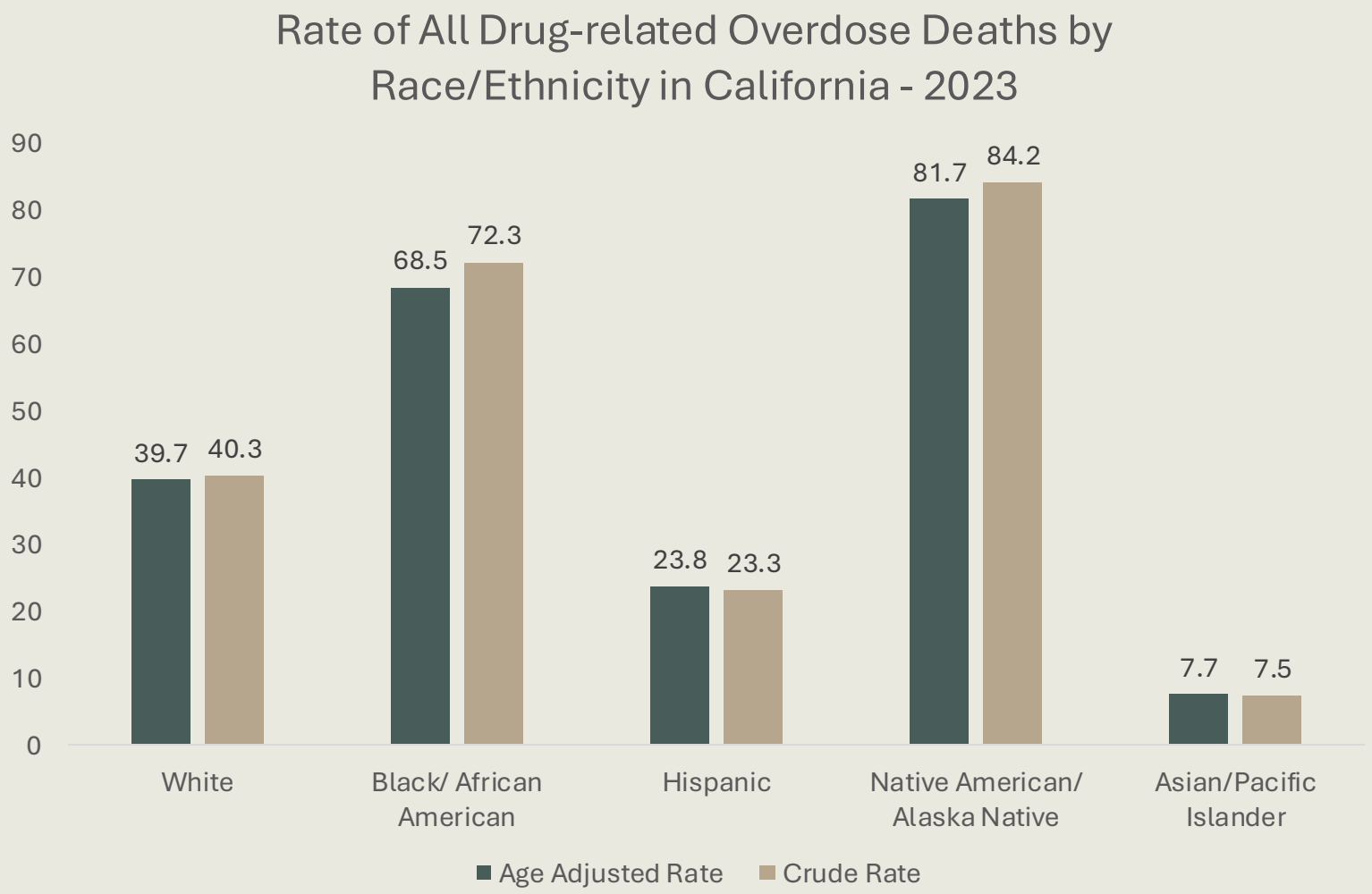
For a population of 100,000....

Followed for	Person-Years
1 year	100,000
2 years	200,000
3 years	300,000

For a 1-year measure = rate per 100,000 people

Week 5

What is "Age Adjusted"?

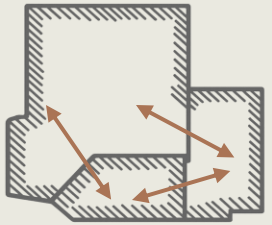


Crude Rate:
What is the rate of overdose deaths in this group, regardless of age?

Age-adjusted Rate:
If all groups were the same age, what is the rate of overdose deaths?

Week 5

County Residence vs. Place of Occurrence

	Overdoses & suicides among **county residents**	Overdoses & suicides by **where the event occurred**
Look at both locally		
Advantages…	Standard denominator, reduces "over-counting", ability to compare between groups	Captures experience of people using drugs or attempting suicide in your community
Gives you insights into…	Needs among your county residents for overdose & suicide prevention	Drug use or self-harm patterns and overdose or suicide risk in your community

Week 7

Analyzing Likert Scales

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

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

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

Week 7

Calculate Average Scores for Sub-Groups

Consider calculating average score by:

