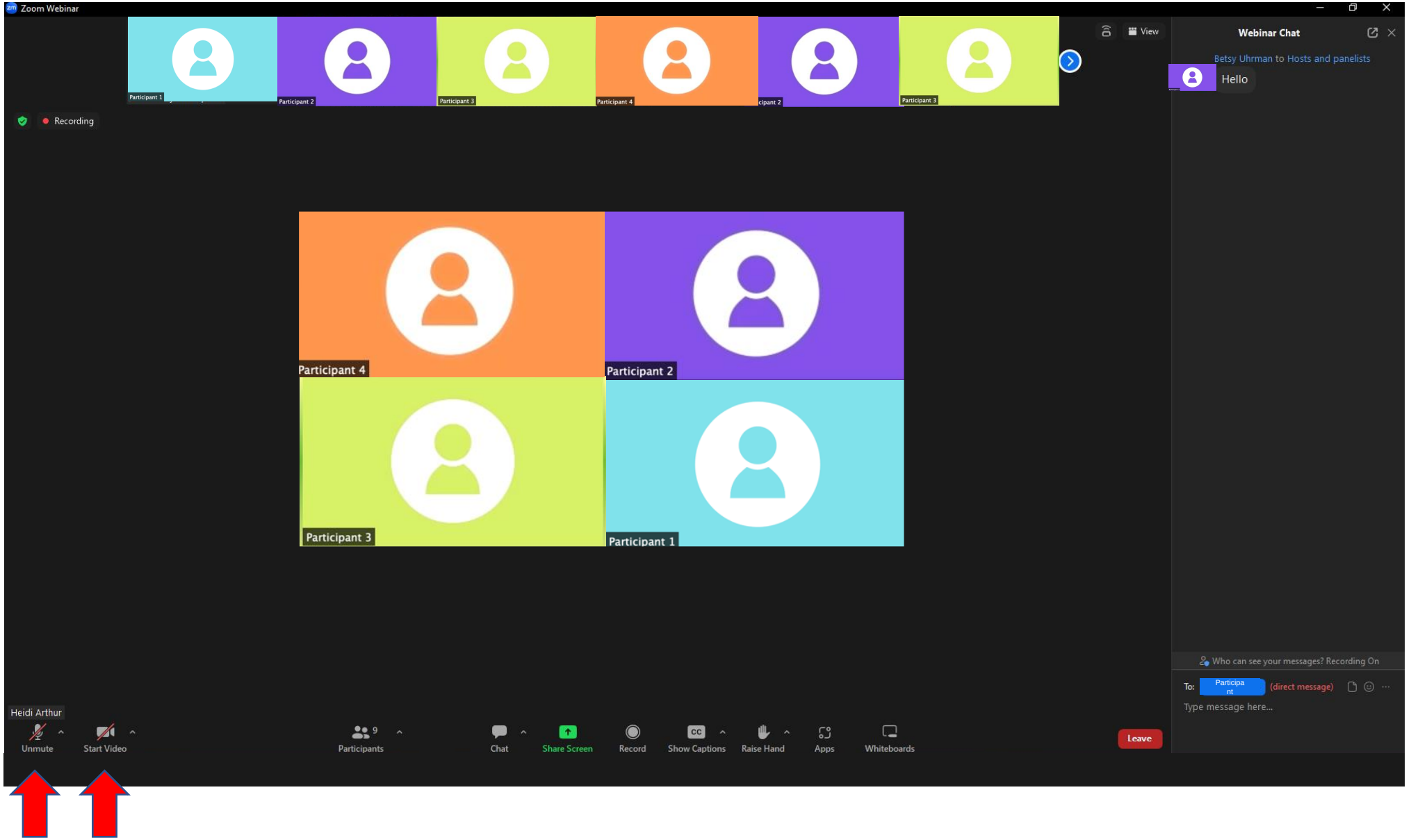
CalHHS

Workgroup 5: Data & Metrics

Meeting 2 of 2
July 31 , 2024

Webinar: Panelist View



Webinar View: Attendee

- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages will be captured in the public meeting summary.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.

