

Adolescent & Young Adult Behavioral Health Collaborative Innovation & Improvement Network

March Virtual Learning Session: Public Health Arm

Thursday, March 24th, 2021 - 2:00-3:15pm EST

Session recording: <https://youtu.be/fhcroXnzENs>

Welcome to the March Learning Session!

~ and ~

Happy Spring!



In the chat, let us know which state you're in and what you're most looking forward to this Spring!

Acknowledgements

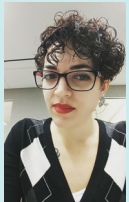
- **Funder:** Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS (cooperative agreement U45MC27709)
- **Grant Period:** September 1, 2018 – August 31, 2023 (5 years)
- **Project Officer:** Pamela Vodicka, MS, RD
- **Name:** Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP)
- **Lead Organization:** National Adolescent Health Information Center (NAHIC), at the University of California at San Francisco (UCSF)
- More information at nahic.ucsf.edu/resource-center/
- The contents of this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Today's Agenda

- I. Welcome and Project Reminders**
- II. AYA Behavioral Health Data Sources**
- III. State Sharing + Discussion**
 - I. How do your teams use data to inform your work?**
 - II. Who do you share your data with? Who shares their data with you?**

AYAH-NRC CoIIN Team: Main Contacts

AMCHP



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Achieve an **80%** screening rate of patients ages 12-25 for a major depressive episode using an age-appropriate **standardized tool** with documentation of a **follow-up plan** if the screen is positive.

Technical Assistance Funds Available!

Adolescent & Young Adult Health
National Resource Center

AYA Behavioral Health CoIIN Technical Assistance
State Team Request Forms

This document includes the following components:

<u>AYA National Resource Center Overview</u>	1
<u>AYA Behavioral Health Collaborative Improvement & Innovation Network</u>	1-2
<u>Technical Assistance Support available</u>	2
<u>What States can expect of the AYA-H-NRC</u>	2
<u>Approval Procedure</u>	2
<u>Appendix A: Request Form</u>	4-5

AYA National Resource Center Overview

The Adolescent and Young Adult Health National Resource Center (AYA-H-NRC) aims to improve the health of adolescents and young adults (AYAs) by strengthening the capacity of State Title V MCH Programs and partners to address the needs of AYAs (ages 10-25). Our work focuses on increasing the receipt of quality preventive visits for AYAs. This is a focus of many state Title V programs, including those that selected National Performance Measure (NPM) #10: percent of adolescents (ages 12-17) with a past-year preventive visit ([Click here for more information about NPMs](#)).

We place special emphasis on two areas:

- Improving the delivery of preventive services related to behavioral health, including depression screening and follow-up
- Strengthening focus on the distinct needs of young adults in state-level initiatives.

AYA Behavioral Health Collaborative Improvement & Innovation Network

The AYA-H-NRC has embarked on a new collaboration to increase and improve depression screening and follow-up for young people. The inaugural cohort of the AYA Behavioral Health Collaborative Improvement and Innovation Network (CoIIN) is composed of multidisciplinary teams that will operate through their public health systems (led by state Title V/maternal and child health programs) and primary care systems (led by clinical partners and practices).

Although depression is increasing among young people, screening rates and referrals to treatment remain low. Clinicians in busy practices often lack the skills to screen for depression, and even when they can find time to do the screening, many are faced with few options for further assessment and treatment for young people and their families. In 2017, 13.3 percent of adolescents aged 12 to 17 (or 3.2 million people) and 13.1 percent of 18- to 24-year-olds (or 4.4 million people) reported having a major depressive episode (MDE) in the past year. According to the Youth Risk Behavior Survey, 31.5 percent of students had experienced persistent feelings of

1

- Fill out the required TA request form
- Submit via email to Anna (acorona@amchp.org) and Iliana (iwhite@amchp.org)

Upcoming Reporting Requirements

Reporting Mechanism	Frequency of Reporting	Next round due:
State Capacity Assessment	Every 6 months	July 15 th , 2022
PDSA Cycles (these forms will serve as your progress reports)	Monthly <i>Add new PDSA cycles to report new activities and update existing PDSA cycles to report progress on existing activities</i>	April 1 st , 2022

PDSA Highlight!

- **Which CollN team is planning to conduct focus groups with youth to test existing stigma-reduction campaigns to understand which campaign is the best fit for young people in their state?**



Data Resources: AYA Behavioral Health

Susan Richardson, PhD

Research Analyst

Vermont Child Health Improvement Program

Data Resources

- Depression Prevalence
- Healthcare Utilization
- Workforce



Image Credit: Njung'e Wanjiru/Youth Mediathon

Quick poll....



