



California Communities Mental Health Services Survey (CCMHSS)

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Meet the NORC Team



Larry
Bye
Senior Fellow/Advisor
Public Health/Policy
Research in CA 30+ yrs
San Francisco



Alyssa
Ghirardelli
Senior Research Scientist
Public Health/Behavior
Research in CA 15 yrs
Sacramento Office Director



Danielle
Noriega
Senior Research Analyst
Chicago



Melissa
Newberry
Research Scientist
Sacramento



Praveen
Karunatileka
Research Analyst
Sacramento

About NORC

- NORC at the University of Chicago is one of the nation's largest independent, non-profit research organizations
- Our mission is to serve the public interest by providing data and analysis that support informed decision-making
- Clients include leading Federal agencies, universities, foundations, state and local governments and companies in the private sector
 - San Francisco/Sacramento Office focus on CA State-level projects
- A leader in survey research since 1941, NORC was founded as one of the nation's first academic survey research centers
- Home of the General Social Survey (GSS), which is, after the U.S. Census, the most authoritative source of information about American society and social trends
- AmeriSpeak is NORC's probability-based web survey
 - Offers the highest response rates in the industry
 - 35,000 in national panel

About NORC- Projects

- U.S. Centers for Medicare and Medicaid Services
- U.S. Department of Health and Human Services' Office of Minority Health
 - Development/implementation of strategic plan for promoting health equity within Medicare
 - Six priority action areas: reducing health disparities, improving access among limited English proficiency, improving access for those with disabilities, and increasing cultural competency of the health care work force
- Centers for Disease Control and Prevention, Division of Adolescent and School Health (DASH)
 - Survey of Today's Adolescent Relationships and Transitions (START) will target gay, bisexual, and questioning males (13-18 years old) and trans youth (13-24 years old) using social media platforms for recruitment
- Robert Wood Johnson Foundation, American Health Values Survey
 - Focuses on Health Equity, Health Disparities, and Social Determinants of Health
- Office on Women's Health
 - Postpartum Depression Survey

About NORC- In California

- In California, local office in Sacramento
- Work on many culturally diverse public health/mental health projects
 - CalMHSA
 - CDPH Nutrition Education, Obesity Prevention, 10+ years
 - Covered California
 - California Health Care Foundation
 - First Five California
 - Department of Health Care Services, Office of Director/Medi-Cal
 - Alameda County
 - Others
- Quantitative and qualitative study design and administration, survey methods, data analysis/statistics
- For more information, visit: www.norc.org

Background- CRDP Phase 2 Poll/Survey

- Study is part of EOA (Education, Outreach, Awareness)
- Designation as a poll revised to “survey”
- Designed to provide population-level assessment of attitudes/beliefs toward mental health, priority populations, access to services
- Builds on findings from Phase 1 research
- Designed to inform Phase 2, and future
- Builds upon and informed by other studies, Kaiser poll, CHCF, CalMHSA, #Out4MentalHealth
- Naming process- now known as CCMHSS (California Communities Mental Health Services Survey)

Study Importance

- The CCMHSS will gather views on an important, urgent topic facing all Californians – mental health
- It will build upon previous research and Phase 1 to gain a better understanding of mental health services from the diverse California population
- To identify existence of disparities and demonstrate need for services
- It will aim to provide insights that support the future of mental health services in California communities

Goals of Study

- Collect data to gather public perceptions of access to mental health services
- Identify perceived need to improve types/options of mental health services in communities
- Capture perceived availability/access to services, perceived disparities in access
- Gather opinions, attitudes, and beliefs toward mental health, what affects/influences mental health and mental illness

Goals of Study

- Understand concerns related to mental health for Californians and priority populations, perceived need for changes
- Measure perceived need for policy action in California and changes related to mental health
- Learn about perceived need for mental health services at the community-level for Californians
- Track self-stigma and population-level stigma
- Address gaps in services among key populations
- Contribute to strategy of prevention and early intervention (PEI)

