Proposition 1 Accountability
"No Excuses" Metrics and Measures
October 2024

The Steinberg Institute has long stood with our founder in demands for more public transparency and accountability regarding MHSA funds. Importantly, for the first 20 years of MHSA, the state failed to track and report on statewide outcome measures, leaving us with a limited story to tell about the impact of the billions of dollars invested in mental health services in California. Despite this, the original MHSA did include language around specific outcomes related to reducing the following:

- Suicides
- Incarceration
- School failures/dropouts
- Unemployment
- Homelessness
- Hospitalizations
- Removal of children from their homes
- Prolonged suffering

Fortunately, there is existing data being reported to the state around each of these items, so we recommend utilizing the originally proposed outcomes along with existing available data. We propose to use these datasets to quantify a baseline for each of these measures before 2026, and then to develop a framework for tracking them over time.

We recommend process measures that tell the story of system successes (i.e. access to care, client satisfaction, units built, fiscal leveraging) as well as outcome measures of positive impact on individuals (i.e. reduced homelessness, incarceration, hospitalization). These measures would also bolster accountability in our systems of care, by identifying areas needing improvement.

In addition to the items from the original MHSA, we have included additional measures specifically referenced in Proposition 1. We have created a crosswalk of data available for all process and outcome measures, as well as a source document with links to the data sources/tools.

Prop 1 Accountability Metrics[1]

Outcome	Metric	Source
Process Metrics		
Treatment infrastructure	Number of units, beds, and housing supports (e.g., rental subsidies) provided to individuals	California Department of Health Care Services (DHCS) and California Department of Housing and Community Development (HCD)
Fiscal data	Annual county allocations, expenditures, reserves, and amounts leveraged for Medi-Cal and spent on individuals that should have been covered by commercial insurance, by fund category	DHCS
Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)	Utilization of ACT and FACT among Medi-Cal beneficiaries and number of Medi-Cal providers offering ACT and FACT	DHCS
Full-Service Partnerships (FSP)	Number of FSP programs, slots, and individuals served	DHCS

[1] All of the metrics should, where possible and applicable, be disaggregated by county, race/ethnicity, Medi-Cal status, Full Service Partnership participation, early intervention program participation, child welfare status, SMI/SUD diagnosis, and payer.

Early intervention	Number of early intervention programs, slots, and individuals served	DHCS
Hospitalization	Rates of follow-up after hospitalization or emergency room utilization for individuals with mental health conditions and substance use disorders	DHCS
Incarceration	Number of people released from prison that enroll in Medi-Cal, select a Medi-Cal plan, and access behavioral health services	DHCS and California Department of Corrections and Rehabilitation (CDCR)
Prolonged suffering	Wait times for appointments and ratio of providers to patients in Medi-Cal	DHCS timely access and network adequacy reports and External Quality Review Organization (EQRO) reports
Workforce	Number of county behavioral health vacancies	DHCS
Outcome Metrics		
Suicide	Suicide rate and monthly suicides	California Department of Public Health (CDPH)
Suicide	Assessed degree of suicide risk for foster youth	Child and Adolescent Needs and Strengths Assessment (CANS)
Hospitalization	Key Event Tracking (KET) forms completed that indicate placement into hospital settings	Full-Service Partnership (FSP) KET forms

Hospitalization	Emergency department visits, hospitalizations, and admissions to residential treatment facilities (including length of time and readmissions) due to a behavioral health condition	California Department of Health Care Access and Information (HCAI) and DHCS
Hospitalization	Number of Medi-Cal beneficiaries receiving services, total number of admissions, average length of stay, and 7/30 day readmission rates for psychiatric inpatient care	DHCS External Quality Review Organization (EQRO) report
Hospitalization	State hospital caseload, number of referrals to the state hospitals, number of people on the waitlist for state hospitals	Department of State Hospitals (DSH)
Hospitalization	Self-reported number of emergency room visits and hospital overnight stays for individuals with a substance use disorder	California Outcome Measurement System (CalOMS) admission and discharge forms
Incarceration	KET forms completed that indicate placement in jail, juvenile justice facilities, or arrests	FSP KET forms
Incarceration	Number of Medi-Cal beneficiaries that have been incarcerated in the past year	CDCR and DHCS
Incarceration	Self-reported times arrested for individuals with a mental health or substance use disorder	DHCS Mental Health Statistics Improvement Program (MHSIP) consumer survey
Incarceration	Self-reported criminal justice data for individuals with substance use disorders	CalOMS admission and discharge forms

