

Mental Health Services Act (MHSA) Annual Update Fiscal Year 2018-19

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JANUARY 17, 2018



WELLNESS • RECOVERY • RESILIENCE



Purpose and Facts

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- The Mental Health Services Act stipulates that counties shall prepare and submit a MHSA Three-Year Program and Expenditure Plan with Annual Updates
- The Plan requires a 30 day public comment period and a Public Hearing
- Mental Health Director and County Auditor Controller certification as to compliance with laws and regulations
- The plan must be approved by the Mental Health Commission and adopted by the Board of Supervisors
- Information and data presented is from the prior Fiscal Year- 2016-17

Key Dates

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Date	Item
January 17, 2018	Presentation of the Annual Update to the System Leadership Team
January 25, 2018	Presentation of the Annual Update to Mental Health Commission
February 19 – March 20, 2018	Public Posting of Plan for 30 days
March 22, 2018	Public Hearing convened by the Mental Health Commission
April 26, 2018	Mental Health Commission deliberation on approval of the MHSA Annual Update
May – July 2018	Board letter submission and adoption, posting of final Annual Update on website and submission to the Mental Health Services Oversight and Accountability Commission

Fiscal Year 2016-17
Community Services & Supports (CSS)

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FULL SERVICE PARTNERSHIP
RECOVERY, RESILIENCE & REINTEGRATION
ALTERNATIVE CRISIS SERVICES
PLANNING, OUTREACH & ENGAGEMENT
LINKAGE
HOUSING

CSS Client Counts

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Unique clients receiving a direct mental health service: 131,106

Ethnicity	Unique Clients Served	% of Clients Served
African American	31,342	24%
Asian	6,540	5%
Hispanic	59,946	43%
Native American	819	0.62%
Other	3,775	3%
Pacific Islander	306	0.23%
Unknown	6,458	5%
White	24,920	19%

Primary Language	Unique Clients Served	% of Clients Served
English	100,196	76%
Spanish	22,294	17%
Other	3,570	3%
Armenian	1,102	0.84%
Cambodian	802	0.61%
Korean	700	0.53%
Unknown	2,442	2%

CSS Client Counts

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The number of clients with no previous MHSA CSS services: 44,639

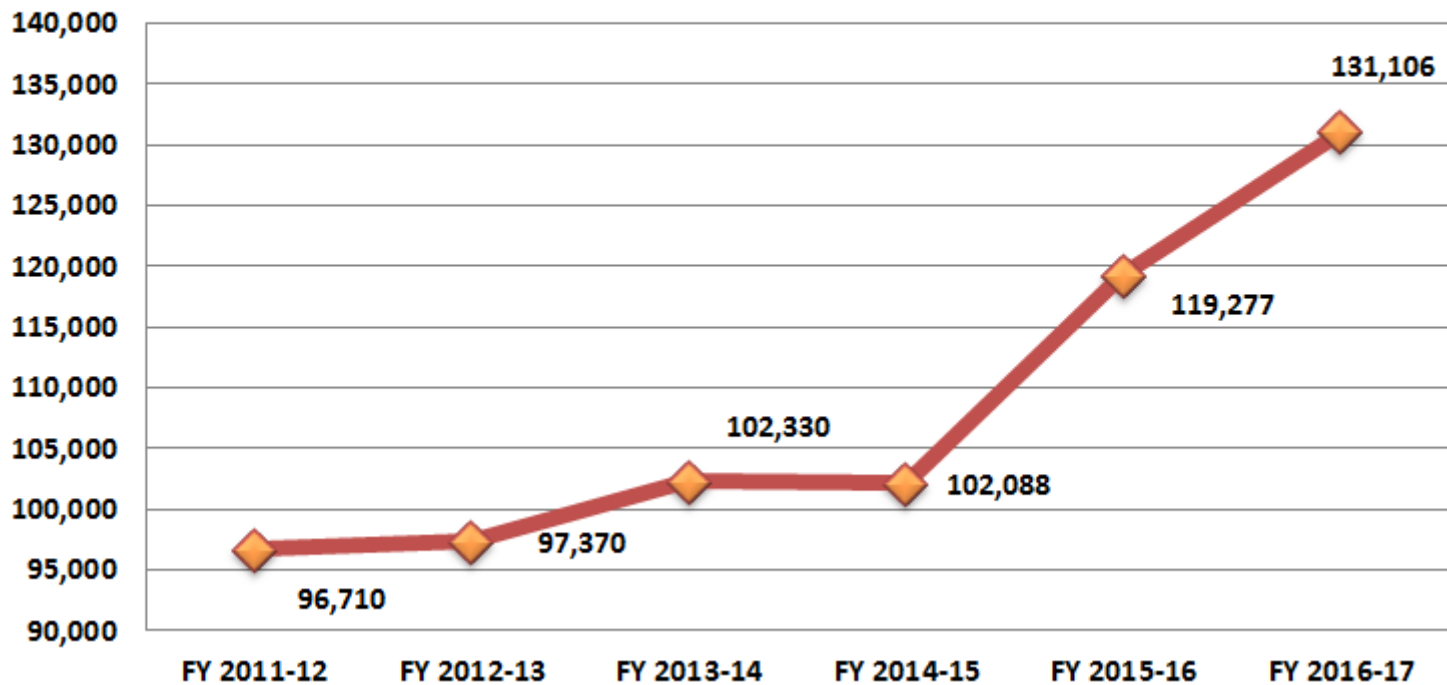
Primary Language	New Clients Served	% of New Clients Served
English	33,827	75%
Spanish	8,084	18%
Other	803	6%
Armenian	214	0.48%
Cambodian	111	0.25%
Korean	142	0.32%
Unknown	1,458	3%

Ethnicity	New Clients Served	% of New Clients Served
African American	7,936	18%
Asian	1,643	4%
Hispanic	21,124	47%
Native American	237	0.53%
Other	1,725	4%
Pacific Islander	111	0.25%
Unknown	4,428	10%
White	7,435	17%

Unique Clients Served by Fiscal Year

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Unique Clients Served



Clients Served by Service Area

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Service Area	Unique Clients Served	New Clients Served
1	8,051	3,235
2	20,700	7,832
3	15,344	6,413
4	27,953	11,344
5	9,316	4,432
6	25,545	11,273
7	11,018	4,555
8	22,787	8,061

Full Service Partnership (FSP) FY 2016-17

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Age Group	Unique Clients Served in FY 2016-17	Average Cost Per Client ¹	Slots Allocated ²
Child ³	2,235	\$14,417	2,295
TAY ⁴	1,873	\$12,000	1,541
Adult ⁵	6,019	\$11,469	5,705
Older Adult	1,322	\$8,725	869

¹ Cost is based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures.

² Slot allocation for FY 2016-17.

³ Child: unique clients served inclusive of Child and Wraparound Child FSP programs.

⁴ TAY: unique clients served inclusive of TAY and Wraparound TAY FSP programs.

⁵ Adult: unique clients served inclusive of Adult, Assisted Outpatient Treatment (AOT), and Integrated Mobile Health Team (IMHT)

FSP Slot Allocation for FY 2017-18

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Age Group	Slot Allocation FY 2017-18	Number of Slots Increased from FY 2016-17
Child	3,371	1,076
TAY	1,621	80
Adult	11,441	5,736
Older Adult	885	16
Total Slots	17,238	6,828

Full Service Partnership: What did we learn?

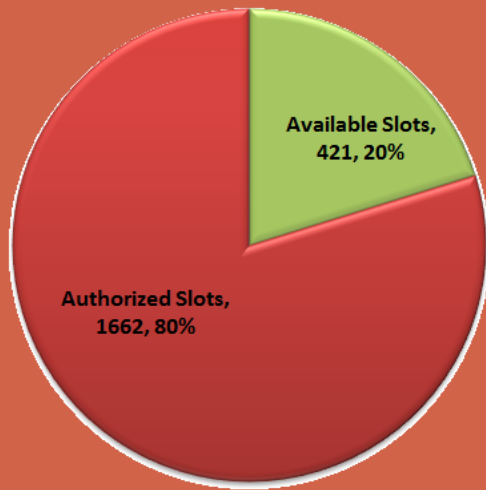
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- Most experience the greatest benefit the first year in partnership.
- Older adults experience most improvement in acute hospitalizations over 3 years.
- Adult, TAY and older adults experience the most improvement in employment over two years.
- Child and TAY all improve their grade distribution over two years in partnership but experience the most change during the first year in partnership.
- Possibly explore outcomes within service areas against the background of tenure length and population characteristics.
- In all programs that have enough data to make observations, client meeting goals for treatment becomes the dominate reason for disenrollment during the first (full) year in partnership. Client having met goals seems to mirror actual success in outcomes.
- Moderate relationships exist between client having lost contact and homelessness. Data suggests a moderate relationship between field based work and a client not losing contact.

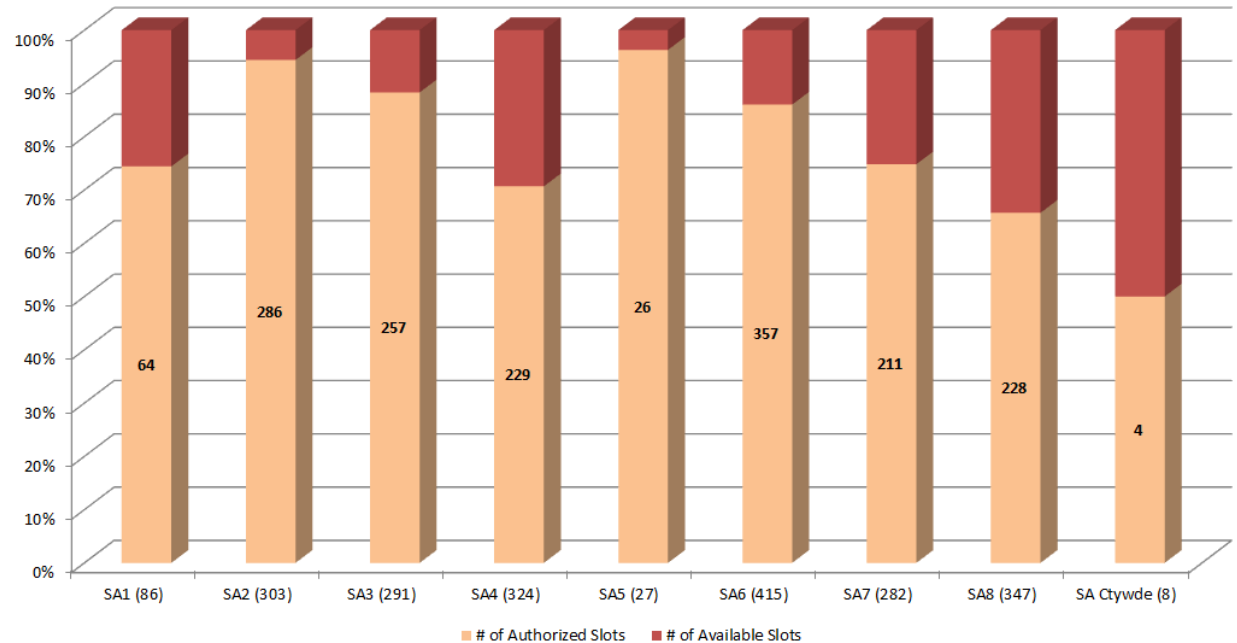
Child FSP Slot Capacity

December 14, 2017

80% of child slots are authorized for services



- Service Area (SA) 5 has the largest percent authorized at 97% but has the smallest number of total slots
- SA8 has the lowest percent authorized at 66%
- SA6 has the largest number of slots, 415 and is at 86% capacity



Child FSP Focal Population

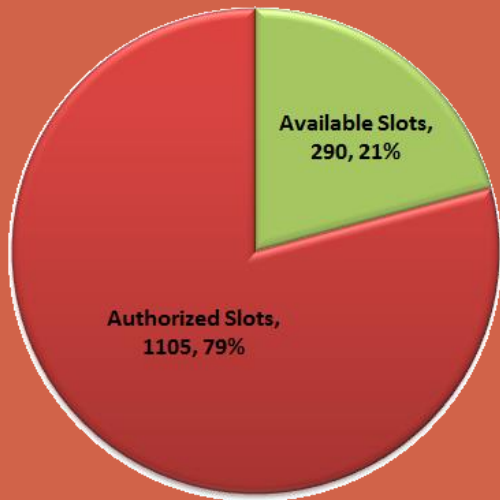
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- 38% of the 1,662 authorized child FSP clients reported experiencing truancy or sporadic attendance, suspension or expulsion and/or failing classes at school as one of the reasons for referral
- SA 8 reported the largest percentage, 45%
- Child FSP clients experiencing truancy or sporadic attendance, suspension or expulsion and/or failing classes at school as one of the reasons for referral makes up the largest reason for referral for all Service Areas, with the exception of SA3 and SA6

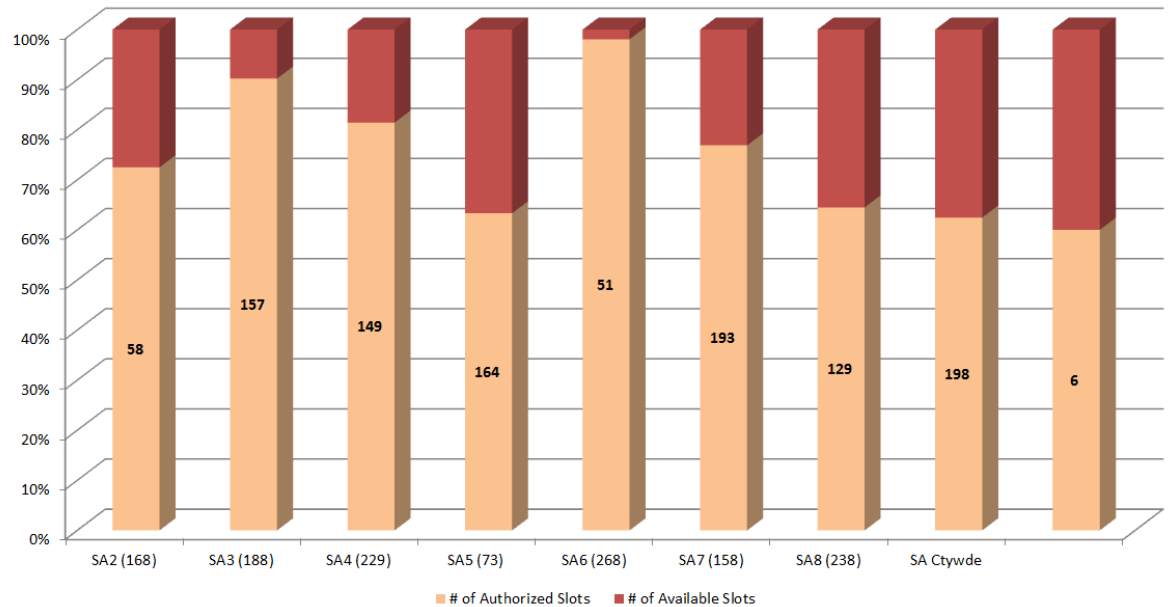
TAY FSP Slot Capacity

December 14, 2017

79% of child slots are authorized for services



- SA2 has the largest percent authorized at 94%
- SA5 has the lowest percent authorized at 70%
- SA6 has the largest number of slots, 268 and is at 72% capacity



TAY FSP Focal Population

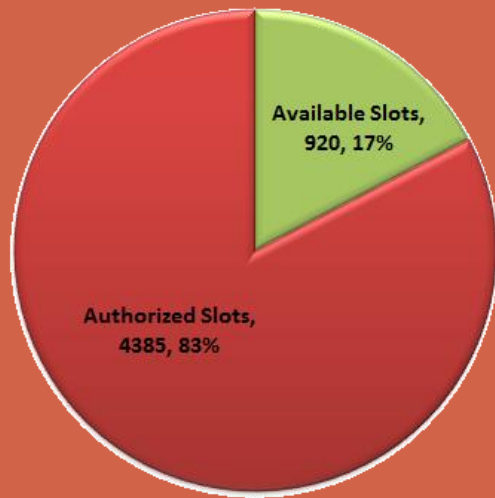
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- 46% of the 1,105 authorized TAY FSP clients reported homeless as one of the reasons for referral
- 33% of the authorized clients reported substance abuse as one of the reasons for referral
- 30% of the authorized clients reported aging out of the child mental health system, child welfare system or juvenile justice system as one of the reasons for referral
- SA1 has the largest percentage, 60%, of authorized clients reporting homeless as one of the reasons for referral

