

**From:** Andrea Porter [mailto:aporter@cmhda.org]

**Sent:** Wednesday, June 01, 2011 11:03 AM

**Subject:** FW: PRESS RELEASE: UCLA Evaluation Finds Prop 63 Mental Health Program Associated with Positive Outcomes

Dear CMHDA Members,

Please see the following press release and the links on the CMHDA Breaking News page:

- [\*\*Mental Health Services Act \(MHSA\) Community Services and Supports \(CSS\), Evaluation Brief, Summary and Synthesis of Findings on CSS Consumer Outcomes \(May 2, 2011\) \(PDF 439 KB\)\*\*](#)
  - [\*\*Appendix, List of CSS and MHSA Documents Reviewed \(May 2, 2011\) \(PDF 276 KB\)\*\*](#)

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**FOR IMMEDIATE RELEASE**  
**May 26, 2011**

**UCLA Evaluation Finds Prop 63 Mental Health Program Associated With Reductions in Homelessness, Hospitalizations, Arrests and Incarcerations**

Today, researchers from the University of California, Los Angeles (UCLA) presented findings on the summary and synthesis of all available statewide reports regarding the positive outcomes associated with participation in Proposition 63 Community Services and Supports (CSS) programs to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The report shows that participation in CSS programs is strongly associated with substantial reductions in homelessness and acute psychiatric hospitalizations. UCLA findings also show participation in CSS programs is associated with reductions in arrests and incarcerations for most age groups.

MHSOAC Chair Larry Poaster, Ph.D., said, “Through Prop 63, California is leading the way in establishing mental health programs that show results. We have more work to do and this evaluation shows that we are on the right track.”

According to the results, participation in core Proposition 63 CSS programs is associated with reduced homelessness. Substantial decreases were shown in “days spent homeless,” including

one study which reported an 82 percent reduction for young adults and up to a 67 percent reduction for adults. These reductions in homelessness were generally accompanied by improvements in residential outcomes, including a 66 percent decline in the number of days that children spent in residential treatment with a corresponding 23 percent increase in placement with family.

The UCLA evaluation also found that CSS programs reduce the number of acute psychiatric hospitalizations or “mental health emergencies.” Reductions in episodes ranged up to 87 percent for adults. Estimates in reductions in episodes were up to 88 percent for children, 86 percent for young adults, and 90 percent for adults.

The evaluation found that participation in CSS programs is, on the whole, associated with reductions in incarcerations and arrests. Reductions in reported arrests ranged up to 74 percent for adults, 78 percent for young adults and 98 percent for older adults. For incarcerations, studies showed a substantial reduction across most age groups, including up to a 71 percent reduction in incarcerations for young adults.

Nearly half the United States population will suffer a mental health and/or substance-use disorder during their lifetime, 26-30 percent will experience a mental disorder in any given year, and about 6 percent will face a mental disorder so serious that it impairs their ability to perform everyday activities for an average of three months.

On February 7, 2011, the MHSOAC entered into a contract with UCLA to perform an initial statewide evaluation of the MHSA. The initial evaluation is designed to document activities and costs for all components of the MHSA, determine the impact of the MHSA on clients with mental illness and their families, and measure the impact of the MHSA on California’s mental health system. The first UCLA report, located [here](#), provides a summary and synthesis of existing evaluations on the impact of the MHSA on consumer outcomes.

Proposition 63, the Mental Health Services Act (MHSA), is the November 2004 voter initiative that placed a 1 percent tax on incomes above \$1 million. CSS programs include funding for counties to implement new or expanded programs to provide recovery and resiliency based services to individuals with serious mental illness and their families. The 16-member MHSOAC was formed by the passage of the MHSA. The MHSOAC is responsible for overarching oversight and accountability for implementation of the MHSA.

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