School failure or dropout	KET forms completed that indicate suspension or expulsion	FSP KET forms
School failure or dropout	Self-reported improvement in school life as a result of receiving Medi-Cal services for individuals with a mental health or substance use disorder	DHCS MHSIP consumer survey
School failure or dropout	Assessed degree of interference behavioral/emotional needs have on school performance for foster youth	CANS
School failure or dropout	Self-reported school enrollment for individuals with a substance use disorder	CalOMS admission and discharge forms
Unemployment	KET forms completed that indicate participants are in competitive employment or supportive employment	FSP KET forms
Unemployment	Average hours working and hourly wage	FSP KET forms
Unemployment	Self-reported improvement in work life as a result of receiving Medi-Cal services for individuals with a mental health or substance use disorder	DHCS MHSIP consumer survey
Unemployment	Self-reported employment data for individuals with a substance use disorder	CalOMS admission and discharge forms
Prolonged suffering	Self-reported ability to access services as a result of receiving Medi-Cal services for individuals with a mental health or substance use disorder	DHCS MHSIP consumer survey
Prolonged suffering	Self-reported number of days waited to enter substance use disorder treatment	CalOMS admission and discharge forms

Homelessness	Number and proportion of Medi-Cal beneficiaries that have experienced homelessness in the past year	DHCS
Homelessness	KET forms completed that indicate placement in emergency shelters, temporary housing, or homelessness	FSP KET forms
Homelessness	Number of people with behavioral health conditions experiencing homelessness	Point-in-Time (PIT) count
Homelessness	Self-reported improvement with housing situation and financial means to pay for individuals with a mental health or substance use disorder	DHCS MHSIP consumer survey
Homelessness	Self-reported living arrangements for individuals with a substance use disorder	CalOMS admission and discharge forms
Child welfare removals	Point-in-Time count and entries to foster care	Child Welfare Indicators Project (CWIP)
Child welfare removals	KET forms completed that indicate foster home as the general living arrangement	FSP KET form
Overdoses	Overdoses by drug type	CDPH
Workforce	Number of county employees providing direct clinical behavioral health services	DHCS

Metric Data Maps

Reporting:

- Unless otherwise indicated below, we recommend all information be reported to DHCS on a quarterly basis, due by the last day of the month following the end of each quarter. For example, January, February, and March numbers should be reported to DHCS by April 30.
- DHCS should create a single accessible and well-structured repository for sharing the metrics recommended below (e.g., dhcs.ca.gov/dataandstats/prop1metrics).
- Unless otherwise indicated below, all information reported to DHCS should be publicly shared by DHCS:
    - within 90 days of the deadline for reporting the information to DHCS;
    - in multiple accessible forms, including (but not limited to): browser viewable .html tables, downloadable .csv files, and downloadable raw text files.

Process Metrics:

- Treatment infrastructure
    - Process metrics regarding the creation of facilities and housing supports provided are not specifically called out in Proposition 1. However, DHCS has the authority to establish outcome metrics it deems appropriate.
    - Our suggested housing-related process metrics include the below, we recommend this information be reported in a single reporting tool which includes all types of housing and housing support.
        - Housing units constructed with Prop 1 funding
            - Number (with funding and expected bed capacity per project) of grant awards to construct or rehabilitate housing units and the number (with total bed capacity) of completed housing projects
                - We recommend grant award information be made public by DHCS and HCD (for the housing programs it administers) each time a round of funding is awarded

        - We recommend this information be reported by types of housing including, but not limited to, the below.
            - Board and care
            - Permanent supportive housing
            - Transitional housing
            - Shared housing
            - Family housing
        - We recommend information on completed housing projects be reported to DHCS and HCD (for the housing programs it administers) on a quarterly basis
            - We recommend HCD share its information with DHCS immediately when it is available, but no later than the last day of the month following the end of a quarter.
- Housing support provided (in per capita dollars)
    - Rental subsidies
        - Number of rental subsidies provided each month and the per capita dollar value of the subsidies provided in a given month
    - Operating subsidies
        - Number of operating subsidies provided each month and the per facility dollar value of the subsidies provided in a given month
    - Non-federal share of Medi-Cal transitional rent benefit
        - Per Medi-Cal beneficiary dollar value of the total non-federal funding for the transitional rent benefit, broken down by county fund source and managed care plan
            - We recommend this information be reported to DHCS both by counties and managed care plans as both systems will be responsible for administering this benefit
- Individuals placed in Prop 1 housing units and via Prop 1 housing supports

