

Orange County MHSA Program Analysis



Dr. Todd Gilmer and Dr. Tommi Gaines
University of California, San Diego
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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

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

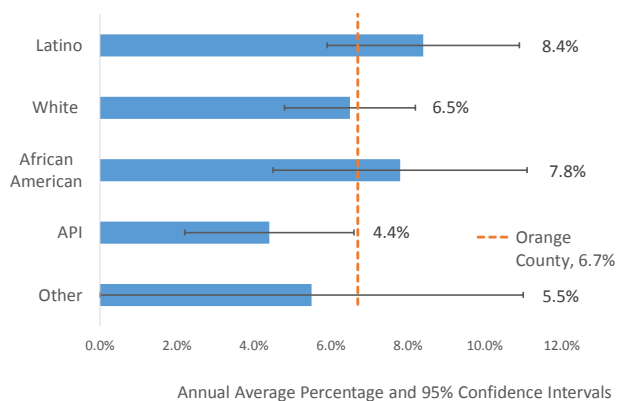
Prevalence of Serious Psychological Distress by Race/Ethnicity and Sexual Orientation among Adults

Demographic Group	%	Estimated Population
Race/Ethnicity		
Latino	8.4%	61,344
White (non-Latino)	6.5%	70,449
African American (non-Latino)	7.8%	4,783
API (non-Latino)	4.4%	19,964
Other (non-Latino)	5.5%	2,146
Sexual Orientation		
Straight/heterosexual	6.6%	135,383
Gay/Lesbian/Bisexual	18.3%	14,926

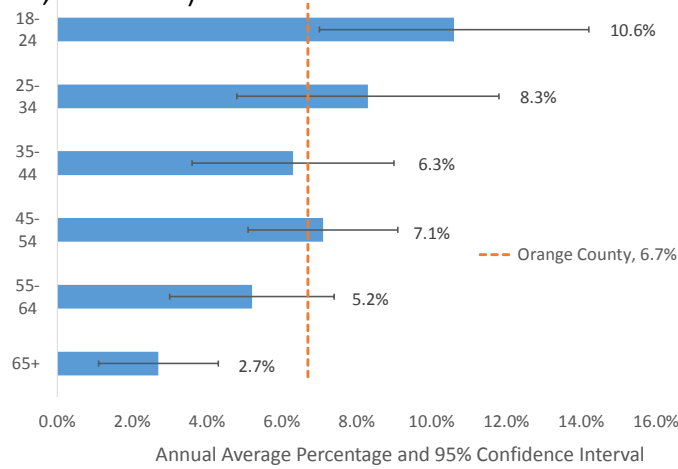
Mental Health Symptoms among Adults and TAY

- Prevalence by Demographic Groups
- Access to Treatment

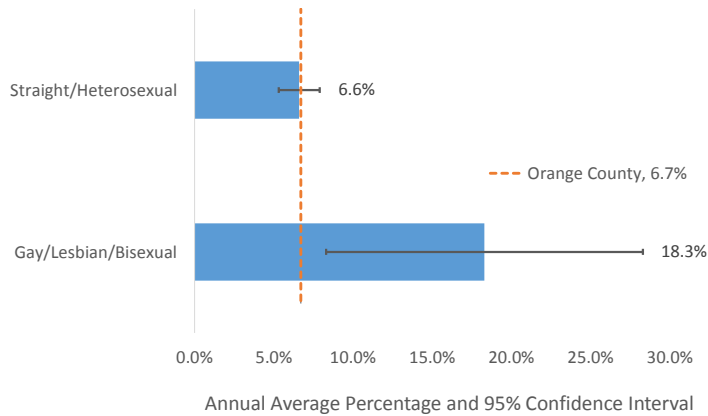
1 out of 15 Orange County adults, age 18 and older, were identified with SPD in the past year (6.7% or 158,686 adults)



