MHSOAC
Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

***Prop 63* Mental Health Services Oversight and Accountability Commission (MHSOAC) Evaluation Fact Sheet ***

CALIFORNIA'S INVESTMENT IN PREVENTION AND EARLY INTERVENTION

Primary Purpose: Investigators assessed counties' use of Prevention and Early Intervention (PEI) funds during Fiscal Year 2011/2012. Specifically, they examined three aspects of PEI efforts:

- What kinds of PEI programs/activities did counties implement?
- How much funding was allocated to different categories of PEI programs?
- Who was served by PEI programs?

Background: Twenty percent of funds from Proposition 63, the Mental Health Services Act (MHSA), are committed to PEI programs. The intent of PEI is to shift California's mental health system toward a recovery-oriented "help-first" strategy and away from a crisis-oriented "fail-first" response to serious mental illness. The MHSA defines specific purposes for PEI:

- Prevent mental illness from becoming severe and disabling.
- Improve timely access to mental health services for underserved populations.
- Reduce seven negative outcomes of untreated mental illness: suicide, incarcerations, school failure, prolonged suffering, unemployment, homelessness, and removal of children from their homes.

Methodology: The investigators developed a classification system based on MHSA requirements for PEI and categorized each PEI program/activity by its intended purpose and target population. Classification was confirmed with counties. Investigators then requested data for each program/activity on expenditures, numbers of individuals served, and demographic characteristics of people served.

- *Prevention* programs/activities focused on promoting positive mental health and related functional outcomes for individuals at risk for serious mental illness.
  - *At risk* was defined as having a risk factor for developing mental illness. The risk factor must have been recently documented in at least three peer-reviewed scientific papers.
- *Early intervention* programs/activities aimed to promote positive mental health and related functional outcomes for individuals with early onset of a serious emotional disturbance (children/youth) or a serious mental illness (adults/older adults).
- *Stand-alone indirect* programs/activities did not provide direct services to individuals. They consisted of MHSA-required outreach and linkage efforts to identify early signs and symptoms of mental illness and increase access to treatment, as well as strategies for preventing suicide and reducing stigma and discrimination related to having a mental illness or seeking mental health services.
- *Out of study scope* programs were those that did not meet inclusion criteria for prevention, early intervention, or stand-alone indirect programs/activities.
- *Mixed* programs/activities were those offering a combination of prevention, early intervention, and/or out of study scope services that could not be disentangled and examined separately.

Major Findings:

Types of PEI Programs

Nearly all PEI programs (more than 99%) addressed specific MHSA goals for PEI.

- Early intervention programs were most common (34% of 467 identified programs).This category was followed closely by indirect (29%) and prevention (26%) programs.
- More than three-quarters of counties offered at least one prevention program, 71% offered an indirect program, and 68% offered an early intervention program.[1]

[1] These numbers do not include any additional prevention or early intervention services which may have been offered as part of "mixed" programs.

* These fact sheets summarize MHSOAC evaluations of Prop 63 and California's public, community-based mental health system. The MHSOAC is charged with providing oversight and accountability per the Mental Health Services Act (also known as Prop 63).

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- Mixed programs represented only 11% of programs, and out of study scope programs were extremely rare (less than 1%).

Prevalence of PEI Program Types

	Counties with Program Type	Number of Programs
Prevention	45 (76.3%)	119 (25.5%)
Early Intervention	40 (67.8%)	158 (33.8%)
Mixed	27 (45.8%)	51 (10.9%)
Indirect	42 (71.2%)	135 (28.9%)
Out of Scope	3 (5.1%)	4 (0.9%)

PEI Expenditures

Counties' PEI expenditures (99.9%) went toward MHSA-mandated purposes.

- A total of $317,940,706.19 was committed to PEI programs.
- The majority of expenditures (54.4%) went to early intervention. The rest went primarily to indirect (25.8%) and prevention (12.6%).
- All counties but one supplied actual or projected expenditure data.

PEI Expenditures by Program Type

	Funds Committed	Percentage
Prevention	40,197,494.06	12.6%
Early Intervention	172,943,344.79	54.4%
Mixed	22,531,367.04	7.1%
Indirect	82,134,885.35	25.8%
Out of Scope	133,614.95	<0.1%
Total	317,940,706.19	100.0%

Cost-Benefit Estimation for a Select Subset of Programs

The Washington State Institute for Public Policy (WSIPP) has generated an analysis of projected monetary benefits of implementing specific types of PEI evidence-based practices (EBPs). The current investigation included 15 EBPs from the WSIPP list, which allowed investigators to estimate the monetary savings for this subset of programs in California.

- The total estimated savings from California EBP programs with available WSIPP data was $206.5 million per year.
- However, California has many EBPs and other effective practices beyond those studied by WSIPP. Thus, $206.5 million is a very conservative estimate of potential savings across all California PEI programs.

Numbers of Individuals Served

Prevention programs served 134,797 discrete individuals and early intervention programs served 230,426 individuals.

Unduplicated Numbers of People Served, by Age Group

	Children / Youth	TAY	Adults	Older Adults
Prevention	84,405 (64.9%)	18,954 (14.6%)	24,734 (19.0%)	1,952 (1.5%)
Early Intervention	82,061 (36.4%)	40,664 (18.0%)	73,316 (32.5%)	29,452 (13.1%)

Counts for indirect and mixed programs were duplicated (i.e., some individuals were served and counted more than once). Thus, total number served could not be meaningfully reported for these program types.

Out of scope programs served only 588 people. These were primarily individuals from ethnic minority communities who did not meet the study's stringent criteria for PEI at-risk categories.

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Link to Study:
http://www.mhsoac.ca.gov/meetings/docs/Meetings/2014/January/OAC_012314_Tab7_PEIReport.pdf

Data Issues:
Mixed programs highlight the challenges that arise when program types can't be disentangled for data reporting purposes. Almost all of the mixed programs offered services to both at-risk individuals and those with early onset of a mental illness. Thus, numbers served and expenditures could not be separately reported for prevention and early intervention programs, and the numbers reported under-estimate the actual numbers served and expenditures devoted to these purposes.

Recommendations:
Establish and disseminate consistent definitions for PEI programs.

Develop a common, systematic approach to data recording that is consistent with established PEI definitions in order to standardize data collection and reporting and facilitate state-wide compilation and dissemination of evaluation results.

Continue to monitor PEI programs' costs and effectiveness and develop new strategies to calculate monetary savings.