Orange County MHSA Program Analysis

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Background

• The Mental Health Services Act (MHSA) has provided a new revenue source for public mental health services

• The MHSA targets specific types of services and unserved and underserved populations

• Despite these investments, there is evidence that significant gaps remain in the provision and use of mental health care

• MHSA administrators have the responsibility to ensure that MHSA funding is being used effectively and efficiently
Objectives

• To determine if there are specific populations or geographic areas that continue to be disproportionately underserved in Orange County

• To provide estimates of the value of MHSA services

Evaluation Components

• Needs Assessment and Gaps Analysis
  • Needs and unmet needs of Orange County residents
  • Geographic disparities in access to care
  • Qualitative analysis of service needs, gaps, and disparities

• Cost-Benefit Analysis
  • Analysis of services provided & costs
  • Enumeration and estimation of benefit of services
  • Net benefit of MHSA programs
Needs and Unmet Needs in Orange County

• Population-based estimates of the need for and use of mental health services

• California Health Interview Survey (CHIS)
  • CHIS is a population-based survey of the California population living in households
  • We combine 2011-2016 data to generate prevalence estimates for adults, youth, and children

Need for and Use of Services

• Need is defined as Serious Psychological Distress (SPD)
  • Kessler K6 scale score of 13+
  • For children, need is defined as abnormal mental health development

• Use is defined and Minimally Adequate Treatment (MAT)
  • Defined among those with SPD
  • 4 or more visits to a health professional for mental health in the last year, and
  • Took prescription medication for mental health in the last year
  • No treatment, some treatment, MAT
## Prevalence of Serious Psychological Distress in Orange County

<table>
<thead>
<tr>
<th>Demographic Groups</th>
<th>%</th>
<th>Estimated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (age 18 and older)</td>
<td>6.7%</td>
<td>158,686</td>
</tr>
<tr>
<td>Transition-aged youth (ages 18-24)</td>
<td>10.6%</td>
<td>33,782</td>
</tr>
<tr>
<td>Veterans (age 18 and older)</td>
<td>4.4%</td>
<td>5,264</td>
</tr>
<tr>
<td>Adolescents (ages 12-17)</td>
<td>4.2%</td>
<td>11,264</td>
</tr>
<tr>
<td>Children (ages 4-11)</td>
<td>5.8%</td>
<td>19,660</td>
</tr>
<tr>
<td>Homeless</td>
<td>12.0%</td>
<td>474</td>
</tr>
</tbody>
</table>

## Prevalence of Serious Psychological Distress by Race/Ethnicity and Sexual Orientation among Adults

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>%</th>
<th>Estimated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>8.4%</td>
<td>61,344</td>
</tr>
<tr>
<td>White (non-Latino)</td>
<td>6.5%</td>
<td>70,449</td>
</tr>
<tr>
<td>African American (non-Latino)</td>
<td>7.8%</td>
<td>4,783</td>
</tr>
<tr>
<td>API (non-Latino)</td>
<td>4.4%</td>
<td>19,964</td>
</tr>
<tr>
<td>Other (non-Latino)</td>
<td>5.5%</td>
<td>2,146</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight/heterosexual</td>
<td>6.6%</td>
<td>135,383</td>
</tr>
<tr>
<td>Gay/Lesbian/Bisexual</td>
<td>18.3%</td>
<td>14,926</td>
</tr>
</tbody>
</table>
Mental Health Symptoms among Adults and TAY

- Prevalence by Demographic Groups
- Access to Treatment

1 out of 15 Orange County adults, age 18 and older, were identified with SPD in the past year (6.7% or 158,686 adults)
Transitional-aged Youth (ages 18-24) had the highest prevalence of SPD in the past year (10.6% or 33,782 TAY)

Gay/Lesbian/Homosexual/Bisexual adults were almost 3 times more likely to experience SPD than Straight/Heterosexual adults
The prevalence of SPD varies by age among Gay/Lesbian/Homosexual/Bisexual adults

![Bar chart showing prevalence of SPD by age group and confidence interval.]

Only half of adults with SPD received any treatment in the past year and fewer than 1 in 5 adults received MAT

![Pie chart showing access to treatment.]