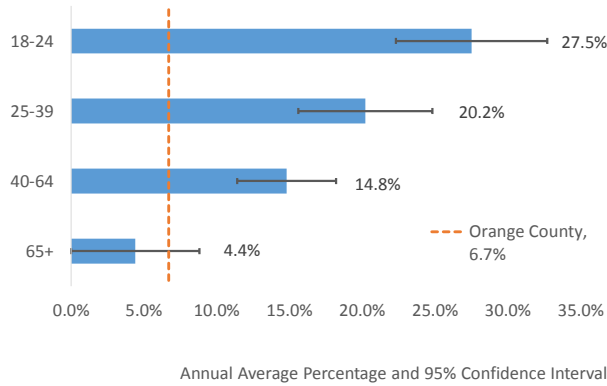
Transitional-aged Youth (ages 18-24) had the highest prevalence of SPD in the past year (10.6% or 33,782 TAY)



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

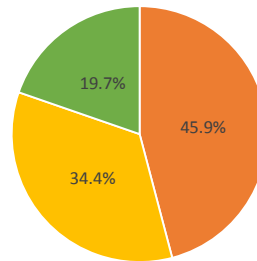


Only half of adults with SPD received any treatment in the past year and fewer than 1 in 5 adults received MAT

Prevalence of Past-Year Mental Health Symptoms among Adults



Access to Treatment



■ No Treatment ■ Some Treatment ■ MAT

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

	No Treatment	Some Treatment	MAT
Overall	45.9%	34.4%	19.7%
Race/Ethnicity			
Latino	59.6%	28.1%	12.2%
White (non-Latino)	29.0%	40.8%	30.3%
African American (non-Latino)	48.1%	35.4%	16.6%
API (non-Latino)	65.7%	30.5%	3.8%
Other (non-Latino)	23.4%	35.6%	41.1%

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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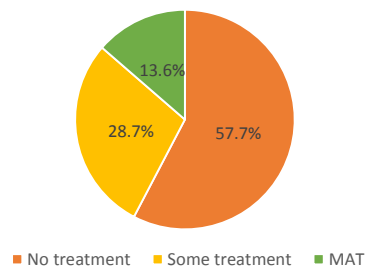
Due to small sample size American Indians and Alaska Natives and adults reporting two or more races were grouped in the 'Other' category.

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



Access to Treatment

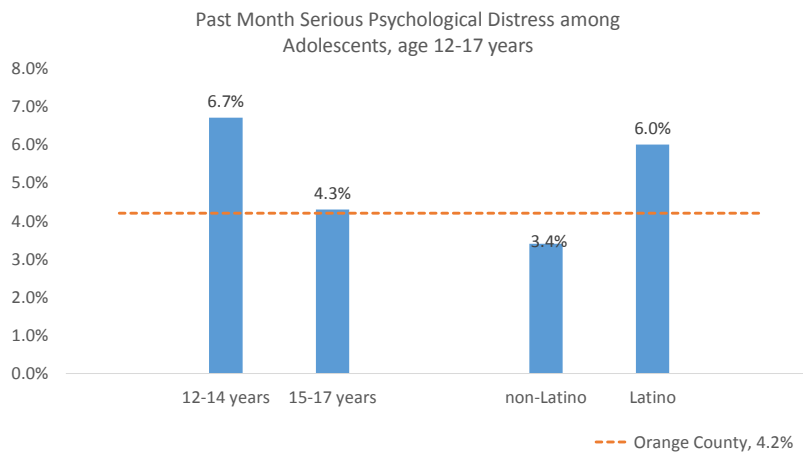


Minimally Adequate Treatment (MAT) is defined as four or more visits with a health professional in the past year as well as prescription medication for mental health; Some treatment captures adults who received some treatment but that treatment did not meet the MAT standards; No treatment reflects adults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

