

Summary of Findings from Completed MHSOAC Evaluation Efforts

September 28, 2012



Overview of Completed MHSOAC Evaluations

- A. Summary of MHSA Activities and Costs for FY 06/07 – 08/09
- B. Summary and Synthesis of Existing MHSA Evaluations (by counties and other entities)
 - i. CSS
 - ii. PEI
- C. Assessing California's Adult Mental Health Needs
- D. Using Geographic Information Systems to Understand Mental Health Need and Utilization



Summary of Activities and Costs

- ▣ Total local MHSA expenditures were \$1.7B for FY 06/07 – 08/09
 - 98% were for CSS
- ▣ Expenditures document the graduated rollout of components under the MHSA
- ▣ By FY 08/09, MHSA accounted for 25% of public community mental health budgets
- ▣ For MHSA programs, 20% of the revenue is from Medi – Cal federal funding

FY 08/09 Summary of Activities and Costs

- ▣ Community Services and Supports (CSS)
 - All counties expending funds on CSS
 - Full Service Partnerships (FSPs)
 - ▣ Requirement to expend majority of CSS on FSPs was met statewide
 - ▣ Services initially provided primarily by county staff, increasing reliance on contractors over time
 - General System Development (GSD) and Outreach and Engagement (O/E)
 - ▣ Majority of counties had expenditures by FY 08/09
 - ▣ Overlap in these two categories

FY 08/09 Summary of Activities and Costs (cont.)

- ▣ Prevention and Early Intervention (PEI)
 - A quarter of the counties were expending PEI funds by FY 08/09
 - Unexpended funds represent 90% of PEI funds allocated (start-up phase)
- ▣ Capital Facilities/Technologic Needs (CF/TN)
 - Initial expenditures for projects began in FY 08/09
- ▣ Workforce Education and Training (WET)
 - Initial local expenditures focused on workforce staffing and support strategies
 - Later, focus changed to technical assistance and training
- ▣ County specific expenditures by year by component provided

Summary/Synthesis of Findings for CSS*

- ▣ Homelessness/living situation
- ▣ Acute psychiatric hospitalization
- ▣ Arrest/incarceration
- ▣ Physical health emergency
- ▣ Education
- ▣ Mental health functioning/quality of life
- ▣ Employment

- ▣ * Note: most evaluations focused on FSPs

Summary/Synthesis CSS (cont.)

- ▣ Homelessness
 - Participation in CSS programs (FSPs specifically) associated with reductions in homelessness
 - Days spent in restrictive housing (e.g., residential treatment) decreased
 - Days spent in independent or residential living situations increased

Summary/Synthesis CSS (cont.)

- ▣ Acute Psychiatric Hospitalization
 - Association between CSS program participation and reductions in acute psychiatric hospitalizations
 - Hospital episodes for mental health emergencies decreased
- ▣ Arrests/Incarceration
 - Participation in CSS programs associated with reductions in arrests
 - Incarcerations and number of consumers incarcerated also decreased

Summary/Synthesis CSS (cont.)

- ▣ Physical Health Emergencies
 - Trend of reduced physical health emergencies during CSS program participation

- ▣ Mental Health and Quality of Life
 - Trend toward improved mental health functioning and quality of life for those in CSS programs

Summary/Synthesis CSS (cont.)

- ▣ Education
 - Positive trends in education outcomes for youth in CSS programs (e.g., reduced school discipline events, improved academic performance)

- ▣ Employment
 - Little to no change in employment outcomes for those in CSS programs

Summary/Synthesis CSS (cont.)

- ▣ Impact on MHSA Values
 - MHSA is impacting the value of resilience/recovery and wellness orientation by reducing:
 - Acute psychiatric hospitalizations
 - Homelessness
 - Arrests
 - MHSA is impacting the value of reducing disparities in access by improving penetration rates for certain racial/ethnic groups (e.g., Latinos)

Summary/Synthesis of Findings for PEI

- ▣ Findings regarding county plans
 - Outcomes proposed by counties for PEI projects/programs are appropriate and meaningful
 - Some counties do not have sufficient internal capacity/appropriate guidance around PEI evaluation goals and expectations
 - Most data collection focused on process variables
 - Data on individuals served through PEI are inconsistent or unavailable across counties
 - Counties are in early developmental stage of rolling out outcomes for PEI

Summary/Synthesis PEI (cont.)

- ▣ Preliminary outcome findings (small samples, interpret with caution)
 - PEI program participants (i.e., children, youth, and transition age youth) show decreased behavior problems (e.g., aggression, impulsivity) and improved social competence and skills
 - Programs for transition age youth may have positive impact on employment, homelessness, and legal involvement
 - Parent-focused programs may result in:
 - ▣ Improved parenting knowledge, skills, and self-efficacy
 - ▣ Improved family functioning
 - ▣ Decreased parenting depression, stress, and anxiety

Assessing California's Adult Mental Health Needs*

- ▣ Of California's 26.9 million adults, 2.2 million (8.3%) have a mental health need
 - Serious psychological distress AND
 - At least a moderate level of impairment in one or more domains
- ▣ Those adults with a mental health need are more likely to be:
 - Female
 - Younger in age
 - Have incomes below 200% of the federal poverty level
 - Have no health insurance or public coverage
 - American Indian/Alaskan Native

*Using the California Health Interview Survey (CHIS)

Assessing California's Adult Mental Health Needs (cont.)

- ▣ Higher rates of tobacco and binge drinking among those with mental health needs
- ▣ Access to mental health service
 - 50% of those with MH need reported no treatment for mental disorder from primary care or mental health professional.

Using Geographic Information Systems to Understand Mental Health Need and Utilization

- ▣ Analysis of penetration rates by census tracts—through hot spot analysis—method for testing the significant clustering of a value geographically
- ▣ Finding—there are statistically different levels of access to and utilization of mental health care services

Thank you!

- ▣ Questions? Comments?

Carol Hood
carol.hood@mhsoac.ca.gov
(916) 717-3535