

State and Local Evaluation of MENTAL HEALTH SERVICES ACT Prevention and Early Intervention Activities

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Why evaluate?

- MHSA has greatly increased mental health prevention and early intervention (PEI) programming in the state
- With this new funding, comes new responsibility to evaluate to:
 - understand impact
 - ensure accountability and value
 - improve effectiveness by informing quality improvement efforts
 - inform decisionmaking (e.g., regarding programs to continue)
 - assess needs



Evaluation is needed at both statewide and county levels



Overall MHSA goals are set by the state



PEI services are provided independently by its 58 counties

Some highlights from RAND's evaluation of statewide PEI programs



- Some counties pooled PEI funds to work on statewide objectives
- Joint power authority of counties working together
- Implementation began in 2011

Phone surveys: Statewide PEI campaigns are successful in reaching Californians and improving key outcomes

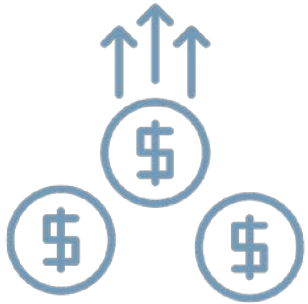


- Reduced stigma toward those with mental illness
- Those with mental illness more likely to recognize their own symptoms
 - More likely to seek treatment



- Greater confidence to intervene with those at risk of suicide
- An expert panel found that the campaign is aligned with best practices and holds it in high regard

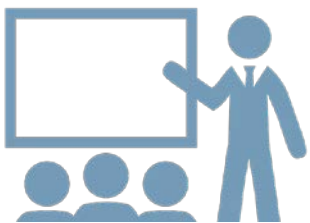
Cost analysis: Statewide PEI programs yielded positive return-on-investment



- Increased mental health treatment-seeking associated with **EMM campaign** is projected to produce a positive ROI for the state due to higher productivity and employment

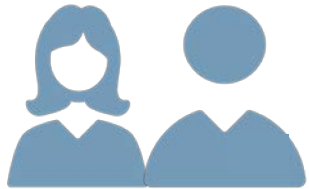


- **PEI programs in California's public colleges and universities** are associated with increased use mental health treatment
- Projected to increase graduation rates, in turn leading to higher lifetime earnings and a high return on investment to the state



- **Training efforts** like Applied Suicide Intervention Skills Training (ASIST) increased knowledge and improved attitudes among participants
- ASIST is projected to prevent suicide attempts and deaths, returning money to the state through averted Medi-Cal health care costs and increased state income tax revenue

RAND's LA county PEI evaluations have focused on two types of programs



PEI services for children and TAY

Evidence-based programs aim to prevent onset and negative consequences of mental illness



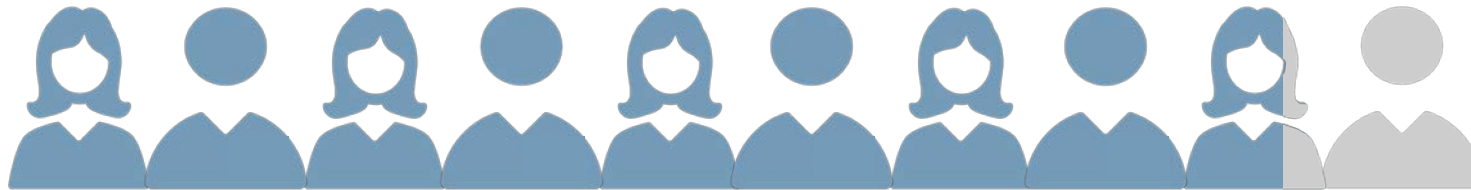
Social marketing campaigns

Events, ads, and social media aim to promote community engagement with mental health issues

Administrative data analysis:

Positive outcomes for LA youth who received PEI services

STAYING WELL



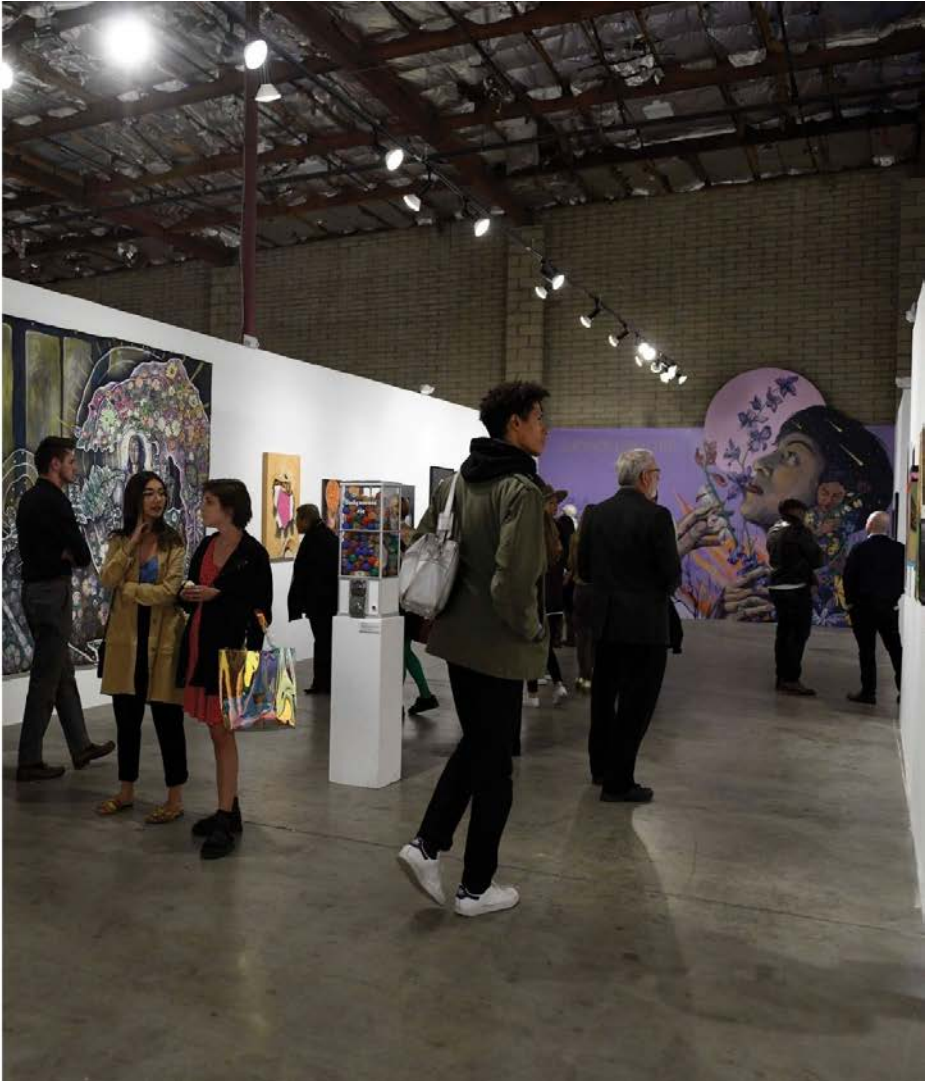
Of those receiving preventative care, almost 9 of 10 remained below the threshold for clinically significant symptoms over time

