



ADVANCING MENTAL HEALTH PREVENTION AND EARLY INTERVENTION USING EVALUATION AND TECHNICAL SUPPORT

2021 PREVENTION AND EARLY INTERVENTION FORUM SERIES SUMMARY



SHIFTING THE CURRENT

Initiated by Senate Bill 1004 (Wiener) in 2019, the Mental Health Services Oversight and Accountability Commission has been working to advance prevention and early intervention (PEI) in mental health statewide. This PEI Project is led by the PEI Subcommittee, which is chaired by Commissioner Mara Madrigal-Weiss and vice chaired by Commissioner Mayra Alvarez.

To guide this project, the PEI Subcommittee organized a series of public forums in March and April of 2021 to invite input from community members, subject matter experts, and other stakeholders. These forums explored ways to leverage state and local data, evaluation methodologies, and opportunities for technical support to shift the current, moving PEI upstream to improve mental wellbeing for all Californians.

SEVERAL KEY TAKEAWAYS EMERGED FROM THESE FORUMS:

- Data which describe the unique needs, risks, and strengths of California's communities can enhance program effectiveness and improve mental health outcomes; however, data which may promote the wellbeing of California's diverse communities often go uncollected or unreported.
- Mental Health Services Act (MHSA) PEI programs and services are essential components of a comprehensive statewide approach to PEI. Evaluation of these programs and services, however, has not been leveraged to improve outcomes in other systems and settings, such as child welfare and schools.



- While partners outside the mental health system play an important role in improving outcomes, many partners still are unsure how to make a difference.

The following is a description of the forum series and an expanded summary of the key takeaways from presentations and groups discussions.

FORUM SERIES OVERVIEW

The Commission's PEI Project includes the development of a method to monitor population-level risk and protective factors, evaluate MHSA PEI program data, and track negative mental health outcomes. Through broad dissemination, these data can be used to inform local, strategic MHSA PEI program planning and delivery, and foster statewide collaboration to further advance these efforts.

These data-monitoring and technical-support opportunities are guided by a **theory of change** which indicates that successful implementation of policies and programs that reduce risk factors and increase protective factors, alongside effective PEI programs, results in reduced mental health challenges and negative outcomes.

To explore this theory of change and its application, approximately **300 participants attended the forums** overall, including community members, advocates, providers, evaluation professionals, subject matter experts, and local behavioral health department staff. Each forum included presentations by subject matter experts, videos to highlight key PEI concepts such as stigma reduction, and group discussions. Below is a brief overview of each four-hour virtual forum.

The **first forum** began with presentations highlighting social determinants of mental health, existing measures of those determinants, and an example from a state department regarding leveraging population-level data on determinants of health in support of strategic planning to address child maltreatment. Facilitated breakout groups followed presentations, during which participants identified factors to be measured and monitored to guide program planning and delivery.

During the **second forum**, participants heard a presentation on state and local evaluation of MHSA PEI programs and services. Following this presentation, a panel of local behavioral health department representatives explored how counties are collecting and analyzing local program data. In small groups, participants then discussed challenges and opportunities to improve local evaluation using standardized tools, measures, and data reporting, as well as what kinds of technical assistance would support improvements.



In the [third forum](#), participants first heard presentations on opportunities to reduce negative mental health outcomes using data and effective strategies, specifically early psychosis intervention. Following the presentations, participants and a panel of subject matter experts representing non-mental health partners in education and child welfare discussed opportunities for cross-sector collaboration and data sharing and integration to improve outcomes.

KEY FORUM TAKEAWAYS

Several key takeaways emerged from forum presentations and group discussions.

TAKEAWAY ONE: Data which describe the unique needs, risks, and strengths of communities can enhance program effectiveness and improve mental health outcomes; however, data which may promote the wellbeing of California’s diverse communities often go uncollected or unreported

As described by Dr. Ruth Shim in her opening presentation, addressing the **underlying disparities across social determinants of health** is central to minimizing mental health risk and negative outcomes. Throughout the forum series, participants discussed how the use of data can help community members and other decision makers understand the impacts

of these factors on mental health. Participants indicated that data must capture the unique needs, risks, and strengths of the communities being served if they are to be used to strengthen the planning and delivery of targeted programs.

