

Interpretation of UCLA Contract #MHSOAC-12-007 Deliverable 1: Use of PEI Funds for Prevention & Early Intervention Efforts

Renay P. Cleary Bradley, Ph.D.
Director of Research and Evaluation



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Evaluation Implications

- ▶ Overall, counties statewide are meeting specifications of the Mental Health Services Act (MHSA) that pertain to Prevention and Early Intervention (PEI)
- ▶ Some areas could be strengthened to ensure:
 - Forthcoming PEI Regulations facilitate continued adherence to MHSA, including demonstration of outcomes
 - Counties have what they need to evaluate and improve the quality of PEI programs



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Out of Study Scope Programs

- ▶ Only 3 counties / 4 programs defined as “out of study scope”...these were in compliance with Department of Mental Health PEI Guidelines, but not necessarily in line with the MHSA
 - Programs served underserved cultural populations, but not those that have been demonstrated to be at risk of mental illness/emotional disturbance
 - MHSA states PEI intended to “prevent mental illness from becoming severe and disabling”; as such, need to serve those at risk of mental illness/emotional disturbance

Defining Prevention versus Early Intervention

- ▶ To fully understand how PEI funds are being spent and who is being served, counties need to parse out Prevention versus Early Intervention activities
 - Currently, 27 counties have “mixed” PEI programs...poses a challenge for quality improvement purposes
 - Plus, 4 programs in 4 counties had “mixed” programs that could not be separated out from those defined as “out of study scope”...poses a challenge for ensuring adherence to MHSA intention

Offering Early Intervention Services

- ▶ 40 counties provided Early Intervention services
- ▶ MHSAC intends for all counties to provide such services:
 - “The [PEI] program shall include...components similar to programs that have been successful in...assisting people in quickly regaining productive lives”

Collection/Reporting of PEI Data

- ▶ Need to ensure counties understand what data they need to collect and report to the State
 - One county reported no expenditures
 - 34.5% of counties reported “estimated” expenditure data (rather than “actual” expenditures)
 - Many counties could not provide “actual” numbers of clients served or demographics for those clients
 - Three-Year Plans, Annual Updates, and Revenue and Expenditure Reports do not currently allow for systematic collection of all needed data

Use of Evidence-Based Practices and Calculation of Cost Benefits

- ▶ MHSOAC places an emphasis on use of effective practices, but no clear definition of what constitutes evidence of effectiveness is identified
 - MHSOAC may wish to ensure counties can achieve this goal

- ▶ MHSOAC places an emphasis on use of cost-effective practices
 - MHSOAC may wish to ensure counties collect data that can be used to identify costs and cost benefits

Conclusion

- ▶ MHSOAC has opportunity to:
 - Continue to strengthen use of PEI funds for MHSOAC-defined purposes (e.g., prevent mental illness from becoming severe and disabling; improve timely access to services for underserved populations)
 - Ensure counties and State have what is needed to carry out ongoing efforts to track use of PEI funds, measure outcomes, and improve quality of PEI services and programs