GETTING BETTER



Of those with symptoms at or above a clinical cut point for psychological distress at the start of their PEI service, more than 5 of 10 no longer had clinically significant symptoms over time

WhyWeRise/WeRise community engagement campaign



WeRise immersive experience in downtown Los Angeles

Goals:

- Increase access to mental health care
- Improve understanding of mental health challenges

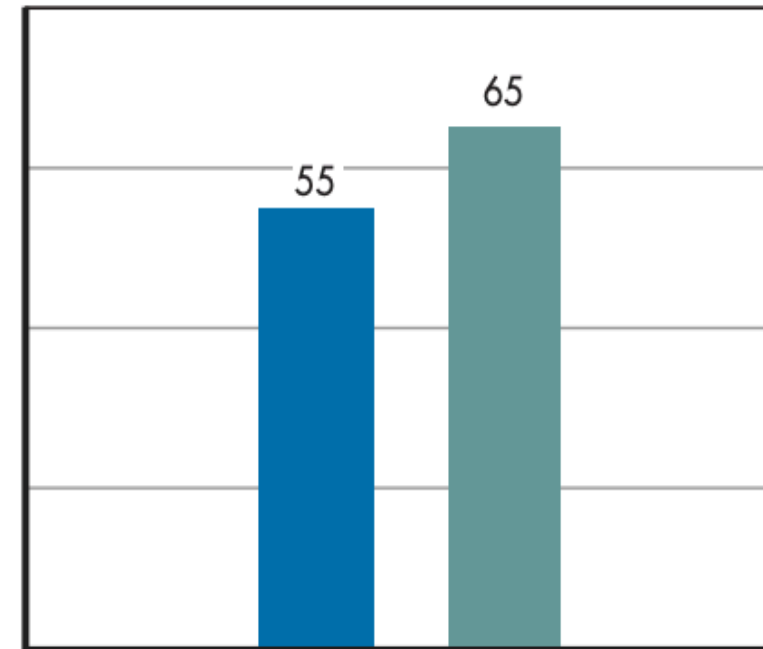
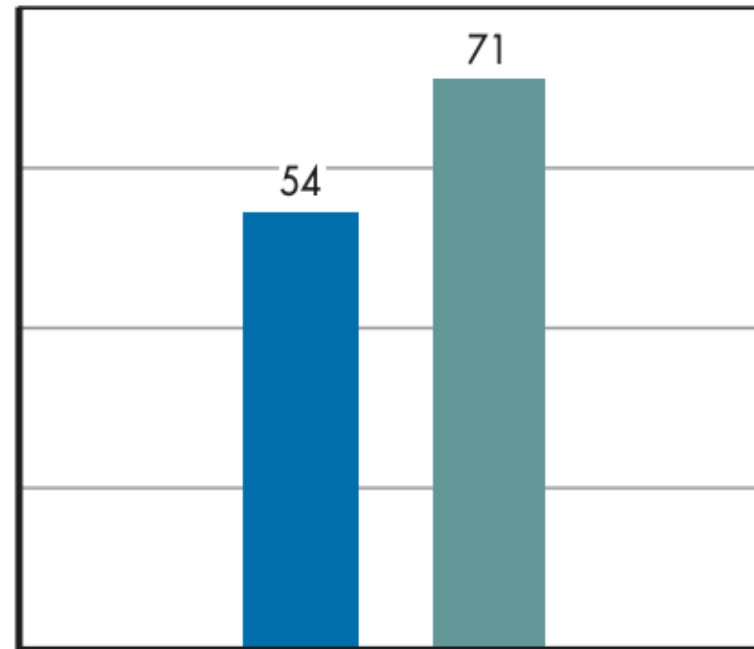
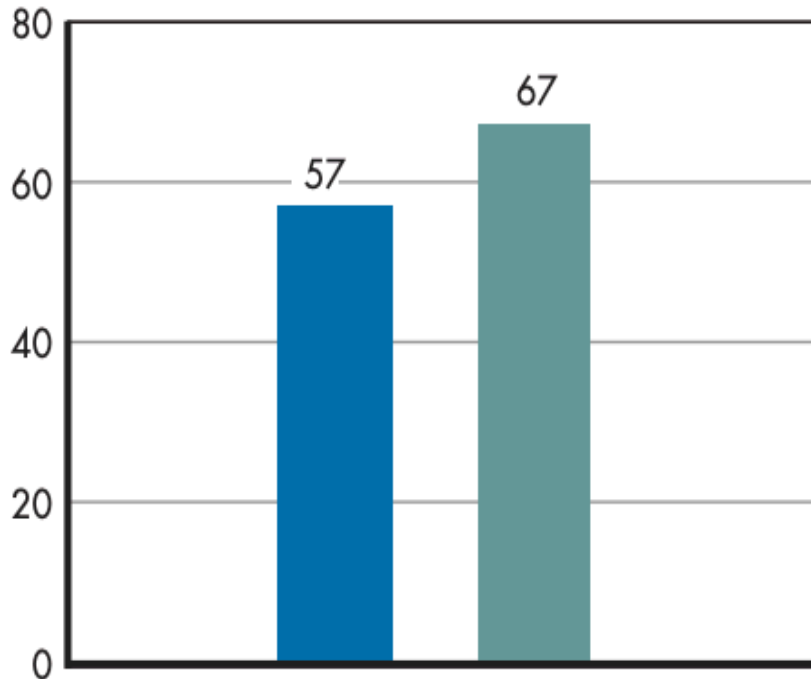