        - Number of new and existing individuals residing in housing units funded through Prop 1, broken down by type of housing and the number of individuals receiving rental subsidies or the Medi-Cal transitional rent benefit
- Fiscal data
    - Under Proposition 1, counties are required to report the below to DHCS on an annual basis. We recommend this information be reported to DHCS by the last day of the month following the close of the state fiscal year. E.g., data for the 2026-27 fiscal year should be reported to DHCS by July 31. For each of the below, we also recommend that fiscal data be reported by fund source and on both a total and per capita dollar basis.
        - Annual allocation of state and federal funding for behavioral health by category
        - Annual expenditures of state and federal funding for behavioral health, by category
        - Amounts of annual and cumulative unspent state and federal behavioral health funding, including what is in reserve, by category
        - Annual expenditure of the county general fund on behavioral health services
        - The sources and amounts spent annually as the non-federal share for Medi-Cal behavioral health services
        - All administrative costs, by category
        - All contracted services, and the cost of those contracted services, by category
    - The below is not explicitly required under Proposition 1, but the measure requires counties to report information on behavioral health services provided to people not covered by Medi-Cal (the specifics of what this information will be are TBD).
        - We recommend that this include the amount of county behavioral health funding (encompassing all fund sources) used for behavioral health services for individuals with commercial insurance coverage (broken down by health plan). We also recommend that this fiscal data be reported to DHCS with the same cadence as the data above

- Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)
    - Under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration, the state will analyze the below using internal claims data.
        - Number and proportion of Medicaid members with an SMI/SED diagnosis accessing ACT and FACT
            - The number of unique individuals in the county Medi-Cal system who access ACT and FACT programs that receive Medi-Cal reimbursement
                - To obtain proportions, the above figure as a share of the number of unique individuals accessing one or more Medi-Cal Specialty Mental Health or Drug Medi-Cal (including through the Organized Delivery System) services in a given month
        - Number of Medicaid provider sites offering ACT and FACT
            - The number of providers that have submitted a claim for reimbursement of ACT and FACT services in a given month
- Full-Service Partnerships (FSP)
    - Process metrics regarding FSPs are not specifically called out in Proposition 1. However, DHCS has the authority to establish outcome metrics it deems appropriate.
    - Our suggested FSP-related process metrics include the below.
        - FSP programs
            - The number of FSP programs that are operational for one or more business days in a given month, by county
        - FSP slots
            - The maximum number of slots (both filled and open) available in FSP programs on a business day in a given month, by county
        - FSP individuals served
            - The number of unique individuals who received at least one day of FSP program services in a given month, by county
- Early intervention

- Process metrics regarding early intervention programs are not specifically called out in Proposition 1. However, DHCS has the authority to establish outcome metrics it deems appropriate.
- Our suggested early intervention-related process metrics include the below.
    - Early intervention programs
        - The number of early intervention programs that are operational for one or more business days in a given month, by county
    - Early intervention slots
        - The maximum number of slots (both filled and open) available in early intervention programs on a business day in a given month, by county
    - Early intervention individuals served
        - The number of individuals who received at least one day of early intervention program services in a given month, by county

- Hospitalization
    - Under BH-CONNECT, the state will analyze the below using internal data.
        - We recommend HCAI (which collects hospitalization and ED data) share the data necessary to compile the below metrics with DHCS immediately when it becomes available
        - Rates of follow-up after hospitalization for mental illness
            - The number and proportion of unique Medi-Cal beneficiaries hospitalized for a mental health issue that receive subsequent mental health services within 7 to 30 days, by county
                - To obtain proportions, the above figure as a share of all unique Medi-Cal beneficiaries hospitalized for a mental health issue, by county
        - Rates of follow-up after an ED visit for mental illness
            - The number and proportion of unique Medi-Cal beneficiaries visiting the ED for a mental health issue that receive subsequent mental health services within 7 to 30 days, by