Depression Prevalence



National Health and Nutrition Examination Survey



Substance Abuse & Mental Health Data Archive



Youth Risk Behavior Survey



Behavior Risk Factor Surveillance System

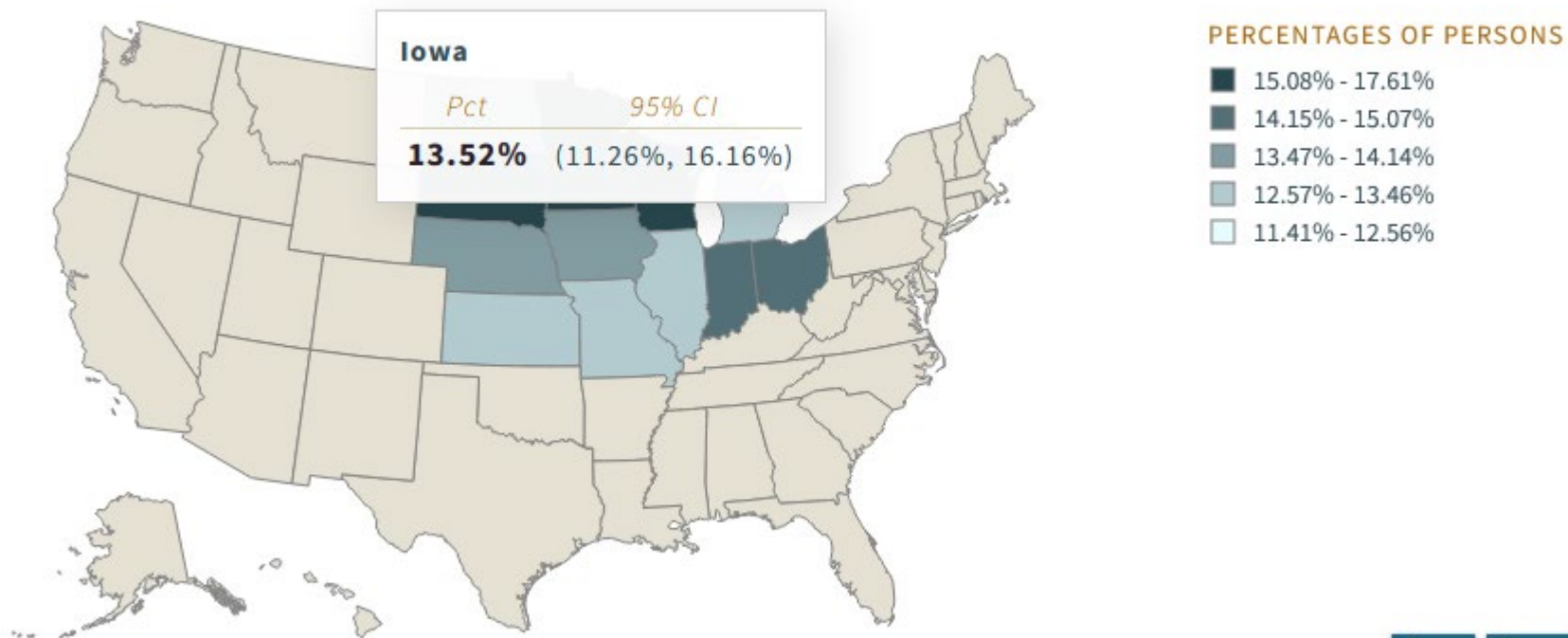
- <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020>
- State reports are a great place to start

Table 30 Major Depressive Episode in the Past Year: Among People Aged 12 or Older; by Age Group and State, Average Percentages, 2019 and 2020

State	18+		12-17		18-25		26+	
	(Estimate)	(95% Confidence Interval)	(Estimate)	(95% Confidence Interval)	(Estimate)	(95% Confidence Interval)	(Estimate)	(95% Confidence Interval)
Total U.S.	8.12	(7.81 - 8.44)	16.39	(15.53 - 17.28)	16.09	(15.35 - 16.87)	6.89	(6.57 - 7.24)
Northeast	7.68	(7.14 - 8.27)	15.32	(14.03 - 16.70)	16.78	(15.49 - 18.16)	6.32	(5.76 - 6.94)
Midwest	8.81	(8.30 - 9.35)	17.22	(16.03 - 18.48)	17.01	(15.88 - 18.21)	7.52	(6.99 - 8.08)
South	7.78	(7.33 - 8.27)	16.19	(15.13 - 17.32)	15.25	(14.22 - 16.34)	6.64	(6.18 - 7.14)
West	8.37	(7.81 - 8.97)	16.66	(15.29 - 18.14)	16.13	(14.80 - 17.55)	7.17	(6.59 - 7.79)
Alabama	7.43	(6.08 - 9.04)	17.56	(14.23 - 21.47)	13.02	(10.32 - 16.29)	6.58	(5.18 - 8.33)
Alaska	8.50	(7.09 - 10.14)	18.36	(15.10 - 22.14)	17.23	(13.94 - 21.11)	7.17	(5.74 - 8.92)
Arizona	9.87	(8.29 - 11.73)	16.90	(13.53 - 20.91)	21.53	(17.77 - 25.84)	8.02	(6.41 - 9.98)
Arkansas	9.41	(7.81 - 11.29)	14.97	(12.04 - 18.47)	16.89	(13.55 - 20.86)	8.24	(6.56 - 10.30)
California	7.34	(6.47 - 8.32)	14.83	(12.76 - 17.17)	13.60	(11.71 - 15.74)	6.37	(5.45 - 7.42)