Participants identified specific measures that would support such work. Some highlighted the importance of measuring **basic needs** such as safe and healthy living environments, affordable housing, food security, and access to mental and physical health services and reliable technology and broadband internet for accessing digital services. Participants also discussed the need for data on social and **structural factors** such as institutional racism, minority stress, trauma, and poverty.

In addition to measuring risk and deficits, many participants stressed the importance of including **strengths and protective factors** such as culture, social cohesion and capital, and local leadership. Regardless of the specific measures selected, many agreed that assessments should be community defined. One participant explained it this way: “Oftentimes we come up with our own ideas, as a system, of what should be considered [...] but in prevention it’s necessary to have our communities inform or define what key factors should be considered to identify mental health needs and strengths.”

A frequent theme throughout the forums was the need to acknowledge and **capture data representing all of California’s diverse cultures** to develop effective PEI programs and improve statewide outcomes. Participants stated that data collection and reporting should include information on diverse home languages, gender identities, sexual orientations, and belief systems, for example. As these data are collected, however, participants stated that evaluators should use caution when drawing conclusions because of biases and prejudices inherent in data systems. Many participants suggested including diverse community members in the interpretation of results to mitigate this concern.

Throughout the series, forum participants reiterated that **definitions and measures of mental health needs, symptoms, and practices must be broadened**. For example, several participants suggested finding ways to include culturally specific mental health terms and phrases in data used for needs assessment and evaluation. Other participants emphasized non-traditional healing practices as viable options for health promotion for many members of California’s diverse communities.

Dr. Ninez Ponce and Dr. Imelda Padilla-Frausto presented data from the California Health Interview Survey as an example of using data to demonstrate the impact of certain demographic, social, health, and environmental factors on the mental health risk and resilience of communities. The presenters noted that accessing and using this type of data effectively, however, requires considerable time, resources, and expertise. Forum participants stated that community members and other decision makers know “there is data, but [ask] where is it and how to use [it].” Dr. Ponce agreed and stated that there was a growing need for **“democratized data,”** referring to data published in a way that can be easily accessed and interpreted by community members for the purpose of improving publicly funded programs. As a solution, several participants highlighted the need for a **centralized, state-supported data source** or “collection house” where PEI-relevant data from various sources could be disseminated to the public in a way that is useful to them.

TAKEAWAY TWO: MHSAs PEI programs and services are essential components of a comprehensive statewide approach to PEI. Evaluation of these programs and services, however, has not been leveraged to improve outcomes in other systems and settings, such as child welfare and schools.

During her presentation, Dr. Nicole Eberhart declared that **“evaluation can be a powerful tool to enhance PEI,”** though it comes with certain challenges. One challenge is measurement; the subtle and incremental nature of outcomes for prevention strategies such as outreach and promotion makes them difficult to measure, and full effects may not become apparent for years or decades. Dr. Eberhart further stated that measurement challenges are **complicated by the complexity and variety of MHSAs PEI programs** and the diversity of the communities they serve. She stated that without universal, consistent program features and evaluation measures, it is difficult to tell a statewide story.

Statewide **evaluation relies on the quality and precision** of local program data, which vary across counties depending on their size and capacity. One presenter representing the mental health department in a rural county stated that this is especially true among smaller counties where limited resources create tensions between collecting and reporting data and providing services. During discussions about local MHSAs PEI evaluation, representatives of local mental health departments stated that one of their biggest challenges was collecting demographic data due to the sensitive nature of some required information. These representatives discussed **the lack of clarity** some departments may have in the reporting requirements outlined in the MHSAs PEI regulations. One department representative stated that they spend too much time and resources trying to interpret regulatory reporting requirements – deciding what and how they should report rather than interpreting their own data. Thus, some departments may see the evaluation process as mostly compliance oriented rather than an opportunity to strengthen their MHSAs PEI programs and services.



Throughout the forum series, participants reiterated the need for more guidance, resources, and support from the state to support local mental health departments, along with their partners and other community members. On several occasions, participants requested the Commission offer **standardized data reporting and evaluation tools**. Many suggested specifically the use of statewide MHSA PEI data collection and reporting templates. To support the use of templates, participants stated that Commission-developed resources that provide definitions, data collection and reporting guidelines, and an inventory of standardized tools and measures for evaluation would be helpful.