county
        - To obtain proportions, the above figure as a share of all unique Medi-Cal beneficiaries that visited an ED for a mental health issue, by county
    - The state also collects data on rates of follow-up after an ED visit for substance use disorder according to the Healthcare Effectiveness Data and Information Set (HEDIS) among Medi-Cal beneficiaries in the managed care delivery system, and publishes the results in an annual External Quality Review Report for Medi-Cal Managed Care Plans.
        - The percentage of ED visits for Medi-Cal beneficiaries 13 years and older with a principal diagnosis of substance use disorder, or any drug overdose, who received a follow-up visit within 7 and 30 days of the ED visit, by county
- Incarceration
    - Under the DHCS/CDCR Medi-Cal Utilization Project the state collects the below data. The data are compiled on an annual basis and are lagged (the latest report reflects individuals released from prison in fiscal year 2019-20).
        - Number and proportion of individuals released from prison that enroll in Medi-Cal in a given fiscal year
        - Number and proportion of individuals released from prison that select a Medi-Cal managed care plan in a given fiscal year
        - Medi-Cal penetration rates
            - Number and proportion of individuals released from prison that accessed at least one Medi-Cal behavioral health service in a given fiscal year, by county, by managed care plan, and by diagnosis
                - To obtain proportion, the above figures as a share of individuals released from prison that enrolled in Medi-Cal
        - Engagement rate
            - Number and proportion of individuals released from prison that accessed at least five Medi-Cal behavioral health

services in a given fiscal year, by county, by managed care plan, and by diagnosis
        - To obtain proportion, the above figures as a share of individuals released from prison that enrolled in Medi-Cal

- Prolonged suffering
    - As a proxy process measure for prolonged suffering, the state can use the wait times for appointments (timely access) and ratio of providers to patients (network adequacy) in Medi-Cal. This information is compiled by the state on an annual basis according to the Healthcare Effectiveness Data and Information Set (HEDIS) and is lagged (the latest report reflects metrics from the 2021-22 fiscal year) in the below reports.
        - Timely access
            - External Quality Review Report for Medi-Cal Specialty Mental Health
                - The average wait time in business days until first offered appointment and first delivered service for the following, by county:
                    - Non-urgent outpatient mental health services
                    - Non-urgent outpatient psychiatry services
                    - Urgent mental health and psychiatry services
                    - Follow-up after psychiatric inpatient discharge
            - External Quality Review Report for the Drug Medi-Cal Organized Delivery System (DMC-ODS)
                - The average wait time in business days until first offered appointment and first delivered service for the following, by county:
                    - Non-urgent outpatient SUD services
                    - Non-urgent outpatient Medication Assisted Treatment (MAT) or Opioid Treatment Program (OTP) service
                    - Urgent SUD services
                    - Follow-up after residential treatment
        - Network adequacy

        - Mental Health Plan (MHP) Annual Network Certification
            - The ratio of behavioral health providers accepting Medi-Cal patients to total unique Medi-Cal beneficiaries that accessed at least one Specialty Mental Health Services in a given fiscal year, by county
- Workforce
    - Under Proposition 1, counties are required to report the below to DHCS.
        - Job vacancies
            - Number of positions vacant as of the last day of the month in counties and in organizations contracted to provide behavioral health services on the county's behalf, by county, and broken down by direct service (by behavioral health provider type) and administrative roles

Outcome Metrics:

- Suicide
    - CDPH currently compiles the below.
        - Suicide rate by county
            - The latest data covers the period from 2018-2020. However, CDPH likely has the capacity to compile county-by-county numbers on a monthly basis as well
        - Monthly number of deaths by suicide
        - We recommend CDPH share the data necessary to compile the above metrics with DHCS immediately when it becomes available
- Suicide Risk for Foster Youth
    - The CANS tool for foster youth contains the below. CANS assessments are required to be conducted every six months. We recommend this information be reported to DHCS twice a year, with half-year numbers due by the last day of the month following the end of each half-year. E.g., January through June numbers should be reported to DHCS by July 31 and July through December numbers should be reported to DHCS by January 31.