Workgroup 5, Meeting 2 Agenda

1. Welcome and Agenda Review
2. Workgroup 5 Context
3. Discussion: Identifying Performance Measures
4. Discussion: Population Outcomes
5. Public comment
6. Adjourn

Public Comment Overview

- **All comments—whether written or spoken—will be shared with the Work Group in the meeting minutes.**
- We will take comments in the order in which we receive sign-ups.
- If you would like to make a public comment, please raise your hand at any point throughout the discussion. We will write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: AB988Info@chhs.ca.gov.

Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous

Note: Meetings of the Work Group are open to the public and are subject to Bagley-Keene Open Meeting Act requirements

Workgroup 5 Members

***Co-Chair, Kirsten Barlow**,* CA Hospital Association
***Co-Chair, Robb Layne**,* CAADPE
Alec Smith, DHCS
Ashley Metoyer, UCSD Mobile Crisis
Blanca Gutierrez, Contra Costa Crisis Center
Brenda Grealish, CDCR
Brandon Jacobs, RUHS BH
Casey Heinzen, DHCS
Curt Guillot, CalOES
David Bond, Blue Shield
Elizabeth Manley, University of CT
Erika Cristo, DHCS
Jonah Cox, CDPH
Mark Salazar, Mental Health America SF
Molly Miller, Interagency Council on Homelessness
Paul Troxel, CalOES
Rebecca Bauer-Kahan, CA State Assembly
Sarah Feingold, Youth for Change
Shauna Simon, CDPH
Sheree Lowe, CHA
Tara Gamboa-Eastman, Steinberg Institute
Tony Kildare, Yolo County Health and Human Services
Tracy Lacey, CBHDA

Workgroup 5: AB988 Required Areas

AB 988 Required Areas
(10) Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.
(11) A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

988 Policy Advisory Workgroup Meeting Schedule

#	Topic	Date
1	• Orientation to the process and Workgroups • Relationship building	12/13/23
2	• Grounding in CCCP and Comprehensive Assessment Approach • Breakouts on Access Equity Coordination	2/7/24
3	• Information from Comprehensive Assessment • Draft recommendations on Standards and Guidance and Integration	4/24/24
4	• Discussion of Data, Goals and Metrics • Draft Recommendations for Communications (Pillar A)	6/26/24
5	• Update on Community Engagement, including Tribal Engagement • Continued discussion of emerging recommendations (Pillars B-D)	8/14/24
6	• Review draft 5-year implementation plan	9/18/24
	PUBLIC COMMENT PERIOD	10/1-30/24
7	• Final Advisory Meeting and review of the plan	11/20/24

988-Crisis Workgroups

Phase 1: January - April

1. Comprehensive Assessment of BH Crisis Services
2. Statewide 988 Standards and Guidance
3. 988-911 BH-CCC Integration

Phase 2: May - August

4. Communications
5. Data and Metrics
6. Funding and Sustainability
   Peers
   [Added Apr-24]

August 27, 1-3PM

August 6, 1-3PM

Desired Outcomes of the Future CA Comprehensive Crisis System: PAG and Workgroup Input

The Future State… (Adapted from the CCC-P)	Characterized by…
Consistent statewide access	▪ Increased capacity, affordability, and range of services ▪ Connecting people in crisis to immediate and ongoing care
High quality services	▪ An array of essential crisis services across the continuum ▪ A comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies
Coordination across and outside the continuum	▪ Offering the least restrictive responses to crisis ▪ Robust formal and informal community-based partnerships
Serves the needs of *all* Californians	▪ Services that are culturally and linguistically responsive ▪ Services that are person- and family-centered ▪ No Wrong Door: Services are delivered regardless of insurance/payer source, regardless of where a person presents for care

Discussion: Identifying Performance Measures

Aim: Arrive at a set of discrete performance measures that the state collects to be included in a publicly-facing data dashboard