Web survey: Initial campaign reached more than 1 in 5 LA county youth ages 14-24. Those reached were more likely to...

% in agreement

... be mobilized to action around mental health issues

... know how to get help for mental health issues



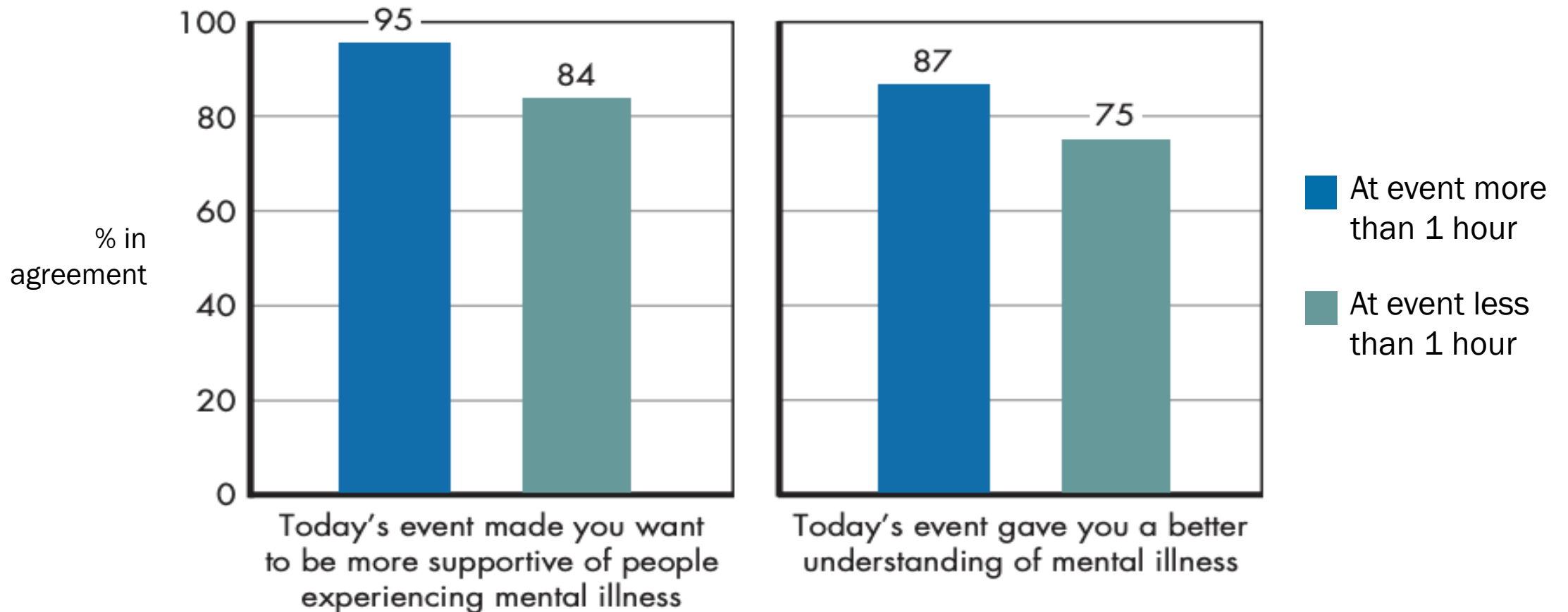
I have the power to change how our communities deal with mental health issues

I plan to help break down barriers that keep people with mental health challenges from getting treatment

If you needed help with a mental health problem, you would know how to get it

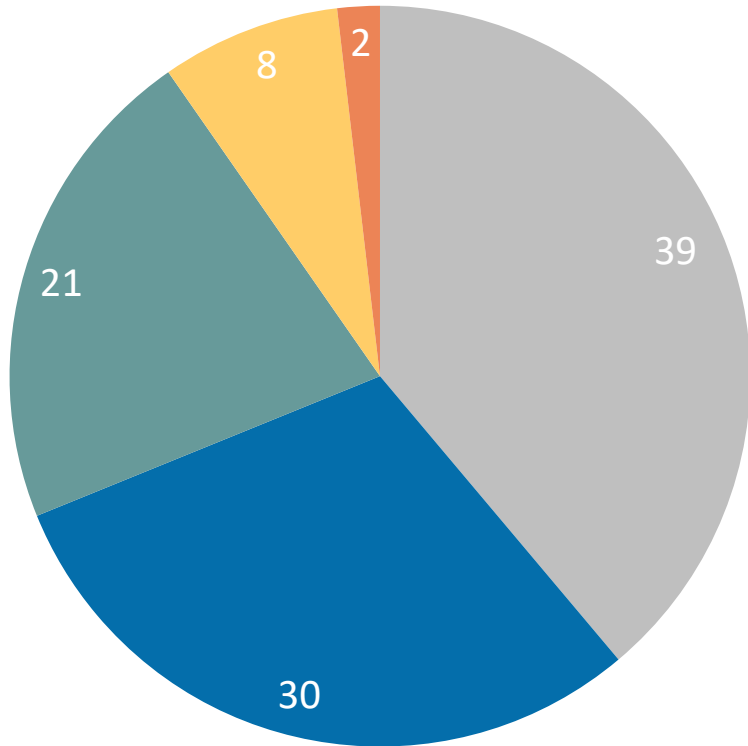
■ Not exposed to the campaign ■ Exposed to the campaign

