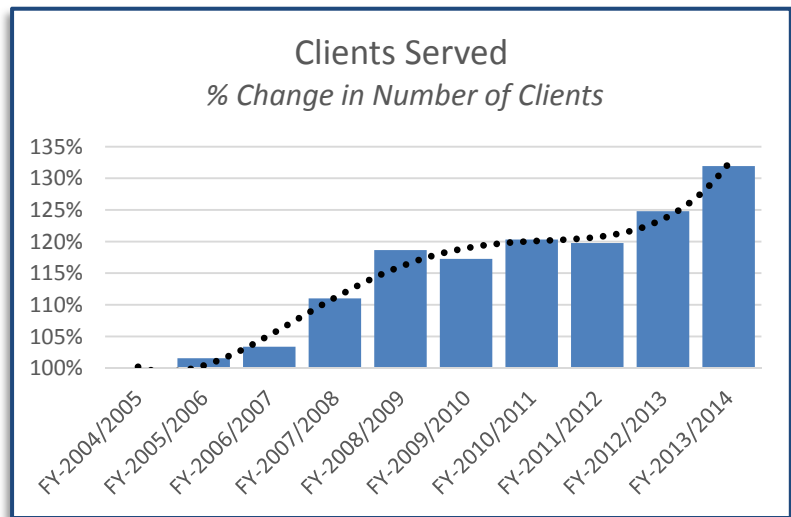


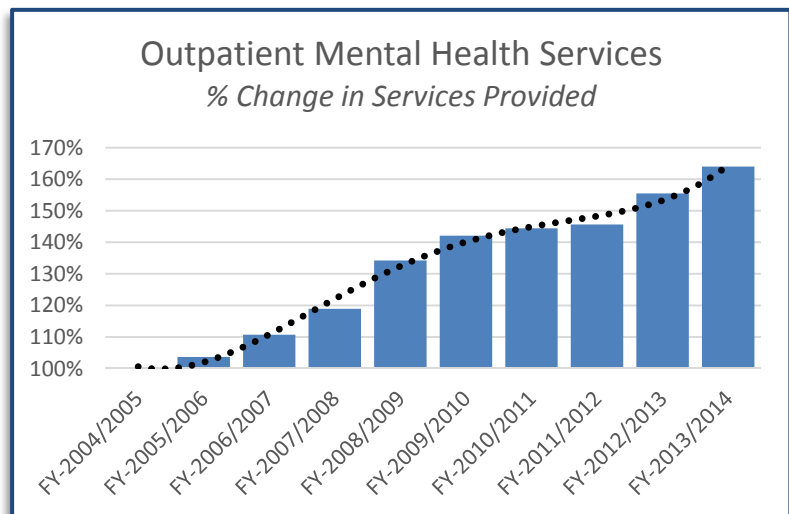
HIGHLIGHTING EFFECTS OF MHSA FUNDING ON ACCESS TO CARE *10 years in 17 counties*

The trends reported here represent a small sample of 17 counties. We will report on all 58 counties in our next evaluation. Over the 10 years since the passage of MHSA from fiscal year (FY) 2004/2005 through FY 2013/2014, successful counties have seen increases in the capacity to serve more clients with more public mental health services. Although representative data was not accessible in state data repositories for all counties at the time of this report, data from 17 successful counties represented here (Alameda, Amador, Calaveras, Contra Costa, Mono, Monterey, Napa, Nevada, Riverside, San Benito, San Bernardino, San Diego, San Mateo, Sutter/Yuba, Tri-City, Tulare and Ventura), encompassing over 1/3 of California's population, show steady increases in the number of clients served and the total amount of services provided.

- These 17 counties represent the greatest increases in clients served based on data submitted to the state.
- These 17 county mental health programs averaged an **increase in the number of clients served by 32%** between FY 2004/2005 and FY 2013/2014.
- This represents an increase of **54,000 more clients served annually** from 167,000 in FY 2004/2005 to 221,000 in FY 2013/2014.