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

Week 7

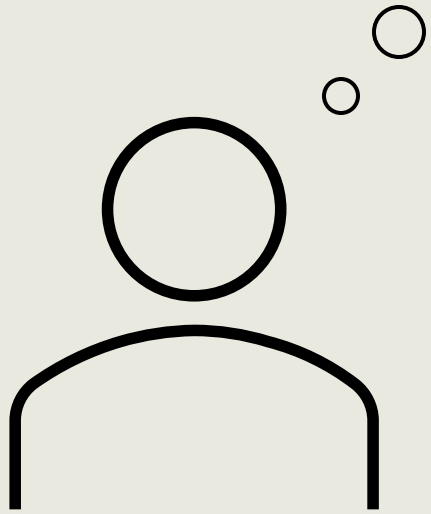
Calculate Average Scores for Sub-Groups

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

Week 8

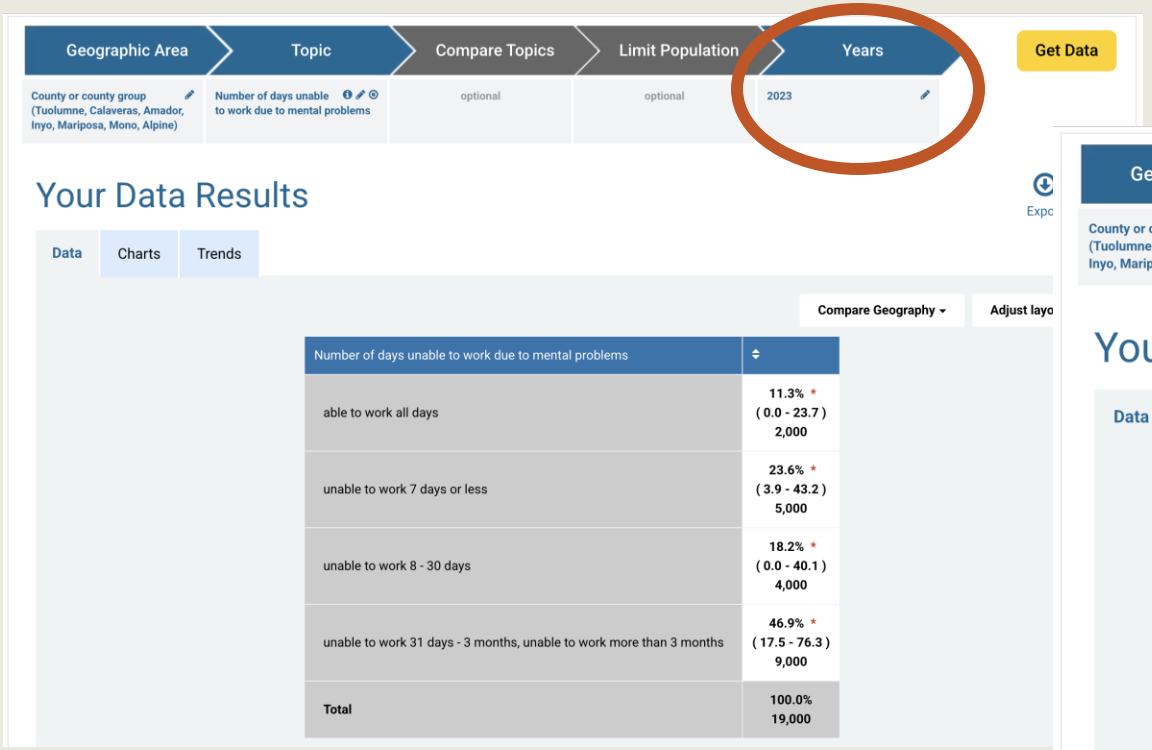
What do I do if I identify an anomaly in my data?

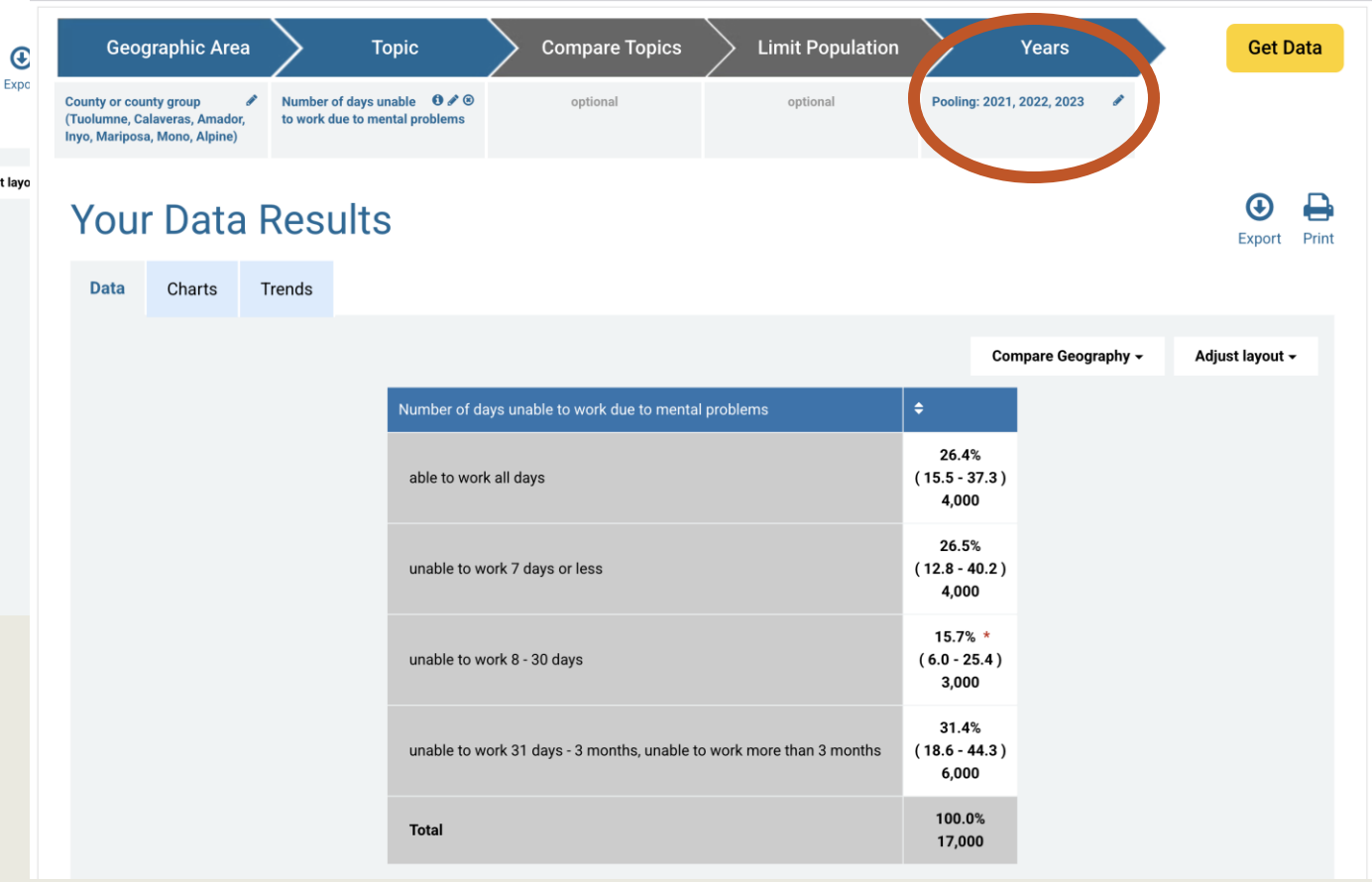


- Are data from small populations? Would it make sense to pool years of data together?
- Are there recent changes in policy or incentives that may impact data reporting?
- Do I have any data available to stratify by district, school, or any other helpful strata?
- Who might know more about these data locally? Do I need to reach out to the reporting agency?
- Are there any other data sources about this system that may provide insight into this measure?