In-person survey: People who attended WeRise for longer were more likely to express support for and understanding of those with mental illness

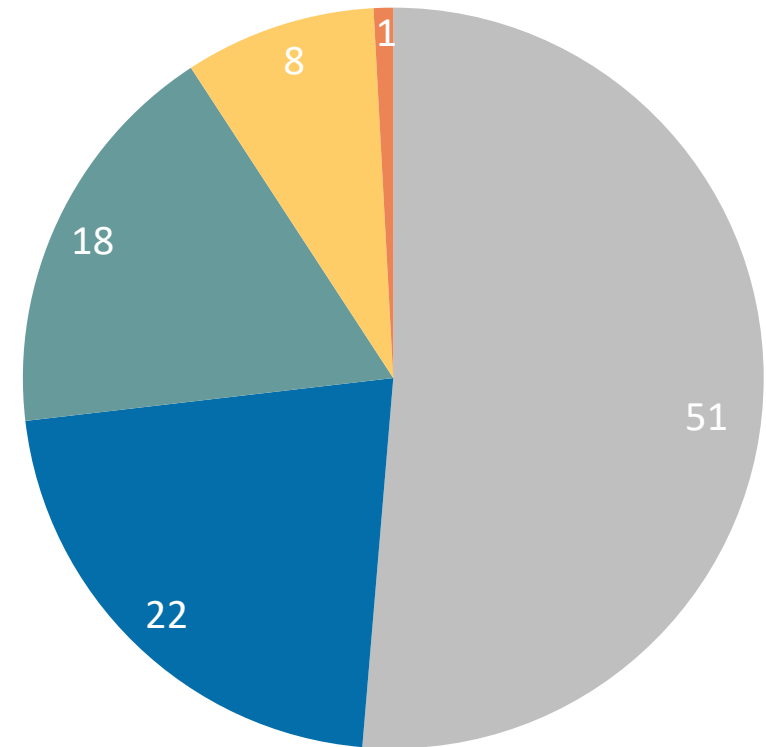


Web survey: LA county's COVID-19 mental health campaign reached...

61% of LA county adults (age 26+)



49% of LA county youth (age 16-25)