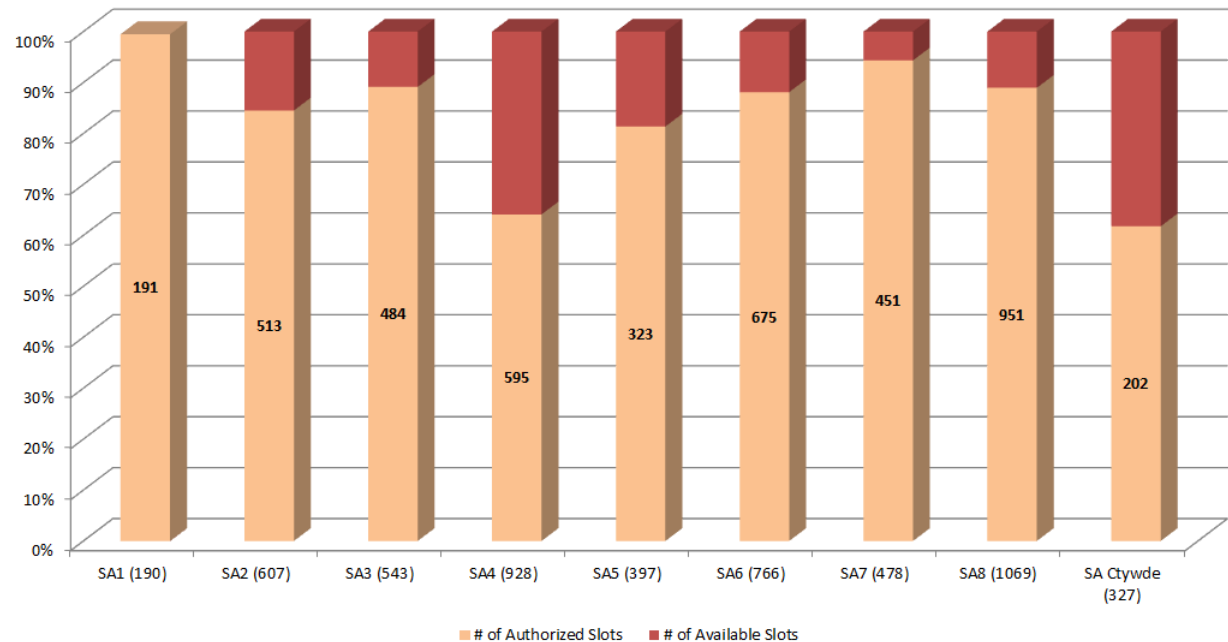
Adult FSP Slot Capacity

December 14, 2017

83% of adult slots are authorized for services



- SA1 has the largest percent authorized at 101% but has the smallest number of total slots
- SA4 has the lowest percent authorized at 64%
- SA8 has the largest number of slots, 1,069 and is at 89% capacity



Adult FSP Focal Population

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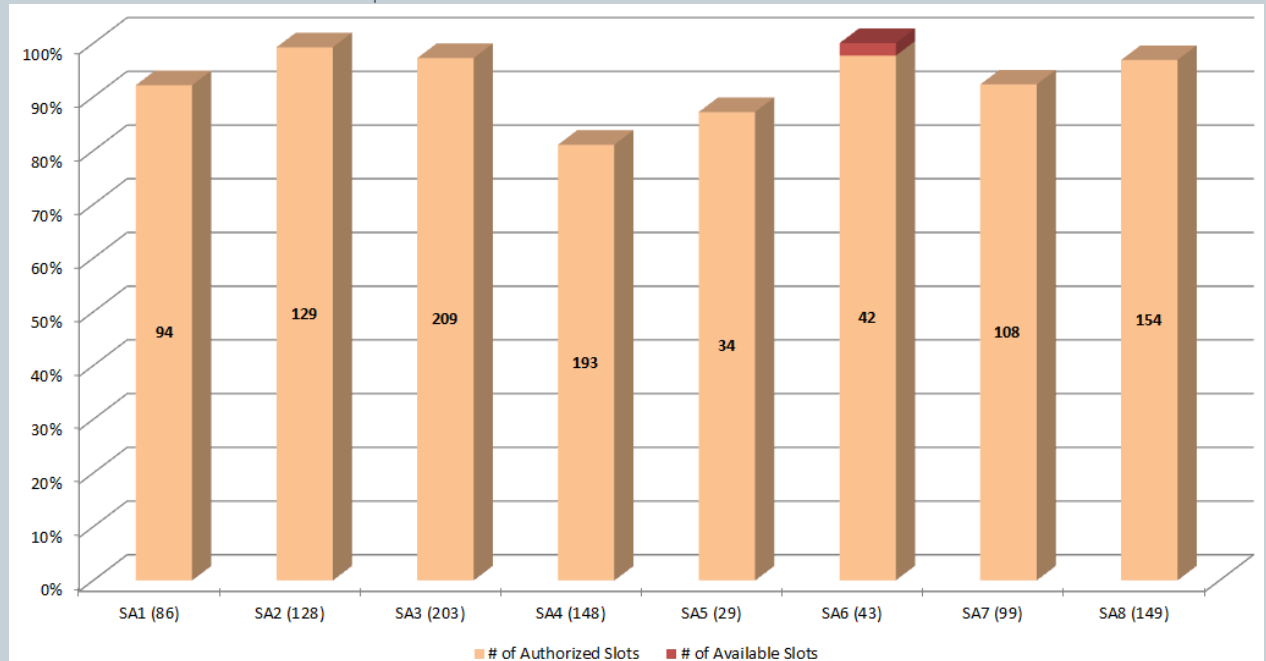
- 51% of the 2,224 authorized adult FSP clients reported homeless as one of the reasons for referral
- SA1 has the largest percentage, 62%, of authorized clients reporting homeless as one of the reasons for referral
- Homeless makes up the largest reason for referral for all Service Areas, with the exception of SA2
- SA8 has the largest number of authorized clients reporting homeless, 496, as one of the reasons for referral

Older Adult FSP Slot Capacity

December 14, 2017

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- Older Adult FSP is at capacity
- Service Area 4 has the largest percent authorized at 130%
- Service Area 6 has the lowest percent authorized at 98%
- Service Area 3 has the largest number of slots, 203 and is at 103% capacity



Older Adult FSP Focal Population

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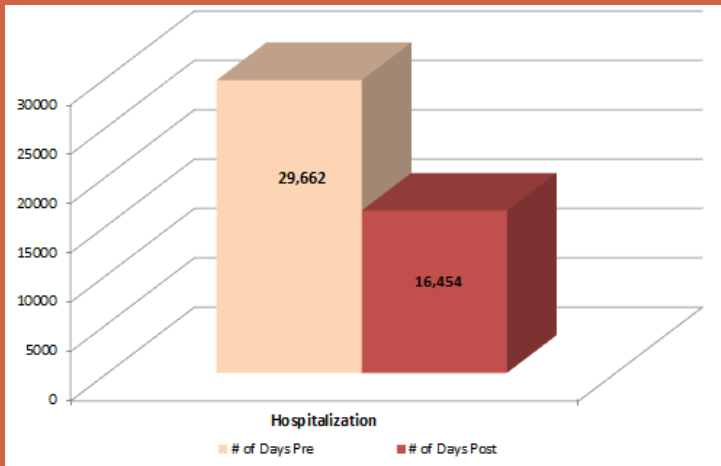
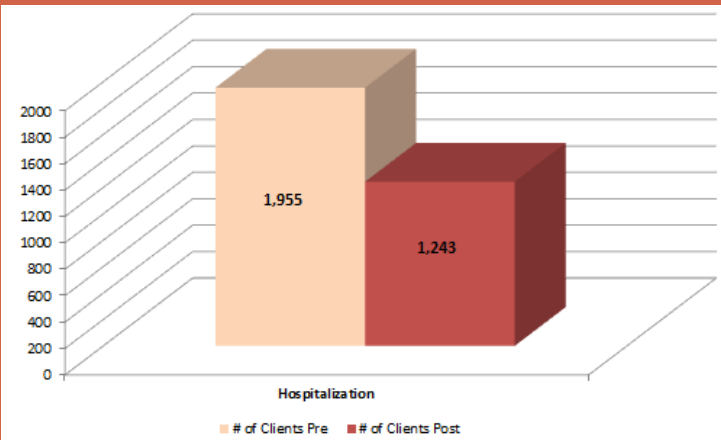
- 29% of the 963 authorized older adult FSP clients reported homeless as one of the reasons for referral
- 28% of the authorized older adult FSP clients reported being hospitalized one or more days in the last 12 months as one of the reasons for referral
- Older Adult risk factors (45%) makes up for the largest reason for referral for all Service Areas, with the exception of SA1
- SA2 has the largest percentage, 44%, of authorized clients reporting homeless as one of the reasons for referral

FSP Residential Outcomes

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- Comparison of residential data for 12 months immediately prior to receiving FSP services (pre-partnership) and for 12 months of residential status while receiving FSP services (post-partnership) for client's outcomes entered through June 30, 2017
- Data is adjusted (annualized) by a percentage based on average length of stay in the FSP program
- Data must meet data quality standards to be included in the analysis

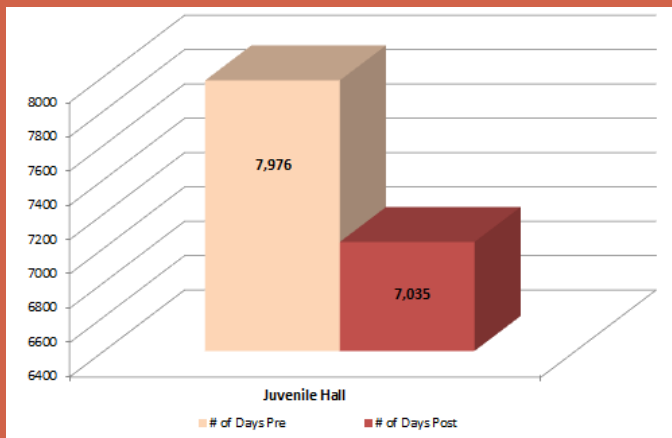
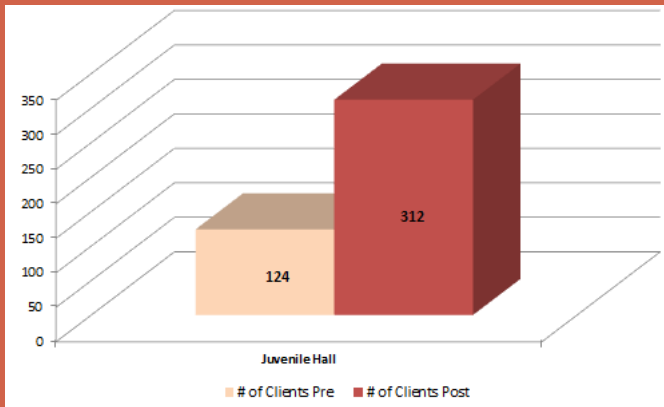
FSP Child's Hospitalization Outcomes



- 45% reduction in days hospitalized
- 36% reduction in the number of clients hospitalized

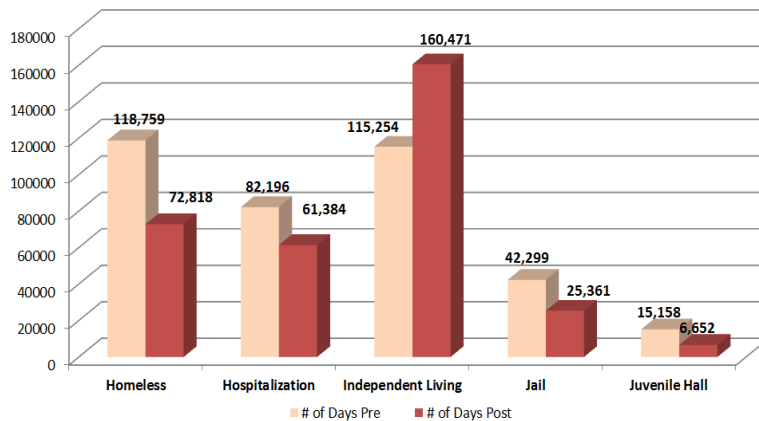
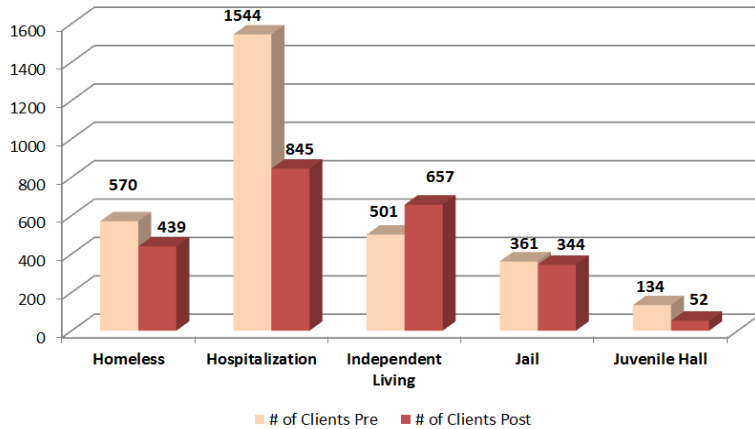
Number of Clients Included: 8,690
Number of Baselines Included: 8,920

FSP Child's Juvenile Hall Outcomes



- 152% increase in the number of clients in juvenile hall post-partnership
- Data indicates 124 children reported being in juvenile hall 365 days prior to partnership and 312 children after partnership was established.
- This is approximately 1% and 3% respectively of the 8,920 baselines included.
- On average, children spent 64 days in Juvenile Hall prior to partnership and 22 days post partnership. A decrease of 42 days.
- Although there was an increase of 188 clients residing in Juvenile Hall after partnership we see a significant decrease in the number of days spent in Juvenile Hall.
- One thing to keep in mind is that, for children, behaviors that violate social norms (i.e., delinquent or aggressive behaviors) tend to be slower to change because the child's environment may not support positive change.

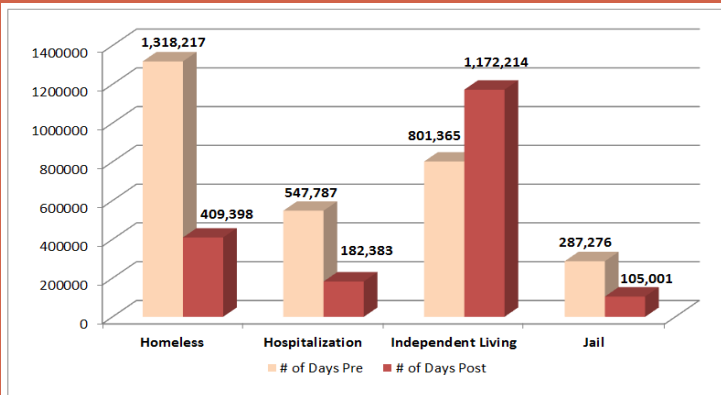
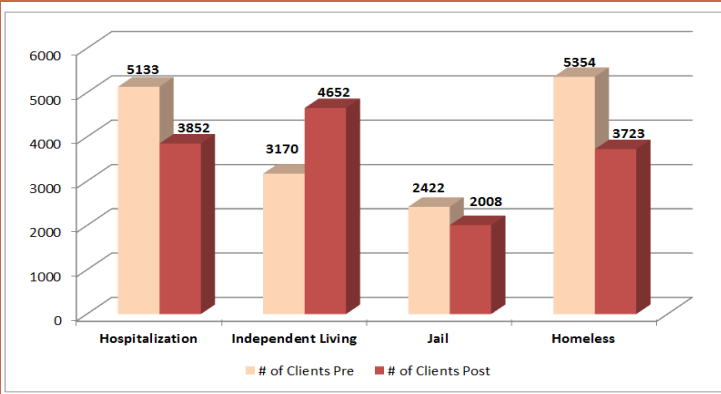
FSP TAY Living Arrangement Outcomes



- 39% reduction in days homeless
- 25% reduction in days hospitalized
- 40% reduction in days in jail
- 39% increase in days living independently
- 56% reduction in days in juvenile hall
- 23% reduction in clients homeless
- 45% reduction in clients hospitalized
- 5% reduction in clients in jail
- 31% increase in clients living independently

Number of Clients Included: 4,454
 Number of Baselines Included: 4,584

FSP Adult Living Arrangement Outcomes

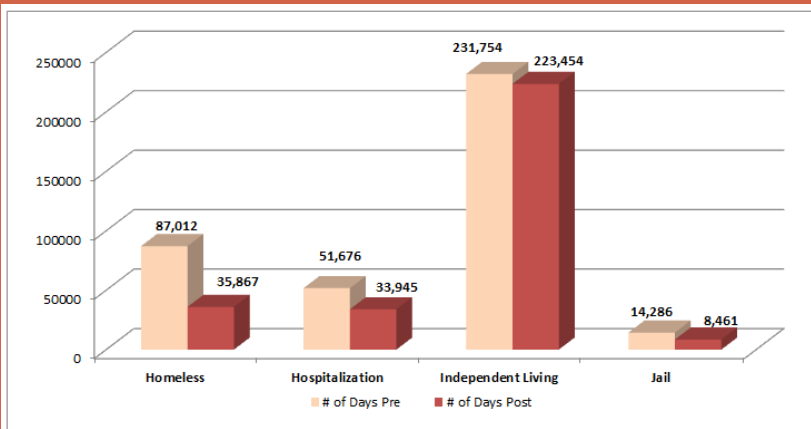
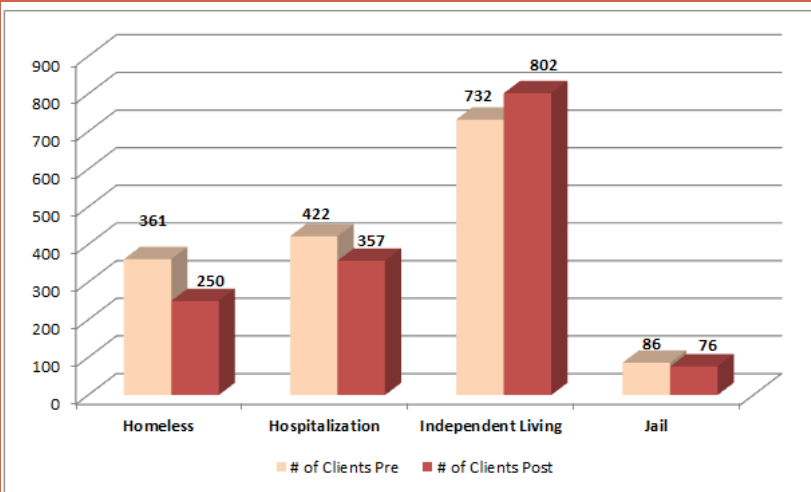