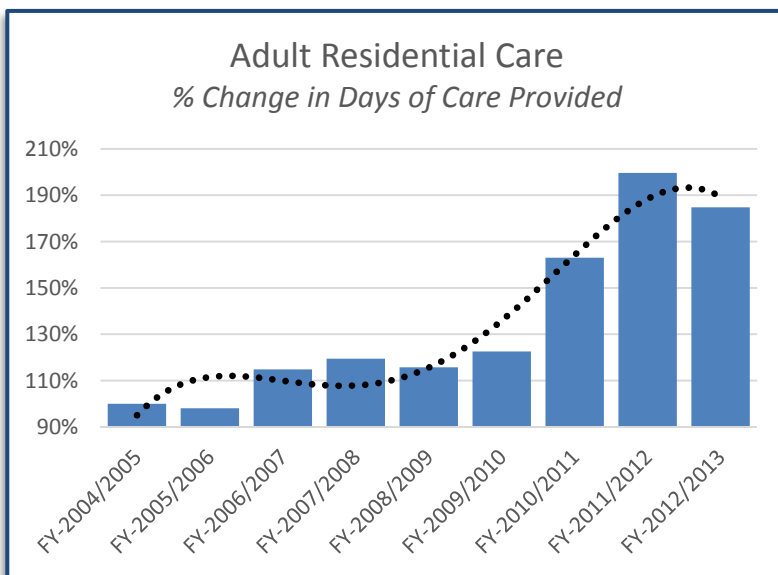
- Within these 17 counties, the time spent providing outpatient mental health services **increased by an average of 64%** between FY 2004/2005 and FY 2013/2014.
- This represents an increase of **1.6 million more hours** of outpatient mental health services provided annually since the passage of MHSA.



HIGHLIGHTING EFFECTS OF MHSA FUNDING ON ADULT RESIDENTIAL CARE

Three Bay Area Counties

Over the 10 years since the passage of MHSA from FY 2004/2005 through FY 2013/2014, Alameda, Contra Costa, and San Mateo bay area counties have seen increases in the capacity to provide more adult residential care. (Representative data for adult residential care was not accessible in state Client Services Information (CSI) data repositories for other bay area counties at the time of this report.) Adult residential services are rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for persons who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.



- The number of days of adult residential care provided to clients in these counties has **increased by an average of 85%** between FY 2004/2005 and FY 2012/2013.
- A large increase in adult residential care was realized in FY 2010/2011 and forward.
- This represents the **availability of 20,000 more days** of adult residential care annually in these three bay area counties since the passage of MHSA.



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MENTAL HEALTH
POLICY &
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LEADERSHIP



May 5, 2016 – SACRAMENTO, CALIFORNIA

In an effort to demonstrate the statewide impact of programs funded by the Mental Health Services Act (MHSA), which was created in 2004 by Proposition 63, the Steinberg Institute and County Behavioral Health Directors Association have taken an important step forward to collect and report on clinical outcomes of MHSA funded programs in California.

This report captures the impact that Full Service Partnership (FSP) programs have had in 41 counties in California. These FSP programs are delivered by a team of mental health staff who provide “whatever- it-takes” intensive services to individuals who live with a serious mental illness. These services are designed for individuals with recent histories of intensive service utilization or homelessness to reduce hospitalizations, jail time, homelessness and out-of-home placements for children. Participation in FSP programs also positively impacts academic and employment outcomes for clients served.

Of note, after 2 years in an FSP program during 2013-2014, adult clients experienced a 68% reduction in homelessness and an 87% reduction in arrest rates.

In addition to services for individuals with intensive needs, the MHSA also funds a broad continuum of prevention and early intervention (PEI) care and innovative programs. Twenty percent of each County’s annual MHSA allocation funds prevention and early intervention activities, which are designed to provide services to people before their condition becomes acute. These programs are provided in places where behavioral health services are not traditionally received, such as schools, community centers, and in the field.

Our findings show:

- Successful early intervention of psychosis and other serious mental illness, including reductions in psychotic symptoms and increases in quality of life such as employment.
- Reduced trauma symptoms in school aged children and among Latinos.
- Increased resiliency or protective factors in middle school students at risk of failing in school due to emotional problems.
- Reduced psychiatric emergencies and admissions to psychiatric hospitals among adolescents.
- Improved physical health and mental health: a decrease in substance use, emergency service use and homelessness among a chronically homeless, highly vulnerable population of individuals with serious mental illness and one or more medical conditions.