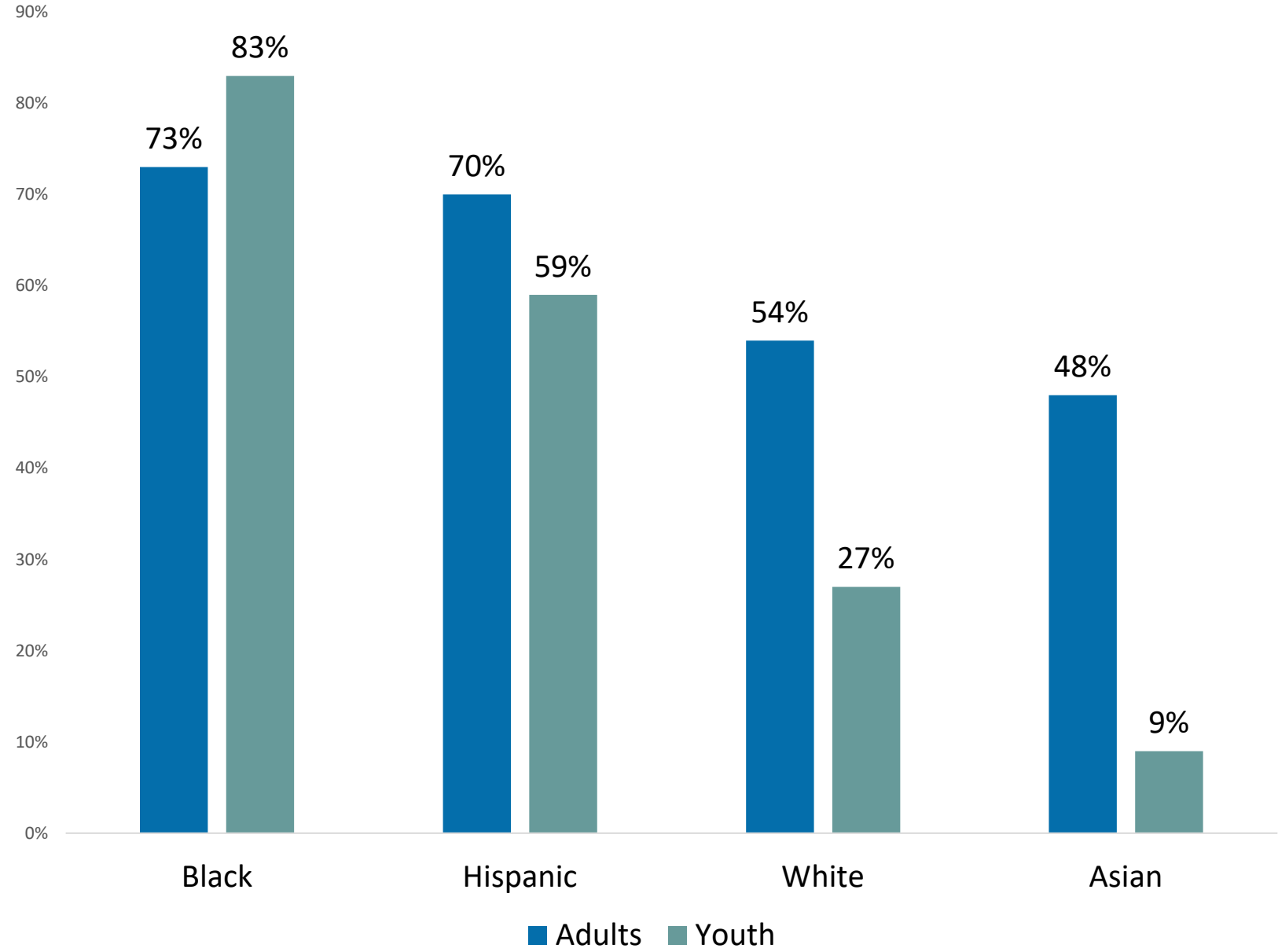


- 0
- 1
- 2
- 3
- 4

Number of different ways exposed to campaign

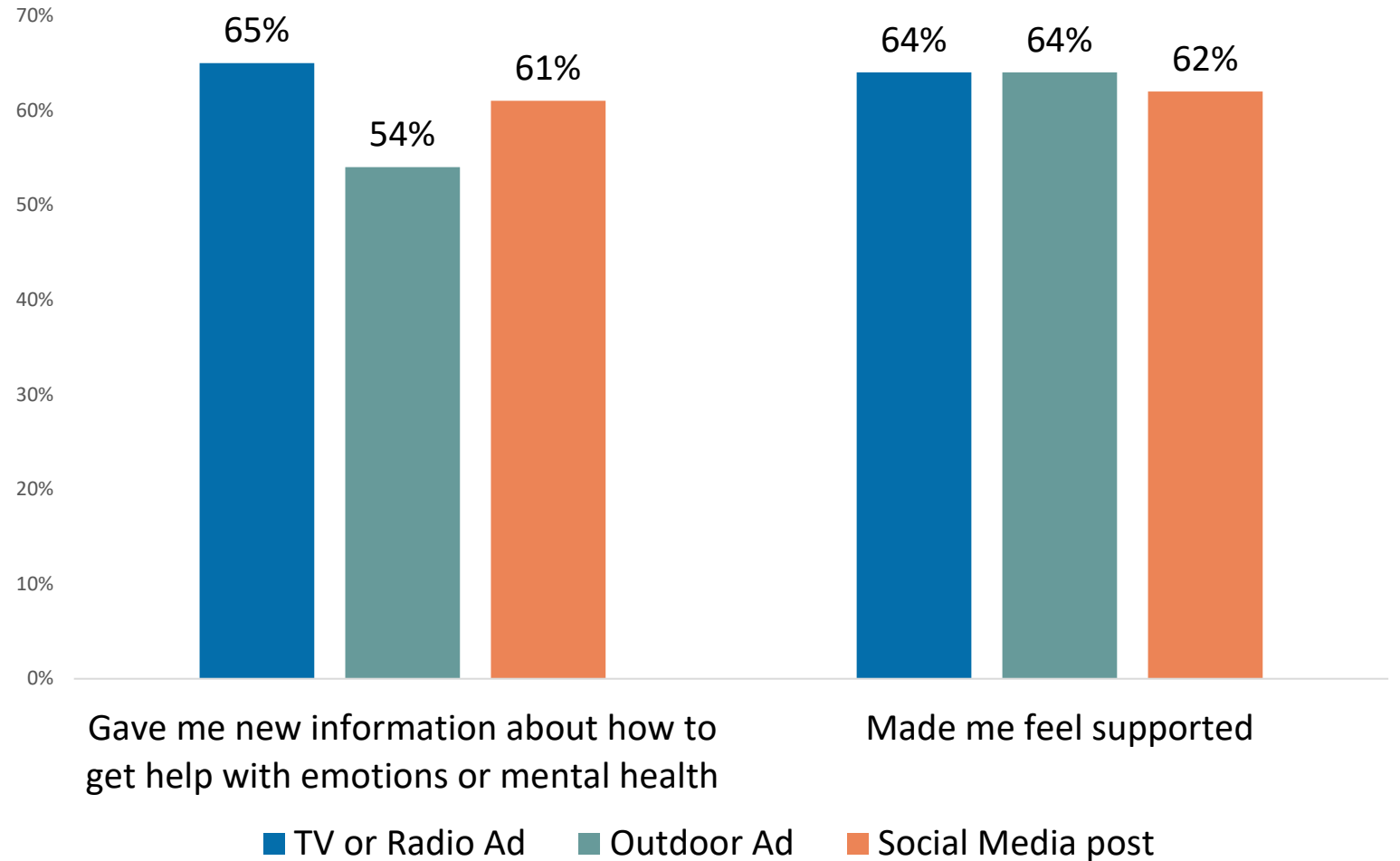
The campaign was particularly successful in reaching Black and Brown LA County residents