Pooling Years can Improve Stability of CHIS estimates

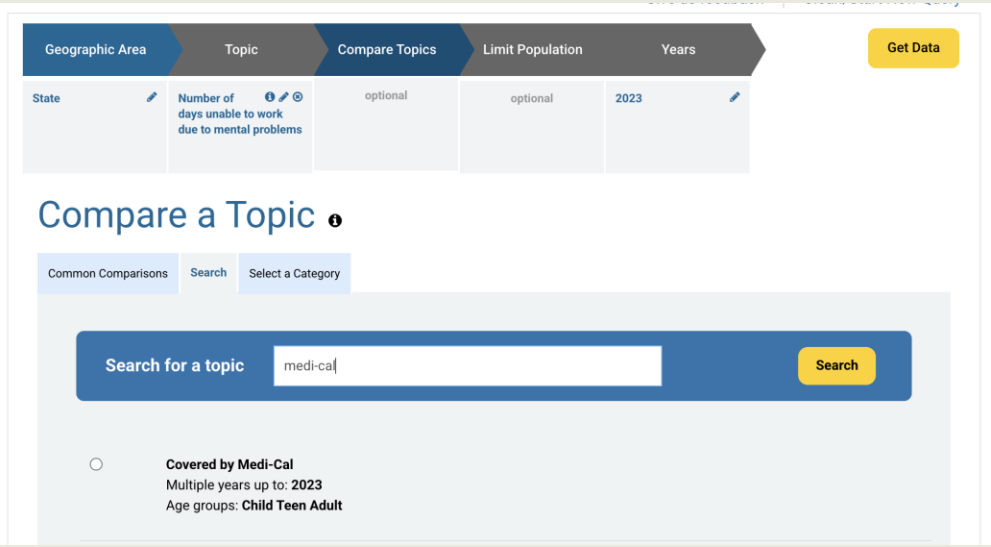
Week 8





Week 8

CHIS data can be stratified for Medi-Cal Populations



Statewide, this measure is higher among Medi-Cal populations

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**

Turning Data Skills into Action

What will these data skills mean for your work in this current and future world?

Sets

Where do I look if I need more information?