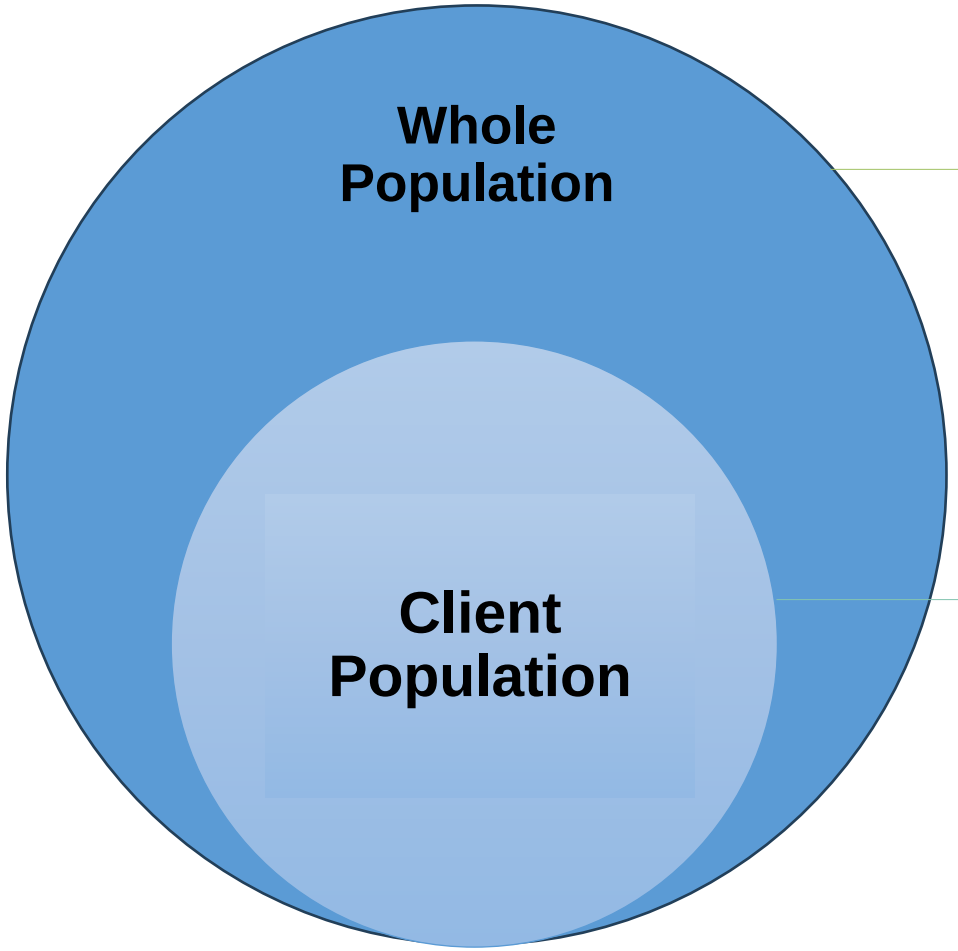
Results Based Accountability (RBA)

Approach to Metrics

- How much we do,
- How well we do it, and
- Is anyone better off?

Source: https://clearimpact.com/results-based-accountability/

RBA: Population & Performance Accountability (1)



Population Accountability
The well-being of Whole Populations
Communities, Cities, Counties, States, Nations, World

Performance Accountability
The well-being of Client Populations
Governments, Multi-agency Service Systems, Agencies, Organizations, Programs, Units

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Identifying Performance Metrics (Meeting 1 Input)

Across Services: Collect data on client profile/demographics and type of crisis

How much did we do
How well did we do it
Work Group additions (5/17/24)

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
Peer-Based Warm Lines • # of warmlines • Call volume • Types of calls • Transfer rates/volume between warm lines and 988 [reduced need for transfer] • Links to social services (e.g., housing)	**Hotlines** • Call Volume (repeat callers), Talk Time/Call Length • Call Answer Rates, Time to Answer, Abandonment Rate • Referrals/resources (linked) • Referral utilization and follow up post crisis call • Post caller experience/satisfaction – Net Promoter Scores (NPS) • Ability to respond in caller's preferred language • Reduced levels of distress immediately following the call • 5150 rates	**Crisis Receiving and Stabilization Services** • Number of facilities per county/region • % referrals accepted • Time to access/distance from population base • Reduced hospitalizations and readmissions • Reduced Emergency Department Visits

Community-Based Behavioral Health Services
• % people connected to outpatient services following discharge from hospital or ED for MH/SUD
 	
Digital Apothecary
• E.g. CYBHI digital platform
• # web visits, downloads of digital tools
 	
