

**Prop 63 Mental Health Services
Oversight and Accountability Commission (MHSOAC)
Evaluation Fact Sheet¹**

SUMMARY AND SYNTHESIS OF COUNTY MHSA EVALUATIONS

Primary Purpose: Compile, analyze, and summarize evaluations that were completed (by counties or other entities) as of late 2011 on Community Services and Supports (CSS) and Full Service Partnership (FSP) consumer outcomes, Prevention and Early Intervention (PEI) services/programs, and MHSA Values.

Background: These reports provide summaries of relevant evaluations in order to: 1) obtain initial information about the impact of the MHSA, and 2) ensure that forthcoming MHSOAC efforts do not duplicate and rather build on existing evaluations.

Major Findings:

Full Service Partnerships (FSP) and Community Services and Supports (CSS)

- Most evaluation done within the CSS component focused on FSPs. Thus, all major findings described below pertain to FSPs specifically.
- Strong associations were noted between participation on FSP programs (which provide “whatever it takes” to provide those with severe mental illness or emotional disturbance with support) and reductions in homelessness and psychiatric hospitalizations.
- Reductions were also seen in arrest and incarceration rates, although findings varied widely.
- Several trends appeared, including reductions in physical health emergencies, positive education outcomes for youth, and improved mental health and quality of life.
- Little to no changes were observed in employment outcomes.

Prevention and Early Intervention (PEI)

- In 2011, counties were in early stages of rolling out evaluations for PEI services and programs. .
- An increase in numbers served by PEI programs was observed across Fiscal Years (FY) 2008-09 and 2009-10; this increase was seen in programs for all age groups (i.e., children, transition-age-youth, adults, and older adults). Total sums and ranges of clients for all counties are included in the table below.

Age Group	# of Counties Reporting by Implementation Period		Range		Sum	
	FY08-09	FY09-10	FY08-09	FY09-10	FY08-09	FY09-10
Children	7	29	24 – 1156	5 – 21,544	3,722	77,923
TAY	5	28	63 – 7183	2 – 34,707	7,987	59,169
Adult	7	29	24 – 4258	10 – 20,2584	8,426	270,892
Older Adult	4	26	10 – 273	0 – 15,606	509	30,317
Unknown	1	6	(N/A)	1 – 7,075	34,581	9,333
TOTAL*					55,525	447,634

Note. From “Evaluation Report: Summary and Synthesis of PEI Evaluations and Data Elements” by UCLA Center for Healthier Children, Families & Communities, 2011, p. 19.

- The evaluation outcomes proposed by counties in their plans appeared to be appropriate and meaningful.
- Some counties did not have sufficient internal capacity or appropriate guidance to properly develop and meet PEI evaluation goals at the time of this study.
- Data on individual services provided through PEI were inconsistent or unavailable across counties. Most local data collection was focused on process variables.
- However, some preliminary findings on outcomes associated with PEI programs/services were available (but should be interpreted with caution due to small sample sizes)...Preliminary findings

¹This series of fact sheets provides brief summaries of 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).

on outcomes associated with participation in a PEI program include:

- Children and youth showed decreased behavior problems and improved social competence and skills
- Programs for transition-aged-youth may have a positive impact on employment, homelessness, and legal involvement
- Parent-focused programs may result in improved parenting knowledge and skills, improved family functioning, and decreased parenting depression, stress and, anxiety

MHSA Values

- MHSA appears to be impacting the value of recovery/resiliency and wellness orientation, as seen through observed reductions in acute psychiatric hospitalizations, homelessness, and arrest rates.
- The MHSA also appears to be promoting a reduction in disparities in access to care by improving access for certain racial/ethnic groups (e.g., Latinos, Pacific Islanders, Vietnamese) in some counties.
- Overall, sufficient information was not available to assess the degree of impact that MHSA has had on the remaining values. However, the information currently available was adequate enough to conclude that there has been focused activity among counties related to implementing MHSA-funded programs in line with the values of the MHSA.

Methodology: Counties were surveyed and asked to provide results from available evaluations. Twenty (20) counties provided evaluations for FSPs and twenty-nine (29) counties submitted evaluations of MHSA values. In light of the early stage of implementation of the PEI component, this report examined the local evaluation plans submitted by counties, as well as their reports of outcomes to date. Thirty-seven (37) counties planned PEI evaluations and described these in their local MHSA plans. Internet searches were also done to identify additional relevant evaluations. Researchers did a content analysis to determine utility of the information obtained from available evaluations. Findings identified in this report are primarily based on those evaluations with high efficacy.

Principle Investigator(s): UCLA Center for Healthier Children, Families and Communities with EMT Associates, Inc., and Clarus Research

Links to Study:

CSS Consumer Outcomes, May 2011:
http://mhsoac.ca.gov/Evaluations/docs/Report_PII_Deliverable_3A.pdf

PEI Evaluations and Data Elements, August 2011:
http://mhsoac.ca.gov/Evaluations/docs/MHSAOC_PEI_Report_2011.pdf

MHSA Values, December 2011:
http://mhsoac.ca.gov/Evaluations/docs/Del3B_Phase-II_MHSA-ValuesReport.pdf

Implications: Evaluations of FSPs highlighted the meaningful impact that these programs can have on individuals with severe mental illness or emotional disturbance. Preliminary evaluations of PEI programs show the positive impact these programs/services can have on children, youth, and families, although more work is needed to strengthen our knowledge of PEI program impact. Implementation of the MHSA does appear to have promoted some MHSA values, including encouragement of recovery, resilience, and wellness, and a reduction in disparities in access to care. However, more research is needed to fully understand the impact of the MHSA on both MHSA programs and values.

Recommendations: More in-depth studies of FSP outcomes are needed, including, for example, those that are specific to certain populations and models of service delivery. Improving employment of those enrolled in FSPs should be a focus. There is also a need to understand outcomes for individuals who are receiving services within the CSS component that are not FSPs.

PEI program/service implementation needs to be tracked for trends and evaluated for outcomes defined in the MHSA.

Statewide information on the reduction of disparities in access to care should be analyzed. Client and family member perceptions of recovery/resilience/wellness should be regularly assessed and included as a critical outcome of the MHSA.