

Mental Health Services Act (MHSA) Expanded Statewide Evaluation
Deliverables 2a-3 and 2b-3

MHSA Statewide Participatory Evaluation Final Report

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EXECUTIVE SUMMARY

Introduction

A statewide participatory evaluation of the Mental Health Services Act (MHSA) was designed and implemented according to a participatory planning process led by the University of California Los Angeles (UCLA) Center for Healthier Children, Families and Communities. As part of this planning process, mental health consumers and their family members identified two service areas within General Systems Development (GSD) funding and one service area within the larger MHSA funding to be the focus of the evaluation. They also identified a set of study questions and indicators and recommended a survey of and interviews with consumers and family members as the preferred study methods. This report details the resulting study and findings.

Three service areas were selected for the evaluation: peer support services, employment support services, and crisis intervention services. *Peer support services*, including parent/family partnership supports, refer to any services, supports, guidance, advocacy, mentoring, or assistance provided by an individual who has lived experience with mental health services. These services may be provided as part of a clubhouse, wellness or recovery center, consumer or family led organization, or other similar program. *Employment support services* refer to any program or activity specifically intended to assist with preparing for or obtaining employment, whether full time, part time, or voluntary. *Crisis intervention services* refer to any mental health program or activity that helps an individual deal with a serious and unexpected situation or a worsening mental health condition. Crisis services are commonly intended to help the individual avoid the need for treatment in a psychiatric hospital.

The goals of this evaluation were to understand who received what types of services; consumer perceptions of access to services, appropriateness of services, continuity of care, and recovery/resilience orientation of services; as well as the impact of these services on employment, housing, and recovery/resilience/wellness.

The overarching study questions for the evaluation were:

1. What were the characteristics of individuals who received services?
2. What types of services were received?
3. What were individuals' perceptions of access to services?
4. Was there continuity of care for individuals who received crisis services before and after the crisis?
5. To what extent did services exemplify a recovery/resilience orientation?
6. Was there a change in employment, housing, and recovery/resilience/wellness after receiving services?

The participatory evaluation study was developed and conducted utilizing an extensive participatory process that relied upon the lived experience of individuals, consumers of mental health services, parents of children who have received services, and family members to focus

and shape all study activities and to help insure that the evaluation methods are credible and the results are accurate, meaningful, and actionable. The study was conducted in collaboration with a group of Participatory Evaluation Partners (PEPs or “evaluation partners”). The PEPs, all of whom are persons with lived experience and/or family members, worked closely with the UCLA evaluation team to carry out each step of the evaluation study. There was ongoing and consistent participation by a large majority of evaluation partners throughout the entire participatory evaluation process, including review of and feedback on the final report.

Study Methods

Based on recommendations from the participatory planning process, a mixed-methods evaluation employing a statewide survey and interviews was conducted. The purpose of the survey was to collect a *breadth* of information to answer all the study questions separately for each service area across numerous respondents. The purpose of the interviews was to collect *in-depth* information from a relatively small group of respondents across service areas to help enhance the interpretation and understanding of particular study questions.

Measures

The survey, titled the *Mental Health Services Act: Statewide Survey of Client Experience (SSCE)*, was developed in collaboration with the evaluation partners. It was designed to collect information about the characteristics of individuals who received mental health services, as well as the types of services received. In addition, the survey addressed seven indicators: (1) consumer perception of access to services; (2) continuity of care (which refers to care before and after crisis intervention services only); (3) recovery/resilience orientation of services; (4) appropriateness of services; (5) employment situation; (6) housing situation; and (7) consumer recovery/resilience and wellness. Three standardized scales were incorporated into the SSCE. Recovery orientation of services was measured using the Recovery Oriented Systems Indicators (ROSI). Personal recovery was measured for adults using the Recovery Process Inventory (RPI), while resilience in children was measured using the Strengths and Difficulties Questionnaire (SDQ). The remaining indicators were measured using items developed by the PEPs and the UCLA evaluation team.

