A Large Scale Needs Analysis Based on Statewide Quantitative and Qualitative Data

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CSOC Values

- Family Involvement & Interagency Collaboration
  - Family Involvement at all levels of system delivery throughout admin and service providers
  - Children can only benefit from improvements to interagency collaboration & continuity of care
- More bluntly, CSOC programs will not succeed without families, schools, the juvenile justice system, and physical health care providers

California's Mental Health Services Act (MHSA)

- November, 2004: Community initiated proposal approved by California's voters
- Over $250 million allocated for MHSA services within its first year
- Proposition requirements:
  - Intensive planning process **driven** by consumers and community stakeholders

Recovery Instead of Medicaid

- 1% tax on millionaires
- Six initiatives:
  - Community Planning
  - Community Services and Supports
  - Prevention and Early Intervention
  - Innovative Programs
  - Capital Facilities and Technology
  - Education and Training

Full Service Partnerships (FSPs)

- A minimum of 50% of funds allocated for FSPs
- Similar to Wraparound programs: provide whatever is needed
- Caseload ratio requirements limited to 15 clients per primary staff

Funding Requirements

- After the first 50% dedicated to FSPs
- Funds primarily intended for enhancing the existing system
- Focus on meeting the needs of the 'unserved' and 'under-served'.
- Promotion of "RECOVERY"
  - Promote strength-based mental health treatment
  - Release services providers from Medicaid's deficit-based orientation.

Presentation Focus

- MHSA funds primarily distributed by CA's Counties
- Counties had to demonstrate that the planning process was thorough and community-driven to receive funds
- Ensure that funds were used to create programs specifically focused on local community needs

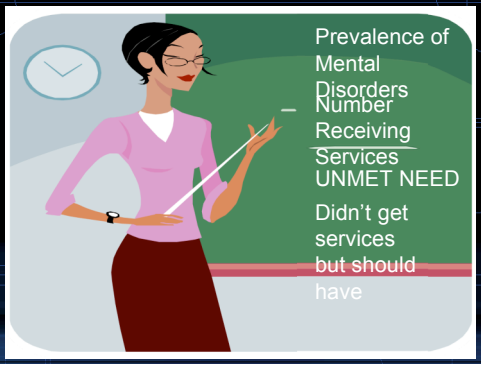
State-Wide Needs Analysis

- Statistics: QUANTITATIVE DATA
  - Prevalence of MH needs
  - Who receives services?
  - Who doesn't receive services?
- Feedback: QUALITATIVE DATA
  - Consumers, family members, community representatives, and representatives form collaborating agencies

Methodology

- County-level quantitative data more heavily weighted in the allocation of funds
- County qualitative data were more heavily weighted in setting priorities for which treatment strategies and programs should receive funding

Unmet Need



Why Unmet Need?

- Acknowledge existing disparities and begin to make adjustments
- Acknowledge historical inequities in the distribution of funds
- Establish a data-based metric and baseline to evaluate whether new services are effective at reducing disparities

Establishing Prevalence Estimates

- California State DMH hired Charles Holzer, UTMB, Galvestone, TX
  - To establish separate, unique prevalence estimates for each of CA's counties
  - Basically establish regression weights
    - Use National Comorbidity Survey to create weights for age, gender, ethnicity, marital status, education, poverty level
  - Apply weights to each county's census data

State-Level Statistics on Clients Served

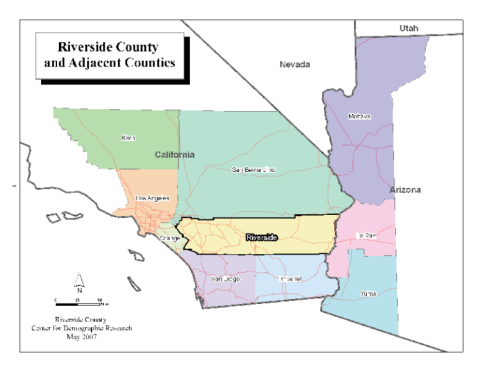
- State guided by Unmet Need data to establish how much money to allocate to each county
- Stats on the number served were based on State Medicaid (Medi-Cal) paid claims
  - Total MH Need (for the population <200% poverty) compared to Total Served
  - Data broken down by County but not broken down by more specific demographics (regardless of other demographics)