MAT defined as four or more visits with a health professional in the past year as well as prescription medication for mental health; Some treatment captures adults who received some treatment but that treatment did not meet the MAT standards; No treatment reflects adults that did not receive any mental health treatment in the past year.
### Access to Mental Health Treatment Significantly Varies by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>No Treatment (Overall)</th>
<th>Some Treatment (Overall)</th>
<th>MAT (Overall)</th>
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<tbody>
<tr>
<td><strong>Overall</strong></td>
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<td>34.4%</td>
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<tr>
<td><strong>African American (non-Latino)</strong></td>
<td>48.1%</td>
<td>35.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td><strong>API (non-Latino)</strong></td>
<td>65.7%</td>
<td>30.5%</td>
<td>3.8%</td>
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<tr>
<td><strong>Other (non-Latino)</strong></td>
<td>23.4%</td>
<td>35.6%</td>
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**Notes:**
- Race is defined according to the California Department of Finance where Latino is considered a race category.
- Due to small sample size Native Hawaiians and Pacific Islanders were grouped with Asians (API).
- Due to small sample size American Indians and Alaska Natives and adults reporting two or more races were grouped in the ‘Other’ category.

Approximately 6 out of 10 Latino, African American, and API adults with SPD did not receive any treatment in the past year.

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Non-Latino White and Other adults with SPD were most likely to receive MAT

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Nearly 6 out of 10 TAY with SPD did not receive any mental health treatment in the past year

Prevalence of Past-Year Mental Health Symptoms among TAY

Minimally Adequate Treatment (MAT) is defined as four or more visits with a health professional in the past year as well as prescription medication for mental health; Some treatment captures adults who received some treatment but that treatment did not meet the MAT standards; No treatment reflects adults that did not receive any mental health treatment, including prescription medication, in the past year.
Mental Health Symptoms among Adolescents and Children

- Prevalence of Mental Health Symptoms
- Access to Treatment

1 out of 25 adolescents, ages 12 to 17 years, were identified with SPD in the past month (4.2% or 11,264)
Among adolescents with SPD, 6 out of 10 did not access mental health treatment in the past year.

Prevalence of Past-Month Mental Health Symptoms among Adolescents

Access to Treatment

No Treatment: 63.5%
Treatment: 36.5%

1 out of 17 children, ages 4 to 11 years, experienced abnormal mental health development in the past 6 months (5.8% or 19,660)

Abnormal Mental Health Development among Children

- Male: 6.1%
- Female: 5.4%
- non-Latino: 3.8%
- Latino: 8.1%

Orange County, 5.8%
Just over half of children with abnormal mental health development did not access mental health treatment in the past year

Prevalence of Past 6-Month Mental Health Symptoms among Children

Mental Health Symptoms among Individuals who are Homeless

- Prevalence of Mental Health Symptoms
- Access to Treatment
Among homeless adults, 12% (N=474) are estimated to have serious mental illness with unsheltered homeless persons being most effected.

Most homeless adults are not accessing mental health treatment.

Source: 2017 Point-in-Time Count, n = 4,001

Source: 2016 Civic Center Homeless Survey, n = 461
Summary of Needs and Gaps

• The prevalence of SPD is higher among transitional age youth: 10.6%
• The prevalence of SPD is greatest among Gay/Lesbian/Homosexual/Bisexual youth: 27.5%
• About half of adults with SPD receive any treatment: 54.1%
• About 1 in 5 of adults receive MAT: 19.7%
• Latino, African American, and API adults with SPD are less likely to receive both any mental health treatment and MAT
• About 500 homeless persons with SPD

Next Steps: Needs and GAPs Next Steps

• Geographic disparities
  • Combine CHIS with SAMHSA facility information to identify specific geographic areas with high needs and service gaps
• Qualitative assessment of needs and gaps
  • Focus groups with 20 community stakeholder groups
Analyses of MHSA Services

• Prevention and Early Intervention (PEI)
  • PEI programs focus on outreach, early engagement, and linkages to services in order to reduce the duration of untreated mental illness
  • PEI services often use Evidence Based Programs (EBPs)

• Community Services and Supports (CSS)
  • CSS provides provide innovative, strengths-based services that extend the range of traditional public mental health services
  • Full Services Partnerships (FSPs)
    • Combined housing and team-based treatment models that ‘do whatever it takes’ to reduce homelessness and engage individuals in treatment
    • PACTs, Crisis residential, Case management

Categories of PEI Programs

• Community-focused programs
  • Early Intervention
  • Prevention

• School-focused programs
  • Early Intervention
  • Prevention
Community Focused PEI Programs