CalMHSA Dashboards

Weeks 1-9

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

https://www.calmhsa.org/data-explainer-series/

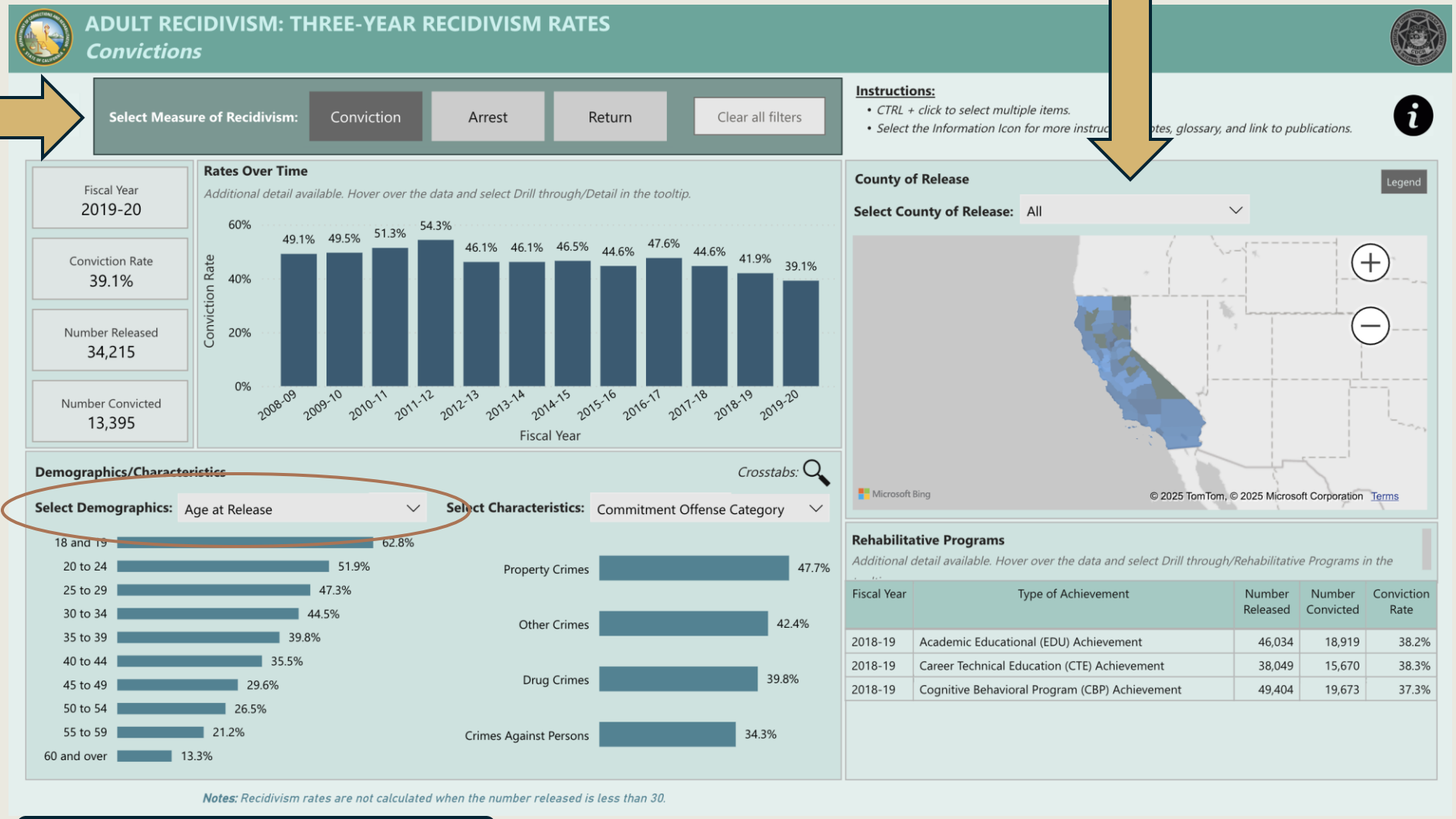
Week 3

CDCR Recidivism Dashboard

Select County

Primary & supplemental recidivism measures

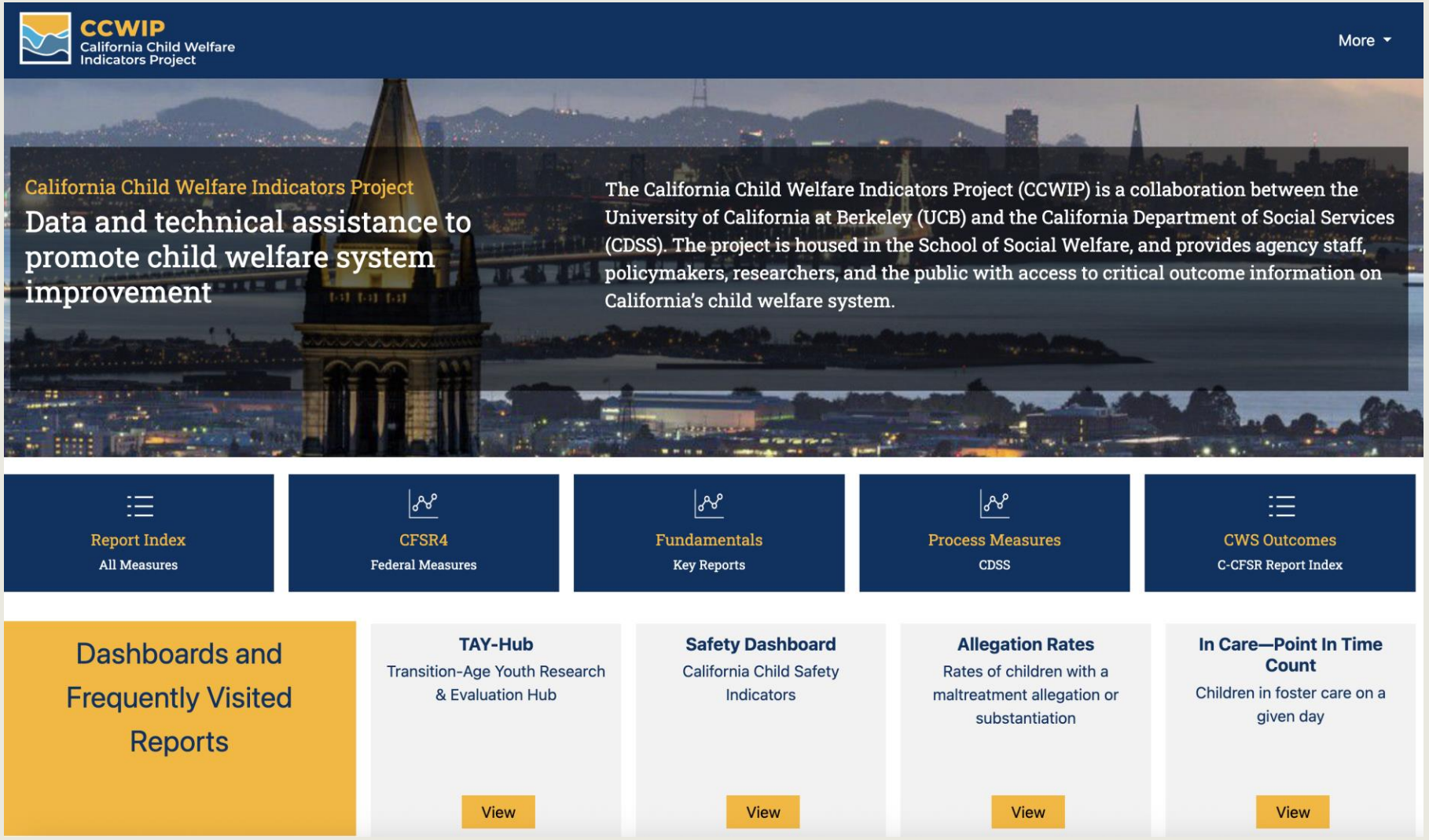
Select age, race/ethnicity, or gender



[CDCR Recidivism Dashboard Link]

Week 4

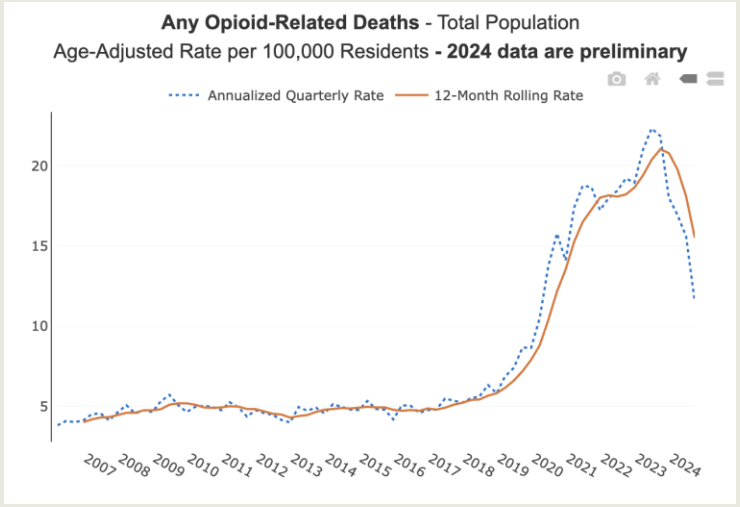
California Child Welfare Indicators Project