Other Social Indicators
• E.g., Social Connectedness
	Mobile Crisis
	• Types of mobile crisis teams
	• Number of mobile crisis teams by county, ratio to population
	• Dispatch protocols and rates
	• Average in-person response times
	• Referrals (linked)
		Other Stabilization Services
		• Definitions, operations, availability (time to access, distance from population base)
		  ○ Peer respite
		  ○ In-home crisis stabilization
		  ○ Crisis residential treatment services
		  ○ Sobering centers
		  ○ Post-crisis step-down services, e.g. partial hospitalization, supportive housing

Source: Adapted from the CCC-P with input from the PAG

Input from PAG Discussions (Dec-23 and Jun-24)

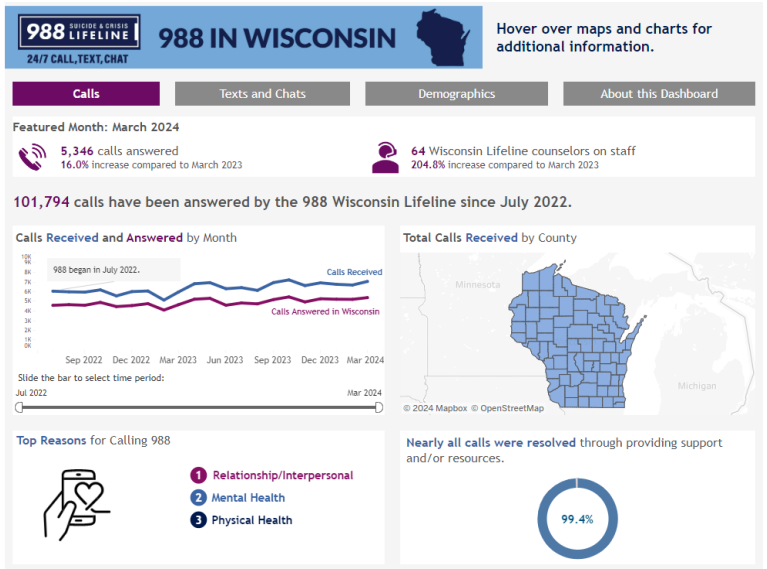
Would like data and metrics to provide accountability and oversight, demonstration of system improvement, key transition points in the system, and the right incentives.

- Confidentiality
  - During a call: Concerns around balancing the needs for data with the considerations around help seeker privacy/trust
  - Following a call: Challenges with gathering post-call measures
- Time horizon: Consider a phased approach to metrics development. Any metrics should reflect current crisis system and data collection capacity. Metrics can evolve as the crisis system evolves.
- Desire to not “reinvent the wheel”
  - Consider how data measurement aligns with those of other state initiatives and measurement strategies (e.g., CYBHI, CalAIM)
  - Consider what 988 Crisis Centers are already required to collect
  - Leverage data that is already collected/ measured for other purposes
- Importance of context in determining whether a data trend indicates a positive or negative outcome (e.g., a decrease in calls to 988 may indicate an increase in use of warmlines/access lines)
- Discussion on how to link our systems more effectively so that data can flow between different actors in the BH continuum (e.g., schools, hospitals, primary care providers…); in addition to technology, also a need for standard definitions across health entities for data to be meaningfully transferable

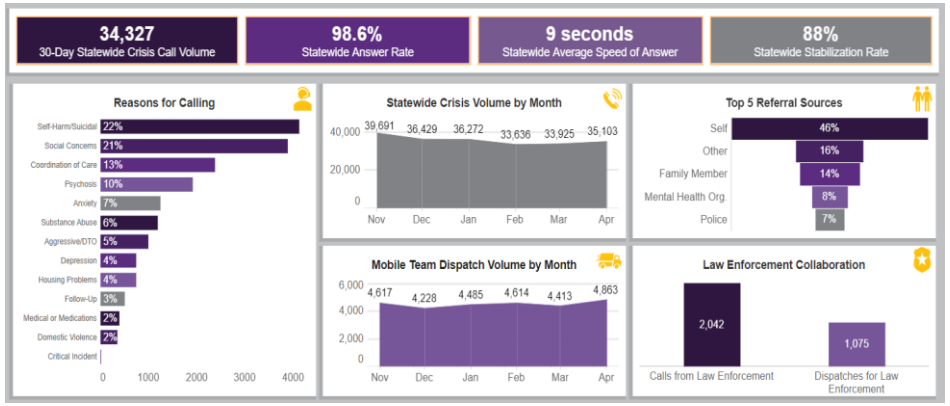
Analysis from Other State Dashboards (1)

- At our first meeting, we reviewed a sampling of public dashboards from other states.