Whether it be Full Service Partnership services for individuals with serious and persistent mental health conditions or individuals demonstrating risk factors or early onset symptoms, counties are intervening by using approaches that are culturally relevant and that not only reduce mental health symptoms but that also help individuals of different ages and backgrounds to become more resilient to the effects of trauma, mood disorders or psychosis.

Treating trauma and depression early in its course helps to reduce the likelihood of more severe mental illness, substance use and, in many cases, physical health problems from developing. Similarly, reducing the duration of untreated psychosis can significantly impact the quality of one's life. For those whose condition has led to homelessness, psychiatric hospitalizations or incarcerations, breaking those institutional cycles not only helps individuals recover, but greatly improves the quality of life of individuals within communities across California.

We will continue to tell the story of people who live with mental illness and will not stop our work until all people receive the care they need, when they need it and for as long as they need it. Californians are entitled to data that shows how our sisters, brothers and friends are being served and that these funds are improving the quality of life for everyone.



Darrell Steinberg
Founder, Steinberg Institute



Kirsten Barlow
Executive Director, County Behavioral Health
Directors Association of California

FULL SERVICE PARTNERSHIPS (FSP)

MENTAL HEALTH SERVICES ACT (MHSA)

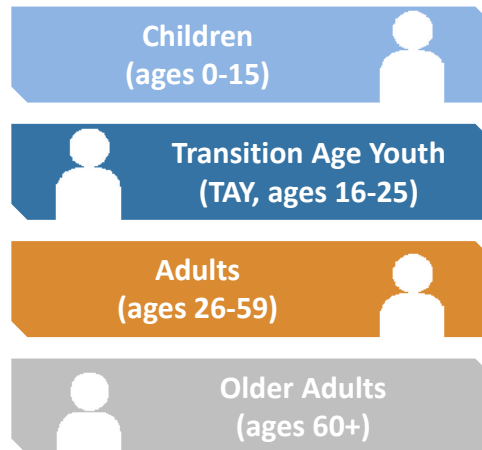
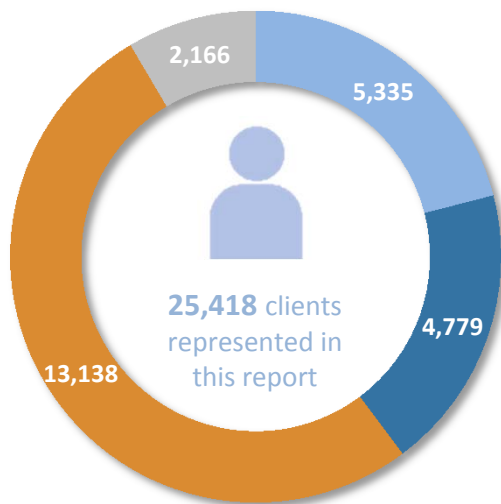


WELLNESS • RECOVERY • RESILIENCE

FSP services improve the quality of life of clients served and are effective at breaking cycles of institutionalization. FSP partners, regardless of age, reduce their use of psychiatric hospitals, are arrested less often, spend less time homeless and have fewer emergency events after they enroll in services.

CLIENTS SERVED FY 2013/14

*(at least 1 year in the Program for Children,
2 years for other clients)*



INSTITUTIONAL SERVICE REDUCTION RESULTS IN FSP COSTS OFFSET

Through a contract with the Mental Health Services Oversight and Accountability Commission, the University of California, Los Angeles conducted a cost analysis of FSP programs across the State, comparing per-client program expenditures with costs offset due to reduced use of psychiatric inpatient facilities, juvenile and adult justice facilities, emergency department use, skilled nursing facilities and long term psychiatric care.