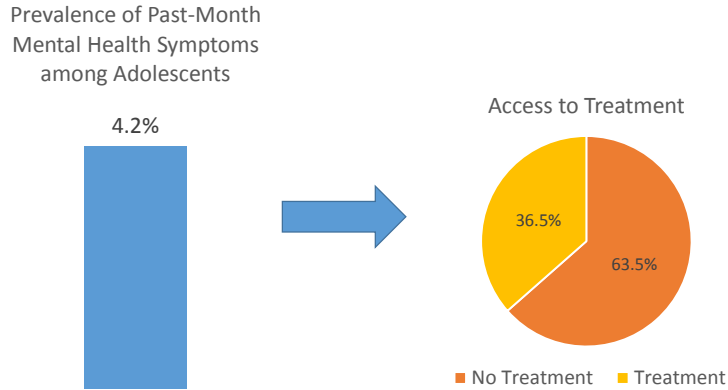
Mental Health Symptoms among Adolescents and Children

- Prevalence of Mental Health Symptoms
- Access to Treatment

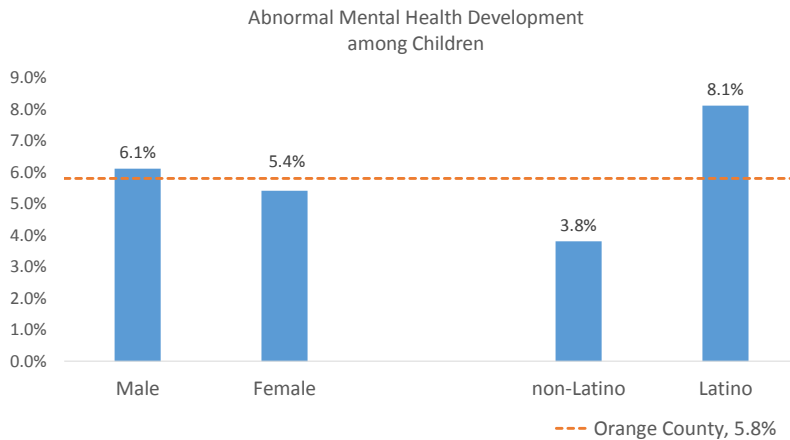
1 out of 25 adolescents, ages 12 to 17 years, were identified with SPD in the past month (4.2% or 11,264)



Among adolescents with SPD, 6 out of 10 did not access mental health treatment in the past year

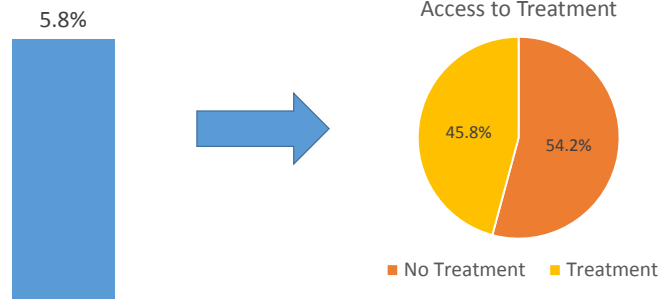


1 out of 17 children, ages 4 to 11 years, experienced abnormal mental health development in the past 6 months (5.8% or 19,660)



Just over half of children with abnormal mental health development did not access mental health treatment in the past year

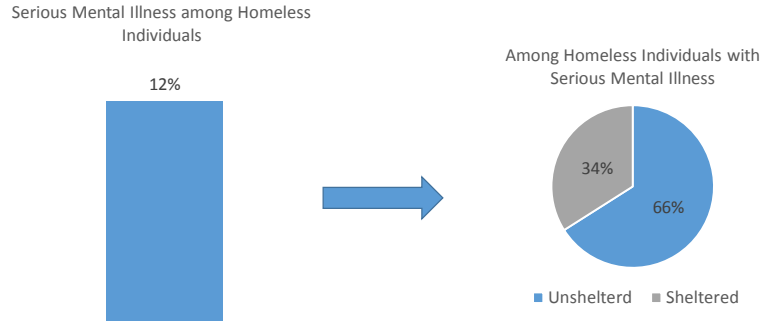
Prevalence of Past 6-Month
Mental Health Symptoms
among Children