        - A "Risk Behavior" section in which degree of severity for suicide risk is indicated
            - The average score (between 0 and 3) for new CANS assessments on the dimension of suicide risk, by county
            - The change in average score (between 0 and 3) for CANS assessments on the dimension of suicide risk after six months and one year, by county
- Hospitalization
    - FSP KET forms completed by counties contain the below information in separate forms for adults and Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
        - Information on placement into hospital settings
            - The number of KET forms completed that indicate new placement into the below.
                - An acute medical hospital
                - An acute psychiatric hospital or psychiatric health facility (PHF)
                - A state psychiatric hospital
- Hospitalization
    - HCAI plans to compile the below on an annual basis but likely has the capacity to compile the information on a monthly basis as well.
        - Number and proportion of statewide ED visits and inpatient hospitalizations due to a behavioral health issue
            - HCAI is also likely to be able to produce these numbers by county, we recommend that county-by county numbers be compiled as well
        - In addition, under BH-CONNECT, DHCS will analyze the below
            - ED lengths of stay
                - The average length of stay in an ED for Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service and who are admitted to the ED, by county
            - Hospital readmission rates

        - The number and proportion of unique Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service admitted to the hospital within 30 days of discharge for a previous hospital stay, by county
    - We recommend HCAI (which collects hospitalization and ED data) share the data necessary to compile the above metrics with DHCS immediately when it becomes available
- Hospitalization
    - DHCS compiles hospitalization outcome data according to the Healthcare Effectiveness Data and Information Set (HEDIS) and publishes the results in the annual External Quality Review Report for Medi-Cal Specialty Mental Health. This information is compiled by the state on an annual basis and is lagged (the latest data reflects metrics from the 2021-22 fiscal year) in the below report. The claims-based data below will help DHCS develop the hospitalization-specific outcome metrics required by BH-CONNECT discussed above.
        - External Quality Review Report for Medi-Cal Specialty Mental Health
            - Psychiatric inpatient services
                - Number of unique Medi-Cal beneficiaries receiving psychiatric inpatient care
                - Total psychiatric inpatient admissions among Medi-Cal beneficiaries
                - Average inpatient psychiatric length of stay
                - Psychiatric inpatient 7 and 30-day readmission rates
- Hospitalization
    - DSH compiles the below in biannual reports. However, DSH has the capacity to compile these numbers on a monthly basis.
        - The state hospital population
        - Number of referrals to the state hospitals
        - The number of people on the waitlist for the state hospitals
        - We recommend DSH share the data necessary to compile the above metrics with DHCS immediately when it becomes available

- Hospitalization
    - The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
        - Self-reported emergency room visits and hospital overnight stays
            - Information on the number of emergency room visits and days of hospital overnight stay in the last 30 days
                - Average number of emergency room visits, by county
                - Average number of days or hospital overnight stay, by county
- Incarceration
    - FSP KET forms completed by counties contain the below information in separate forms for adults and Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
        - The number of KET forms completed that indicate the below
            - Placement into jail or juvenile justice facilities
            - Arrest
- Incarceration
    - Under BH-CONNECT, and using data obtained from the DHCS/CDCR Medi-Cal Utilization Project, the state will analyze the below.
        - Incarceration among Medi-Cal beneficiaries with serious mental illness
            - Number and proportion of Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service who have been in jail or prison at least one day in the past calendar year
                - To obtain proportion, the above figure as a share of all Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service
        - We recommend CDCR share the data necessary to compile the above metrics with DHCS immediately when it becomes available

- Incarceration
    - The DHCS MHSIP Consumer Survey contains self-reported information from consumers with a mental health or substance use disorder including the below. The survey is conducted annually in each county.
        - Self-reported times arrested
            - "In the past MONTH, how many times have you been arrested for any crimes?"
                - No arrests
                - 1 arrest
                - 2 arrests
                - 3 arrests
                - 4 or more arrests
                    - The average number of arrests in the past month of survey respondents, by county
        - Follow-up arrest questions
            - If an individual has been receiving mental health services for one year or less.
                - "Were you arrested since you began to receive mental health services?"
                    - Yes
                    - No
                - "Were you arrested during the 12 months prior to that?"
                    - Yes
                    - No
                        - The proportion of survey respondents answering "no" to the above questions, by county
                - "Since you began to receive mental health services, have your encounters with the police…"
                    - Been reduced *(For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program.)*
                    - Stayed the same