- <https://pdas.samhsa.gov/saes/state>

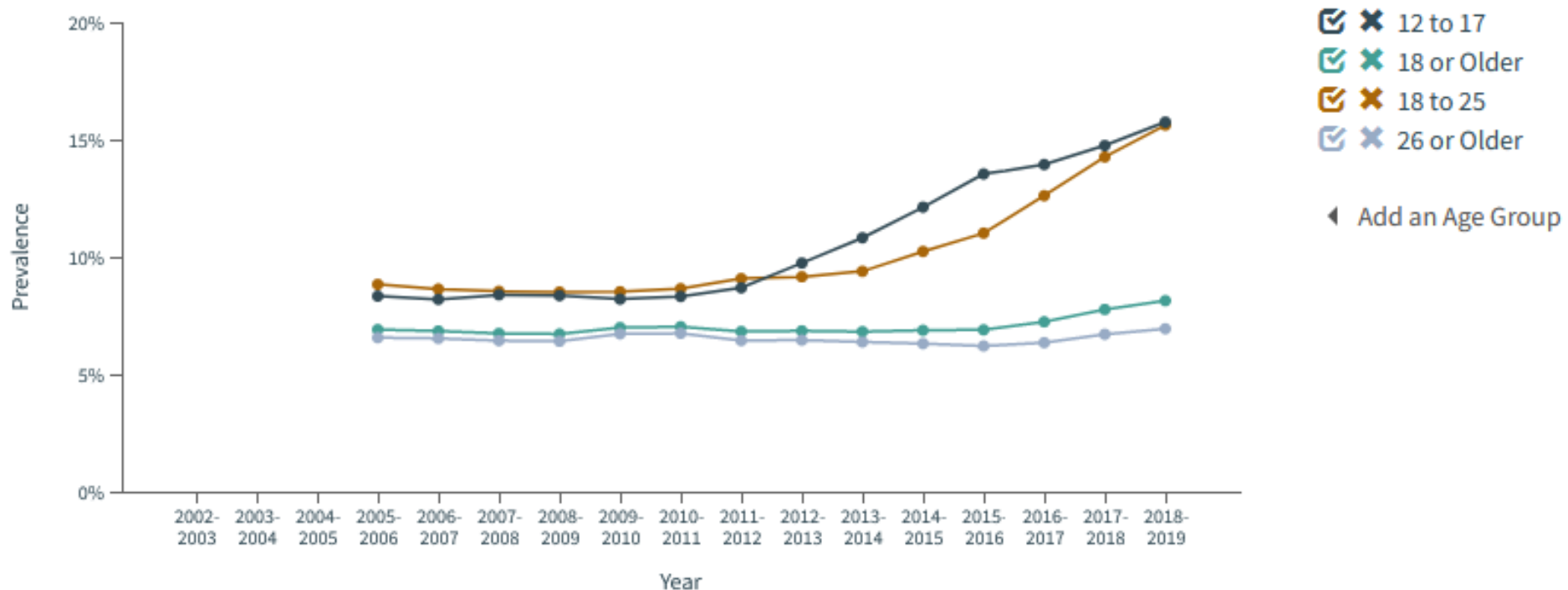
Major Depressive Episode in the Past Year among Adults Aged 18 to 25, by State: 2017-2018



↓ CSV ↓ PNG

- **As well as graphs over time**

Major Depressive Episode in the Past Year in the Midwest, by Age Group

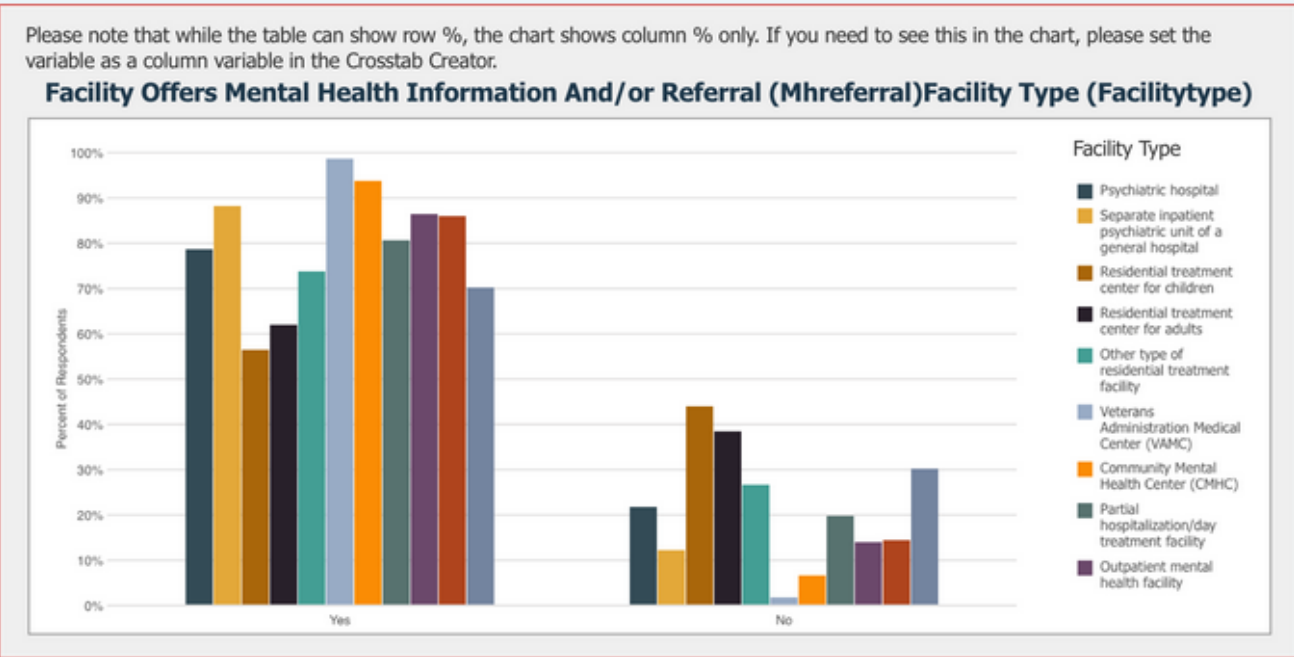


Data Analysis Systems

Explore outcomes across different variables to examine associations between them using the Public-Use and Restricted-Use Data Analysis Systems (PDAS and RDAS). These systems provide a convenient means of exploring SAMHSA data [from several data sources](#) without having to download any dataset files or additional tools. Use PDAS to explore the review study variables, run crosstab analyses, and download the results of analysis as a PNG image or as a data file in CSV format. Use RDAS to explore results over multiple survey years or year-pairs, including surveys with location-based information. If you're not sure where to start, check out the [video tutorials](#) in our Get Help section.