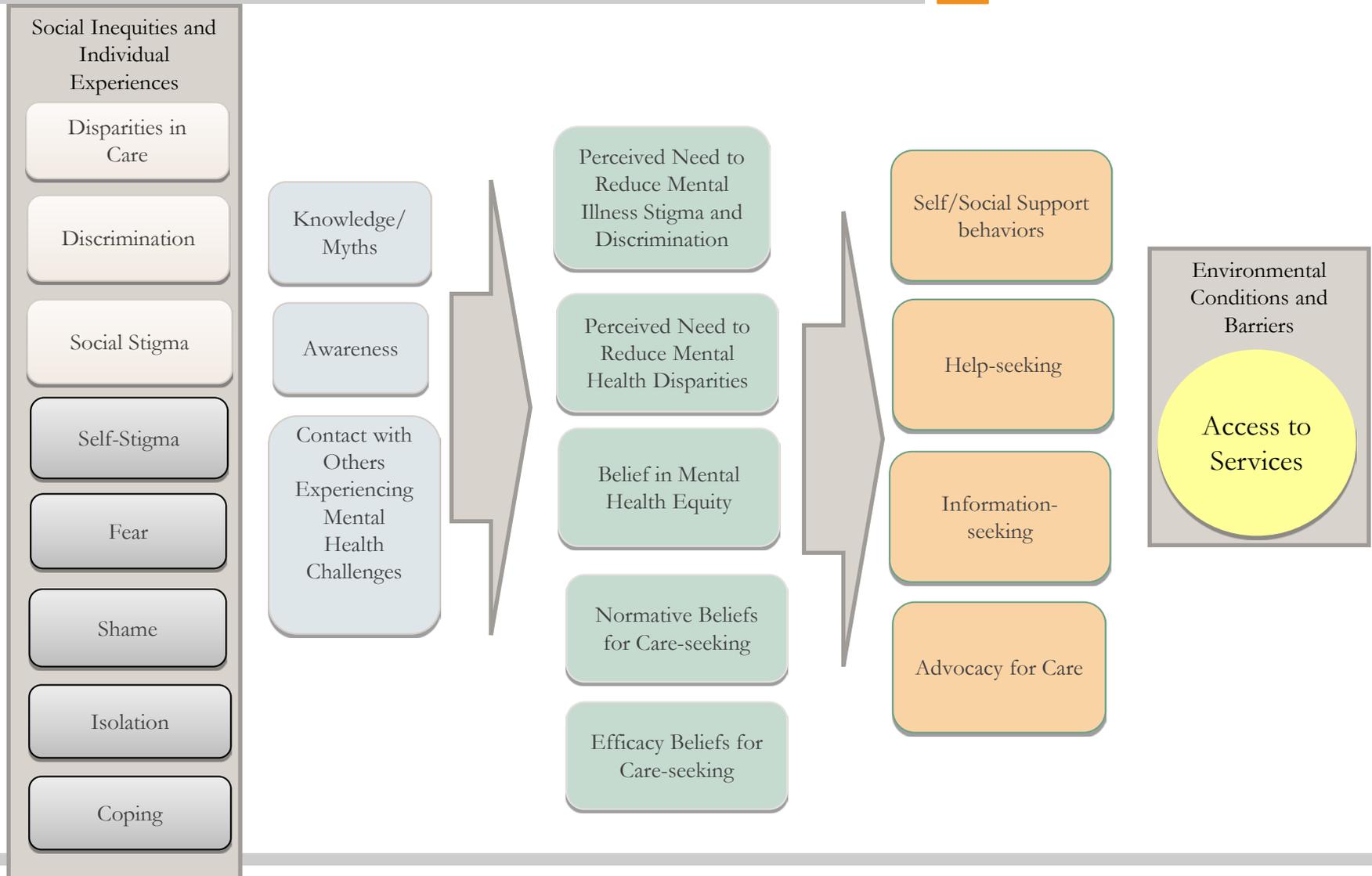
- Revised study design to include more formative testing including a pilot survey and one main survey with larger sample size
 - Based on feedback from TAPs
 - Both surveys online in 2020
- 1) Formative research to improve the survey
 - In-depth, in-language interviews to ensure comprehension
 - Pilot survey designed to test survey instrument, new questions developed
 - 2) Main survey $n = 4,300$
 - Cross-sectional (a unique sample, one point in time)

- General population + oversampling of five priority populations from Phase 1
 - Native Americans, Asian Americans, African Americans, Latinx and LGBTQ
 - Attention to samples for subgroups within Asian Americans and LGBTQ
- Probability sampling (representative population) and non-probability/convenience/opt-in sampling
- Statistical weighting and calibration for a full representative sample
- Comparisons with 95% confidence level

- Samples among harder-to-reach groups including Asian Americans, Native Americans and Spanish-dominant Latinos
 - Asian American subgroups based on population density using American Communities Survey data
- Samples among LGBTQ groups, prioritizing harder-to-reach segments within these groups
- Sensitive to unique sub-populations within all priority groups for representation

- Online panels + community recruitment + recruitment through key partnerships
 - Panels include people who have already been pre-recruited and are ready to take a survey
 - Our AmeriSpeak panel is carefully selected and maintained
- Important to reach into communities to ensure inclusion of important California populations
- Neither IPP's nor participants will be surveyed
- NORC is working closely with CDPH Office of Health Equity and CPEHN to support best practices when reaching community members

Conceptual Framework



- Survey questions and measures will explore:
 - Social inequities in mental health care
 - Individual experiences
 - Knowledge, awareness and contact with others experiencing mental health challenges
 - Attitudes, norms, beliefs, perceptions toward mental health challenges
 - Support, information-seeking, help-seeking and advocacy for care
 - Environmental constraints and barriers to care
 - Demographics

- Survey measures/questions strive to use positive, culturally respectful and competent frame and tone
- Aligned with state-wide evaluation for key measures, but also to provide unique, population perspective on public perceptions
- Working closely with CPEHN to ensure confidentiality and assurance of de-identified data collection