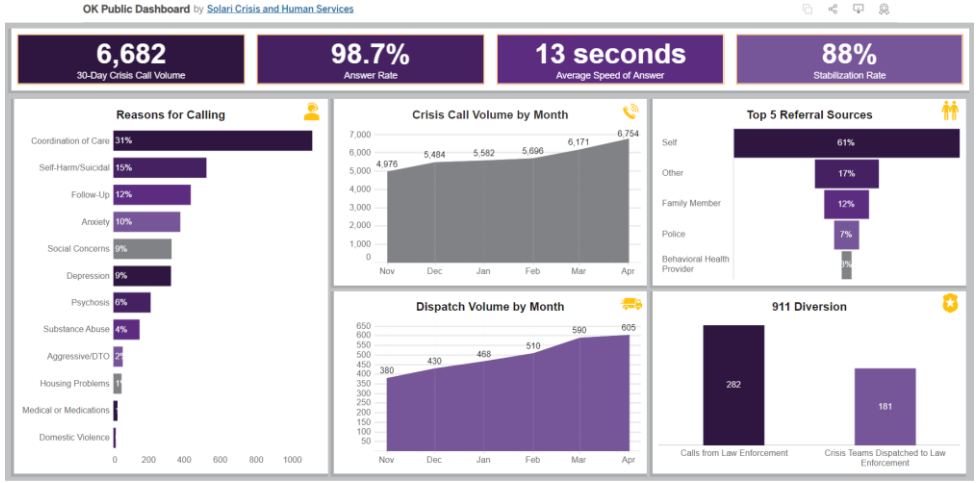
Wisconsin



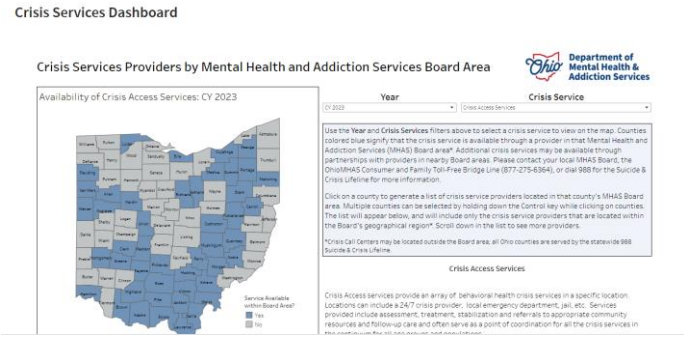
Arizona



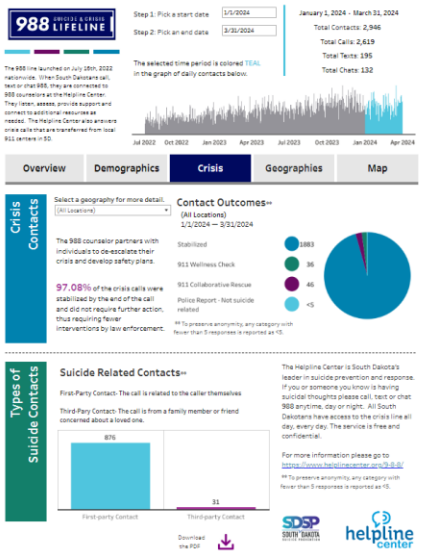
Oklahoma



Ohio



S. Dakota



Analysis from Other State Dashboards (2)

- 15 states have 988 dashboards (AZ, CO, FL, GA, HI, ID, LA, MT, NC, OH, OK, SD, UT, WI, WY)

Elements	# of States Reporting Element	% of States with a Dashboard Reporting Element
# of calls received	15	100%
# of texts/ chats received	4	27%
Average answer rate calls	2	13%
Average speed to answer	8	53%
Reasons for the contact	4	27%
Referral source	1	7%

Elements	# of States Reporting Element	% of States with a Dashboard Reporting Element
Outcome	2	13%
Law Enforcement involvement	3	20%
First time caller	1	7%
Age	9	60%
Race/ ethnicity	5	33%
Gender	7	47%

PAG Survey Input (Jul-24, n=8) (1)