- 69% reduction in days homeless
- 67% reduction in days hospitalized
- 63% reduction in days in jail
- 46% increase in days living independently
- 30% reduction in clients homeless
- 25% reduction in clients hospitalized
- 17% reduction in clients in jail
- 47% increase in clients living independently

Number of Clients Included: 12,807

Number of Baselines Included: 13,481

FSP Older Adult Living Arrangement Outcomes



- 59% reduction in days homeless
- 34% reduction in days hospitalized
- 4% increase in days living independently
- 41% reduction in days in jail
- 31% reduction in clients homeless
- 15% reduction in clients hospitalized
- 10% increase in clients living independently
- 12% reduction in clients in jail

Number of Clients Included: 1,606
 Number of Baselines Included: 1,643

FSP Disenrollments by Age Group

Child

- Total of 821 disenrollments
- 51% met their goals

TAY

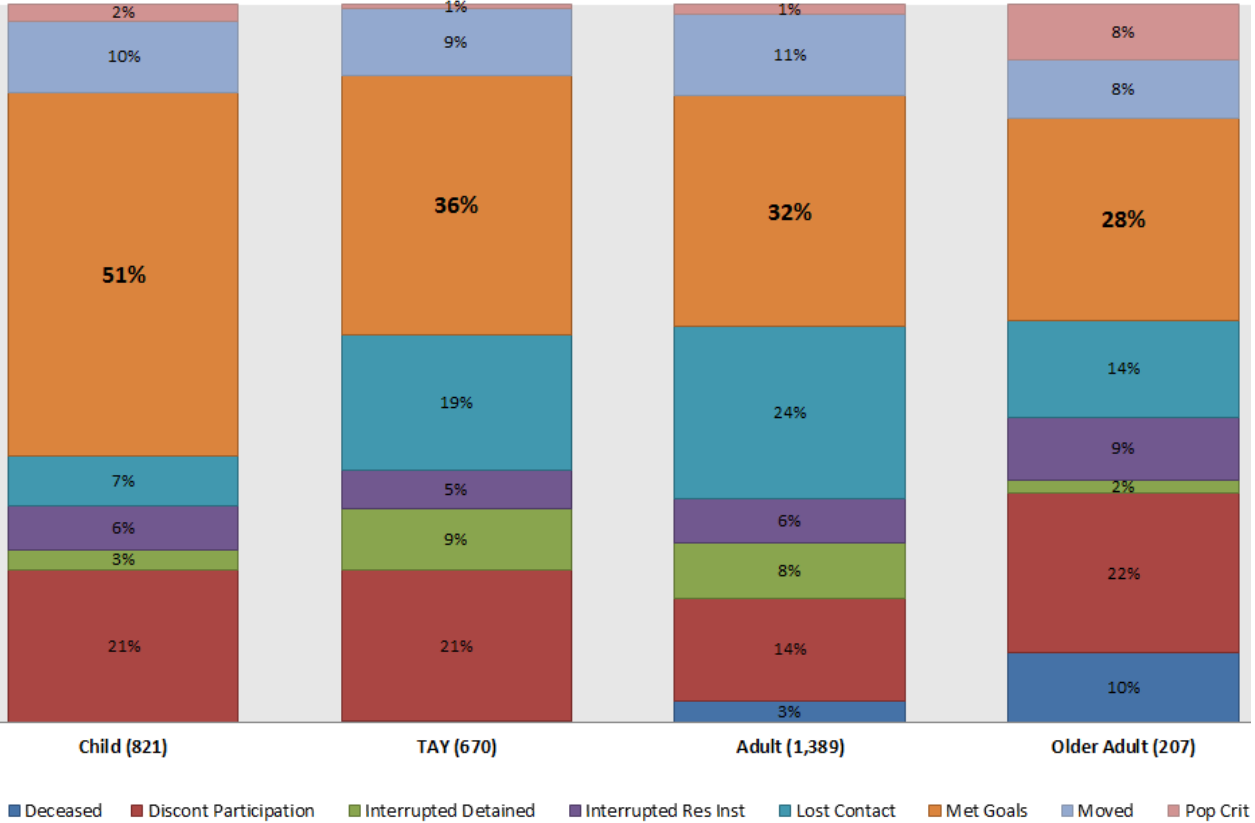
- Total of 670 disenrollments
- 36% met their goals

Adult

- Total of 1,389 disenrollments
- 32% met their goals

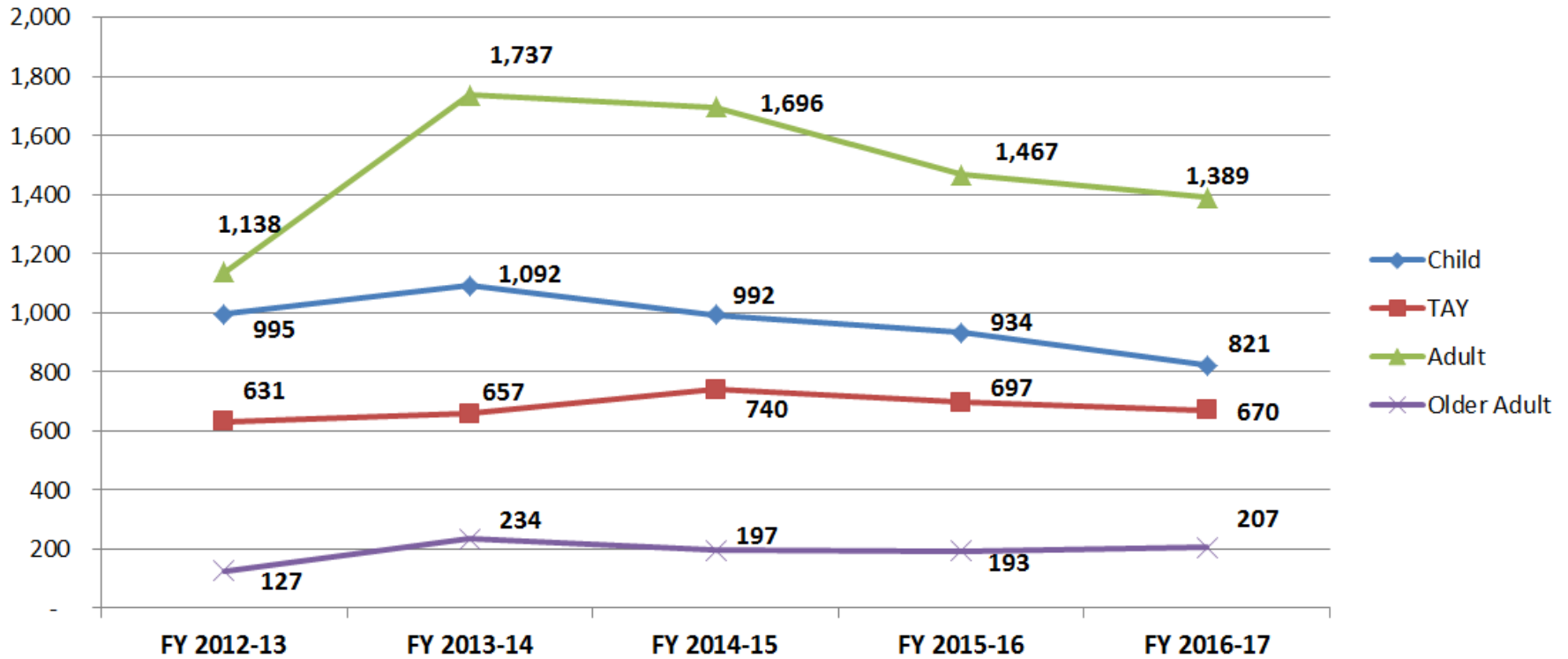
Older Adult

- Total of 207 disenrollments
- 28% met their goals



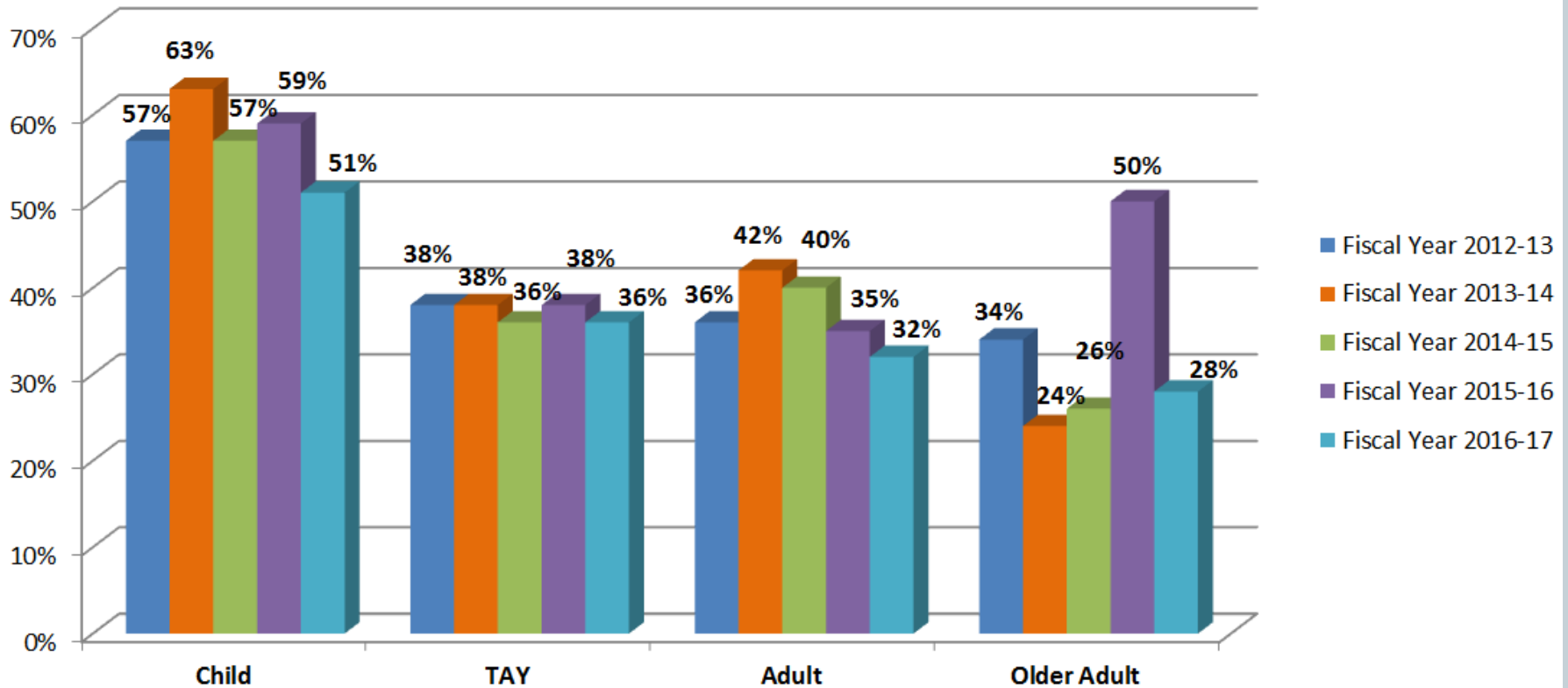
FSP Disenrollments Across Fiscal Years

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FSP Disenrollments with Met Goals

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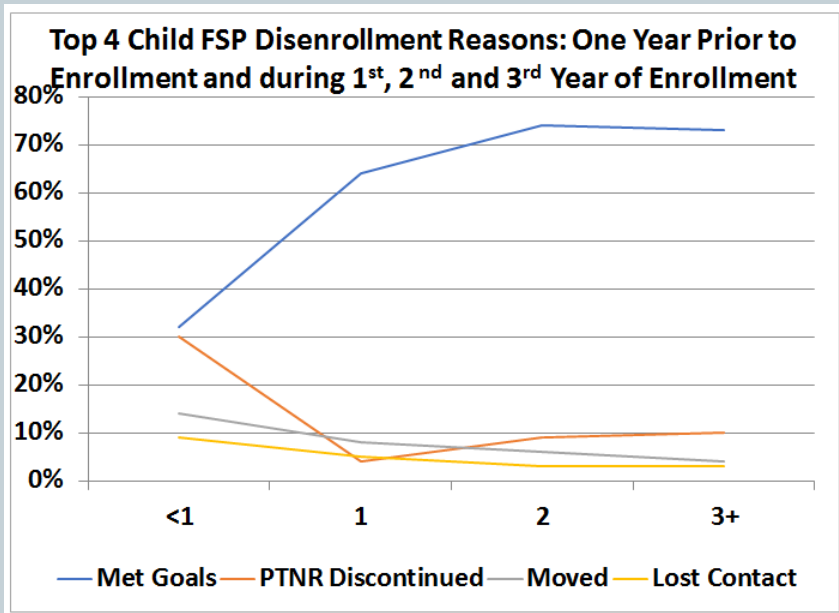
Child FSP Disenrollment Reasons by Number of Years Enrolled

Child FSP Disenrollment Reason	Years Enrolled			
	< 1 year (n=4003)	1 Year (n=3317)	2 Years (n=1248)	3+ Years (n=358)
Met Goals	32%	64%	74%	73%
Pop Not Met	2%	1%	2%	1%
Ptnr Discontinued	30%	14%	9%	10%
Moved	14%	8%	6%	4%
Lost Contact	9%	5%	3%	3%
Need Residential	9%	4%	4%	7%
Detained or Jail	4%	3%	2%	2%
Deceased	0%	0%	0%	0%
Total	100%	100%	100%	100%

- Lost contact is the top disenrollment reason provided for those leaving the partnership within less than 1 year
- Met goals is the top disenrollment reason provided for those enrolled 1, 2 and 3 years

Child FSP Disenrollment Reasons by Number of Years Enrolled

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- Something happens for those who remain in Child FSP for at least 1 year as opposed to those who leave before being in the program for 1 year.
- Percentage of met goals becomes the predominate reason for disenrollment during the first year of partnership. With less than one year in partnership, disenrollment is seemingly a “toss-up” between goals met and ptnr discontinued.
- Since so many benefits are associated with at least one year of treatment, finding a way to keep clients in Child FSP for at least one year and, perhaps longer, is essential to maximize the help experienced by clients.

TAY FSP Disenrollment Reasons by Number of Years Enrolled

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TAY FSP Disenrollment Reason	Years Enrolled			
	< 1 year (n=2736)	1 Year (n=1925)	2 Years (n=879)	3+ Years (n=566)
Met Goals	14%	41%	58%	60%
Pop Not Met	2%	2%	2%	1%
Ptnr Discontinued	31%	21%	15%	13%
Moved	15%	9%	6%	7%
Lost Contact	21%	16%	11%	8%
Need Residential	7%	5%	5%	4%
Detained or Jail	8%	6%	3%	7%
Deceased	1%	1%	0%	0%
Total	100%	100%	100%	100%

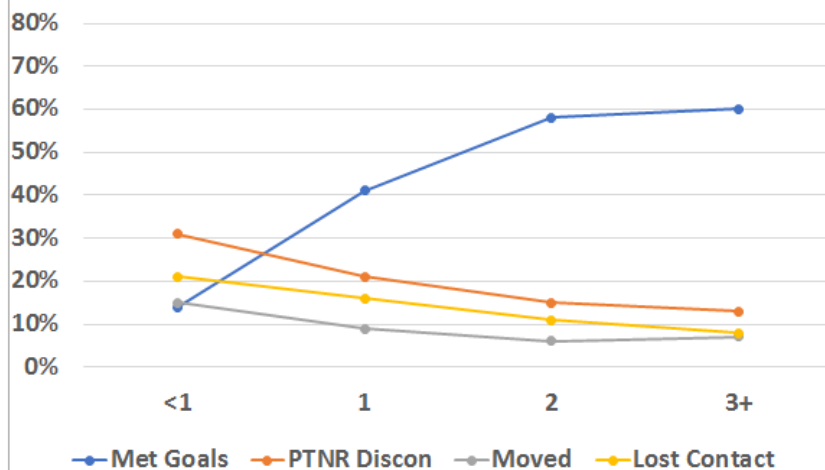
- Lost Contact is the top disenrollment reason provided for those leaving the partnership within less than 1 year
- Met Goals is the top disenrollment reason provided for those enrolled 1, 2 and 3 years

The disenrollment data was gathered from the FSP Referral Tracking Database as of 9/11/2017.

TAY FSP Disenrollment Reasons by Number of Years Enrolled

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Top 4 TAY FSP Disenrollment Reasons: One Year Prior to Enrollment and during 1st, 2nd and 3rd Year of Enrollment



- Something happens for those who remain in TAY FSP for at least 1 year as opposed to those who leave before being in the program for 1 year.
- Percentage of met goals predominates as a reason for disenrollment during the first year of partnership. Even PTNR discontinued and Lost contact fall well below met goals by year one.
- Since so many benefits are associated with at least one year of treatment, finding way to keep clients in TAY FSP for at least one year and, perhaps longer, may be essential to help maximize the help experienced.