[Go to PDAS](#)

[Go to RDAS](#)



STATE NAME: PENNSYLVANIA		RC-YOUTH: USED RX MEDICATION FOR MDE IN PAST YEA		
RC-YOUTH: MDE WITH SEVERE ROLE IMPAIRMENT		Total	0 - No	1 - Yes
Total	Weighted Count	155,000	125,000	31,000
	Count SE	18,000.0	16,000.0	8,000.0
	Column %	100.00%	100.00%	100.00%
	Column % SE	0.00%	0.00%	0.00%
1 - Yes	Weighted Count	79,000	56,000	24,000
	Count SE	13,000.0	10,000.0	8,000.0
	Column %	51.20%	44.90%	76.90%
	Column % SE	5.49%	5.74%	9.20%
2 - No	Weighted Count	76,000	69,000	7,000
	Count SE	12,000.0	11,000.0	2,000.0
	Column %	48.80%	55.10%	23.10%
	Column % SE	5.49%	5.74%	9.20%



Youth Risk Behavior Survey

2019 YOUTH RISK BEHAVIOR SURVEY RESULTS

South Carolina High School Survey

Detail Tables - Weighted Data

Q25: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races*	Multiple races*
Yes	%	39.0	39.8	39.5	36.2	38.8	38.5	43.7	34.4	33.9	42.0	40.6	-	-
	N	454	174	215	64	135	116	118	79	93	51	249	21	19
No	%	61.0	60.2	60.5	63.8	61.2	61.5	56.3	65.6	66.1	58.0	59.4	-	-
	N	719	277	337	103	226	179	173	138	177	76	389	31	28
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-
	N	1,173	451	552	167	361	295	291	217	270	127	638	52	47



Youth Risk Behavior Survey

- <https://nccd.cdc.gov/youthonline/App/Default.aspx>

Felt Sad Or Hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey) South Carolina, High School Youth Risk Behavior Survey							
Grade	Year	2009	2019	p-value	2009 More Likely Than 2019	2019 More Likely Than 2009	No Difference
Total		25.1 (22.9-27.4) 1,099†	39.0 (35.2-42.9) 1,173	0.00		●	
9th		23.6 (19.7-28.0) 312	38.8 (32.6-45.3) 361	0.00		●	
10th		22.7 (17.5-28.9) 223	38.5 (32.5-44.8) 295	0.00		●	
11th		27.9 (22.3-34.4) 268	43.7 (35.6-52.2) 291	0.00		●	
12th		27.2 (21.6-33.7) 287	34.4 (28.4-40.9) 217	0.10			●



Behavioral Risk Factor Surveillance System
 Cross Tabulation, Pennsylvania, 2020
 of Healthy Days by Demographic Information

Sample Size	
Row %	(95% Confidence Interval)
Column %	(95% Confidence Interval)
Total % (Weighted)	(95% Confidence Interval)

		Calculated variable for 4-level imputed age category (_AGE_G, 18-24,25-44,45-64,65+)				
		Age 18 to 24	Age 25 to 44	Age 45 to 64	Age 65 or older	Total
Calculated variable for frequent (14+ days) poor mental health (MENTHLTH)						
Infrequent poor mental health (0-13 days)	n	356	1,225	1,757	1,363	4,701
	Row%	11.5% (10.0 - 13.0)	29.3% (27.5 - 31.1)	33.2% (31.5 - 34.9)	26.0% (24.4 - 27.6)	100.0% (100.0 - 100.0)
	Col%	84.7% (80.6 - 88.8)	80.7% (78.1 - 83.3)	86.3% (84.3 - 88.3)	92.1% (90.2 - 94.0)	85.8% (84.5 - 87.0)
	%	9.9% (8.6 - 11.2)	25.1% (23.6 - 26.7)	28.5% (27.0 - 30.0)	22.3% (20.9 - 23.7)	85.8% (84.5 - 87.0)
Frequent poor mental health (14-30 days)	n	79	291	269	118	757
	Row%	12.5% (9.2 - 15.8)	42.2% (37.5 - 46.9)	31.8% (27.6 - 36.0)	13.5% (10.3 - 16.6)	100.0% (100.0 - 100.0)
	Col%	15.3% (11.2 - 19.4)	19.3% (16.7 - 21.9)	13.7% (11.7 - 15.7)	7.9% (6.0 - 9.8)	14.2% (13.0 - 15.5)
	%	1.8% (1.3 - 2.3)	6.0% (5.1 - 6.9)	4.5% (3.8 - 5.2)	1.9% (1.4 - 2.4)	14.2% (13.0 - 15.5)
Total	n	435	1,516	2,026	1,481	5,458
	Row%	11.6% (10.3 - 13.0)	31.1% (29.5 - 32.8)	33.0% (31.4 - 34.6)	24.2% (22.8 - 25.6)	
	Col%	100.0% (100.0 - 100.0)	100.0% (100.0 - 100.0)	100.0% (100.0 - 100.0)	100.0% (100.0 - 100.0)	
	%	11.6% (10.3 - 13.0)	31.1% (29.5 - 32.8)	33.0% (31.4 - 34.6)	24.2% (22.8 - 25.6)	