Transadaptation of Survey

- Plan to administer in English and the following languages:
 - Spanish -Tagalog
 - Korean -Mandarin, Cantonese
 - Vietnamese (Both Traditional/Simplified Script)
- Focus on transadaptation rather than direct translation, plans for back translation
- Partnering with Asian American consultant who will adapt the survey for each Asian language to ensure that vocabulary and sentence structure are appropriate
- Both Asian American consultant and Spanish language translator are experienced in adapting surveys to be understandable to non-English speakers

Timeline

January/February

- Re-scope of project

March/April

- Draft survey for testing
- Programming of online version of survey
- Formative testing, revisions to the survey
- Transadaptations

May/June

- English pilot survey
- Quality control checks of transadaptations
- In-language cognitive testing
- Finalize survey
- Update stakeholders

July/August

- Revisions to programmed online survey
- Secure sampling and community partnerships
- Begin data collection

September/October

- Continue data collection, monitoring and updates

November/December

- Analysis, preparation of report

January/February

- Preparation of presentations
- Dissemination

Next Steps

- Share plans for research
- Formative testing for survey development
- Finalize survey and prepare for fielding
- Engage with other EOA partners and stakeholders
- Data collection
- Provide updates regarding status of the survey
- Disseminate findings
- Continue open dialogue regarding methods, progress and implications

Education, Outreach, Awareness (EOA) Presentation

*Integration of the Annual Mental
Health Survey (D5) to the EOA*



EOA Deliverables

Influence statewide policy, local practice, and broader communities to increase awareness of mental health disparities, availability of culturally responsive programs, and strengthen choices and options

D5: Mental Health Survey

D6: Storytelling Technical Assistance

D7: Community and Key Stakeholder Engagement Plan

D8: Media Training

D9: Media Consulting Services

D10: Collateral Material



D5: California Community Mental Health Services Survey (CCMHSS)

SURVEY WILL

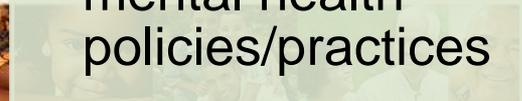
- Assess current changing sentiment, attitudes, and beliefs toward mental health and perceived disparities experienced by unserved, underserved, and/or inappropriately served communities of CA AND the general public

FINDINGS WILL

- Help inform current state of disparities in CA, population-wise.
- Meaningfully guide the EOA project

EOA WILL

- Connect CCMHSS data with compelling local stories to promote the CRDP story
- Utilize data to trigger systems change in County PEI operations
- Utilize data to change state/county mental health policies/practices



THE DIRECTING CHANGE PROGRAM AND FILM CONTEST engages young adults throughout California to learn about the warning signs for suicide, mental health and how to help a friend by creating short films. Throughout the filmmaking process, participants are engaged via all methods of the "learning spectrum" to see, experience, discuss, and apply concepts learned about suicide prevention and mental health. These films are used in schools and communities to raise awareness and start conversations about these topics.

Findings from a cross-sectional case-control study by NORC at the University of Chicago demonstrated knowledge, attitude and behavior changes:



Directing Change participants more frequently agreed that suicide is preventable, identified more warning signs and were more willing to encourage others to seek help, beyond their own social circles.

Directing Change participants are more willing to engage in conversation aimed at suicide prevention and have fewer attitudes that contribute to stigma about mental illness.



Teachers report impact on students and school climate such as gaining skills for dealing with mental health issues later in life, noticing social isolation, increased sense of safety and sensitivity to the feelings of others, and knowledge of how to connect peers with resources.

Directing Change provides an effective, tangible, and supportive way to generate open discussion about mental illness, prevent suicide, increase help-seeking, and to reduce stigma and discrimination.



Since 2012, 5,343 youth have participated in the Directing Change Program and Film Contest. Their commitment and creativity towards raising awareness about suicide prevention has helped inspire a new generation to know the warning signs, reach out for help, and initiate conversations that could help save a life.

Learn more about the Directing Change Program and Film Contest by visiting DirectingChange.org.

Directing Change
Box Office Returns

86%

OF YOUTH LEARNED PROPER RESPONSE TO A FRIEND'S SUICIDE WARNING SIGNS VIA PROGRAM

58%

OF YOUTH ENCOURAGED SOMEONE GOING THROUGH A TOUGH TIME TO SEEK HELP

86%

AGREED EVEN PEOPLE WHO SEEM SUCCESSFUL CAN BE HURTING ON THE INSIDE AND THINKING ABOUT SUICIDE

82%

MADE A PERSONAL EFFORT TO FIND OUT MORE ABOUT MENTAL HEALTH IN THE PAST 12 MONTHS

2,138

NUMBER OF FILMS SUBMITTED BY YOUTH IN THE LAST FIVE YEARS

77,343

NUMBER OF VIEWS RECEIVED BY ALL FILM SUBMISSIONS SINCE 2012

EHN

Health Network



**Questions?
Contact Mihae
mjung@cpehn.org**