Adult FSP Disenrollment Reasons by Number of Years Enrolled

33

Adult FSP Disenrollment Reason	Years Enrolled			
	< 1 year (n=5003)	1 Year (n=3096)	2 Years (n=1895)	3+ Years (n=2609)
Met Goals	13%	29%	42%	54%
Pop Not Met	5%	1%	2%	2%
Ptnr Discontinued	21%	17%	15%	9%
Moved	13%	13%	12%	10%
Lost Contact	26%	20%	12%	9%
Need Residential	10%	8%	7%	6%
Detained or Jail	10%	8%	6%	4%
Deceased	2%	3%	4%	5%
Total	100%	100%	100%	100%

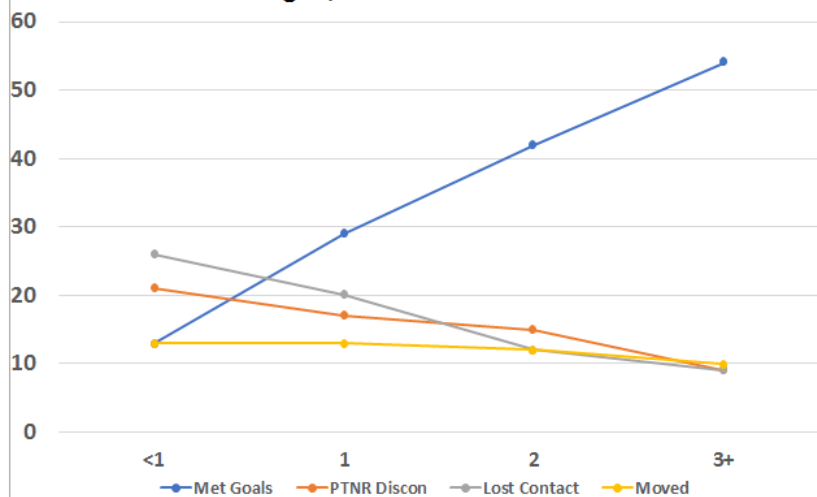
- Lost Contact is the top disenrollment reason provided for those leaving the partnership within less than 1 year
- Met Goals is the top disenrollment reason provided for those enrolled 1, 2 and 3 years

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Adult FSP Disenrollment Reasons by Number of Years Enrolled

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Top 4 Adult FSP Disenrollment Reasons: One Year Prior to Enrollment and during 1st, 2nd and 3rd Year of Enrollment



- Something happens for those who remain in Adult FSP for at least 1 year as opposed to those who leave before being in the program for 1 year.
- Percentage of Met Goals becomes the predominate reason for disenrollment and not other reasons, two of which could be associated with treatment failure.
- Since so many benefits are associated with at least one year of treatment, finding ways to keep clients in Adult FSP for at least one year and, perhaps longer, is essential to maximize the help experienced by clients.

Older Adult FSP Disenrollment Reasons by Number of Years Enrolled

35

Older Adult FSP Disenrollment Reason	Years Enrolled			
	< 1 year (n=655)	1 Year (n=347)	2 Years (n=207)	3+ Years (n=226)
Met Goals	17%	30%	45%	49%
Pop Not Met	5%	2%	5%	5%
Ptnr Discontinued	26%	19%	9%	12%
Moved	7%	7%	7%	6%
Lost Contact	20%	13%	8%	7%
Need Residential	14%	17%	11%	6%
Detained or Jail	2%	1%	0%	1%
Deceased	9%	10%	15%	14%
Total	100%	100%	100%	100%

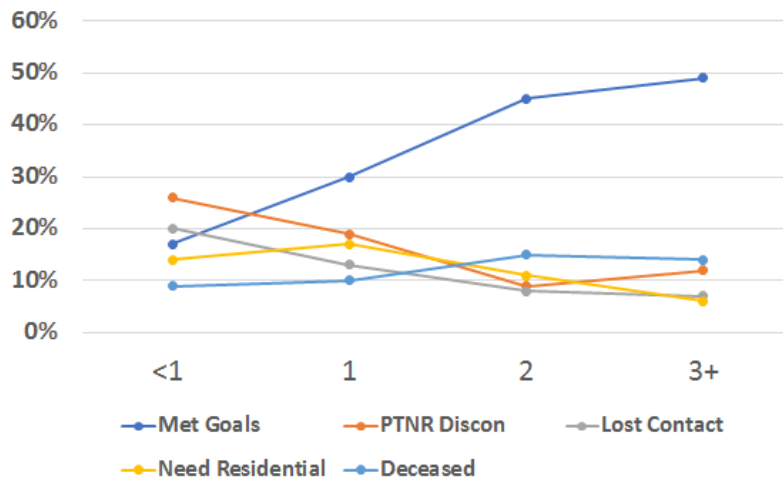
- Lost Contact is the top disenrollment reason provided for those leaving the partnership within less than 1 year
- Met Goals is the top disenrollment reason provided for those enrolled 1, 2 and 3 years

The disenrollment data was gathered from the FSP Referral Tracking Database as of 9/11/2017.

Older Adult FSP Disenrollment Reasons by Number of Years Enrolled

36

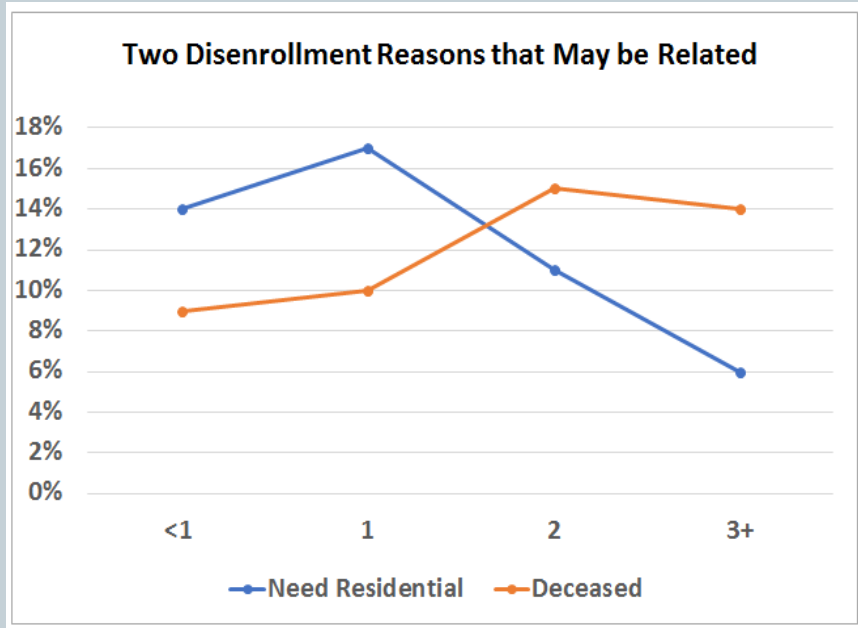
Top 5 Older FSP Disenrollment Reasons: One Year Prior to Enrollment and during 1st, 2nd and 3rd Year of Enrollment



- With less than one year in partnership, disenrollment is more likely to be because of PTNR discontinued or losing contact with the client. Percentage of Met Goals becomes the predominate reason for disenrollment during the first year in partnership.
- Since so many benefits are associated with at least one year of treatment, finding way to keep clients in Older Adult FSP for at least one year and, likely longer, is essential to maximize the help experienced especially if a client is seeking employment or a living arrangement other than a psychiatric facility.

Older Adult FSP Disenrollment Reasons by Number of Years Enrolled

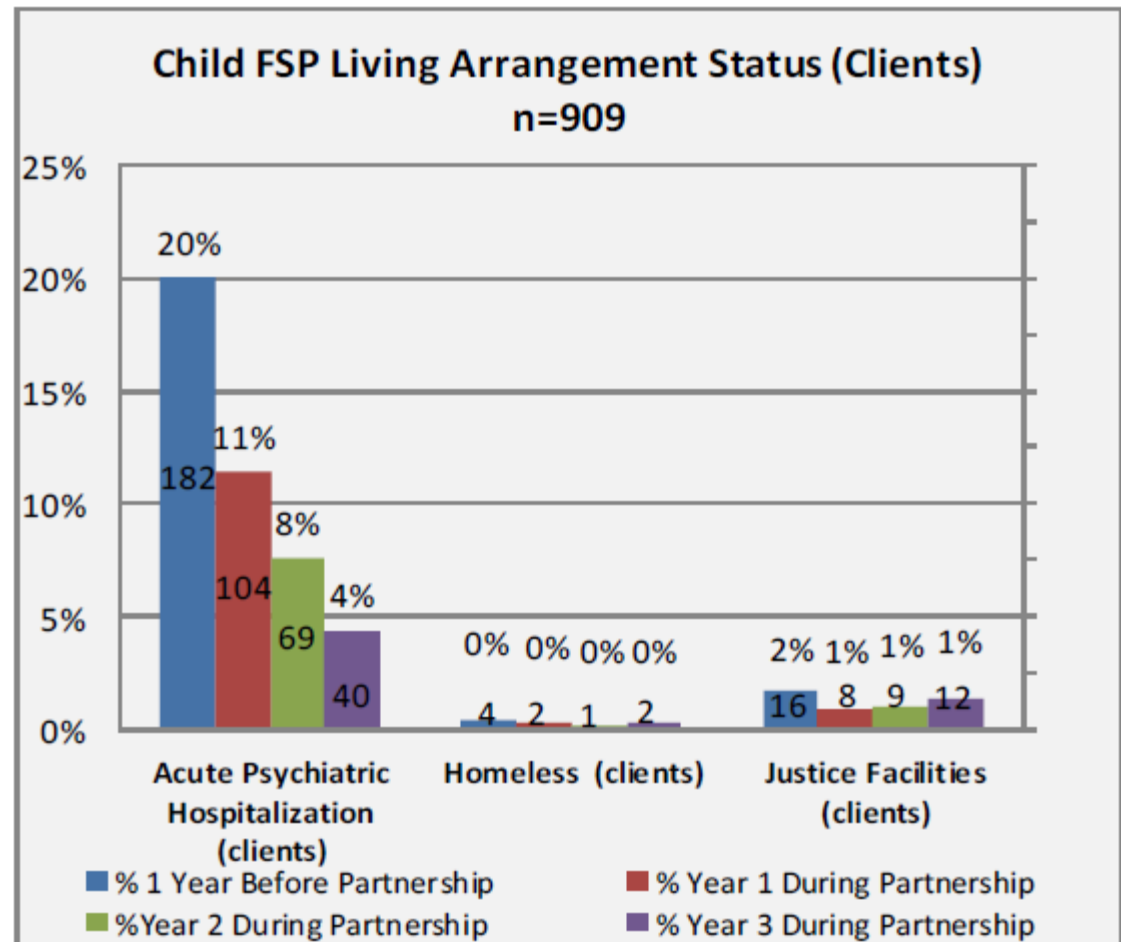
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- These two disenrollment reasons seem to share a relationship that, if true, is concerning.
- It would be unfortunate if the unmet need for residential housing among some of the older adult FSP population is such that death outlasts the need's fulfillment. Or, It could be that those who most need housing cannot tolerate the delay. Additional research is warranted
- Older Adults in FSP may share many of the same needs for housing and more than those expressed by Adult FSP clients.

Child FSP Living Arrangement Outcomes

Child FSP has been found to be effective in decreasing the number of clients residing in Acute Psychiatric facilities. There is very little data about homeless or justice facility living arrangements. This may change over time.

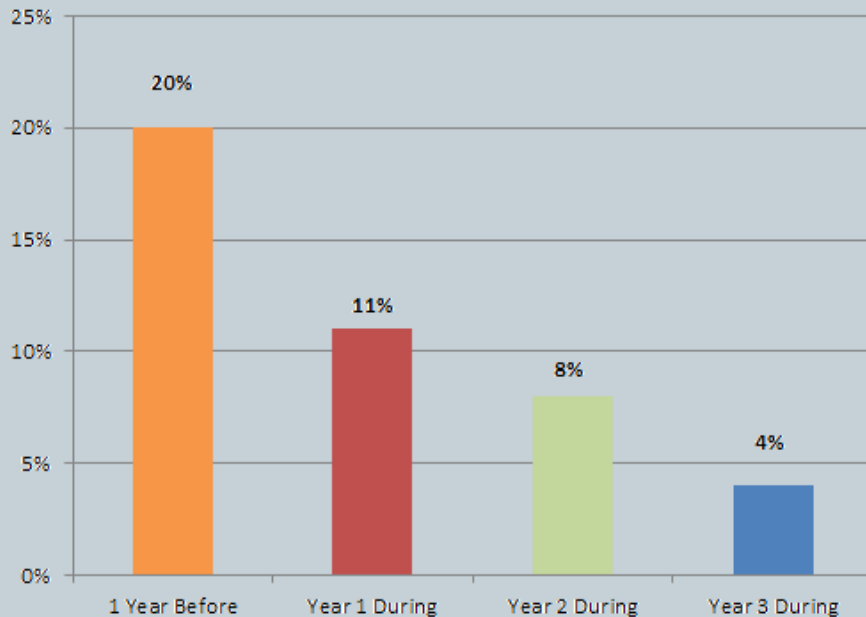


Child FSP Outcomes

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Child FSP Psychiatric Hospitalization

**Psychiatric Hospitalization
N=909**



Year to Year Percent Reduction in Psychiatric Hospitalizations

Year before partnership to 1 st Year	43%
During 1 st year of partnership to 2 nd year	34%
During 2 nd year of partnership to 3 rd + year	42%
Year before partnership to year 3	78%

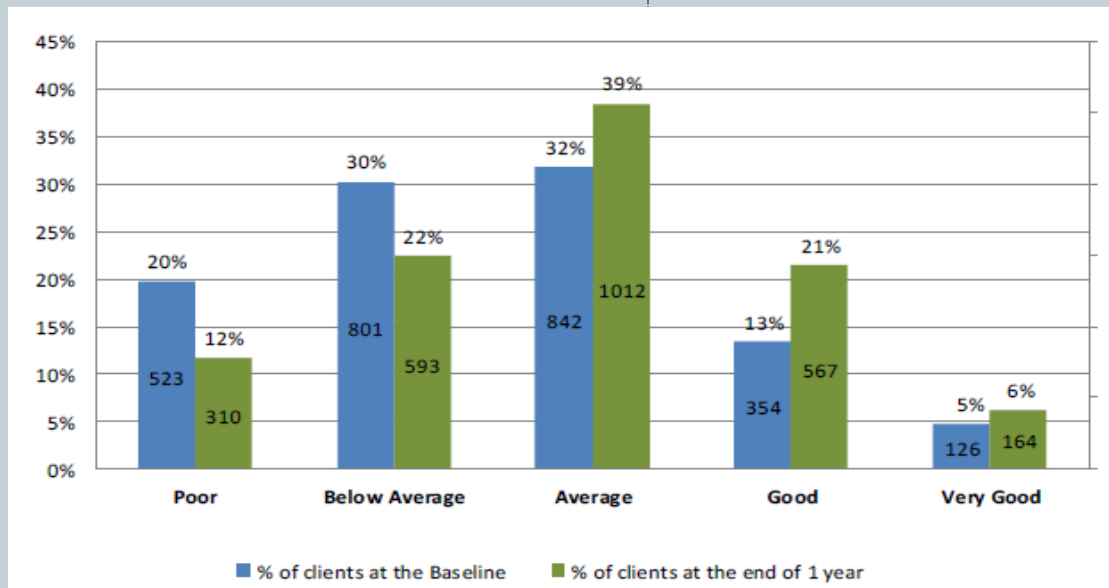
- The biggest drop occurred in the first year of partnership and continued to drop over three years

Child FSP Outcomes

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Child FSP Distribution of Grades at the Baseline and at the End of the 1st Year (n=2,646)

- Each grade category is shown to be moving in the correct direction (e.g. Poor grades are less frequent while average, good and very good grades appear more often)

