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## **PRESS RELEASE**

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### **LACDMH PROGRAMS COMMENDED IN LITTLE HOOVER REPORT**

*Los Angeles County sees MHSA as transformative to public mental health system.*

**Los Angeles, CA** – In the wake of the release of the 2016 Little Hoover Commission Report on spending and efficacy of the Mental Health Services Act (MHSA) in California, the Los Angeles County Department of Mental Health (LACDMH) was noted for an effective approach in collecting data for public mental health services and for outcome data, made possible as a direct result of MHSA implementation in Los Angeles.

LACDMH created a measurement application for MHSA outcomes and produces a quarterly newsletter highlighting outcomes for those engaged in MHSA-funded programs. The Little Hoover Report noted that LACDMH's "reporting practices should be a model for other counties that still lack capacity to report outcomes of MHSA-funded programs."

Los Angeles County has a decade worth of data for some MHSA-funded programs, used to guide decisions about where to refine or expand services countywide. Using money from the Act, Los Angeles County built a data system to capture outcomes of clients enrolled in full-service partnership (FSP) programs. The county has twice expanded the system to capture outcomes from Field Capable Clinical Services (FCSS), as well as Prevention and Early Intervention (PEI) programs. Through its Outcome Measure Application, the county records and monitors clients' progress and response to services and reviews the impacts that programs have on clients' welfare.

Data from the system shows that clients experience fewer hospitalizations, less homelessness, reduced incarceration and fewer emergency events. Children improve their grades, more adults live independently and some gain employment for the first time. Clients in FCCS programs spend more time engaging in meaningful activities, such as working, volunteering or participating in community activities. PEI clients show dramatic reductions in symptoms; they are less depressed, less anxious, parents report fewer behavior problems and fewer symptoms related to trauma. Reports produced from the data also are shared with providers to encourage them to think about how they use and analyze outcome data in their own programs.

The value of the data is “not just about saying that MHSA has made an impact. It’s about making decisions using that data, learning from that data and improving the quality of our services,” said Debbie Innes-Gomberg, LACDMH District Chief, MHSA Implementation and Outcomes Division.

LA County was noted for our eight Service Area Navigation Teams, Integrated Mobile Health Teams and Peer Run Respite programs.

Since the Commission’s last review, The County Behavioral Health Directors’ Association has launched an effort to report outcomes for MHSA funded programs statewide and the Mental Health Services Oversight and Accountability Commission launched an updated website <http://mhsoac.ca.gov/history> which includes some financial elements recommended by the Commission, including a breakdown of the cumulative MHSA revenue reported since the Act passed in 2004.

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