Wald Chi-Square Value	Degrees of Freedom	p-value
50.11	3	<0.0001

Number of records on the BRFSS dataset for the year and location selected	5,541
Number of records excluded from the analysis	83
Sample Size (Number of records used in the analysis)	5,458
Total Weighted N (Population)	9,981,397

- <https://nccd.cdc.gov/weat/#/analysis>

COVID Behavioral Health Surveys

- [NORC/CDC Covid Experience \(CovEx\) Studies](#)
- [Adolescent Behaviors and Experiences Survey \(ABES\)-Spring 2022](#)
- [CDC Household Pulse Study](#)

CDC Household Pulse Survey

Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms

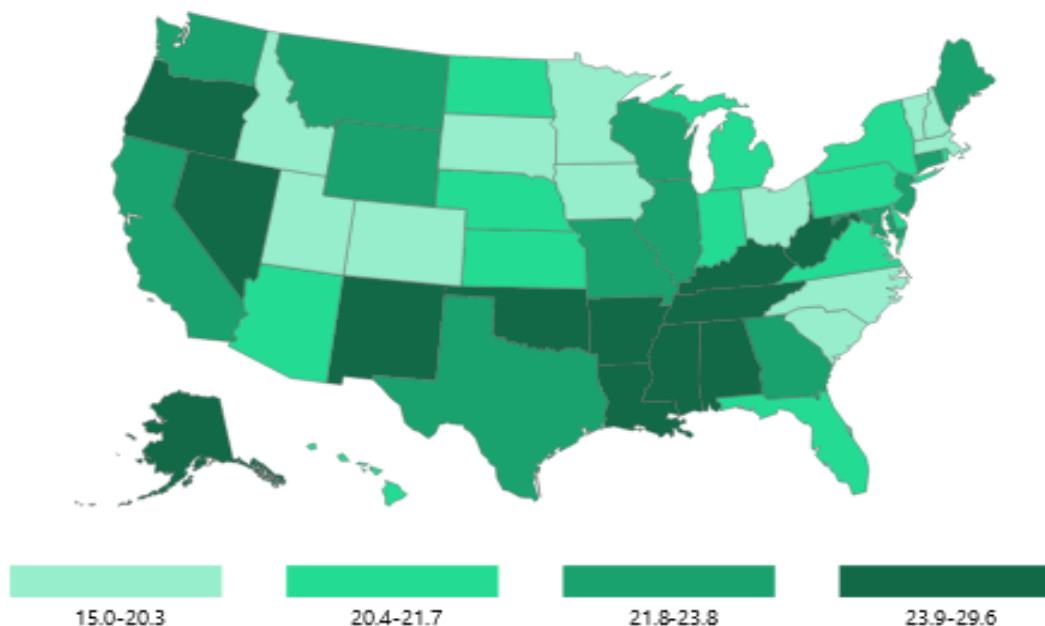
Select Time Period

Jan 26 - Feb 7, 2022

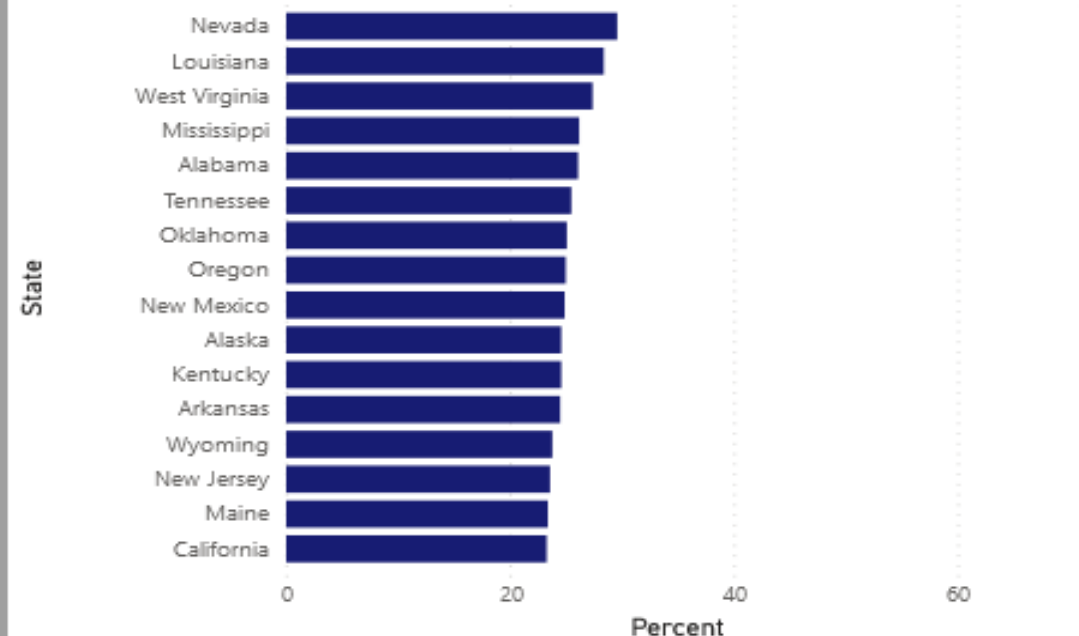
Select Indicator

Symptoms of Depressive Disorder

Symptoms of Depressive Disorder



State Ranking



NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey. From Phase 1 through Phase 3.1 of data collection and reporting, the question reference period was 'during the last 7 days'. Beginning in Phase 3.2, the question reference period changed to 'during the last two weeks'.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020-2022

Data Table

National Estimates

State Estimates

Quick poll....