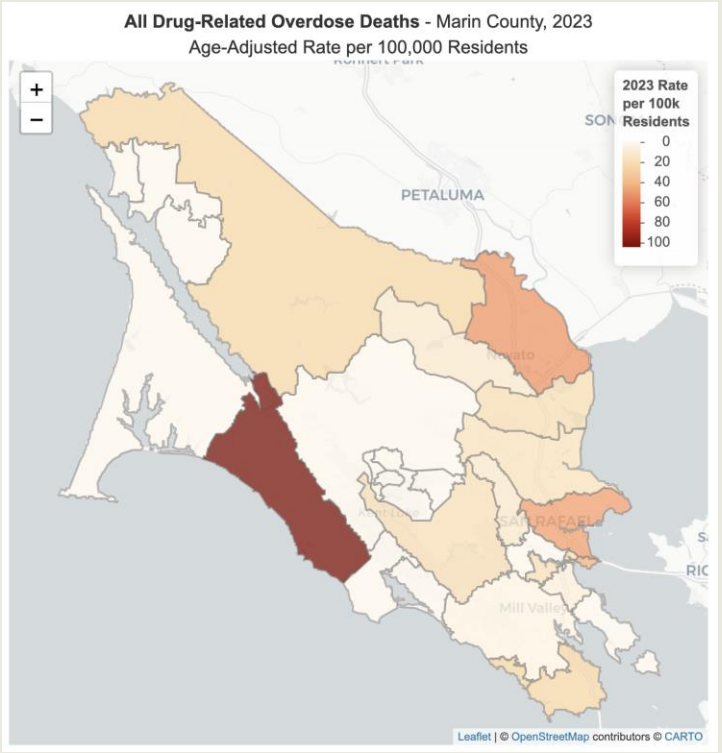
https://ccwip.berkeley.edu/

California Overdose Surveillance Dashboard

Week 5



Trends



Geography (zip code)

Please review the Data Definitions page for how metrics are defined.

Selections will be automatically applied

Select a data source

(●) Deaths ( ) ED Visits ( ) Hospitalizations ( ) Prescriptions

Indicator

Select the type of drug indicators

(●) All Drug/Opioids ( ) Other Drugs

Drug type

Deaths (per 100,000 residents) related to:

Any Opioid

Indicator Description:

Acute poisoning deaths involving opioids such as prescription opioid pain relievers (e.g. hydrocodone, oxycodone, and morphine), heroin, and opium. Deaths related to chronic use of drugs are excluded from this indicator. See the **Data Definitions** page for more information about this indicator.

View indicators by

(●) Total Population ( ) Sex ( ) Age ( ) Race/Ethnicity

Equity data

Select the type of rate

( ) Crude Rate (●) Age-Adjusted

Compare this county with another area? (Comparison area included in data downloads)

( ) Yes (●) No

[CA Overdose Surveillance Dashboard]