Despite the challenges, representatives of local mental health departments also discussed how departments have found success in MHSA PEI evaluation. Examples included developing PEI-specific data collection and reporting systems, devoting more staff time, consulting with evaluation experts, and finding ways to align reporting requirements with internal quality-assurance processes. Local successes and lessons learned could greatly benefit other communities, especially those with lower capacity and resources for data collection and program evaluation. Several participants stated that it would be helpful if the Commission provided a **platform for local mental health department representatives to collaborate**, share information, and leverage their resources. Suggestions provided by participants included Commission-facilitated regional meetings with MHSA

coordinators and the development of a website where MHSA PEI information and resources could be easily shared and accessed.

During each forum, short films depicting artistic renditions of people's lived experience navigating mental health challenges and finding hope and resilience through healing were presented. Many participants pointed out the absence of qualitative data in MHSA PEI planning and evaluation, highlighting the need for innovative and flexible analytical approaches that **"tell the story behind the numbers."** Some examples suggested by the participants included the use of individual or community stories, focus groups, ethnographic studies, and mixed-methods approaches to data analysis and dissemination.

TAKEAWAY THREE: While partners outside the mental health system play an important role in improving outcomes, many partners still are unsure how to make a difference.

In her presentation at the first forum, Dr. Ruth Shim indicated that **the most powerful form of prevention is the dismantling of structural inequities that perpetuate disparities**. During the forums, participants heard how these factors influence many outcomes in addition to mental health including those related to health and other areas of functioning and success. Therefore, improving the wellbeing of Californians through prevention requires collaboration and coordination within and across systems.

During her presentation, Hillary Conrad further emphasized this opportunity, stating:

We continue to work in silos that are holding us back from something greater. If we could start converging our silos through the connection of agencies, we would have all the pieces of the puzzle. Different perspectives could come together to develop innovative ideas and solutions to problems that were previously too massive for one agency to solve.

Presenters and several participants also discussed opportunities for coordination within the mental health system, including coordination of PEI resources among local mental health departments across the state and strengthening coordination between private and public mental health systems.

Throughout the forum series, presenters and several participants stated that PEI strategies **lead to improved outcomes in systems outside mental health**, such as reduced criminal justice and child welfare involvement. A panel of experts from child welfare and criminal justice stated that coordination and collaboration between mental health partners and those from education, justice, child welfare, healthcare, and other systems may affect common social determinants while strengthening screening, detection, and early support for mental health needs. Dr. Tara Niendam provided an example in her presentation on early psychosis intervention, which benefits from coordination with systems such as primary care and schools. Reducing mental health challenges also prevents child maltreatment; this was affirmed by a representative from child welfare who stated that “unmet needs in children and/or parents can lead to entry into the child welfare system.”

Several participants mentioned that to strengthen collaboration, **more systems need to collect mental health data to share with other agencies**. One suggestion was the development of a centralized data repository where agencies could easily share and access data. Several participants stated that there is a need for training of non-mental health agencies to reduce stigma and **understand their role in PEI in mental health** and give them the tools to be successful. This could include employee trainings to increase mental health awareness and recommendations for best practices for addressing mental health needs and trauma within their systems.

CONCLUSION AND NEXT STEPS

Statewide advancement of mental health PEI is an ambitious effort, one that requires continuous use of data, evaluation, and technical support to strengthen the quality, diversity, and capacity of PEI programs and services. With the help of public partners, the PEI forums shed light on these opportunities. First, participants identified the utility of data for understanding the mental health needs, strengths, and risks of communities, and where existing data and measures are falling short. In addition, MHSA PEI programs and services play a vital role in reducing negative mental health outcomes, but to have the greatest impact, partners from other systems must also play their role. Data-driven coordination and strategic decision making is an important way to unite these statewide and local efforts in PEI.

The PEI forums were part of a larger Commission-led public-engagement initiative to support the PEI Subcommittee’s Prevention and Early Intervention Project. Information gathered during these forums and other public events will be used to support the findings and recommendations of the Commission’s final PEI Project report. Visit the [MHSA website, www.mhsoac.ca.gov](http://www.mhsoac.ca.gov), for more information about the PEI project and public events.