LA County residents reached by the campaign



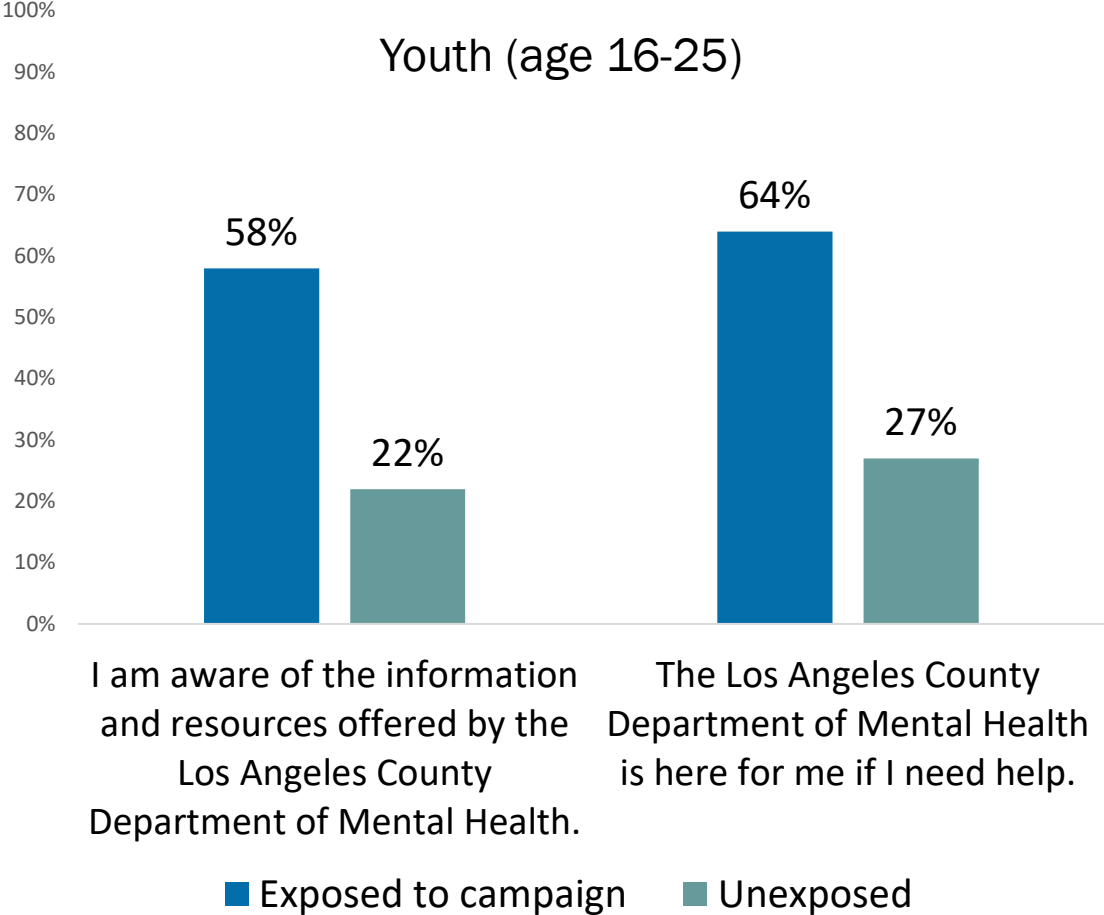
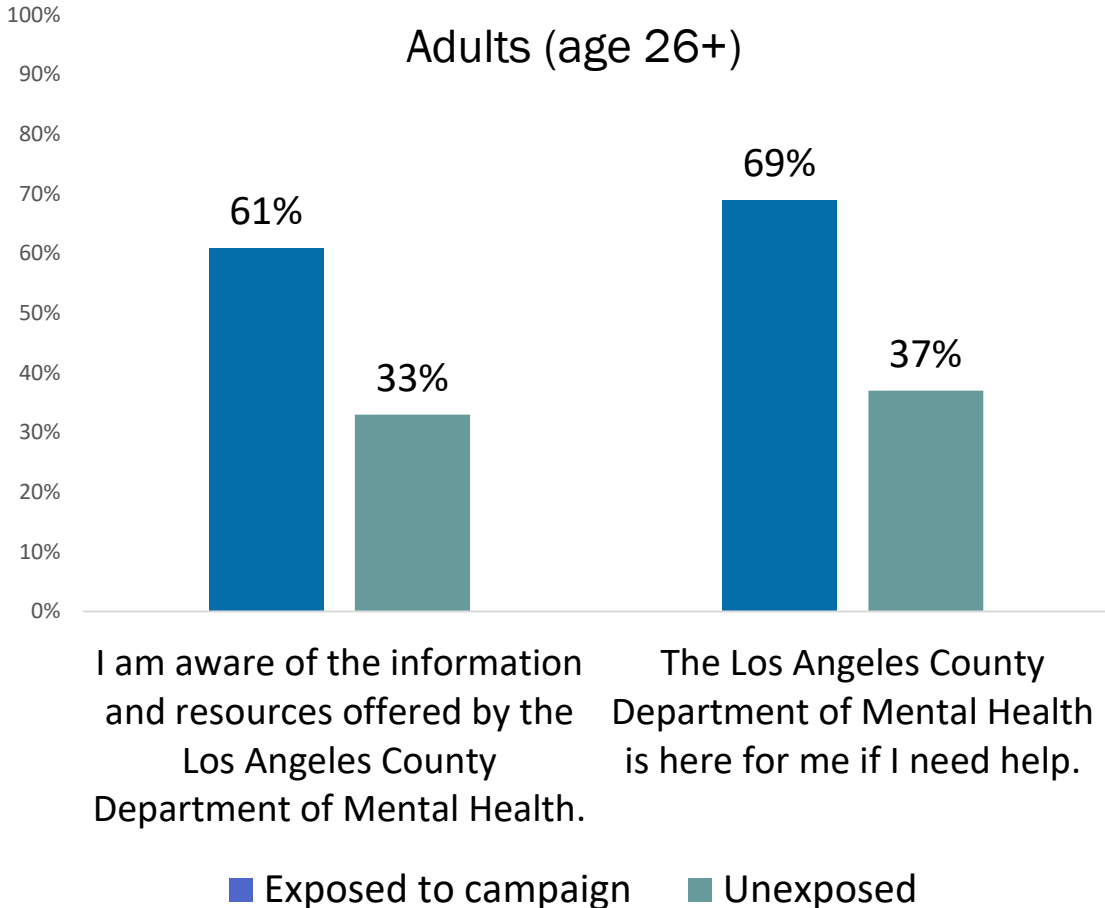
More than half
of those who
saw an ad
found it helpful