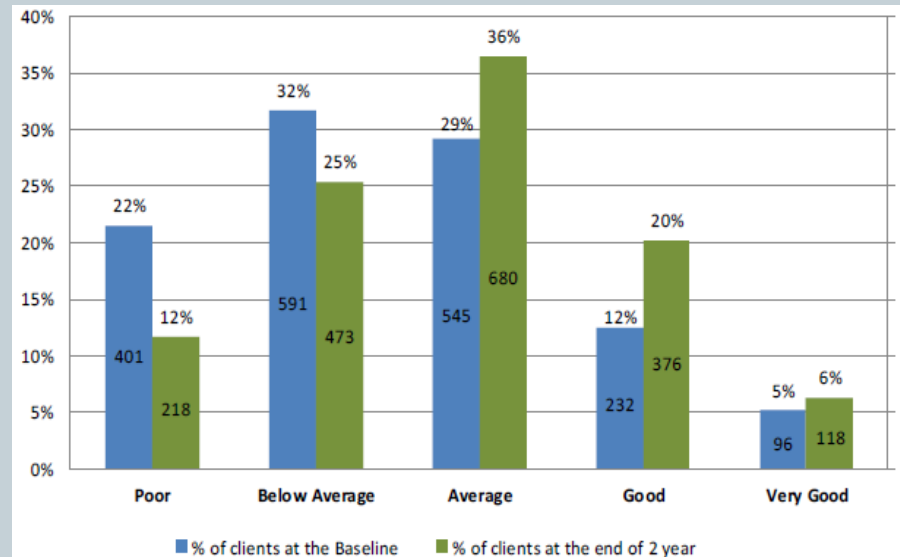


Child FSP Outcomes

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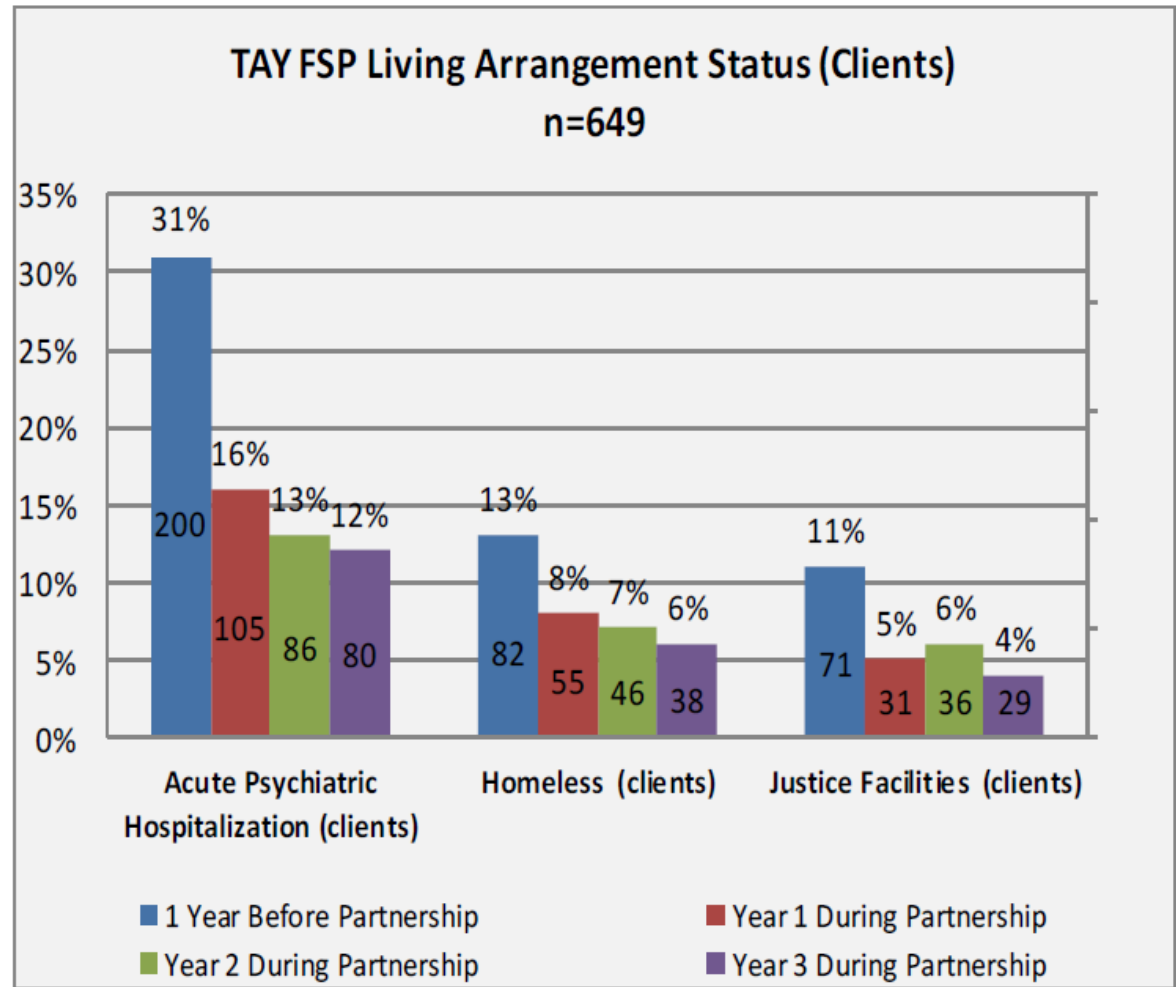
Child FSP Distribution of Grades at the Baseline and through the End of 2nd Year (n=1,865)

- All grade categories are shown to continue to be moving in the hoped-for direction (e.g. Poor and below average grades are less frequent while average, good and very good grades appear more often).
- Poor grade performance is down over 45% compared to baseline.
- Average grades are up by over 24% compared to 22% during the 1st year in partnership.
- Good grade performance is up over 67% compared to 62% improvement in the first year of partnership



TAY FSP Living Arrangement Outcomes

TAY FSP has been found to be effective in decreasing the number of clients residing in acute psychiatric facilities, reduced the percentage of clients reported to be homeless and the percentage of those residing in justice facilities.

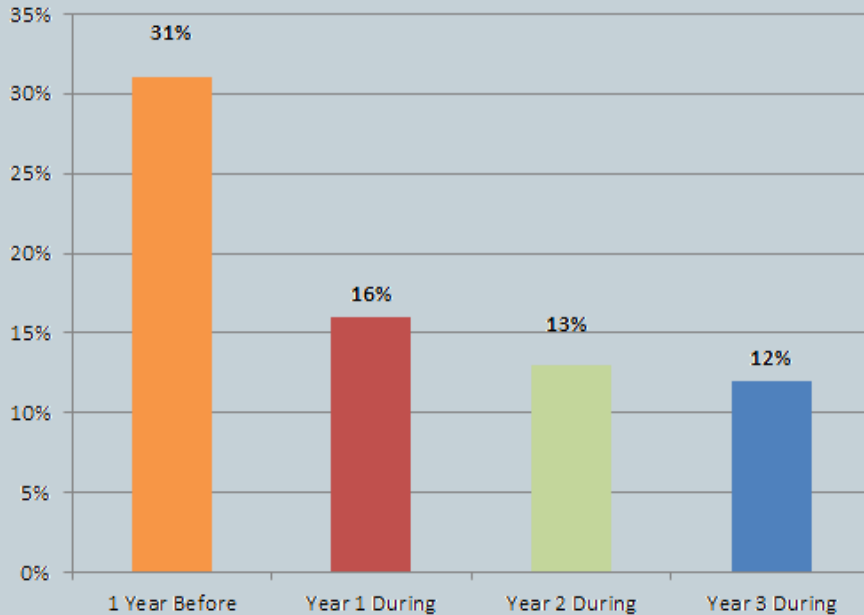


TAY FSP Outcomes

43

TAY FSP Psychiatric Hospitalization

Psychiatric Hospitalization
N=649



Year to Year Percent Reduction in Psychiatric Hospitalizations

Year before partnership to 1 st Year	48%
During 1 st year of partnership to 2 nd year	18%
During 2 nd year of partnership to 3 rd + year	7%
Year before partnership to year 3	60%

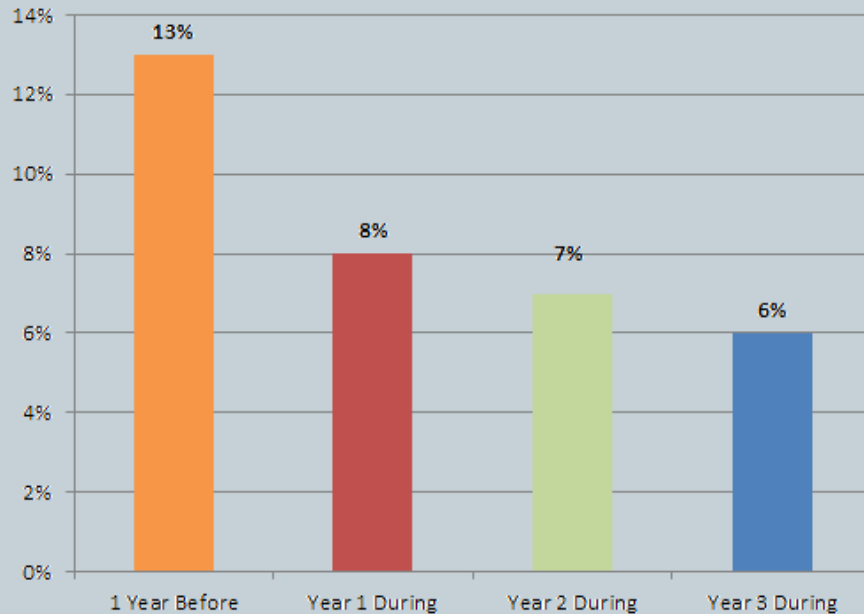
- The biggest drop occurred in the first year of the partnership and continued to drop over three years

TAY FSP Outcomes

44

TAY FSP Homelessness

Homelessness
N=649



Year to Year Percent Reduction in Homelessness

Year before partnership to 1 st Year	33%
During 1 st year of partnership to 2 nd year	16%
During 2 nd year of partnership to 3 rd + year	17%
Year before partnership to year 3	54%

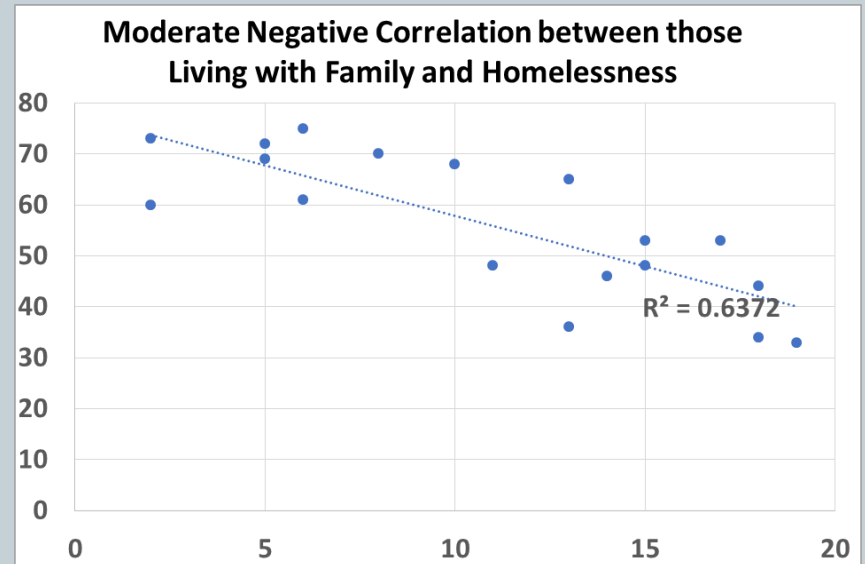
- The biggest drop occurred in the first year of the partnership and continued to drop over three years for those continuing in partnership

TAY FSP Outcomes

45

Homelessness – Explorative analysis of the relationship between several factors in 18 TAY FSP programs with at least 18 disenrollments over the past 12 months.

- There is a moderate negative correlation between homelessness and clients living with their families.
- This moderate correlation suggests that homelessness may be partly addressed by seeking family reunification through adding family education, family treatment and support and helping to bridge the gap between client and family if possible.

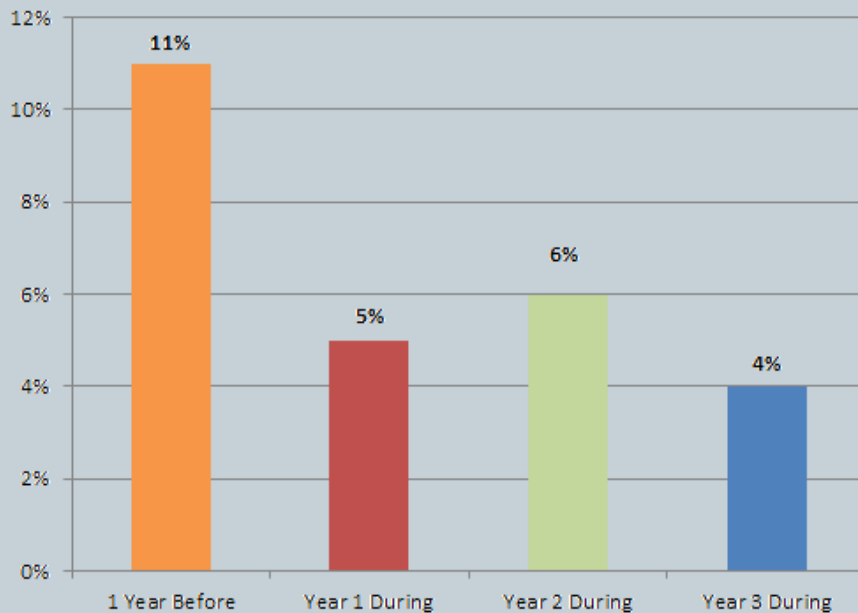


TAY FSP Outcomes

46

TAY FSP Justice Facilities

Justice Facilities
N=649



Year to Year Percent Reduction in Justice Facilities

Year before partnership to 1 st Year	56%
During 1 st year of partnership to 2 nd year	+20%
During 2 nd year of partnership to 3 rd + year	19%
Year before partnership to year 3	59%

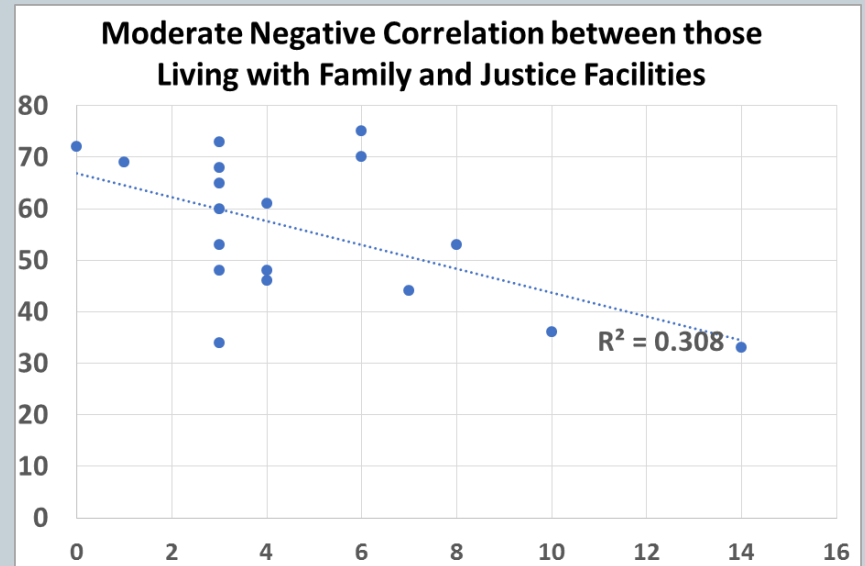
- The biggest drop occurred in the first year of the partnership and continued to drop over three years for those continuing in partnership

TAY FSP Outcomes

47

Justice Facilities – Explorative analysis of the relationship between several factors in 18 TAY FSP programs with at least 18 disenrollments over the past 12 months.

- A moderate negative correlation exists between living with family and living in a justice facility.
- This moderate correlation suggests that justice vulnerability may be partly addressed by seeking family reunification through adding family education, family treatment and support and helping to bridge the gap between client and family if possible.

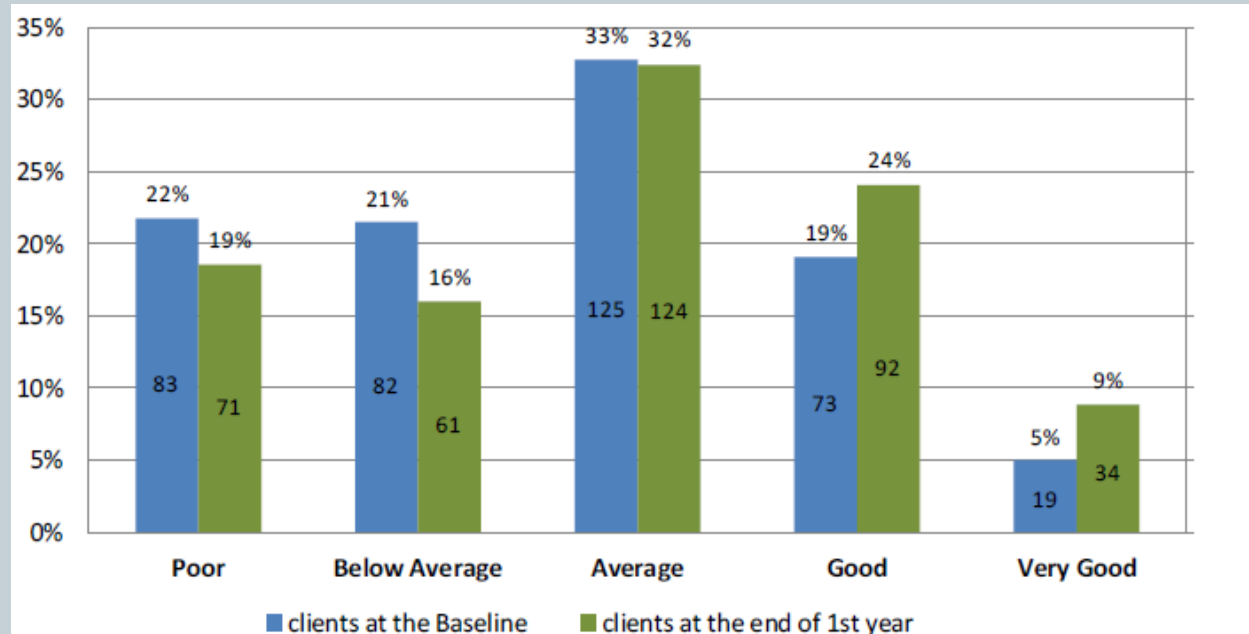


TAY FSP Outcomes

48

TAY FSP Distribution of Grades at the Baseline and at the End of 1st Year (n=371)