Interviews were guided by a semi-structured, open-ended interview protocol designed collaboratively with the evaluation partners. Interview questions were intended to identify themes concerning respondent perceptions of the recovery/resilience orientation of services and personal recovery/resilience and wellness.

Data Collection

The survey was designed for completion by people with lived experience (or by family members or consumer representatives completing the survey on their behalf). The survey was available online in English and Spanish. Paper-and-pencil surveys were available in English, Spanish, and Traditional Chinese.

Interviews were conducted with a diverse group of clients and family members from across the state to understand their perceptions of and experiences with at least one of the three service areas. Most interviews were conducted in person (or by telephone when necessary) in English, Spanish, and Chinese.

Survey Samples

Responses to the survey were stronger than expected, with a total of 949 completed surveys, exceeding the study goal of 750. Respondents were diverse, representing all regions of the state, urban and rural communities, all four MHSA age categories (children, transition age youth, adults, and older adults), and genders. In addition, there was representation from a broad range of racial/ethnic groups and individuals speaking Spanish and English. Importantly, and consistent with the study intent, there was strong participation by traditionally unserved and underserved populations (e.g., individuals with physical disabilities; individuals who are homeless; individuals from unserved/underserved ethnic groups; and individuals who are lesbian, gay, and transgendered).

For each service area, the survey provided a sample of respondents who received services and a comparative sample of respondents who did not receive services despite needing or wanting them. A total of 328 survey respondents (42.8% of all respondents) reported that they received peer support services. An additional 120 respondents reported that they did not receive peer support services but needed or wanted them. A total of 156 survey respondents (25.0% of all respondents) reported that they received employment support services. An additional 107 respondents reported that they did not receive employment support services but needed or wanted them. Finally, a total of 231 survey respondents (68.9% of all respondents who reported experiencing a crisis in the past year) reported that they received crisis services. An additional 92 respondents reported that they did not receive crisis services after experiencing a crisis despite needing or wanting them.

Interview Sample

Altogether, 40 interviews were conducted across the state, thus meeting the study target. As was the case for survey respondents, interview respondents were diverse, representing all regions of the state, urban and rural communities, all four MHSA age categories, and genders. There was good racial/ethnic representation across interview respondents, and there was strong participation by individuals belonging to traditionally unserved and underserved populations.

Sample Representation and Generalizing Study Findings

The survey sample as a whole represents the population that the study intended to target—that is, clients who have had experience with a wide array of public mental health services. The strong representation of traditionally unserved and underserved individuals in both the survey and interview samples was desired at the outset—both because the target population is an MHSA focus, and because, through the participatory planning process,

stakeholders emphasized the importance of representation from traditionally unserved and underserved groups.

Thirty-eight (38) of the 58 counties in California were represented in the survey. Although not all counties across the state participated in the study, there was, overall, representative participation from small and large counties across all regions of the state. The study findings are generalizable to the state based on comparisons of survey respondents to mental health clients across the state in terms of age, race/ethnicity, and gender.¹ More importantly, the study respondents represent the populations targeted by GSD and the larger MHSA funding.

Summary and Discussion of Findings

This summary and discussion of findings is organized according to the overarching study questions. Findings from both the survey and interviews are integrated in this summary. The first section presents a summary of the characteristics of individuals who received peer support, employment support, or crisis intervention services. Second, the most frequently identified types of services received within all three service areas are presented, along with a discussion of overlapping services. In the third section, findings on consumer experiences with services, including access to services, continuity of care, and recovery/resilience orientation of services are summarized. The fourth section is a summary of findings on service impact, including employment and housing outcome findings for the three service areas, as well as findings on personal recovery/resilience/wellness and psychiatric hospitalization. This section also includes a discussion of measurement implications for employment and housing outcomes. Table ES-1 provides a summary of survey findings on seven indicators.

Characteristics of Individuals Who Received Services

For each service area, the two groups of respondents (those who received services compared to those who did not despite needing or wanting them) were, overall, similar in characteristics and demographics, including age group, race/ethnicity, gender, education, income, seriousness of mental health concern, and residence by regional counties. Because there is extensive information on characteristics of individuals who received services (as well as those who did not), the reader is directed to the results section of the full report for more detailed information.