Adults (age 26+) who found campaign ad helpful



Results for Youth (age 16- 25) follow a similar pattern

And people exposed to the campaign were significantly more likely to know that LA County DMH provides resources & support



RAND is currently working with Fresno County to improve PEI outcomes data quality



GOALS

1. Develop a **new approach to PEI outcomes assessment**
 - **standardized** across contractors and programs
 - provides complete and consistent data for evaluation
 - informs quality improvement
 - supports decisionmaking about which programs to continue, eliminate, or expand
2. Provide **technical assistance and support** for new data collection/PEI database and improve data quality
3. **Evaluate programs** based on the new data

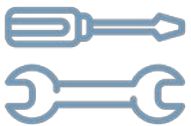
How we are working with Fresno to achieve these goals:



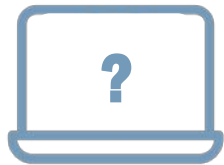
Catalogued current vendor activities



Developed **standard** outcome measures



Developing a **web-based tool** for collecting and reporting program outcomes



Provide technical assistance to support data collection implementation and data quality improvement



Evaluate PEI programs for

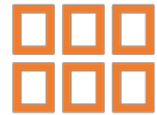
- program reach
- program outcomes
- vendor variation

We are selecting outcome measures that reflect important PEI program goals...



CORE MEASURES

- self-efficacy
- coping
- perceived stress
- emotional functioning
- social support
- life satisfaction



MODULES (added as appropriate)

school-aged youth module

- school attendance
- classroom engagement

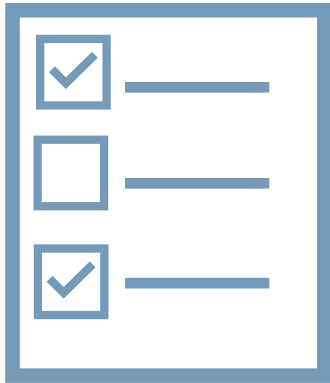
parenting module

- parenting skills
- family functioning

stigma & discrimination module

- general mental health knowledge
- knowledge about how to seek help
- help-seeking attitudes
- stigma/attitudes towards individuals with mental illness

...and considering whether the measures

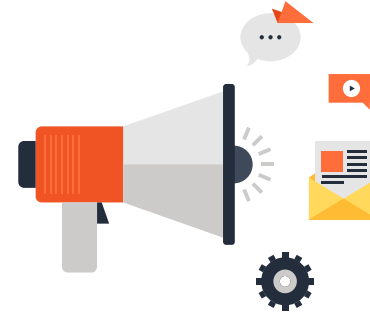


- are feasible to implement
- meet state requirements
- enable comparison across providers, across programs, and with existing benchmarks (e.g., population surveillance surveys, other counties, etc.)
- have data on reliability, validity, responsiveness, and cultural appropriateness
- minimize burden of data collection on program staff and participants

What have we learned from evaluating the MHSA, locally and statewide?



It is important to provide a **full spectrum of services**, from prevention services to treatment for those with serious mental illness



Counties and states can **effectively reach out to the public** to improve attitudes and knowledge around mental illness, reduce symptoms, & get people into treatment



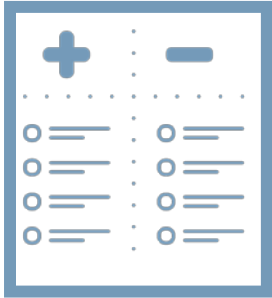
Investing in mental health **can pay off** in terms of cost savings or future return on investment
— but it's hard to put a price on improving a person's life



We **don't always have the data** we would like to fully answer all the questions we'd like to answer

- outcomes measures that align with program goals
- process measures that could be used to
 - understand what contractors are implementing
 - inform quality improvement

Continuing challenges in PEI evaluation



Feasibility vs. complexity

Tensions between measures (e.g., demographics) that are feasible and measures that reflect the complexity of California's PEI consumers