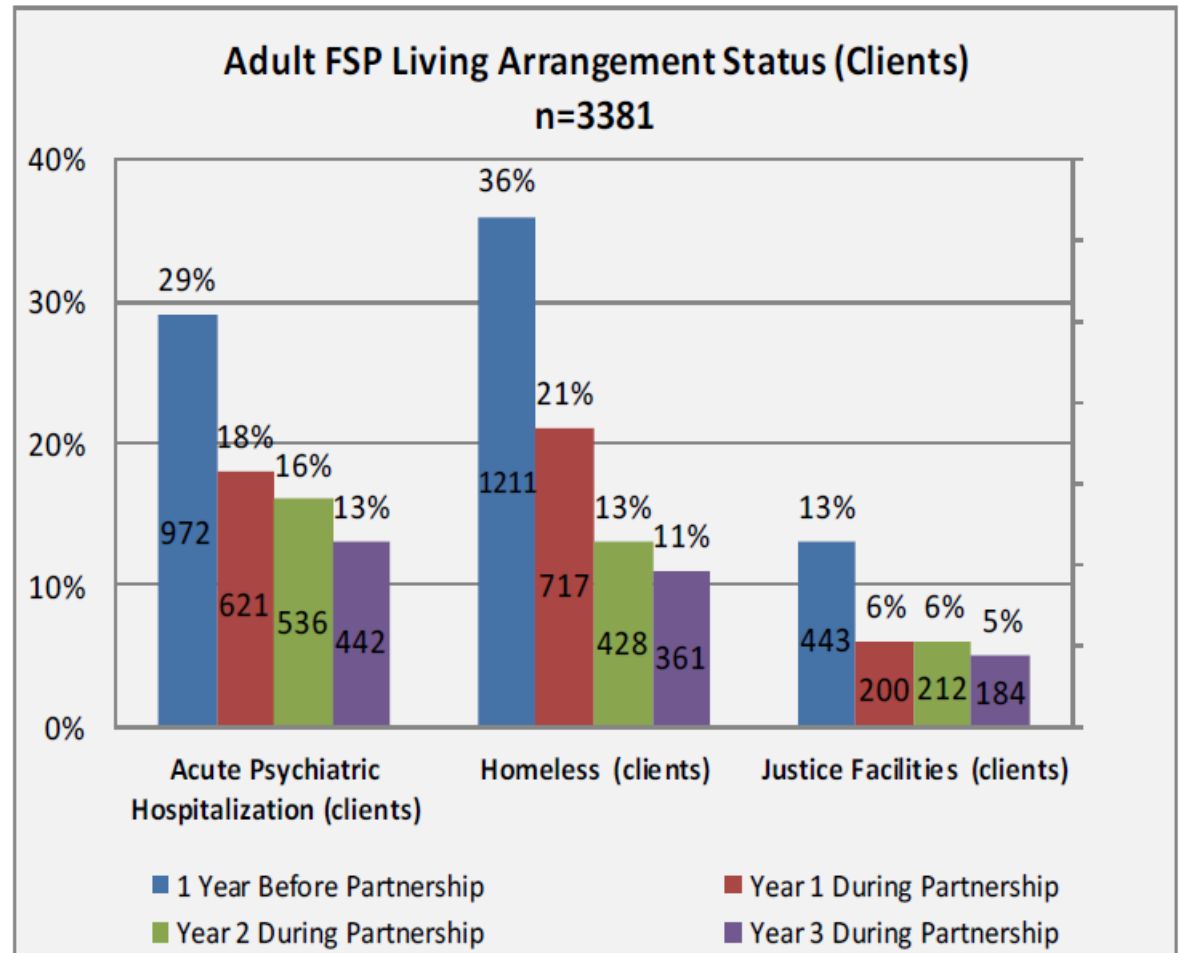
- Each grade category is shown to be moving in the correct direction (e.g. Poor grades are less frequent while average to very good grades appear more often)



Adult FSP Living Arrangement Outcomes

Adult FSP has been found to be effective in decreasing the number of homeless, the number of those residing in acute psychiatric facilities and in criminal justice facilities in LA County

Adult FSP Outcomes Report—
One Year Data September 2017

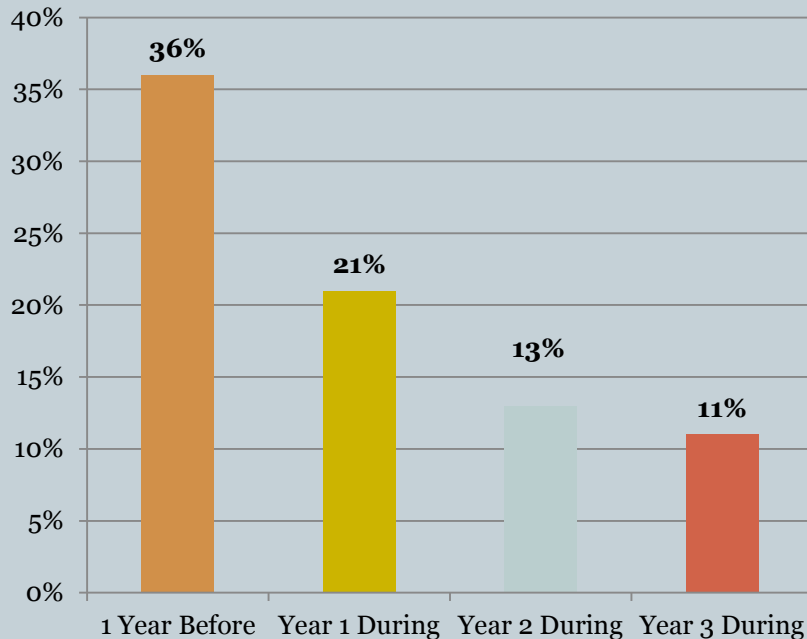


Adult FSP Outcomes

50

Adult FSP Homelessness

Homelessness N=3,381



Year to Year Percent Reduction in Homelessness

Year before partnership to 1 st Year	41%
During 1 st year of partnership to 2 nd year	40%
During 2 nd year of partnership to 3 rd + year	16%
Year before partnership to year 3	70%

- The biggest drop occurred in the first year of the partnership and continued to drop over three years for those continuing in partnership

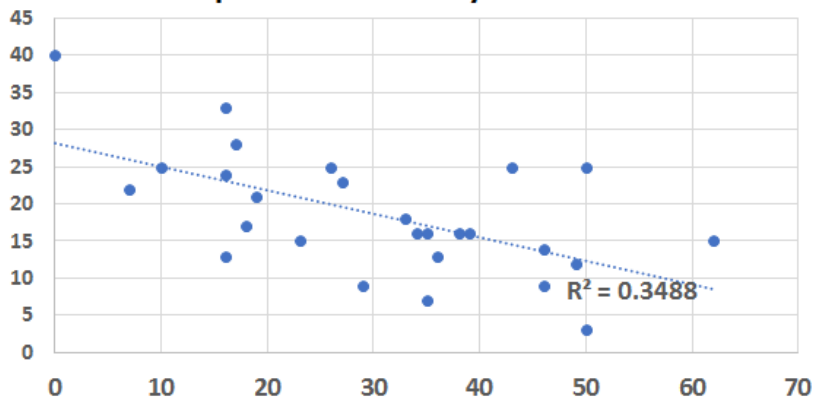
Adult FSP Outcomes

51

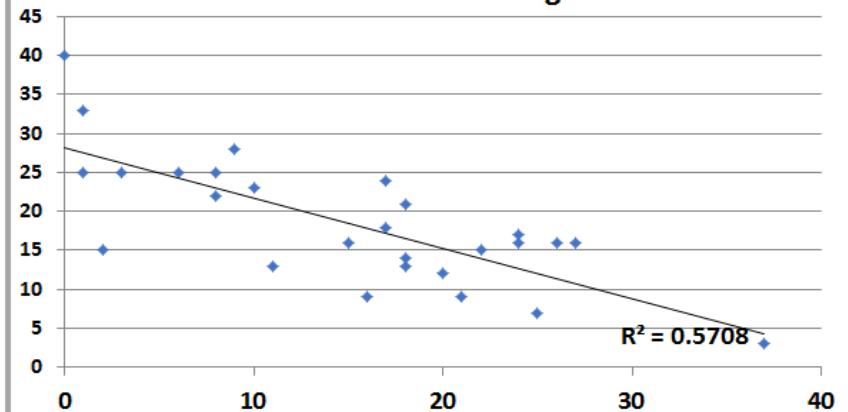
Homelessness – Explorative analysis of the relationship between several factors in 27 Adult FSP programs with at least 18 disenrollments over the past 12 months.

- While the biggest year-to-year drop in homelessness occurs between baseline and the 1st year in partnership, many will require additional time to transition
- Having available options for housing (B & C for example) seems to be strongly associated with a reduction in homelessness and may indicate the kind of emphasis that is needed countywide

Moderate Negative Correlation between those in Partnership for More than 3yrs and Homelessness



Negative Correlation between the Percentage of Clients Housed in a B and C and Percentage of Homelessness

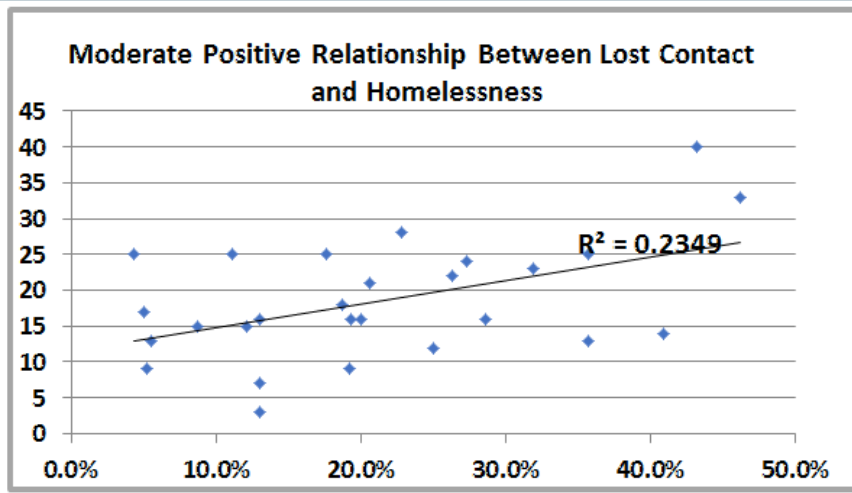


Adult FSP Outcomes

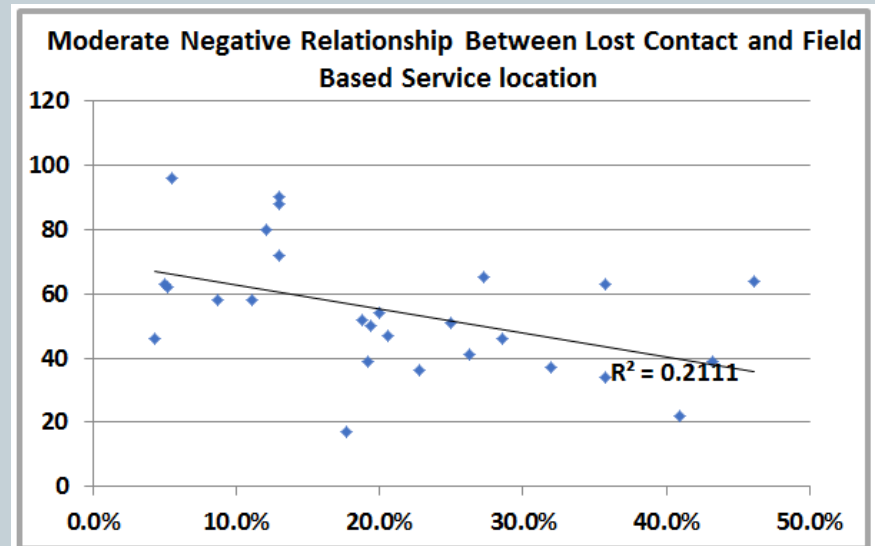
52

Homelessness – Explorative analysis of the relationship between several factors in 27 Adult FSP programs with at least 18 disenrollments over the past 12 months.

- The moderate positive relationship between lost contact as a disenrollment reason and homelessness suggests that the failure to maintain relationship increases the risk of not having, not maintaining or not securing housing.



- The moderate negative relationship between lost contact and field based service location suggests that investing in treatment outside the clinic may play a role in helping to moderate the tendency for clients to go missing.

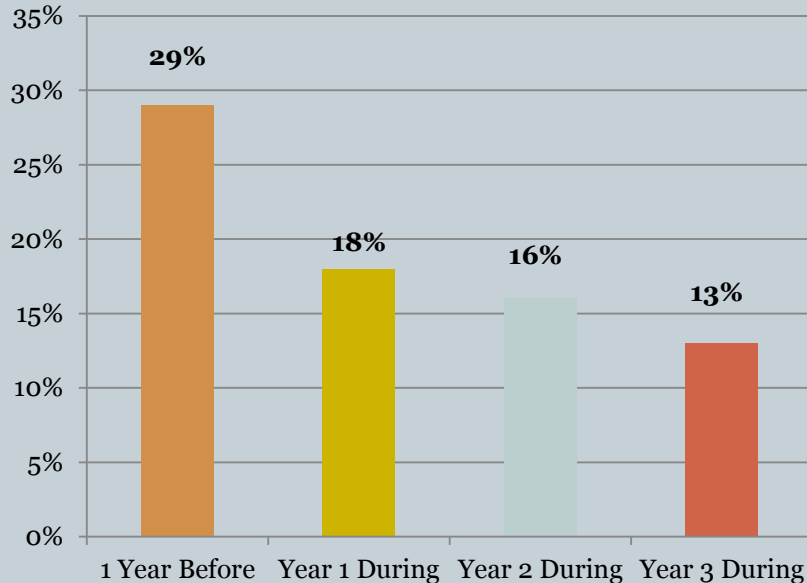


Adult FSP Outcomes

53

Adult FSP Psychiatric Hospitalization

Psychiatric Hospitalization N=3,381



Year to Year Percent Reduction in Psychiatric Hospitalizations

Year before partnership to 1 st Year	36%
During 1 st year of partnership to 2 nd year	14%
During 2 nd year of partnership to 3 rd + year	18%
Year before partnership to year 3	55%

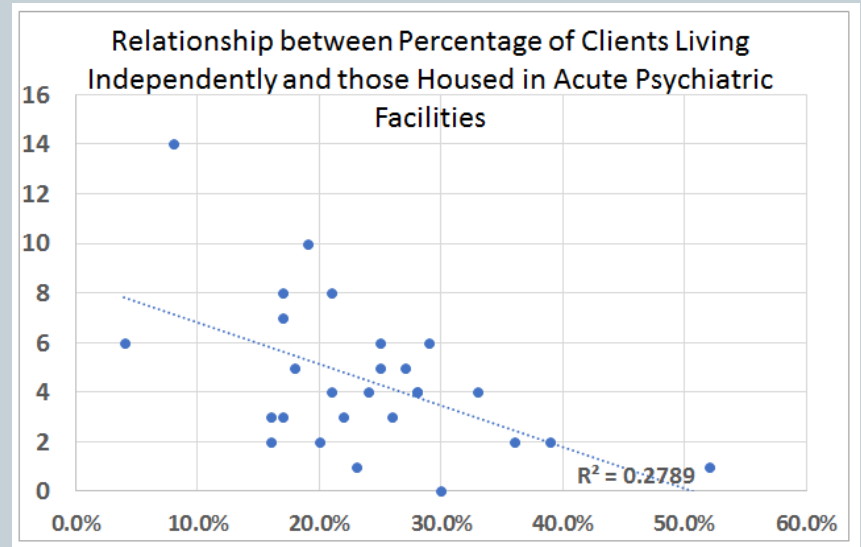
- The biggest drop occurred in the first year of the partnership and continued to drop over three years

Adult FSP Outcomes

54

Psychiatric Hospitalization – Explorative analysis of the relationship between several factors in 27 Adult FSP programs with at least 18 disenrollments over the past 12 months.

- There is a moderate relationship between the percentage of clients living independently and those housed in acute psychiatric facilities.
- Living independently maybe the most viable option to being housed in a psychiatric facility provided the client is afforded the necessary skills to succeed.