Essential Crisis Service Category	Top 3 Priorities for Years 1-3	Priorities for Years 4+
Prevention	• Peer based warm line call volume • Peer based warm line call type • Transfer rates/ volumes between warm lines and 988	• % of people connected to outpatient community based behavioral health services following d/c from inpatient setting or ED
988 Crisis Centers	• Contact Volume (incoming contacts) • Answer rate • Number of transfers to 911/ emergency response from 988	• Hotline contact referral utilization (post call) • Hotline average contact length • Number of transfers to mobile crisis from 988/ number of transfers from 911 to 988

PAG Survey Input (Jul-24, n=8) (2)

Essential Crisis Service Category	Top 3 Priorities for Years 1-3	Priorities for Years 4+
Community-based Crisis Response	• Rates for on-site resolution • Number and type of team by county/ ratio of teams to population • Rates of law enforcement involvement • Rates of 5150 holds • Rates of transfer to ED • Rates of transfer to alternative destinations	• Average % of linked referrals • Follow up rates by mobile crisis teams
Crisis Receiving and Stabilization Services	• Number/ type of facilities by county/ region • Number and % of referrals accepted by facility by county/ region • ED rates by county/ region	• Time to access/ distance from population base by county/ region • Hospitalizations and readmission rates by county/ region

Draft for Discussion: Performance Metrics

Proposal: Phased approach that starts with what we can measure based on current system and data collection capacity

Essential Crisis Service Category	Years 1-3
Prevention	• Peer based warm line call volume • Transfer rates/ volumes between warm lines and 988
988 Crisis Centers	• **Contact Volume** (incoming contacts) • **Answer rate** • Number of transfers to 911/ emergency response from 988 • **% of calls resolved without need to transfer or dispatch emergency services**
Community-based Crisis Response	• Rates for on-site resolution • Number and type of team by county/ ratio of teams to population • Rates of law enforcement involvement • Rates of 5150 holds- • Disposition type (ED, alternative destination)
Crisis Receiving and Stabilization Services	• Number/ type of facilities by county/ region • ED rates by county/ region