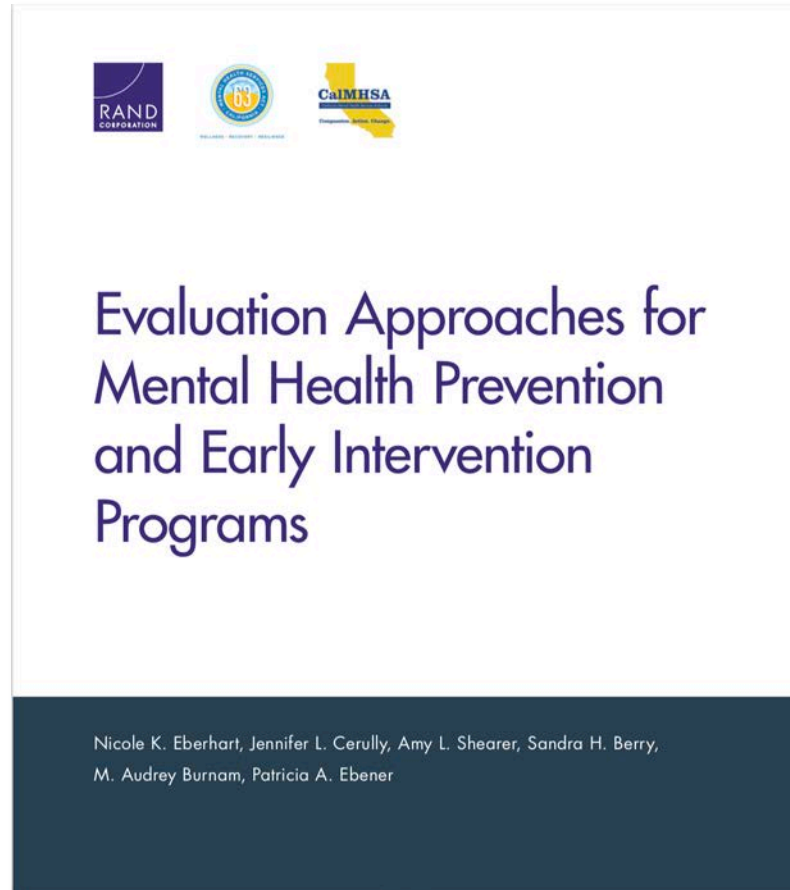


County capacity

We need to move toward telling a statewide story that is based in counties—but counties and their contractors vary in their PEI data capacity

- need a consistent statewide framework, but local flexibility
- need to support county data collection
 - standardized, easy to use electronic tools
 - TA that focuses on quality of individual-level data

It can be unclear how to approach PEI evaluation

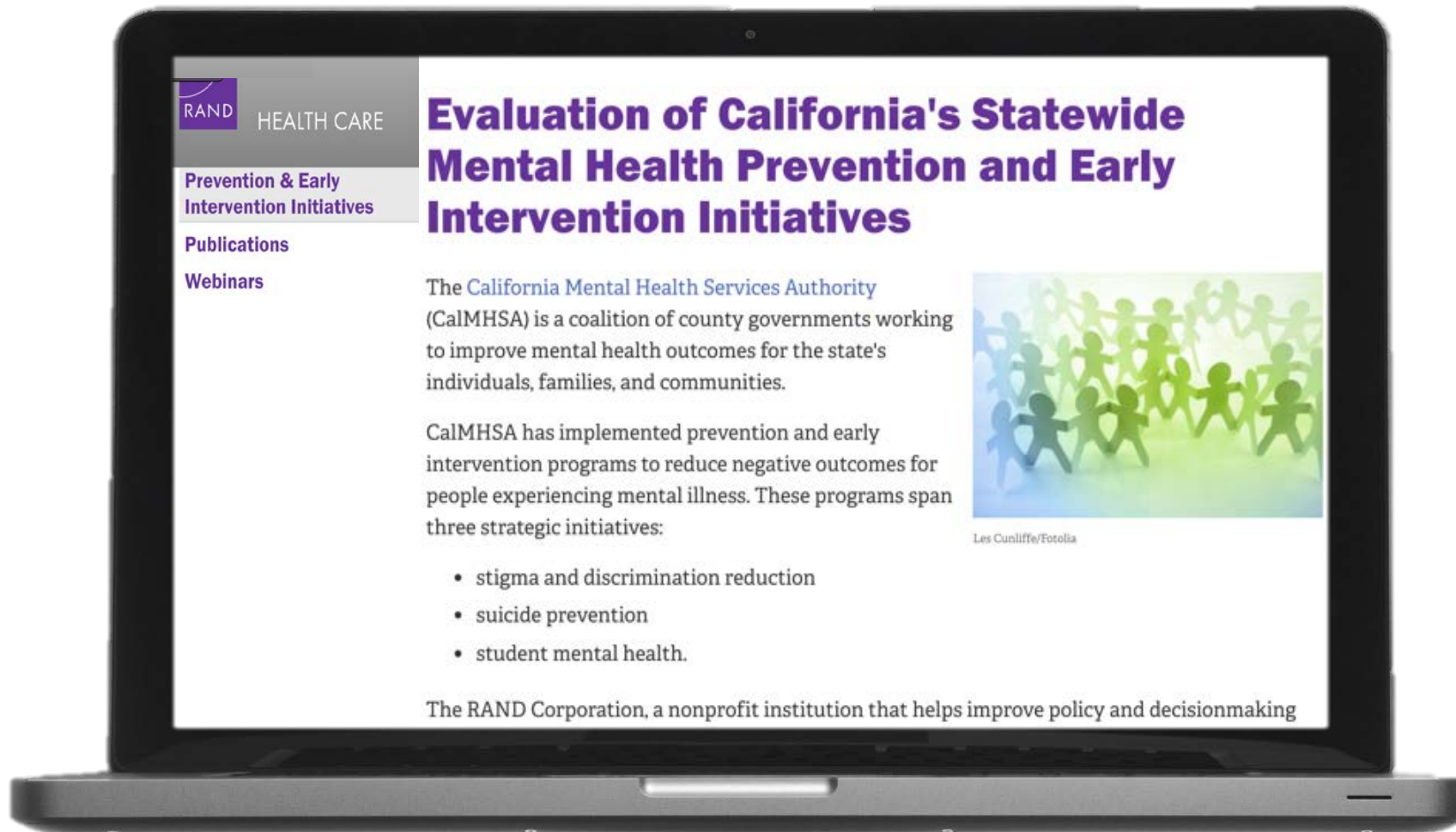


RAND wrote a handbook with guidance on:

- **basic steps in choosing an evaluation design**
- **how to evaluate various PEI activities**
 - training and educational interventions
 - development and dissemination of informational resources
 - helpline operations
 - networks and collaborations
 - social marketing campaigns
 - screening and referral services
 - counseling and support
 - early intervention clinical services

Interested in learning more?

<https://www.rand.org/health-care/projects/calmhsa/publications.html>



Contact me to
continue the
discussion:
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Questions & discussion