EpiCenter – Explore your Data

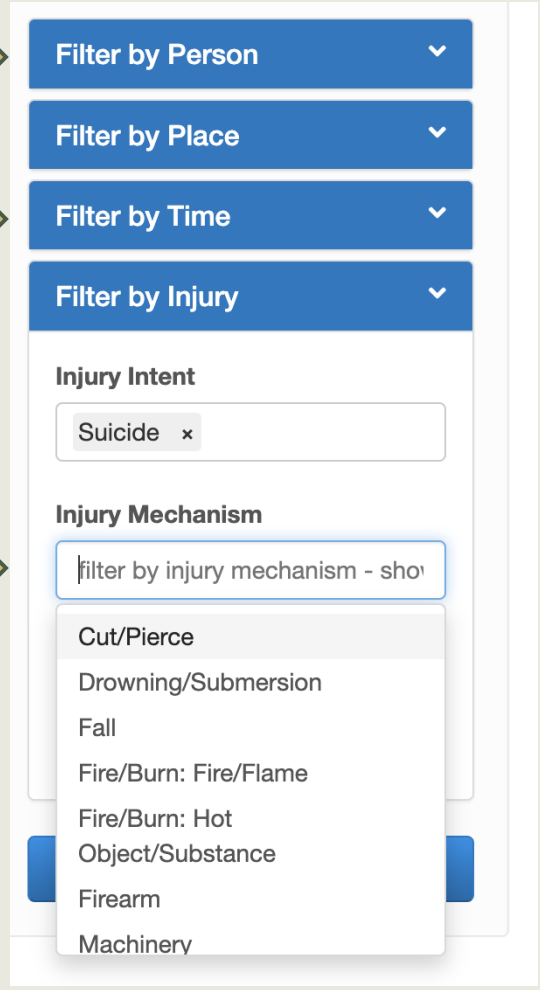
Week 5

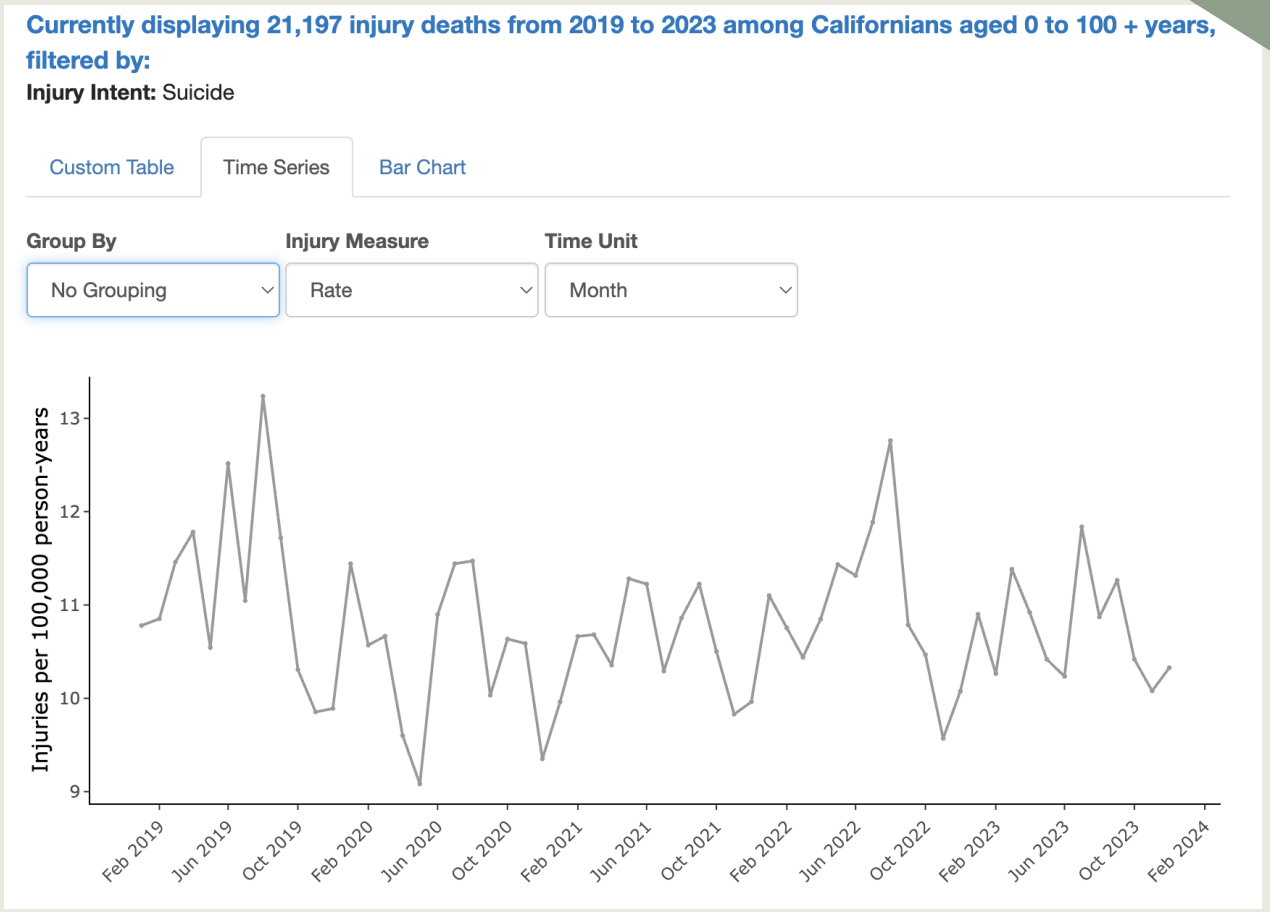
Examine

Equity data

Trends over time

Means





https://skylab4.cdph.ca.gov/epicenter/_w_58c1b225/?Home-welcome

Week 7

County Health Rankings

State Health

Trends Available

Population Health and Well-being			
Length of life		California	United States
Premature Death		6,700	8,400
Additional Length of life (not included in summary)			
Quality of life		California	United States
Poor Physical Health Days		3.9	3.9
Low Birth Weight		7%	8%
Poor Mental Health Days		4.7	5.1
Poor or Fair Health		18%	17%
Additional Quality of life (not included in summary)			

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

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

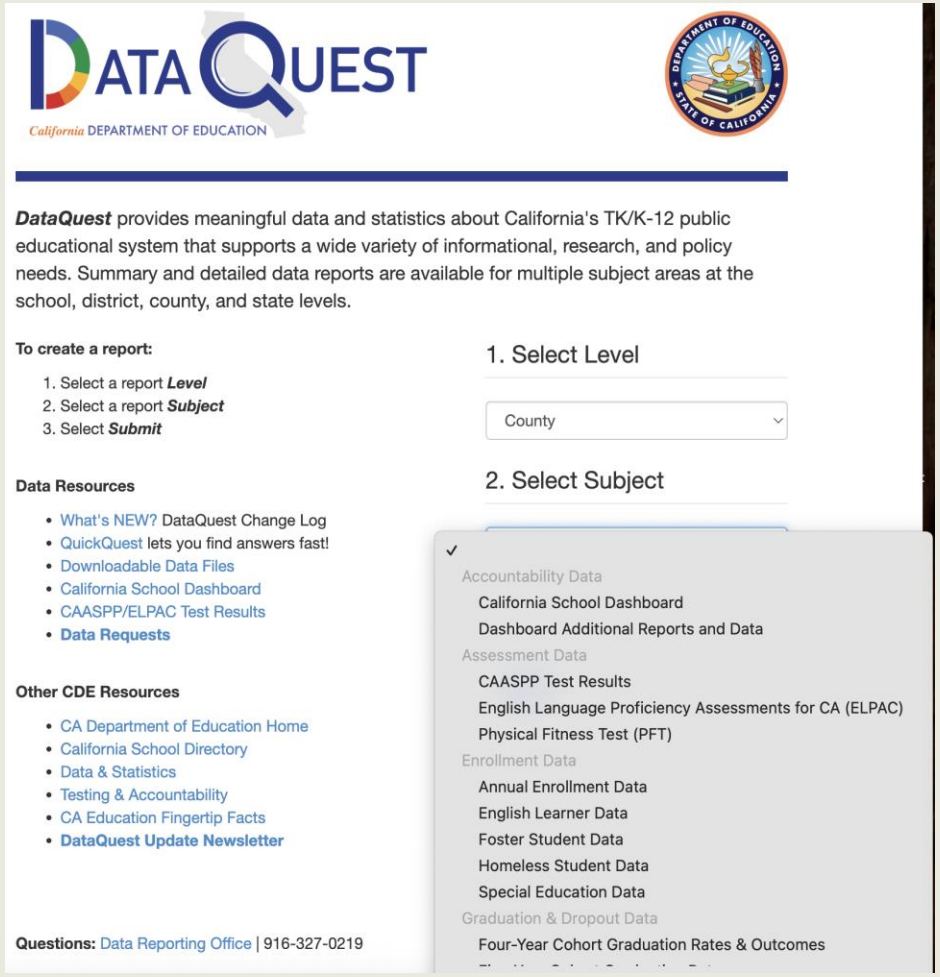
Measures are available for Population Health and Well-Being and Community Conditions