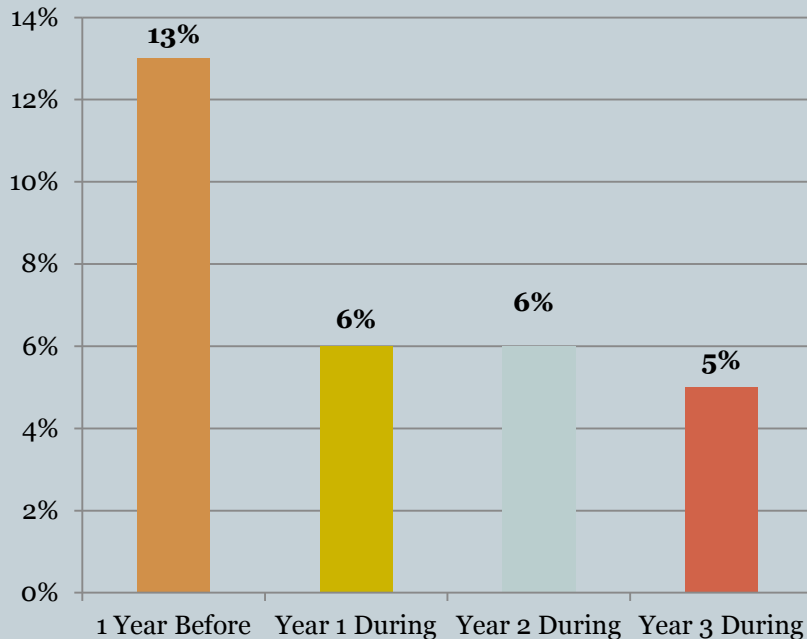


Adult FSP Outcomes

55

Adult FSP Justice Facilities

Justice Facilities N=3,381



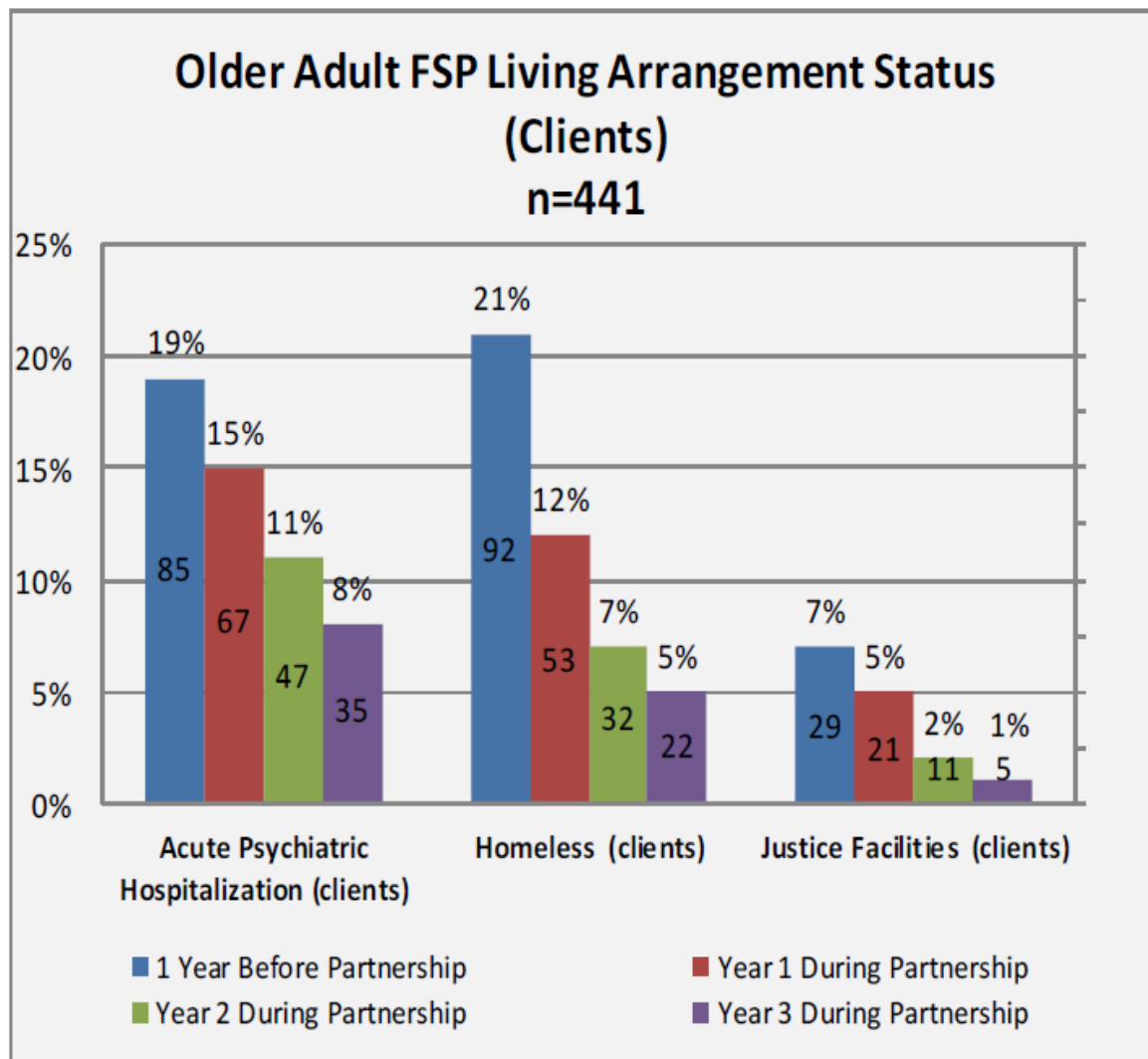
Year to Year Percent Reduction in Justice Facilities

Year before partnership to 1 st Year	55%
During 1 st year of partnership to 2 nd year	+6%
During 2 nd year of partnership to 3 rd + year	13%
Year before partnership to year 3	58%

- The biggest drop occurred in the first year of the partnership.
- Additional gains were achieved in the 3rd year of the partnership.
- Over all, there was a 61.5% reduction in the percentage of clients in justice facilities over.

Older Adult FSP Living Arrangement Outcomes

Older Adult FSP has been found to be effective in decreasing the number of clients residing in Acute Psychiatric facilities, reduced the percentage of clients reported to be homeless and the percentage of those residing in justice facilities.

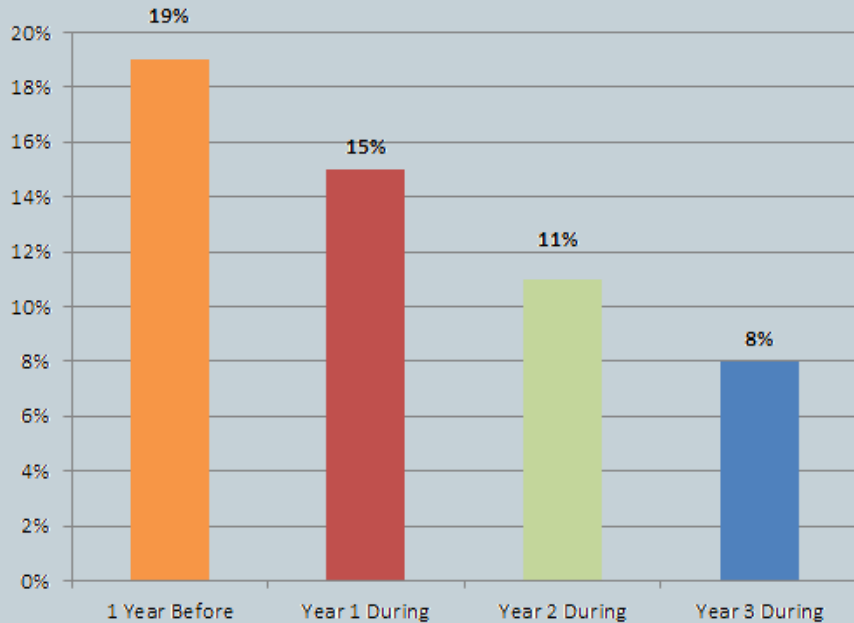


Older Adult FSP Outcomes

57

Older Adult FSP Psychiatric Hospitalization

Psychiatric Hospitalization
N=441



Year to Year Percent Reduction in Psychiatric Hospitalizations

Year before partnership to 1 st Year	21%
During 1 st year of partnership to 2 nd year	30%
During 2 nd year of partnership to 3 rd + year	26%
Year before partnership to year 3	59%

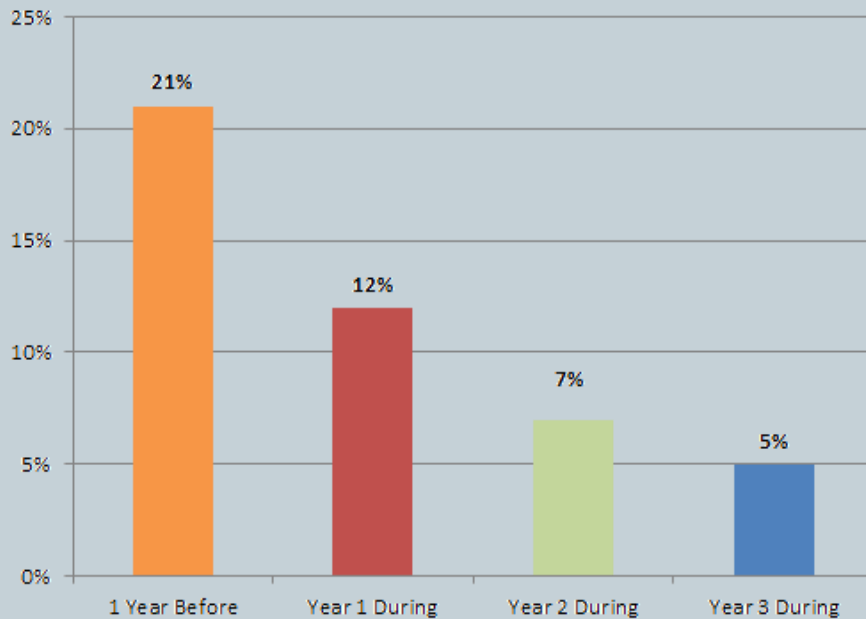
- The biggest drop occurred in the third year of the partnership although progress in reducing psychiatric hospitalization is seen to be fairly consistent over three years

Older Adult FSP Outcomes

58

Older Adult FSP Homelessness

Homelessness
N=441



Year to Year Percent Reduction in Homelessness

Year before partnership to 1 st Year	42%
During 1 st year of partnership to 2 nd year	40%
During 2 nd year of partnership to 3 rd + year	31%
Year before partnership to year 3	76%

- The biggest drop occurred in the first year of the partnership and continued to drop over three years for those continuing in partnership

Fiscal Year 2016-17
Prevention and Early Intervention (PEI)

59

STIGMA AND DISCRIMINATION REDUCTION

SUICIDE PREVENTION

EARLY INTERVENTION

PREVENTION

**OUTREACH FOR INCREASING RECOGNITION OF
EARLY SIGNS OF MENTAL ILLNESS**

**ACCESS AND LINKAGE TO TREATMENT FOR
INDIVIDUALS WHO ARE ALREADY ILL BUT SEEKING
SERVICES THROUGH PEI**

PEI Client Counts

60

Unique clients receiving a direct mental health service: 41,962

Primary Language	Unique Clients Served	% of Unique Clients Served
English	29,580	70%
Spanish	10,986	26%
Other	1,396	3%

Ethnicity	Unique Clients Served	% of Unique Clients Served
African American	4,710	11%
Asian	995	3%
Hispanic	26,585	63%
Native American	73	0.17%
Other	1,460	2%
Pacific Islander	72	0.17%
Unknown	4,328	9%
White	3,739	10%

PEI Client Counts

61

The number of clients with no previous MHSA PEI services: 26,082

Primary Language	New Clients Served	% of New Clients Served
English	18,306	70%
Spanish	6,758	26%
Other	1,018	4%

Ethnicity	New Clients Served	% of New Clients Served
African American	2,558	10%
Asian	658	3%
Hispanic	15,411	59%
Native American	36	0.14%
Other	1,126	4%
Pacific Islander	41	0.16%
Unknown	3,971	15%
White	2,281	9%

PEI Outcomes: What We Have Learned

62

Using Evidence-Based Practices (EBPs):

- **Completion Rates:**
 - Need for greater understanding of reasons for leaving treatment before the conclusion of the practice
 - Is it related to the practice or a component of the practice?
 - Do clients get better earlier?
- EBPs that are delivered in either a group or family modality tend to have better completion rates.
- Parent Child Interaction Therapy- Parents leaving treatment after child module is complete.
- CAPPs (Early Psychosis)- Clients were not meeting criteria for treatment until after they were opened

PEI Outcomes: Assessing pre treatment and post treatment data: Matched Pairs

Matched pairs percentage for the questionnaire was determined by # of matched pairs divided by # of treatment cycles eligible for the questionnaire. The formula is the following:

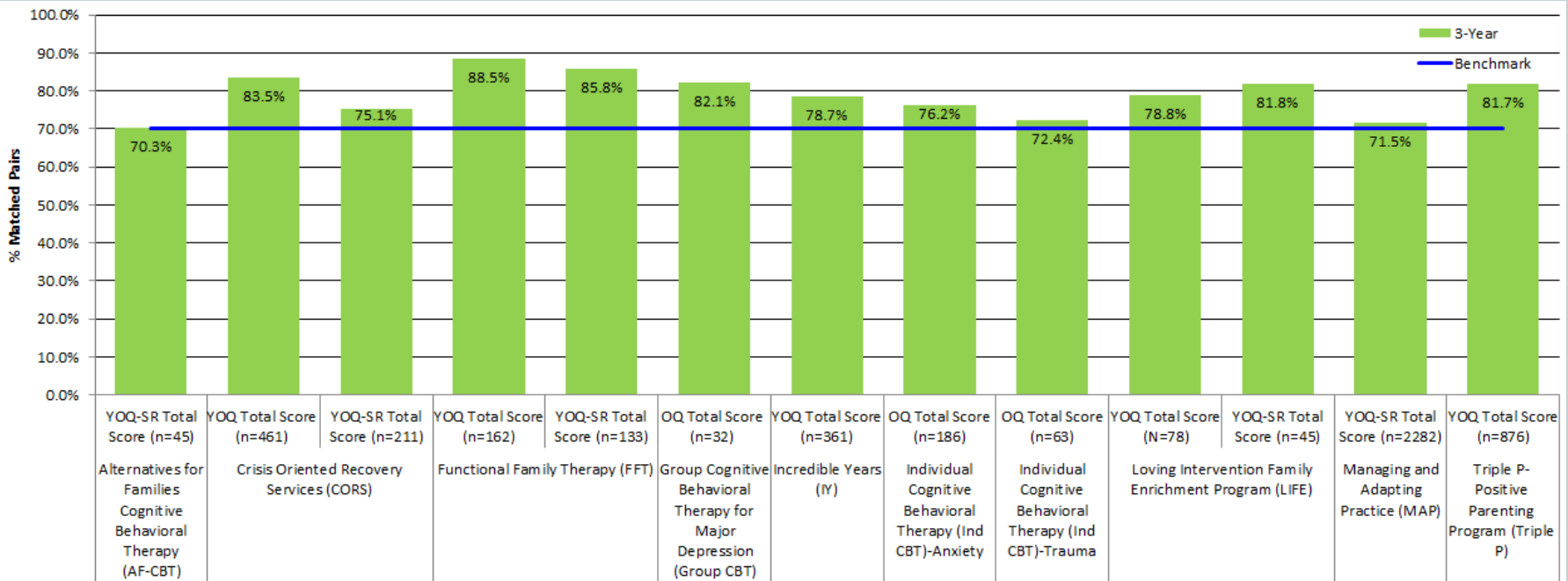
$$\frac{\text{\# of matched pairs for questionnaire}}{((\text{\# of treatment cycles completed EBP yes}) - (\text{\# of clients outside of age range for questionnaire}))}$$

- Creating a benchmark to guide the analyze of the efficacy of PEI practices implemented in Los Angeles County.
- Each practice will have a matched pairs percentage represented for each questionnaire in play with 20 or more matched pairs countywide, or 5 or more matched pairs at the provider level. The benchmark being recommended is **≥ 70% matched pairs** when the client has completed the EBP as indicated by the clinical team.