        - Increased
        - Not applicable *(I had no police encounters this year or last year.)*
            - The proportion of survey respondents answering that their encounters with the police have been reduced or that they had no encounters with the police, by county
- If an individual has been receiving mental health services for more than one year.
    - "Were you arrested during the last 12 months?"
        - Yes
        - No
    - "Were you arrested during the 12 months prior to that?"
        - Yes
        - No
            - The proportion of survey respondents answering "no" to the above questions, by county
    - "Over the last year, have your encounters with the police…"
        - Been reduced *(For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program.)*
        - Stayed the same
        - Increased
        - Not applicable *(I had no police encounters this year or last year.)*
            - The proportion of survey respondents answering that their encounters with the police have been reduced or that they had no encounters with the police, by county

- Incarceration
    - The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
        - Self-reported criminal justice data
            - Criminal justice status
                - No criminal justice involvement
                - Under parole supervision by CDC
                - On parole from any other jurisdiction
                - Post-release Community Service (AB 109) or on probation from any federal, state, or local jurisdiction
                - Admitted under other diversion from any court under CA Penal Code, Section 1000
                - Incarcerated
                - Awaiting trial, charges or sentencing
                - Client unable to answer
                    - The proportion of respondents answering "No criminal justice involvement" to the above question, by county
            - Information on the number of arrests, jail days, and prison days in the last 30 days
                - Average number of arrests, by county
                - Average number of jail days, by county
                - Average number of prison days, by county
- School failure or dropout
    - FSP KET forms completed by counties contain the below information in separate forms for adults and Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
        - The number of KET TAY forms completed that indicate the below
            - Suspensions

            - Expulsions
        - Educational setting
            - Not in school of any kind
            - High School/Adult Education
            - Technical/Vocational School
            - Community College/4 year College
            - Graduate School
            - Other
                - The number of KET forms completed that indicate a selection other than "not in school of any kind"
- School failure or dropout
    - The DHCS MHSIP Consumer Survey contains self-reported information from consumers with a mental health or substance use disorder including the below. The survey is conducted annually in each county.
        - Self-reported school performance according to a Likert scale
            - "As a direct result of the services I received:"
                - "I do better in school and/or work"
                    - "Strongly Agree" to "Strongly Disagree"
                        - The proportion of survey respondents answering "Strongly Agree" or "Agree", by county
- School failure or dropout
    - The CANS tool for foster youth contains the below. CANS assessments are required to be conducted every six months. We recommend this information be reported to DHCS twice a year, with half-year numbers due by the last day of the month following the end of each half-year. E.g., January through June numbers should be reported to DHCS by July 31 and July through December numbers should be reported to DHCS by January 31.
        - A "Life Functioning" section in which degree of interference on the below areas of life functioning are indicated
            - School Behavior
            - School Achievement
            - School Attendance

        - The average score (between 0 and 3) for new CANS assessments on the dimensions above, by county
        - The change in average score (between 0 and 3) for CANS assessments on the dimensions above after six months and one year, by county
- School failure or dropout
    - The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
        - Self-reported school enrollment
            - Enrolled in school?
                - Yes
                - No
                    - The proportion of respondents answering "yes" to the above question, by county
- Unemployment
    - FSP KET forms completed by counties contain the below information in separate forms for adults and Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
        - Information on current employment
            - The number of KET forms completed that indicate the below, by county
                - Competitive Employment
                - Supported Employment
                - Transitional Employment
                - Paid In-House Work
                - Non-paid (Volunteer) Work Experience
                - Other Gainful/Employment Activity
                    - Each of the above should be compiled separately to observe changes in the selections on the form

        - Information on hours worked and wages
            - Average hours per week worked, by county
            - Average hourly wage, by county
- Unemployment
    - The DHCS MHSIP Consumer Survey contains self-reported information from consumers with a mental health or substance use disorder including the below. The survey is conducted annually in each county.
        - Self-reported work performance according to a Likert scale
            - "As a direct result of the services I received:"
                - "I do better in school and/or work"
                    - "Strongly Agree" to "Strongly Disagree"
                        - The proportion of survey respondents answering "Strongly Agree" or "Agree", by county
- Unemployment
    - The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
        - Self-reported employment data
            - Employment status
                - Employed Full time (35 hours or more)
                - Employed Part time (less than 35 hours)
                - Unemployed, looking for work
                - Unemployed – (not seeking)
                - Not in the labor force (Not seeking)
                    - The proportion of respondents answering "Employed Full time" or "Employed Part time" to the above question, by county
            - Information on the number of days of paid work and amounts earned in the last 30 days
                - Average number of days of paid work, by county