Healthcare Utilization

- **Measuring depression screening**
 - National Ambulatory Medical Care Survey
 - State Medicaid Offices
 - Accountable Care Organizations
 - ACO18 (screening for depression and follow-up plan)
 - ACO40 (depression remission at 12 months)
 - Hospital Discharge Data or All-Payer Claims Datasets
 - HCUP-net from AHRQ

Healthcare Utilization

- **Medi-Cal** <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-March2022.pdf>

**California Department of Health Care Services - Medi-Cal Children's Health Dashboard
(March 2022)**

Figures 10 and 11: Mental Health Utilization Data Rates for Children and Youth (updated annually): The table describes the number of children and youth under 21 who are receiving Specialty Mental Health Services (SMHS) through county mental health programs, based on approved claims for Medi-Cal eligible beneficiaries. Note that the Unique Count of Medi-Cal Eligibles is the total number of individuals under the age of 21 that were eligible for Medi-Cal in any month of a given state fiscal year, and exceeds the total number of children in Medi-Cal in a given month for that fiscal year.

Statewide as of June 2020

State Fiscal Year (FY)	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 16-17	260,252		6,308,663	
FY 17-18	267,461	2.8%	6,118,912	- 3.0%
FY 18-19	271,357	1.5%	5,972,113	- 2.4%
FY 19-20	256,385	- 5.5%	5,791,814	- 3.0%
Compound Annual Growth Rate State FY**		- 0.37%		- 2.11%

Healthcare Utilization

Lehigh Valley Health Network Accountable Care Organization

Quality Performance Results

2020 Quality Performance Results:

ACO #	Measure Name	Rate	ACO Mean
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	83.16	71.46

Healthcare Utilization

- **Measuring Injury**
 - **WISQARS**
 - **National Syndromic Surveillance Program (BioSense)**

Healthcare Utilization

- <https://www.cdc.gov/injury/wisqars/fatal.html>

The screenshot shows the CDC Fatal Compare Data Visualization tool interface. At the top, there are three purple buttons: "FATAL COMPARE DATA VISUALIZATION HOME" (with a home icon), "RESET FILTER" (with a refresh icon), and "FILTER DATA" (with a list icon). Below these are several filter buttons: "Year Range: 2020 - 2020", "Suicide All Injury Deaths x", "Sex: Both Sexes", "Age Range: 15 to 19 - 20 to 24 x", "Race: All Races", and "Ethnicity". A horizontal scrollbar is visible below the filters. Below the filters, there are three buttons for comparison: "COMPARISON" (highlighted in purple), "IOWA", and "PENNSYLVANIA". Below these buttons is a table with the following data:

State	Number of Deaths	Crude Rate	Age-Adjusted Rate	Years of Potential Life Lost
Iowa	74	16.90	16.68	3,295
Pennsylvania	180	11.37	11.20	7,964

Quick poll....



Workforce

- **Measuring capacity for screening, treatment, and referral completion**
 - **School Health Policies and Practices Study**
 - **National Mental Health Services Survey**
 - **Local Area Health Education Centers (AHEC)**
 - **American Academy of Child & Adolescent Psychiatry**

Workforce

Practicing Child and Adolescent Psychiatrists

Select a state for county population and workforce data

South Carolina

* Hover for Data Source

Number of Children < 18

1,096,303

Total CAPs

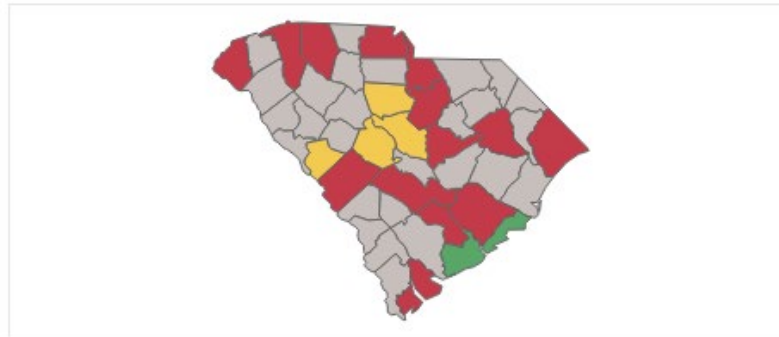
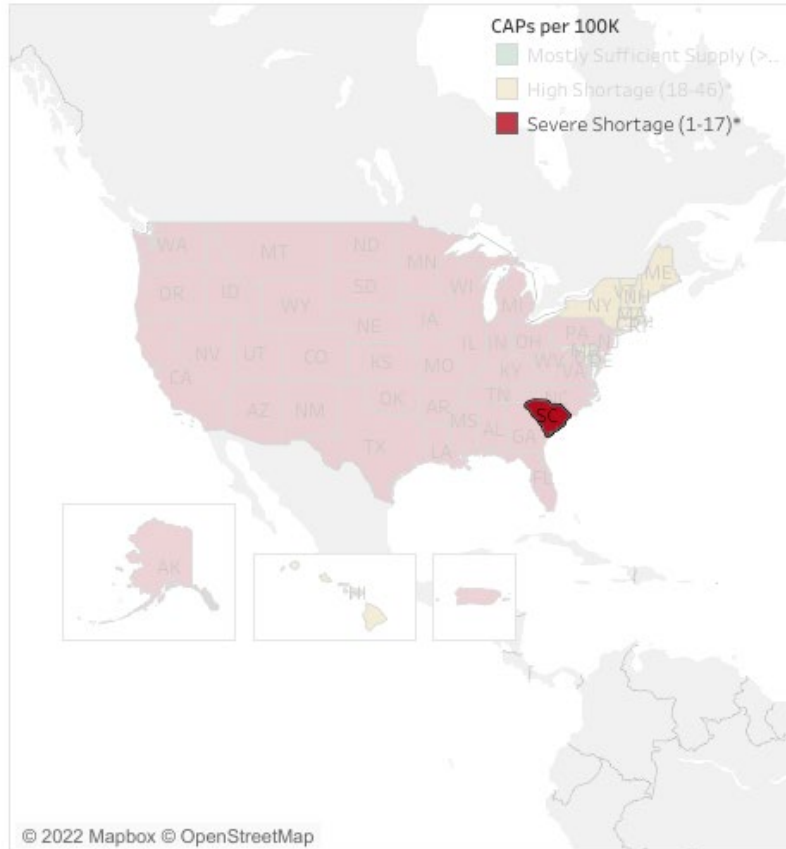
134