• Early intervention programs
  • Target the first onset of mental illness and attempt to stop the cycle of trauma within families with intensive, team-based programs
  • Served 11,076 Orange County residents in the previous 12 months

• Prevention programs
  • Outreach and engagement, screening for mental health issues, education, and targeted support services
  • Served 147,893 residents in the past 12 months

School Focused PEI Programs

• Early intervention programs
  • Target individual students with mild to moderate depression, anxiety, and substance use problems
  • Served 965 residents in the previous 12 months

• Prevention programs
  • Target teachers, school administrators, students, and parents to provide education on key topics such as bullying, cyber-bullying, and conflict resolution
  • Served 147,893 residents in the previous 12 months
Evidence Based Practices used in PEI Programs

- Applied Suicide Intervention Skills Training
- Cognitive Behavioral Therapy
- Cognitive Behavioral Intervention for Trauma in Schools
- Common Sense Parenting
- Early Intervention in Psychosis
- Mental Health First Aid
- Motivational Interviewing
- Seeking Safety
- Strengthening Families

CSS Programs

- Innovative and strengths-based programs that expand on traditional public mental health services
- Full Service Partnerships (FSPs)
- Assertive Community Treatment (PACTs)
- Strengths-Based Case Management
- Crisis Residential
Orange County Provided Services to 35,808 Clients in FY16/17

Client Age

- <16: 22%
- 16-24: 31%
- 25-59: 41%
- 60+: 6%

Race/Ethnicity

- White/ Caucasian: 50.0%
- Hispanic/ Latino: 33.1%
- Black/ African American: 4.4%
- American Indian/ Alaskan/ Hawaiian Native: 4.1%
- Vietnamese: 1.2%
- Other Asian: 1.2%
- Middle Eastern: 1.2%
- Other: 1.2%
- Other Asian: 1.2%

Note: These data do not include clients who are served by who are not tracked in the EHR (for example, most PEI services)

Clients using Outpatient Services by Type of Provider

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Service</td>
<td>8,706</td>
<td>80%</td>
</tr>
<tr>
<td>FSP</td>
<td>2,752</td>
<td>8%</td>
</tr>
<tr>
<td>PACT</td>
<td>1,408</td>
<td>4%</td>
</tr>
<tr>
<td>Field/Home/Site Visit</td>
<td>13,992</td>
<td>39%</td>
</tr>
<tr>
<td>Telephone</td>
<td>15,113</td>
<td>42%</td>
</tr>
</tbody>
</table>
### Outpatient Services by Type of Provider

<table>
<thead>
<tr>
<th>Service Type</th>
<th>N Services</th>
<th>% of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Service</td>
<td>344,795</td>
<td>43%</td>
</tr>
<tr>
<td>FSP</td>
<td>219,314</td>
<td>28%</td>
</tr>
<tr>
<td>PACT</td>
<td>47,672</td>
<td>6%</td>
</tr>
<tr>
<td>Field/Home/Site Visit</td>
<td>100,106</td>
<td>13%</td>
</tr>
<tr>
<td>Telephone</td>
<td>82,932</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>794,819</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
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MHSA Funding by Type of Service

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Clinic MHSA</th>
<th>FSP MHSA</th>
<th>PACT MHSA</th>
<th>Field/ Home/ Site MHSA</th>
<th>Telephone MHSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>37%</td>
<td>100%</td>
<td>94%</td>
<td>42%</td>
<td>49%</td>
</tr>
<tr>
<td>Collateral</td>
<td>6%</td>
<td>100%</td>
<td>66%</td>
<td>63%</td>
<td>6%</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>5%</td>
<td>100%</td>
<td>87%</td>
<td>96%</td>
<td>48%</td>
</tr>
<tr>
<td>Medication</td>
<td>37%</td>
<td>100%</td>
<td>91%</td>
<td>21%</td>
<td>43%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>19%</td>
<td>100%</td>
<td>91%</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>Total</td>
<td>25%</td>
<td>100%</td>
<td>93%</td>
<td>48%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Summary of Service Use

- The MHSA through CSS funds 55% of public mental health services in Orange County
- MHSA funds innovative services
  - FSPs, PACTs, Crisis Residential
- MHSA funds strengths-based versions of traditional services
  - Strengths-based case management
Next Steps: Net Benefit

• Estimate the costs of PEI and CSS services
• Estimate the benefits of services
• Estimate the net benefit