        - Average amount earned, by county
- Prolonged suffering
    - The DHCS MHSIP Consumer Survey contains self-reported information from consumers with a mental health or substance use disorder including the below. The survey is conducted annually in each county.
        - Self-reported ability to access care according to a Likert scale
            - "The location of the services was convenient"
            - "I was able to get all the services I thought I needed"
                - "Strongly Agree" to "Strongly Disagree"
                    - The proportion of survey respondents answering "Strongly Agree" or "Agree", by county
- Prolonged suffering
    - The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
        - Self-reported number of days waited to enter substance use disorder treatment
            - Average number of days waited to enter substance use disorder treatment, by county
- Homelessness
    - Under BH-CONNECT, the state will analyze the below.
        - Homelessness among Medi-Cal beneficiaries with serious mental illness
            - Number and proportion of Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service who have been homeless at least one day in the past calendar year
                - To obtain proportion, the above figure as a share of all Medi-Cal beneficiaries that have received at least one Specialty Mental Health Service

- FSP KET forms completed by counties contain the below information in separate forms for adults and Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
    - Homelessness status
        - Emergency Shelter/Temporary Housing
        - Homeless
            - The number of KET forms completed that indicate an FSP client is in emergency shelter/temporary housing or homeless
- The US Department of Housing and Urban Development (HUD) also compiles the below every two years.
    - PIT counts for individuals experiencing homelessness that also have mental illness or a substance use disorder by Continuum of Care (CoC)
        - The number and proportion of individuals experiencing homelessness (both sheltered and unsheltered) that have serious mental illness or a substance use disorder, by CoC
            - To obtain proportion, the above figure as a share of the overall homeless (both sheltered and unsheltered) population
                - The state may need to do additional work to obtain or construct an estimate for these figures by county
- The DHCS MHSIP Consumer Survey contains self-reported information from consumers with a mental health or substance use disorder including the below. The survey is conducted annually in each county.
    - Self-reported impact of mental health services on housing status according to a Likert scale
        - "As a direct result of the services I received:"
            - "My housing situation has improved"
                - "Strongly Agree" to "Strongly Disagree"

- The proportion of survey respondents answering "Strongly Agree" or "Agree", by county
- Self-reported financial ability to maintain housing
  - "During the past month, did you generally have enough money to cover the following items?"
    - Housing?
      - Yes
      - No
        - The proportion of survey respondents answering "yes" to the above questions, by county
- The California Outcome Measurement System (CalOMS) is a data collection and reporting system for substance use disorder treatment services. Facilities that receive state funding for substance use disorder treatment must complete CalOMS admission and discharge forms for each patient receiving care that contain the information below.
  - Self-reported living arrangements for individuals with a substance use disorder
    - Current living arrangements
      - At imminent risk of being homeless (losing housing within 14 days)
      - Dependent Living/Supervised Setting
      - Homeless
      - Independent Living (Own or rent a home alone or with roommates with no supervision)
        - The proportions of respondents answering "Dependent Living/Supervised Setting" and "Independent Living (Own or rent a home alone or with roommates with no supervision)", by county

- Child welfare removals

    - Under the Child Welfare Indicators Project the state compiles the below and makes it publicly available.
        - The number of children who currently have an open child welfare or probation supervised placement episode
        - The number of entries to foster care
            - The above information is available on a monthly basis and by county
- Child welfare removals
    - FSP KET forms completed by counties contain the below information in forms for Transitional Age Youth (TAY). FSP KET forms are completed every time a key event occurs for a participant in an FSP program.
        - General living arrangement
            - Foster Home (with relative)
            - Foster Home (with non-relative)
        - Placement in a residential program
            - Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform ((CCR))
                - The number of KET forms completed that indicate an FSP client is in one of the above general living arrangements or residential programs, by county
- Overdoses
    - CDPH currently compiles the below.
        - Number of monthly overdoses by type of drug
        - Quarterly number of opioid overdoses on a county-by-county basis
        - We recommend CDPH share the above data with DHCS immediately when it becomes available
- Workforce
    - Under Proposition 1, counties are required to report the below to DHCS.
        - Number of county employees providing direct clinical behavioral health services
            - Number of the above employees as of the last day of the month

- Number of county employees providing direct clinical behavioral health services compared to the prior year and an explanation for that change