Number of CAPs/100K

12

Avg. CAP Age

49



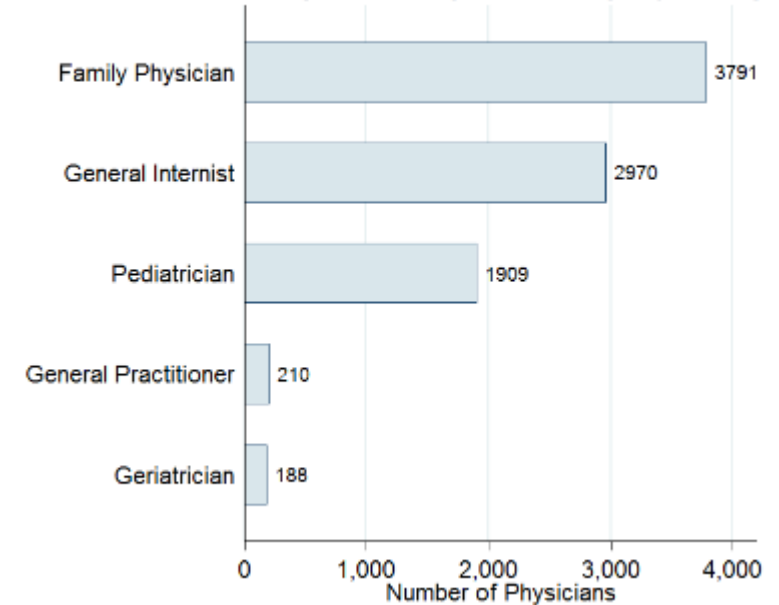
County	Pop. < 18	Number of C..
Abbeville County	5,348	0
Aiken County	36,572	3
Allendale County	1,911	0
Anderson County	44,826	0
Bamberg County	3,080	0
Barnwell County	5,459	0
Beaufort County	34,895	3

Workforce

- <https://www.graham-center.org/maps-data-tools.html>

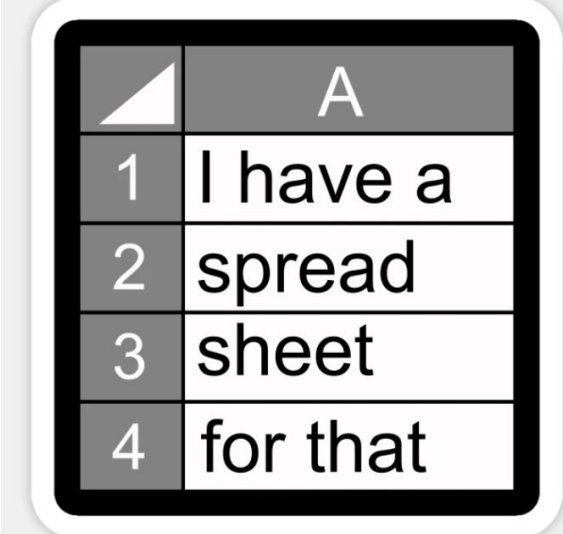
In 2018, Pennsylvania had 9,067 PCPs in direct patient care, of which 3,791 were family physicians. In other words, 42% of its primary care workforce consisted of family physicians, compared to 26% in the Middle Atlantic Census Division and 38% nationwide. On a per capita basis, there were about 71 PCPs per 100,000 persons in Pennsylvania, compared to 82 per 100,000 in the Middle Atlantic and 76 per 100,000 in the U.S. as a whole. The state's family medicine workforce was 44% female, which was less than the percentage nationwide (45%). Consistent with national trends, younger family physicians were more likely to be female than their older counterparts. About 46% of family physicians were over the age of 55, more than the nationwide percentage of 44%.

Distribution of Primary Care Physicians, by Specialty



State Considerations

- **Who has your state data?**
- **How can you connect?**
- **What work has already been done?**
 - **Even if the report is dated, reach out to the authors, they may be able to re-run their analyses on newer data.**



	A
1	I have a
2	spread
3	sheet
4	for that

State Examples-AZ

The Arizona Behavioral Health Workforce

NOVEMBER 2020



Table 6. Access to Care and State Ranking

	Arizona	National	Arizona Ranking*
Uninsured adults with mental illness	7.1	10.3	15
Adults with mental illness who do not receive treatment	61.3	57.2	43
Unable to see a doctor due to costs	29.8	29.4	31
Young people with major depression who do not receive treatment	60.2	59	34
Young people with severe depression who receive some consistent treatment	33.2	28.2	16
Children covered by private insurance that did not cover mental or emotional problems	8.1	11.7	44

*1= Lowest (better) and 50=Highest (worse)
Source: State of Mental Health in America 2020



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

State Examples-IA



Measure 1: During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks in a row that you stopped doing some usual activities?