Data can be downloaded for further analyses locally

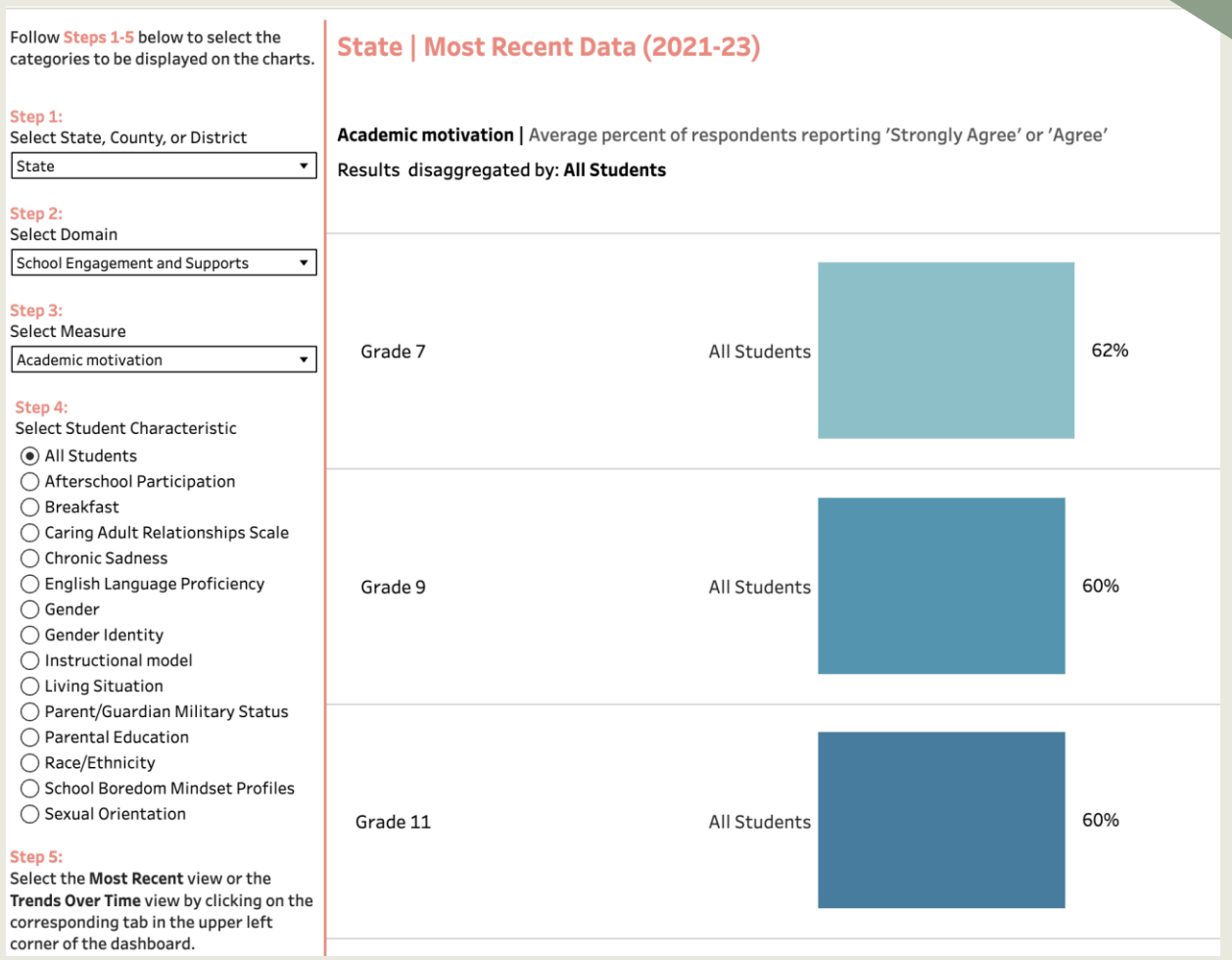
Publicly Available School Resources

Week 8

DataQuest



CalSCHLS



Week 9

Institutionalization Data Resources

- 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

Stories

We get by with a little help from our friends

Thanks to our spotlighted counties!

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Reflection

Let's Recap

What have you learned?

Please place in the chat your reflections about the series – what have you learned throughout the webinar?

What has surprised you about this series?

What assumptions did you have coming in that were challenged?

Did you see any data that made you think about your community differently?

What do you think?

