

Phase 2, Deliverable 1A

Reports of Activities and Expenditures of Local MHSA Funds (1A)



Submitted in partnership by:
EMT Associates, Inc., Clarus Research, and
UCLA Center for Healthier Children, Families & Communities



1

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Purpose

"The Mental Health Services Act (MHSA) evaluation team was charged with summarizing component allocations, approved funding and expenditures through June 2009 at statewide and county level by component and funding category."

2

Interim Objectives

- Generate baseline (and basic) information about statewide MHPA expenditures and component allocations
 - The expenditure series of briefs are the first reports about expenditures to be produced

Interim Objectives

- Build a cross-county Revenue and Expenditure database for purpose of statewide and regional analyses
 - Revenue and Expenditure Reports were stand-alone files, by-county/municipality and fiscal year

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Caveats to keep in mind when reviewing findings

- The Revenue & Expenditure Reports have limitations
- As of State Fiscal Year 2008 – 2009
- Recent changes in the fiscal landscape may have produced changes in the findings

5

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FYI

- Two counties jointly receive funding
- Two municipalities receive funding
- Total N = 59

6

System-Wide Findings

- (Per MHSOAC Financial Report, FY 2008 – 2009) *The Mental Health Services Act is increasingly shouldering a larger share of the cost of mental health services in the public mental health system, as funding from the State (General Fund and Realignment) shrinks.*

Cross-Component Findings

- (As of State Fiscal Year 2008 – 2009) *Breakout of the Local MHSA Dollar at the Component Level: Expenditures to support a System of Care through Community Services and Supports comprises 98 cents out of every Mental Health Services Act dollar.*

Cross-Component Findings

- *Contextual Factors Related to Component Expenditures:*
 - Population (size of population in county/municipality) is strongly related to CSS, PEI, WET and TN expenditures, with expenditures increasing as county population increases.
 - Allocation formula accounts for population
- *Statewide Trends impacting Need for Mental Health Services:*
 - The rate of expenditures for CSS and WET increased as the unemployment and the foreclosure increased.

Cross-Component Findings

- *Contextual Factors Related to Component Expenditures:*
 - CSS, PEI, and WET:
 - The DMH policy to weight funding to provide a baseline level for the smallest counties resulted in a trend toward higher per-capita expenditure in the smallest counties.

Phase II, Deliverable 1A Findings – Community Services & Supports

- *Implementation of Community Services and Supports across the State:*
 - As of FY 2008 – 2009, all counties and municipalities were expending funds on Community Services and Supports.
- *Meeting the FSP Allocation Requirement:*
 - The statewide requirement to direct the majority of Community Services and Supports monies on Full Service Partnership services was met.

11

Phase II, Deliverable 1A Findings – Community Services & Supports

- *Implementation of Community Services and Supports across the State:*
 - As of FY 2008 – 2009, CSS administration expenditures costs were at 12%
 - MHSA Guidelines later developed in Jan. 2010 have a cap of 15% on indirect administrative costs
 - The percent expended on CSS administration is higher in earlier fiscal years due to extensive start-up requirements, but it declined each year

12

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Findings – Full Service Partnerships

• *Implementation of Full Service Partnerships across the State:*

- As of FY 2008 – 2009, all counties and one municipality were expending funds on Full Service Partnerships.

13

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Findings – Full Service Partnerships

• *Who is Providing Full Service Partnership Services?*

- (FY 06-07) counties and municipalities relied more heavily on county staff to implement Full Service Partnerships.
- Proportion of expenditures shifted to contractors in later implementation years.

14

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Findings – Outreach & Engagement

- *Spread of Community Services and Supports through Outreach and Engagement across the State:*
 - As of FY 2008 – 2009, the majority of counties/municipalities were expending monies on Outreach and Engagement.

15

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Findings – General System Development

- *Strategies:*
 - 3 in 4 counties expending funds* under “*General System Development*” documented a specific strategy implemented**
 - e.g., Peer Counseling, Recovery Centers, Outreach & Engagement, Engagement, Wellness Centers, Housing, Education, Safety Plans, Wraparound
- *Per the R&E Report **Per the FY 09-10 Annual Update, documenting services implemented in FY 07-08

16

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Workforce Education and Training

- *Spread of WET across the State:*
 - The majority of counties were expending funds by FY 2007 – 2008

17

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Workforce Education and Training

- *WET Planning Expenditures:*
 - Planning funding available for each of the workforce strategies
 - (FY 2006 – 2007) the majority of WET Planning funds were expended on Workforce Staffing and Support.
 - During later fiscal years, the proportion of WET Planning funds expended shifted to Training and Technical Assistance.

18

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Workforce Education and Training

- *WET Work Plan Expenditures:*
 - Varied, dependent on stakeholder needs.
- *Contextual Factors influencing WET Expenditures:*
 - WET average total expenditures seem to be positively associated with population size.
 - The larger the population in a county/municipality, more WET funds are expended.

19

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Findings – Prevention and Early Intervention

- *Prevention and Early Intervention is rolling out across the State:*
 - As of FY 2008 – 2009, nearly a quarter of counties/municipalities were expending funds on Prevention and Early Intervention (Services; N=13)
 - Other counties/municipalities were in the process of preparing to launch PEI services (Planning; N=42)
- *Number of Programs:*
 - Among counties implementing PEI services, the majority expended funds on one program.

20

Findings – Technological Needs/Capital Facilities and Innovation

- *Activities Funded:*

- Most technology funds were expended on projects (rather than on administration), whereas most capital facilities funds were expended on administration or projects, depending upon the size of the county and implementation needs.
- Interpret with caution because few counties were expending funds in these areas

Findings – Technological Needs/Capital Facilities and Innovation

- *Number of Projects:*

- Among counties and municipalities who launched CF/TN efforts, they tended to focus their efforts on a single project (e.g., renovation) rather than spreading their resources across multiple projects.
- Interpret with caution because few counties were expending funds in these areas

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Implications for the Statewide Evaluation

- Access to individual level (client) data will greatly strengthen the Follow Up Report, in terms of the ability to tie cost data to client impact. This data is expected to be available for analysis in the Follow Up Report (due June 30, 2012).
- Expenditures for the same programs are documented under multiple components. The Statewide Evaluator will coordinate with the MHSOAC in order to develop recommendations to improve clarity in the General System Development category in order to more clearly track expenditures back to funded strategies.

23

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What will we get now that we have access to client-level data?

- Reports on statewide and county-specific data that will improve understanding of how expenditures are related to MHSA outcomes, and contextual factors that influence variation in expenditures and outcomes
 - Report due dates:
 - 6/31/12

24

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Next Steps

- 12/10 - FY 09 – 10 Revenue & Expenditure (R&E) Reports due to DMH
 - Only 22 counties currently final & available for download
 - EMT must receive all R&Es no later than 12/31/11 in order to meet report deadline
- 6/30/12 - Report submitted to MHSOAC

25

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Deliverable 1A e-versions

- You can download the documents from the following websites if you need them again
 - **MHSA Website**
 - <http://www.mhsoac.ca.gov/Announcements/announcements.aspx>
 - **UCLA**
 - http://healthychild.ucla.edu/MHSA_evaluation.asp

26

Evaluation Questions of Interest Specific to Deliverable 1.B – Next Report

- Evaluation questions (re: cost) you would like to see addressed can be forwarded to:
- **Email**
 - Elizabeth Harris: eharris@emt.org

Thank you!