PEI Outcomes: Matched Pairs

64

PEI EBPs Meeting Matched Pair Benchmarks $\geq 70\%$ for General Outcome Measures

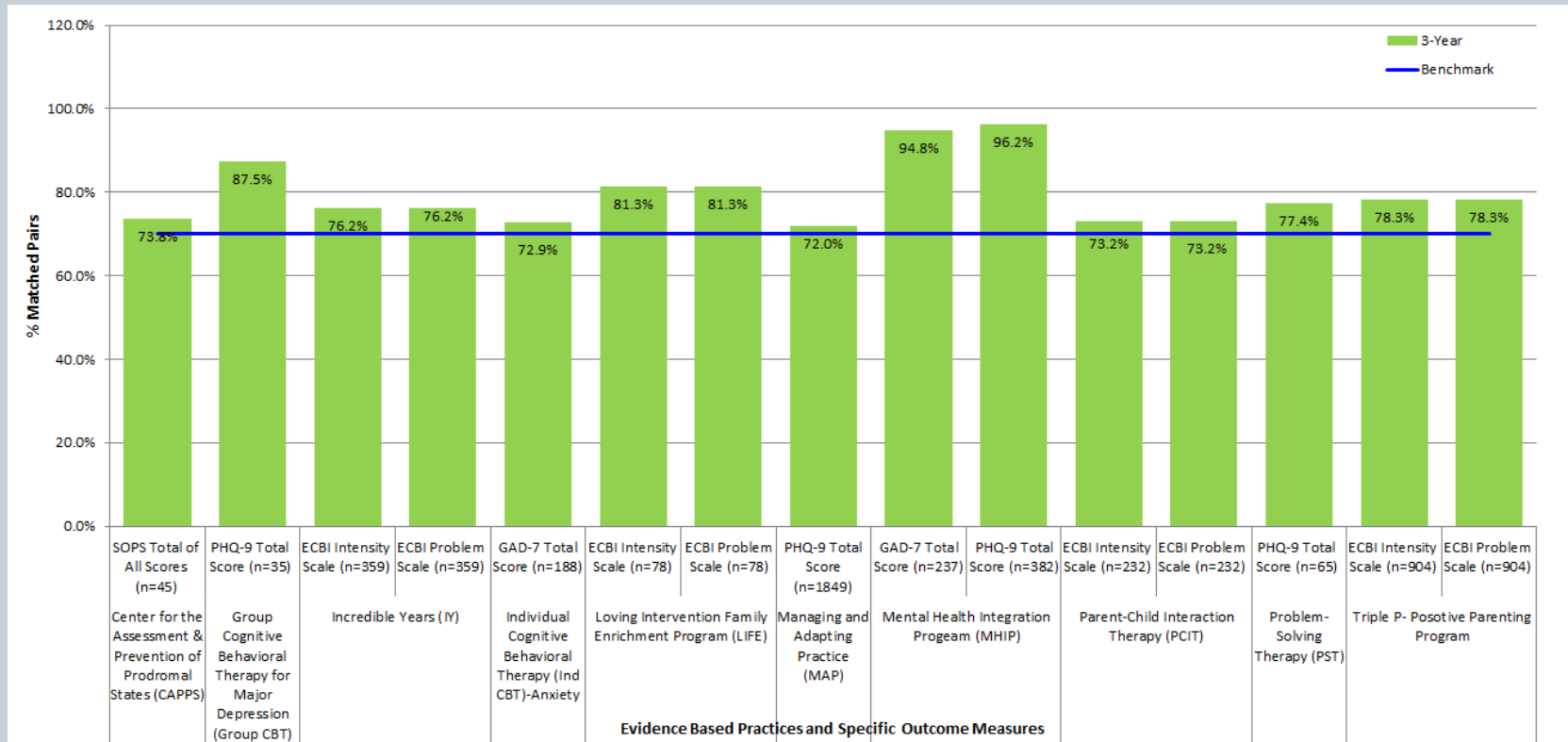


Evidence Based Practices and General Outcome Measures

PEI Outcomes: Matched Pairs

65

PEI EBPs Meeting Matched Pair Benchmarks $\geq 70\%$ for Specific Outcome Measures



PEI Outcomes: Matched Pairs

66

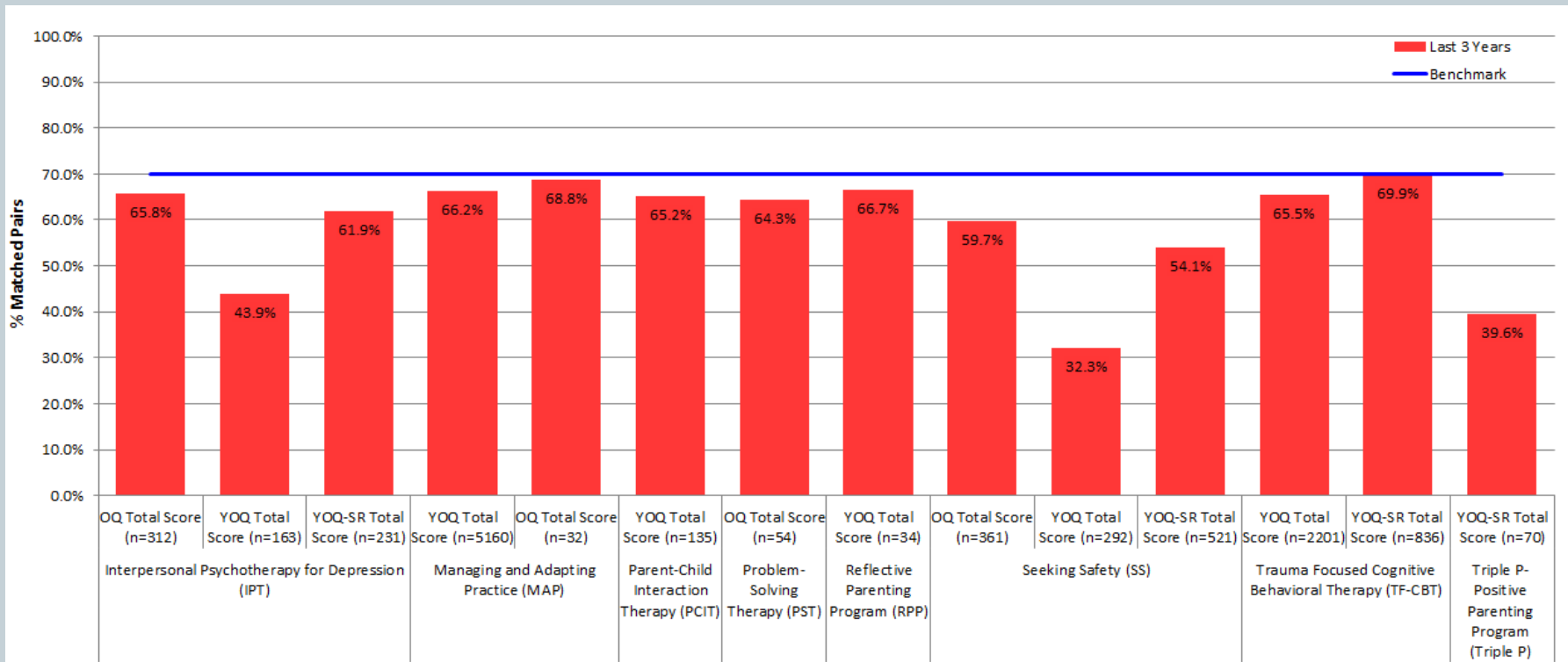
PEI EBPs Not Meeting Matched Pair Benchmarks $\leq 70\%$ for General Outcome Measures Part 1



PEI Outcomes: Matched Pairs

67

PEI EBPs Not Meeting Matched Pair Benchmarks $\leq 70\%$ for General Outcome Measures Part 2



PEI Outcomes: Matched Pairs

68

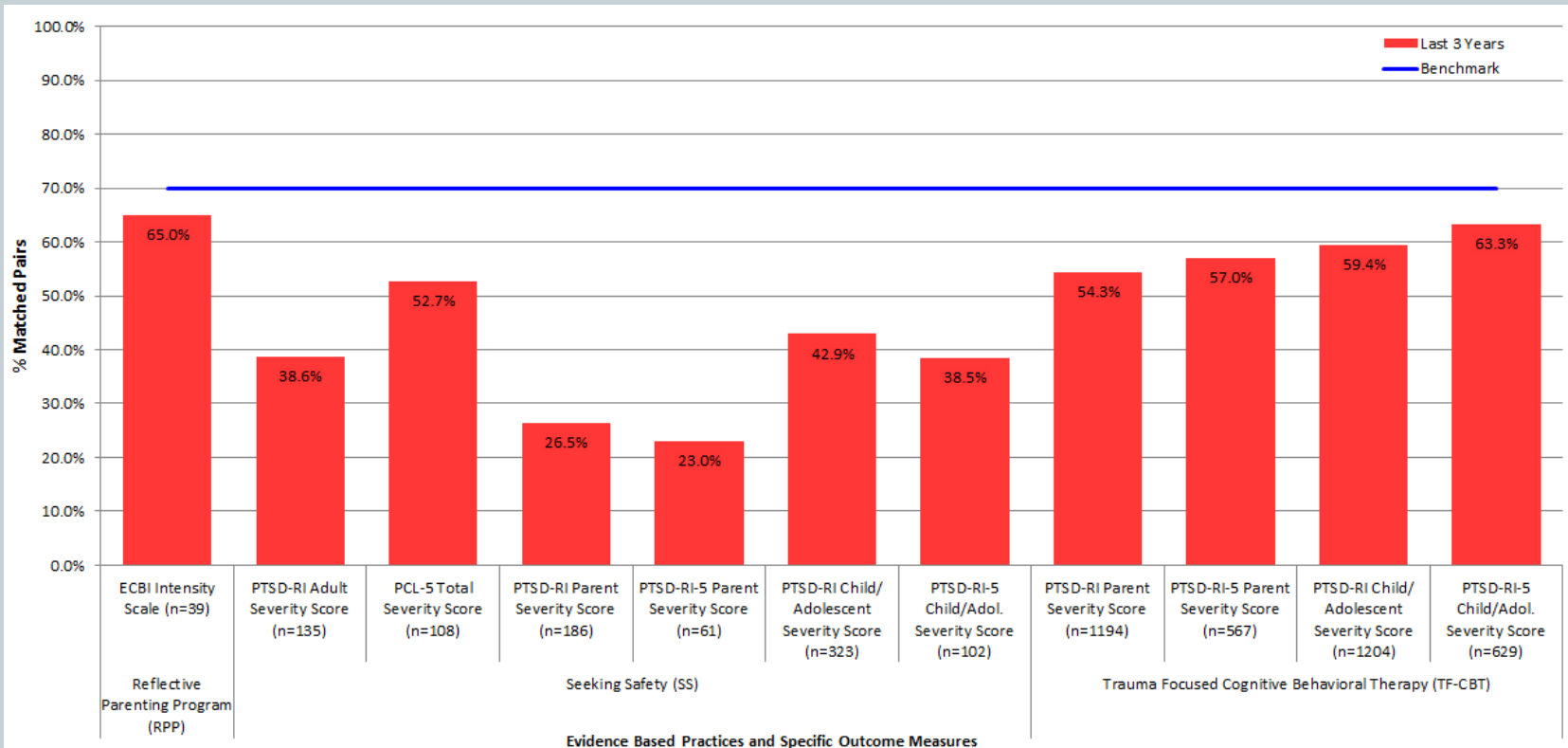
PEI EBPs Not Meeting Matched Pair Benchmarks $\leq 70\%$ for Specific Outcome Measures Part 1



PEI Outcomes: Matched Pairs

69

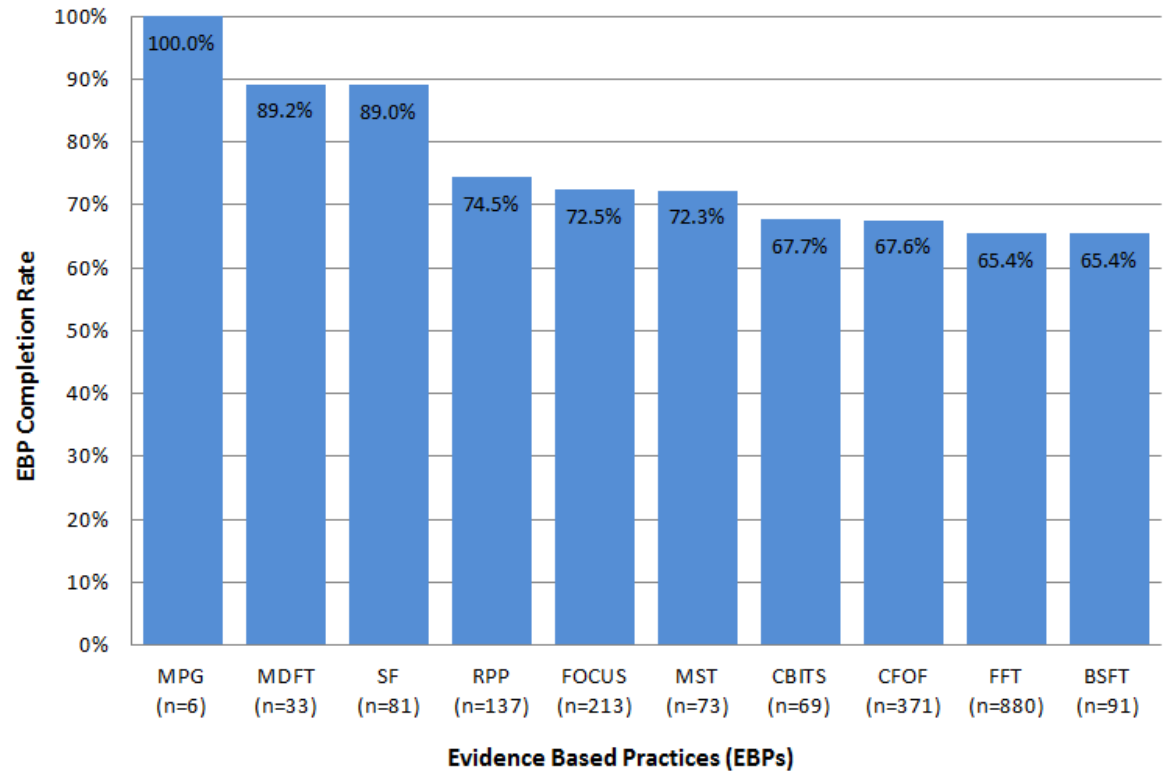
PEI EBPs Not Meeting Matched Pair Benchmarks $\leq 70\%$ for Specific Outcome Measures Part 2



PEI Outcomes: EBP Completion Rates

Completion
rate $\geq 65\%$

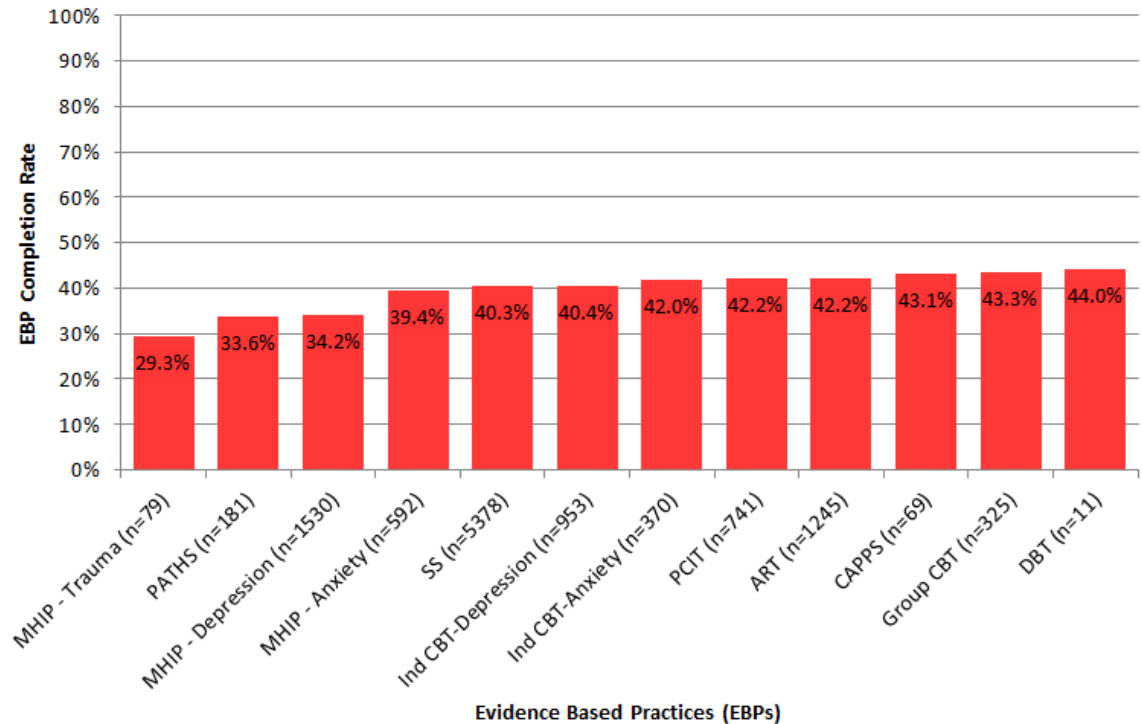
PEI EBPs with Completion Rates over 65%



PEI Outcomes: EBP Completion Rates

Completion
rate <45%

PEI EBPs with Completion Rates under 45%



PEI Outcomes: Drop Out Rates

72

- What is “normally expected”?
- Some estimate percent dropping-out can range from 20% to 57% after the first session
- Another suggested up to 65% of clients drop-out before the 10th session
- One author noted that the high drop-out rate was troubling because (in general) 11-13 sessions are needed for half of clients to be considered recovered
- Methodological Issues: What constitutes a “Drop-Out”?

PEI Outcomes: What We Have Learned

73

Proposed Barriers to Staying in Treatment

- Stigma
- Client demographics
- Diagnosis
- Goodness-of-fit with treatment
- Dropping-out after crisis has passed
- Lack of psychological mindedness
- Poor facilities
- Ethnic-cultural considerations
- Expectations on the effectiveness and length of treatment
- Long wait periods/systemic frustrations

Proposed Strategies to Reduce Drop-Outs

- Role induction
- Motivational interviewing
- Strategize to increase client engagement
- Build upon client's strengths
- Evidence sensitivity to the client's struggles
- Orient clients to clinic
- Identify clients who are not progressing and alter treatment
- Find ways to increase therapeutic alliance
- Cultural sensitivity

Mid-year Adjustments to MHSA Three Year Program and Expenditure Plan for FYs 2017-18 through 2019-20

74

- **MHSA INNOVATION 4 PROJECT: MOBILE TRANSCRANIAL MAGNETIC STIMULATION (TMS)**
- **DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING**
- **MHSA WET FINANCIAL INCENTIVE PROGRAM**
- **MHSA INFORMATION TECHNOLOGY PLAN: 8 PROJECTS**
- **PEI: DEVELOPMENT OF REGIONAL PREVENTION NETWORKS FOR AT-RISK CHILDREN, YOUTH AND FAMILIES**

Los Angeles County MHSA Estimates

75

Fiscal Year	CSS	PEI	INN	TOTAL	Total % change Year to Year
2017-18	\$412.9	\$103.6	\$27.2	\$543.7	8% increase
2018-19	\$418	\$104.5	\$27.5	\$550	1% increase
2019-20	\$423.5	\$105.9	\$27.8	\$557.2	1% increase

*Revised projections based on Mike Geiss estimates – November, 2017

Projections are in millions. LA estimate is based on 28.56% of state allocation outlined in DHCS Info Notice 13-15.