1. How comfortable are you with data and knowing what action to take based on what the data tells you?

2. What additional goals are you planning to select?

3. What other technical assistance would be helpful?

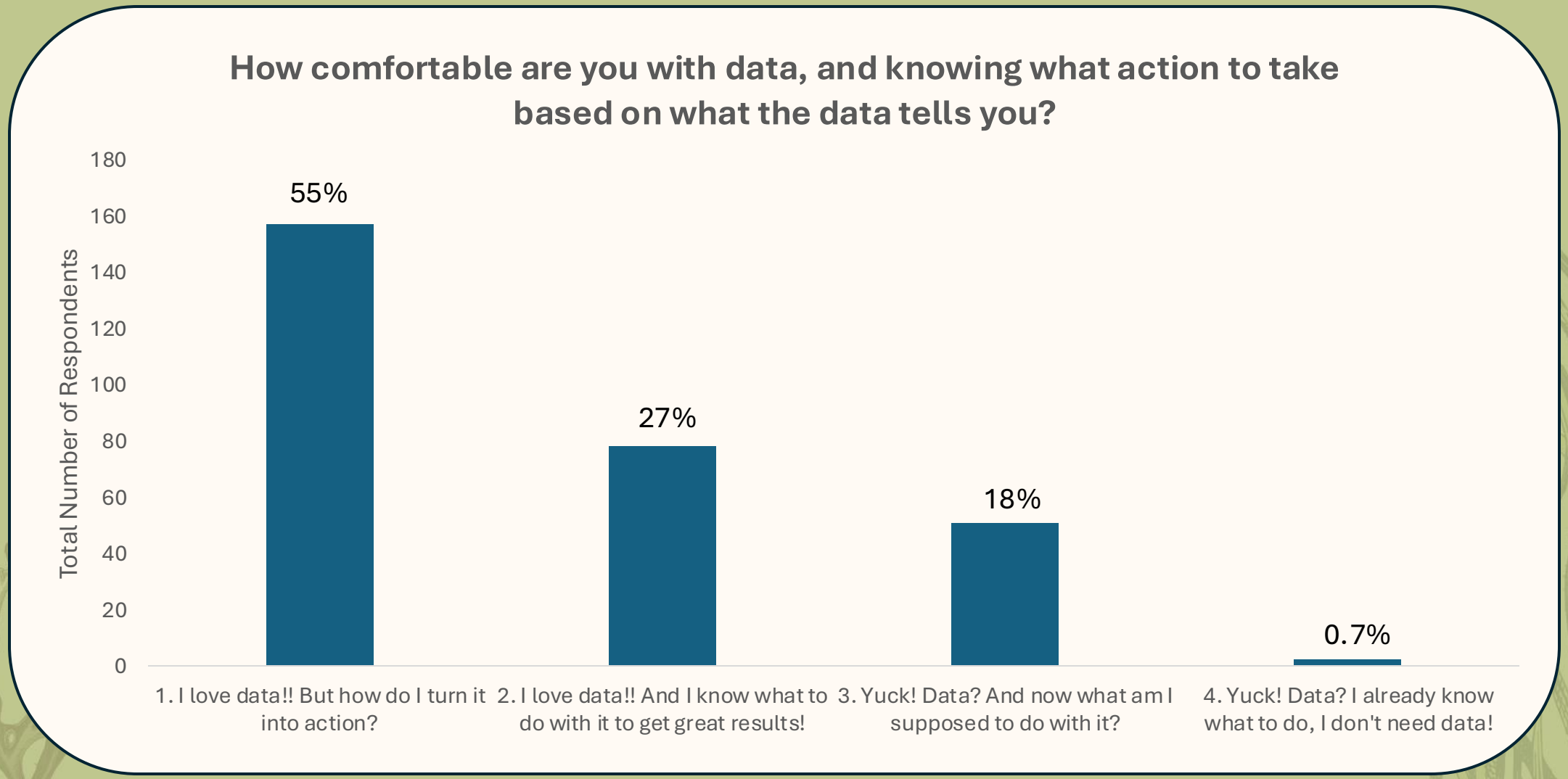
1

Poll: How comfortable are you with data and knowing what action to take based on what the data tells you?

1. I love data!! But how do I turn it into action?
2. I love data!! And I know what to do with it to get great results!
3. Yuck! Data? And now what am I supposed to do with it?
4. Yuck! Data? I already know what to do, I don't need data!

1

Here's what you said the first week…



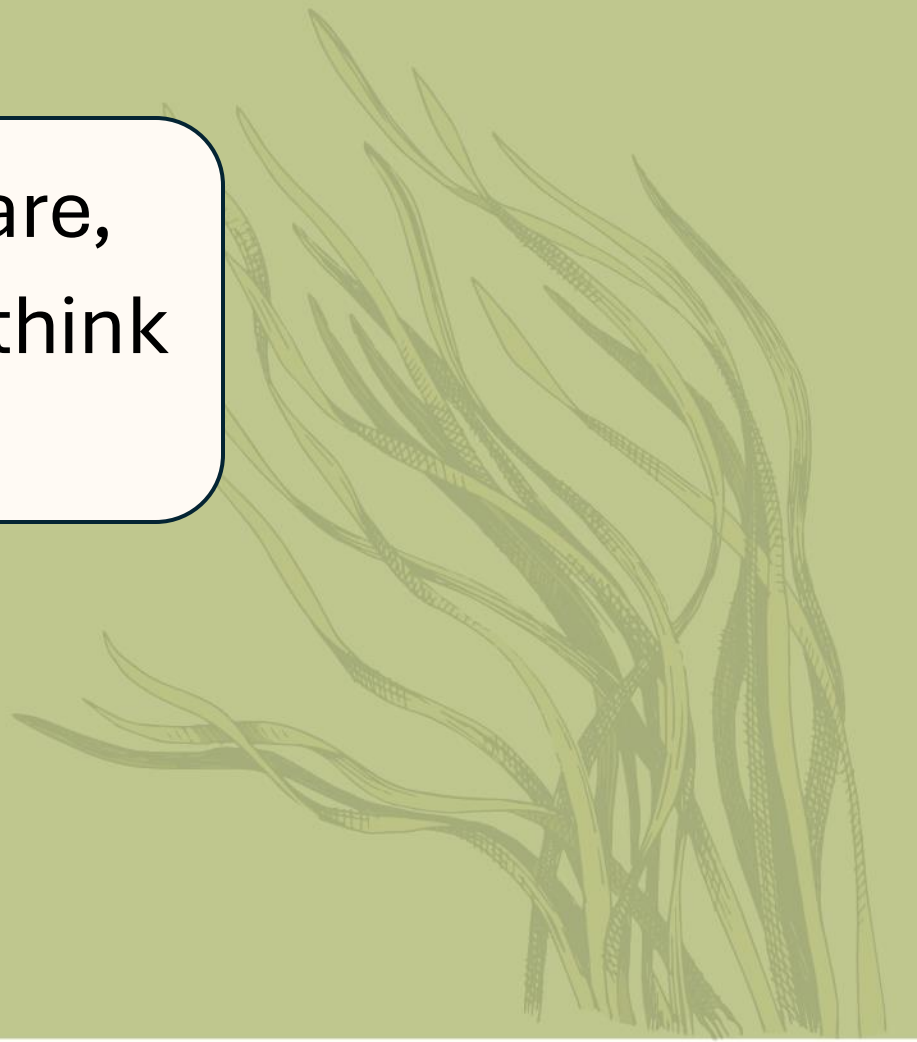
2

Poll: What additional goal are you leaning toward selecting?

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
9. We still haven't decided

3 Open Discussion: What other technical assistance would be helpful?

Come off mute and share,
or let us know what you think
in the chat!



Last lingering thoughts…

Thank You!

For joining us

For your questions and feedback

For robust discussions

For your collaboration

CalMHSA
California Mental Health Services Authority