Table 1a. Number of students who responded “Yes” by year and (gender, grade, or race).

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities? n (%)*

	2014	2016	2018
Overall	12979 (17)	14672 (17)	17228 (24)
Gender			
Male	4467 (12)	5004 (12)	6242 (17)
Female	8441 (22)	9567 (23)	10840 (32)

Mental Health Disparities Among Youth in Iowa
Analysis of the Iowa Youth Survey (2014, 2016, 2018)

Authorship – Bureau of Public Health Performance
Prepared By – Amy Hahn, MS, Department of Biostatistics
Anjali Deshpande, PhD, MPH, Department of Epidemiology
University of Iowa College of Public Health

January 2021

State Examples-SC

Top 25 Inpatient Discharge Primary Diagnoses for Residents of South Carolina
Period Covered: October 2019 - September 2020
by Primary Diagnosis
(Includes acute care hospitals, excludes newborns)

Year: 2020 County: State Total Age Range: 12 to 25 Race: Total Sex: Total

Rank	Primary Diagnosis	Discharges	Percent of Total
1.	O99 - OTH MATERNAL DISEASES CLASSD ELSW BUT COMPL PREG/CHLDBRTH	3,514	9.8 %
2.	O36 - MATERNAL CARE FOR OTHER FETAL PROBLEMS	1,355	3.8 %
3.	O34 - MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGANS	1,330	3.7 %
4.	O48 - LATE PREGNANCY	1,284	3.6 %
5.	O42 - PREMATURE RUPTURE OF MEMBRANES	1,190	3.3 %
6.	E10 - TYPE 1 DIABETES MELLITUS	1,134	3.1 %
7.	O70 - PERINEAL LACERATION DURING DELIVERY	1,123	3.1 %
8.	O14 - PRE-ECLAMPSIA	990	2.7 %
9.	O13 - GESTATIONAL HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA	907	2.5 %
10.	O60 - PRETERM LABOR	870	2.4 %
11.	F33 - MAJOR DEPRESSIVE DISORDER, RECURRENT	788	2.2 %
12.	A41 - OTHER SEPSIS	702	1.9 %
13.	D57 - SICKLE-CELL DISORDERS	694	1.9 %
14.	O69 - LABOR AND DELIVERY COMPLICATED BY UMBILICAL CORD COMP	688	1.9 %
15.	F32 - MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	672	1.9 %

https://rfa.sc.gov/_hd/utilization/iptop-query.php

State Examples-CA

Table 8: Purpose of Tools and Administration Time, California Counties, 2015

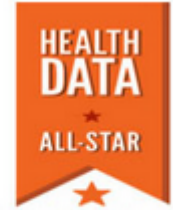
Domain	Topic	CANS	CBCL	ECBI	YOQ	CALOCUS	CAFAS	PSC
Number of Counties Using Tool		33	14	12	9	7	2	1
Purpose for administering the Tool	Screening	2.2 (23)	2.6 (11)	2.5 (10)	2.6 (5)	1.8 (5)	2 (1)	3 (1)
	Diagnosing	2.3 (23)	2.6 (11)	2.2 (9)	2.6 (5)	1.5 (4)	1 (1)	2 (1)
	Level of Care	2.6 (25)	2.2 (11)	2.3 (8)	2.2 (5)	2.6 (7)	3 (1)	1 (1)
	Tracking Outcomes	2.6 (31)	2.7 (12)	2.8 (12)	2.9 (8)	2.3 (6)	3 (1)	2 (1)
	Treatment Goals	2.6 (31)	2.3 (11)	2.8 (10)	2.9 (8)	1.75 (4)	2 (1)	2 (1)
	Quality Improvement	2.6 (27)	2.2 (11)	2.6 (10)	2.6 (8)	2.4 (5)	2 (1)	2 (1)
Administration Time	< 5 minutes	-	7% (1)	-	-	14% (1)	-	-
	5 minutes - 10 minutes	7% (2)	-	45% (5)	11% (1)	14% (1)	-	-
	10 minutes - 30 minutes	37% (11)	65% (9)	45% (5)	44% (4)	71% (5)	-	-
	30 minutes - 60 minutes	37% (11)	21% (3)	9% (1)	44% (4)	-	50% (1)	100% (1)
	> 60 minutes	20% (6)	7% (1)	-	-	-	50% (1)	-
	Total	30	14	11	9	7	2	1

Source: UCLA Survey of California County Mental Health Plans and Rendering Providers, 2015

Note: Scores for purpose of administering the tool are averages across all counties and in parenthesis are the number of counties reporting that they use it for that purpose

Welcome to CHIS

The California Health Interview Survey (CHIS) is the nation's largest state health survey and a critical source of data on Californians as well as on the state's various racial and ethnic groups. Policymakers, researchers, health experts, members of the media and others depend on CHIS for credible and comprehensive data on the health of Californians.



"CHIS has been voted one of the top 50 data sources in the country by the Health DATA Consortium"

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PEER SHARING + DISCUSSION

Contact Us!

- For questions regarding the State MCH/public health activities of the CollN, please contact:
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 - Anna Corona: acorona@amchp.org (202) 266-5255
- For questions regarding the clinical collaborative structure of the CollN, please contact:
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