Types of Services Received

The two most common peer support services reported were one-on-one counseling or support from a peer or parent/family partner and support group. Respondents who received peer support services received, on average, two types of peer support services. The most common employment support services reported were help preparing a résumé, help preparing for an interview, job placement services, vocational training, and job coaching or employment

¹ The data on these demographics come from the 2007-08 fiscal year report that contains CSI data provided to the state as of June 2010. This is the latest report published on the California Department of Mental Health Department website: www.dmh.ca.gov.

counseling. Respondents who received employment support services received, on average, three types of employment support services. Finally, the two most common crisis services reported were receiving counseling and seeing a psychiatrist/having medication adjusted. Other crisis services included a safety plan to address the crisis and hotline or warmline to talk to someone. Respondents who received crisis services received, on average, two crisis services for the crisis occurring in the past year.

Overlapping Services

The phenomenon of receiving overlapping services (i.e., receiving multiple types of services within and across service areas) was evident from the study findings and particularly pronounced in the interviews. On the whole, interview respondents emphasized that they were utilizing a range of services and supports as part of care that was tailored to their individualized needs and goals, as well as part of a proactive strategy to manage and cope with their mental health. They explained that a deeper engagement in services allowed greater opportunity for developing important relationships, pursuing meaningful activities, and fostering an improved self-image and sense of hope. This phenomenon also was evident in the survey findings that showed ratings of both services and personal recovery/resilience were significantly more positive when respondents received overlapping services.

Table ES-1 – Summary of Survey Findings on Seven Study Indicators

Indicators	Peer Support Services	Employment Support Services	Crisis Intervention Services
Access to Services: <i>What percentage of respondents who received services reported difficulties accessing services?</i>	10.0%	21.1%	21.1%
Appropriateness of Services: <i>What percentage of respondents who received services agreed that:</i>			
<ul style="list-style-type: none"> • <i>Services fit their cultural and life experiences?</i> 	76.8%	56.7%	N/A
<ul style="list-style-type: none"> • <i>The physical spaces where services were received were inviting and dignified?</i> 	78.0%	72.2%	N/A
<ul style="list-style-type: none"> • <i>The services they received were what they wanted?</i> 	76.7%	68.3%	N/A
Continuity of Care: <i>Was there a difference between respondents who received crisis services and those who did not (but wanted them) in terms of receiving routine mental health services before and after the most recent crisis?</i>	N/A	N/A	Yes, statistically significant differences in favor of respondents who received crisis services
Recovery Oriented Services: <i>Was there a difference between respondents who received services and those who did not (but wanted them) in the perception of services as recovery oriented?</i>	Yes, statistically significant differences in favor of respondents who received services	Yes, statistically significant differences in favor of respondents who received services	Yes, statistically significant differences in favor of respondents who received services

(Continued)

Table ES-1 – Summary of Survey Findings on Seven Study Indicators (Continued)

Indicators	Peer Support Services	Employment Support Services	Crisis Intervention Services
Employment: <i>Was there a difference between respondents who received services and those who did not (but wanted them) in employment situation?</i>	No statistically significant differences	No statistically significant differences	No statistically significant differences
<i>What percentage of respondents who received services agreed that:</i>			
<ul style="list-style-type: none"> • <i>Services helped improve their employment situation?</i> 	52.7%	67.2%	N/A
Housing: <i>Was there a difference between respondents who received services and those who did not (but wanted them) in housing situation?</i>	No statistically significant differences	No statistically significant differences	No statistically significant differences
<i>What percentage of respondents who received services agreed that:</i>			
<ul style="list-style-type: none"> • <i>Services helped improve their living situation?</i> 	71.7%	64.3%	N/A
Recovery/Resilience and Wellness: <i>Was there a difference between respondents who received services and those who did not (but wanted them) in perceived personal recovery/resilience and wellness?</i>	Yes, statistically significant differences in favor of respondents who received services	Yes, statistically significant differences in favor of respondents who received services	Yes, statistically significant differences in favor of respondents who received services
<i>Was there a difference between respondents who received crisis services and those who did not (but wanted them) in psychiatric hospitalization?</i>	N/A	N/A	No statistically significant differences
<i>What percentage of respondents who received services agreed that:</i>			
<ul style="list-style-type: none"> • <i>Services helped them feel better?</i> • <i>Services helped with their recovery?</i> 	81.3% 76.9%	N/A N/A	N/A N/A