** Data that is bolded is currently collected by 988 Crisis Centers and/or Vibrant*

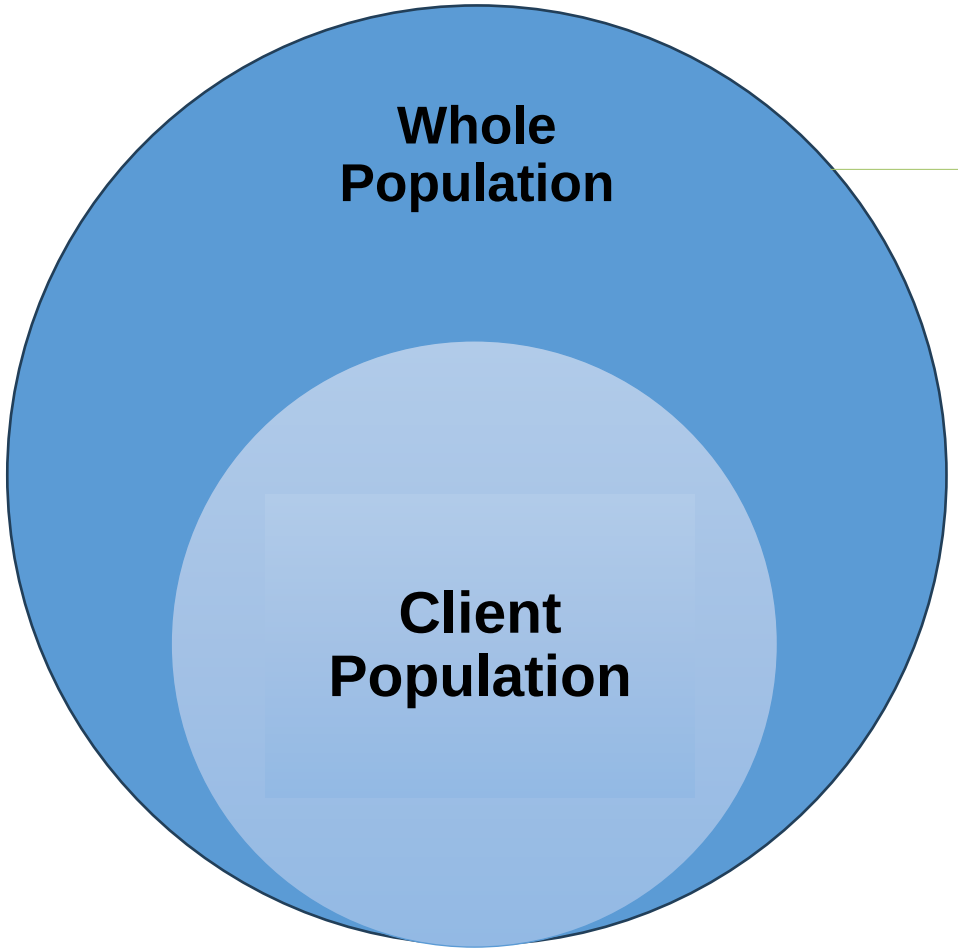
Workgroup 5 Discussion Notes

- General
  - Looking at the crisis care continuum more broadly, knowing that AB988 requires a focus on a specific part (though not in isolation)
    - *To do before 8/14: What is required by AB988 and what is required in the broader scope*
  - Consider organizing by CCC-P categories: Prevention, Response, Stabilization
  - How to account for SUD-related contacts – “not all SUD are created equally”
    - What do we mean by "crisis" for a person with substance use related issues? Overdose? What else?
  - Consider data for special populations (e.g., those living with disabilities, youth involved in child welfare)
  - Ability for multi-variate type of analysis
  - Consider how to leverage data that is already being collected (e.g., DOJ data related to use of force)
  - Need for system coordination
  - For these measures, what’s the process for determining the “right” amount? What are the underlying assumptions?
  - Consider adding customer satisfaction measures
- 988 Crisis Centers
  - More interesting to understand call volume based on disposition
  - Interest in # of repeat callers
  - Volume of rollover calls
  - Demographics of callers
- Community-based Crisis Response
  - Add response time
  - 5150 – Penetration rate that sits outside
- Crisis Stabilization
  - How do we account for stabilization beyond immediate care?
  - Include arrest
  - Include live count for available beds/space in the facilities count. This would help us better understand system capacity/need.
  - Are we moving the needle toward consistent statewide access

Discussion: Population Outcomes

Aim: Arrive at a discrete number of population-level outcomes that the state should monitor

RBA: Population & Performance Accountability (2)



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The well-being of Whole Populations
Communities, Cities, Counties,
States, Nations, World

Multiple partners share joint accountability for a population result

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Population Outcomes: Is Anyone Better Off?

Direction	Outcome Measure
⇩	Suicide attempts
⇩	Suicide deaths (within set timeframe post call)
⇩	Overdose deaths
⇩	BH-related Incarceration (disaggregated by pop- e.g., foster youth, unhoused…)
⇧	Individuals with improved functional status
⇧	Health adjusted life expectancy

Work Group additions (5/17/24)

Next Steps

Where We Go From Here

- Feedback gathered from this Workgroup will be shared with CalHHS, who will in turn engage their state partners in review.
- Feedback gathered will also be shared with the Policy Advisory Group for further review and input at its meetings in August and September. The Workgroup Co-Chairs will support this effort.
- The outcome of the state and Policy Advisory Group review processes will be a set of recommendations that will inform the development of the Five-Year Implementation Plan presented to the legislature in December.

Other Ways to Stay Involved

- Attend upcoming Policy Advisory Group meetings
  - August 14 (California Community Foundation, Los Angeles)
  - September 18 (Allenby Building, Sacramento)
  - November 20 (Allenby Building, Sacramento)
- Consider attending other Workgroups as members of the public:
  - Peers (August 6, 1-3PM)
  - Funding and Sustainability (August 27, 1-3PM)
- Continue to share your thoughts and perspectives at AB988Info@chhs.ca.gov.

Public Comment Period

Public Comment Guidelines

- **All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.**
- If you prefer, you may email your written comment to the project email address: AB988Info@chhs.ca.gov
- Each speaker is allocated 2 minutes to speak unless adjusted by the meeting facilitator.
- A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of Workgroup members or ask Work Group members to respond to their comments directly.

Public Comment Sign-Ups

1. Elise Gyore

Adjourn