Mental Health Symptoms among Individuals who are Homeless

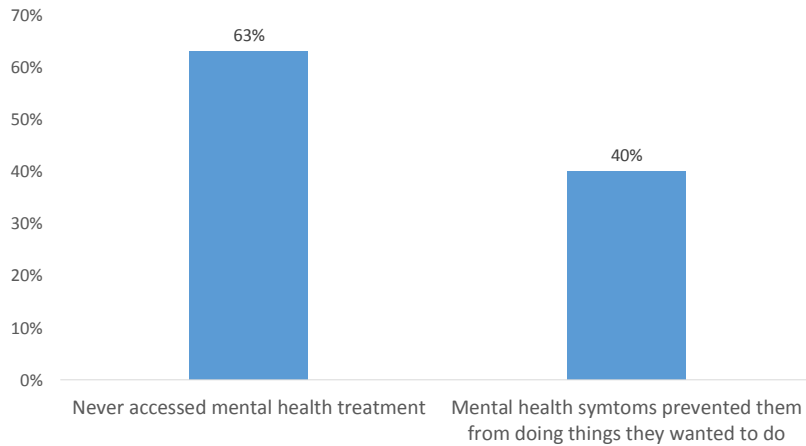
- Prevalence of Mental Health Symptoms
- Access to Treatment

Among homeless adults, 12% (N=474) are estimated to have serious mental illness with unsheltered homeless persons being most effected



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

Most homeless adults are not accessing mental health treatment



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

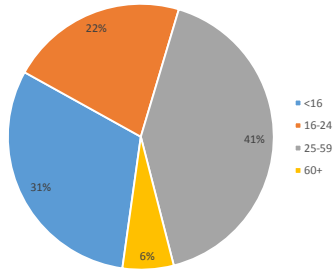
- Applied Suicide Intervention Skills Training
- Cognitive Behavioral Therapy
- Cognitive Behavioral Intervention for Trauma in Schools
- Common Sense Parenting
- Early Intervention in Psychosis
- Mental Health First Aid
- Motivational Interviewing
- Seeking Safety
- Strengthening Families

CSS Programs

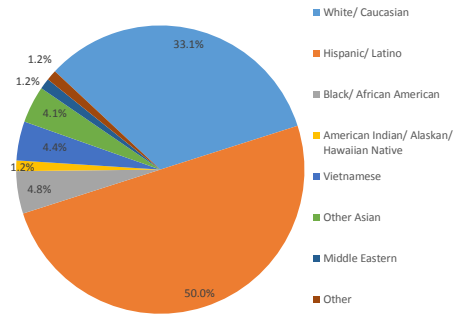
- Innovative and strengths-based programs that expand on traditional public mental health services
- Full Service Partnerships (FSPs)
- Assertive Community Treatment (PACTs)
- Strengths-Based Case Management
- Crisis Residential

Orange County Provided Services to 35,808 Clients in FY16/17

Client Age



Race/Ethnicity



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

	N	%
Clinic Service	8,706	80%
FSP	2,752	8%
PACT	1,408	4%
Field/Home/Site Visit	13,992	39%
Telephone	15,113	42%

Outpatient Services by Type of Provider

	N Services	% of Services
Clinic Service	344,795	43%
FSP	219,314	28%
PACT	47,672	6%
Field/Home/Site Visit	100,106	13%
Telephone	82,932	10%
Total	794,819	100%

Outpatient Services by Type of Provider

	Clinic		FSP		PACT		Field/Home/Site		Telephone	
	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Case Management	103,769	4.7	130,839	52.7	25,724	18.9	28,584	4.0	67,272	5.2
Collateral	40,727	6.5	787	3.2	295	2.7	6,129	4.8	4,569	2.4
Crisis Intervention	3,240	1.2	515	1.9	445	2.0	7,792	1.5	151	1.1
Medication	50,042	5.8	24,836	15.0	10,495	9.8	2,825	4.8	3,507	2.2
Mental Health Services	147,017	6.9	62,337	27.7	10,713	10.3	54,776	7.5	7,433	2.1
Total	344,795	12.0	219,314	79.7	47,672	33.9	100,106	7.2	82,932	5.5

MHSA Funding by Type of Service

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

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