109%
of costs offset









\$87,479,568
calculated costs offset



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CHANGES TO NUMBER OF CLIENTS AFTER ENTERING FSP PROGRAM

		Children	Transition Age Youth	Adults	Older Adults
Homelessness 				↓ 52% after 1 year ↓ 68% after 2 years	
Emergency Shelter Use 			↓ 20% after 1 year ↓ 53% after 2 years	↓ 14% after 1 year ↓ 53% after 2 years	
Group Homes and Community Treatment 		↓ 12% after 1 year			
Arrests 		↓ 86% after 1 year	↓ 81% after 1 year	↓ 81% after 1 year	↓ 80% after 1 year
Psychiatric Hospitalization 		↓ 49% after 1 year	↓ 41% after 1 year ↓ 57% after 2 years	↓ 38% after 1 year ↓ 42% after 2 years	↓ 39% after 1 year ↓ 51% after 2 years
Mental Health Emergency Events 		↓ 89% after 1 year	↓ 84% after 1 year	↓ 84% after 1 year	↓ 86% after 1 year
Employment 				↑ 12% after 1 year	
Academic Performance 		↑ 68% after 1 year			

PREVENTION, EARLY INTERVENTION AND INNOVATION MAKING A DIFFERENCE ACROSS THE STATE

The Mental Health Services Act funding provides a broad continuum of prevention, early intervention and innovations, to effectively support Californians who live with mental illness. Twenty percent of the MHSAs is allocated to support prevention and early intervention activities which are designed to move California to a “help first” system. Programs are provided in places where behavioral health services are not traditionally provided, such as schools, community centers, and in the field. Multiple negative outcomes are being dramatically reduced for all age groups as highlighted below.

SAN DIEGO COUNTY: EARLY PSYCHOSIS PROGRAM – “KICKSTART”




San Diego County’s Early Psychosis program, “Kickstart,” provides prevention and early intervention services to children, adolescents and transition-age youth (TAY) who are identified as being at-risk for the development of psychosis.

Kickstart educates community leaders who have contact with children and youth on early detection of behaviors and symptoms that are risk factors for the development of psychosis. The early intervention component provides screening for youth who are identified as being at-risk for the development of psychosis. Youth with positive screens receive in-depth assessments, support services and mental health treatment interventions.

 **3,000** community members received training

 **580** youth screened

 **320** youth screened positive, receiving full assessment and mental health services



84%

had decreases in positive symptoms such as unusual thoughts and perceptual abnormalities



71%

had decreases in negative symptoms, such as social withdrawal and diminished emotional responsiveness



62%

had increases in hopefulness; 40% of children and youth had decreased functional impairment



64%


of those ages 18 and older experienced a positive change in employment status


MARIN COUNTY: LATINO COMMUNITY CONNECTION RESULTS IN DECREASED TRAUMA AND INCREASED COPING SKILLS



Promotores, trusted members of the Latino community, are trained and supported to provide mental health and substance use outreach, engagement, support, and referrals. Utilizing support groups and individual sessions, Latino community members experiencing emotional problems are taught skills to increase their ability to positively cope with trauma symptoms. Lastly, ongoing radio and TV shows targeting the Latino community address a wide range of issues that affect mental health.

 **1,320** received support from Promotores

 **170** participated in support groups or one-on-one sessions

 **100%** who attended for 3+ mo. experienced a reduction in trauma symptoms

 **95%** reported an improvement in well-being


 **90%** reported that services received were very helpful in addressing their problems


LOS ANGELES COUNTY: INTEGRATED MOBILE HEALTH TEAMS



This intensive service model of care uses an integrated single team of mental health, physical health, and substance abuse providers to conduct mobile outreach, assessment, and housing services to chronically homeless, highly vulnerable individuals with mental health, medical, and substance use conditions. Physical health services were provided through an important partnership with a local Federally Qualified Health Center. The integrated care model utilizes a “Housing First” approach where individuals are offered permanent supported housing at the beginning of services.

 **600** clients received services

 **65%** showed significant improvement in their overall health after 6 months (75% after 12 months)

 **32.5%** had a significant reduction in alcohol consumption; 28.2% of clients had a significant reduction in drug use

 **↓** significant decrease in use of emergency services 6 and 12 months after enrollment in service.

 **\$302,697** average cost avoided in psychiatric inpatient and psychiatric emergency department use

RIVERSIDE COUNTY: TRAUMA INTERVENTION



Riverside County funds a program that is designed to address the symptoms youth develop from various traumatic events. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) aims to reduce Post Traumatic Stress Disorder (PTSD) symptoms while enhancing coping skills, increasing resiliency and raising peer/parent support in youth ages 10 to 15 years old. Eligible youth enrolled in the program receive ten group sessions and one to three individual sessions in the school setting.