Consumer Experiences with Services

Access to Services

Both survey and interview respondents reported high levels of access to services across the three service areas. The majority of survey respondents *who received* peer support, employment support, or crisis services reported no difficulties with accessing these services. In addition, the most common peer support services (i.e., one-on-one counseling and support from a peer or parent/family partner) were not associated with any particular respondent

characteristics; thus, peer support services in general appear to be received and utilized indiscriminately.

Overall, for respondents *who did not receive* services despite wanting them, stigma of mental health services and lack of information or knowledge about services were identified as key barriers to accessing these services. These are common barriers that have been identified in other studies on personal recovery.² Furthermore, for those survey respondents who did not receive peer support services, respondents *who belonged to an unserved or underserved group* were more likely to report feeling uncomfortable or unwelcomed, having access challenges in terms of location and time, and disliking the services. Most of these respondents identified themselves as physically disabled and/or homeless.

Continuity of Care

An analysis of continuity of care was conducted for crisis services only.³ Respondents who received crisis services were more likely to have routine mental health services *before* and *after* the crisis compared to those who did not receive crisis services. When routine mental health services were *not* in place during a crisis, follow up services were *less* likely to be received, potentially placing greater risk for a more serious crisis in the future.

Recovery/Resilience Orientation of Services

Respondents who received peer support, employment support, and crisis intervention services reported significantly more positive experiences with mental health services in general than respondents who did not receive these services despite wanting them. Respondents who received services rated their experiences of mental health services as being more person-centered, more holistic in meeting other needs such as housing, more oriented toward employment or school stability and/or advancement, more focused on basic needs such as income and transportation, having less service inadequacies, and/or being less oriented toward mistreatment.

In addition, several of the main themes that emerged from the interview data, as well as survey findings from peer support and employment support services, converge to support an overall finding that mental health services received by study participants were appropriate on many fronts. Most interview respondents attested to the fact that services they received adopted a philosophy that recovery is possible, provided individualized care, and/or supported their right to self-determination. Most also agreed that services received respected their cultural background. Likewise, three-fourths or more of survey respondents who received peer support or employment support services agreed that services were appropriately tailored to their needs and wants. However, while more than three-fourths of peer support service recipients agreed

² Smith, M.K. (2000). Recovery from a severe psychiatric disability: Findings of a qualitative study. *Psychiatric Rehabilitation Journal*, (24)2, 149-158.

³ This indicator was specifically intended for the analysis of crisis services, because continuity of care was conceptualized as receiving routine mental health services before and after the most recent crisis within the past year.

that services fit their cultural and life experiences, less than two-thirds of employment support recipients did, suggesting that there is room for improvement in this area.

Service Impact

Employment and Housing

Based on reports of current and desired employment and housing situations, as well as reports of changes in employment and housing, there were no significant differences between respondents who received services (peer support, employment support, or crisis services) and those who did not in terms of employment and housing. However, based on respondent ratings of experiences with peer support and employment support services, about two-thirds of respondents who received these services agreed that the services had a positive impact on their living situation. In addition, about two-thirds of respondents who received employment support services agreed that the services helped improve their employment situation. Just over half of respondents who received peer support services agreed that the services helped improve their employment situation. These findings were supported by examples from interview respondents who reported improvement in and/or satisfaction with their housing and/or school or employment situations and credited the mental health supports they received as helping to enable these positive changes.