Typically 70% of youth graduate from the program each year. CBITS providers have consistently reached an underserved population of Hispanic youth in Riverside County, with more than half of participating students identifying as Hispanic.



826 youth served



↓
decreased
depression to
below clinical
levels



↑
improved emotional
symptoms, conduct
problems, peer
problems, and prosocial
behaviors



↓
decreased PTSD
symptoms

SONOMA COUNTY: PREVENTING THE ONSET OF MENTAL ILLNESS



Sonoma County's Crisis, Assessment, Prevention, and Education (CAPE) Team is a prevention and early intervention strategy specifically designed to intervene with youth ages 16 to 25, who are at risk of or are experiencing first onset of serious psychiatric illness and its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk. The CAPE Team aims to prevent the occurrence and severity of mental health problems.

CAPE includes:

- Suicide prevention trainings to both students and school personnel
- Presentation on mental health topics for school personnel.
- Crisis call response from local high schools, including assessment and referral.

SONOMA COUNTY: PEERS COALITION PROJECT

At Santa Rosa Junior College this project mobilizes the student voice to effectively raise awareness, reduce stigma, and increase access to behavioral health services. A student team of interns work with Santa Rosa College's staff in addressing priority needs of students through outreach activities and wide-spread community collaboration. Interns serve in a variety of roles including representation on the County Mental Health Board, leading small group peer discussions, teaching suicide prevention training, and educating students on campus about recognizing and responding to students in distress.

SAN LUIS OBISPO COUNTY: MIDDLE SCHOOL INTERVENTIONS



Launched in 2009, this program uses evidence-based models to reduce risk and improve protective factors for middle school youth and families. Services are provided on campus and are an integrated collaboration between schools, County staff, and community based organizations. All clients are at-risk middle school students in six different school sites, based on poor attendance, academic failure, disciplinary referrals, or if the student exhibits other signs of behavioral health issues. Each program contains three key team members: a Student Support Counselor, a Family Advocate, and a Youth Development Specialist.

The Student Support Counselor provides individual and group counseling to the students as well as identification and referrals for more intensive behavioral health services when appropriate. The Family Advocate coordinates extended case management services to at-risk families and youth. The Youth Development specialist provides evidenced based youth development opportunities on campus, a key in building resiliency, which reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in “Back to School” nights, “Open Houses,” and providing a staff orientation early in the school year.



48%
reduction in juvenile felony arrests (from 226 to 117)



307 to 4
drop in referrals of juveniles to County Probation for status offenses



261
families linked to housing (117 were homeless, 144 were at imminent risk)

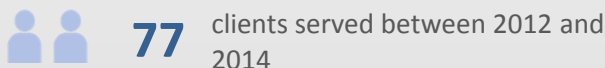


↑
improvement in students' attendance and academic performance

HUMBOLDT COUNTY: PEER SUPPORT FOR ADOLESCENTS



Humboldt County's Transition Age Youth (TAY) peer support program launched in earnest in July 2012, incorporating the vital voice of youth who have lived experience with mental illness in the foster care system. The TAY peer support staff used a progressive engagement approach which allowed youth to take part in activities and services that meet them where they are in their own recovery process.



48%
reduction in the number of admissions to psychiatric crisis



72%
reduction in the number of youth with an admission to a psychiatric hospital



↓
reduced internalized stigma for clients; de-stigmatizing effect for co-workers and community members

THE EVALUATION PROCESS

The Full Service Partnership outcome data referenced in this report are collected by providers of FSP services. Upon each client's entry into an FSP program, the provider team gathers information on the client's living arrangements, employment/education status, utilization of emergency mental health and substance use services as well as other data for the year prior to the client entering the program. When a client's status changes in any of these areas, that information is entered into a data collection and reporting system.

State regulations for MHS Community Services and supports dictate the data that must be collected and reported for each FSP client served and data submitted meets verification criteria.

The Steinberg Institute and CBHDA will update this data on an annual basis for county MHS programs and will continue to expand and improve the data collection processes in California.

For more information on the Steinberg Institute www.steinberginstitute.org