Personal Recovery/Resilience and Wellness

Strong evidence of improvement in personal recovery/resilience and wellness after receiving mental health services emerged from both survey and interview respondents. In all three service areas, respondents who received services had a more positive perception of personal recovery/resilience and wellness compared to those who did not receive services despite wanting them. Specifically, children who received crisis services had significantly fewer peer problems and significantly greater prosocial behaviors in comparison to a small sample of children who did not receive crisis services despite needing them.

Furthermore, respondents over the age of 18 who received peer support, employment support, or crisis intervention services reported significantly more positive perceptions of personal recovery than respondents who did not receive these services despite wanting them. Respondents who received services perceived less anguish, felt more connected to others, were more confident about life, felt more surrounded by people who care, perceived greater housing stability, and/or were more hopeful compared to those who did not receive services. However, there were no significant differences in psychiatric hospitalization between respondents who received crisis services and those who did not despite wanting or needing them.⁴

From the qualitative interviews emerged numerous stories of personal recovery/resilience, which respondents credited, at least in part, to the recent mental health services they received. Five recovery themes emerged that encompass the perceptions respondents had about how and what they do to live full and meaningful lives. Despite daily stressors and other barriers to

⁴ Psychiatric hospitalization is another indicator of recovery and wellness and was measured for the analysis of crisis services only and included adults over the age of 18.

recovery reported by respondents, they felt hopeful for the future. In addition, they held a positive view of themselves, which is related to growing confidence and self-determination. They proactively managed their mental health concerns in a variety of ways, including utilizing the mental health services at their disposal and activating a strong safety net of supports. Moreover, most of the respondents interviewed devoted time and energy pursuing meaningful activities such as spirituality, vocational interests, and “giving back” to help others. Last, they developed and reinforced positive relationships and connections instrumental to recovery.

Outcome Findings and Implications for Measurement

The lack of significant differences in employment and housing outcomes between respondents who received services and those who did not may be attributed, in part, to the extent to which they are appropriate to measure given the types of services evaluated. For instance, receiving peer support services was not associated with concrete changes in employment or housing, but it was strongly associated with intrinsic changes that promote personal recovery and wellness. In support of these findings, respondent ratings on perceived impact of peer support services on employment were noticeably lower than ratings on other outcomes such as helping them feel better and helping their recovery. Moreover, the lack of association between receiving peer support services and concrete changes is consistent with the nature of peer support services, which are intended to provide more intrinsic support (such as surrounding clients with people who have similar experiences and people who care) than concrete support (such as direct employment support). Therefore, measuring personal recovery/resilience in addition to concrete changes (e.g., employment status and housing situation) as an outcome of services is appropriate and meaningful.

Conclusion

Altogether, a system oriented toward recovery/resilience must be accessible, facilitate access to a variety of overlapping services that help make recovery sustainable, and provide appropriate services that support the individual’s goals and efforts. Overall, the study findings suggest that services across the three service areas are accessible. In particular, peer support services appear to be readily accessible to a broad base of individuals. However, there are access issues that remain to be addressed, especially for certain populations of individuals who have traditionally been underserved (e.g., individuals with physical disabilities and individuals who are homeless). In addition, study findings confirm that access to a variety of supportive services is being achieved, and recipients perceive services as appropriately individualized, encouraging, and respectful of their wishes and goals. These elements of recovery oriented services converge to promote continuity of care that has important implications for personal recovery/resilience and wellness.

There were no significant differences between respondents who received services and those who did not in terms of employment and housing; however, ratings of perceived impact on these outcomes by respondents who received peer support and employment support services indicated that many respondents believed the services were helpful to their employment and housing situations. Importantly, there were significant differences between respondents in terms of service experience and personal recovery/resilience and wellness for all three service

areas. Respondents who received services—compared to those who did not—perceived mental health services to be more recovery oriented; they had a more positive perception of personal recovery/resilience; their positive service experience was related to a more positive perception of personal recovery/resilience and wellness; and these positive perceptions were equally perceived regardless of their characteristics (e.g., race/ethnicity and gender). The survey results converged with the interviews from which numerous stories of personal recovery/resilience and hope emerged.