County-Level Unmet Need

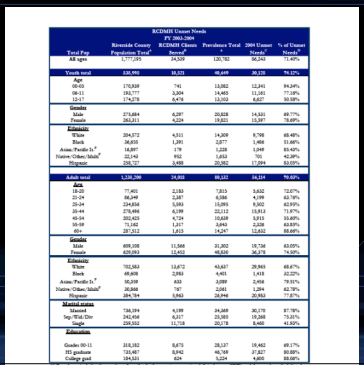
- Counties have data beyond Medicaid (so can include indigent clients)
- Provided with prevalence estimates broken down by demographics (age, gender, ethnicity, etc.)
- Explicitly required to identify specific unserved and under-served populations

Example: Riverside County

- A little about Riverside County:
  - Population: 2,026,803 (Census estimate for 2006)
  - More residents than at least 14 of the United States
  - Geographically, 7,300 sq miles – slightly bigger than Connecticut and slightly smaller than New Jersey
  - Programs are managed within 3 geographic regions



Now, Riverside County's Unmet Need Data



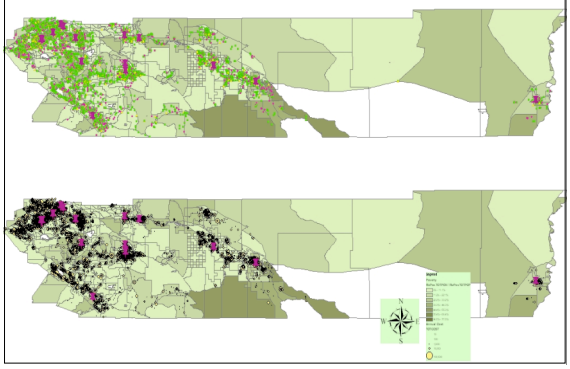
Counties, In General

- All counties were required to include:
  - Estimates of unserved & under-served populations
  - Design programs to target the needs identified
  - Justify the distribution of resources
- It won't surprise anyone… how counties established their plans varied
  - However, had to justify and explain to the State administrators

To Continue the Riverside County Case Study

- Unmet need broken down by:
  - Geographic region
  - Age group (children, transition age youth, adults, and older adults)
- Resources distributed based on highest unmet need
- Additional outreach initiatives prioritized populations based on unmet need (ethnicity, gender, sexual orientation, etc.)

Decisions for Program Location Guided by GIS Data When Possible



Qualitative, Community-Based Feedback

- MHSA legislation required an in-depth planning process:
  - Intensive process for soliciting feedback
  - Required participation by consumers, parents, family members, community organizations, and other service agencies
  - Counties' plans could not be approved without sufficiently addressing these requirements for the planning process

State-Level Stakeholders

- State-level plans were held to the same standard for stakeholder input
- As required by the legislation, an Oversight and Accountability Committee was established to monitor and ensure that stakeholder input was collected and given weight when making decisions

County-Level Stakeholders

- Established advisory committees
- Held focus groups
- Solicited feedback through anonymous surveys
- After plans were initially drafted, Counties were required to make the draft available for public comment
- Practically speaking, counties must also provide explanations to stakeholders regarding how their feedback is implemented

In Riverside County…

- Eighty one focus groups conducted with 879 participants
  - 15 of the focus groups were held in Spanish-only

	# Of Sessions	# Of Attendants	Spanish-Speaking
Family Members of Children Consumers	12	52	4
Family Members of Adult Consumers	10	129	3
Youth Consumers	2	14	0
Adult Consumers	28	285	0
Older Adult Consumers	7	82	3
Community (All ages)	18	231	5
Agencies (Serving all ages)	4	86	0
TOTAL	81	879	15

Areas Identified for Feedback

- Riverside County Identified the following main areas for soliciting feedback:
  - Access to Services
  - Family / Consumer Involvement
  - Effective Services
  - Individual Care Plans
  - Accountability
  - Cultural Competency

Access:

Themes Identified

- More availability of existing services
- Point of contact needs to be improved
- Financial Aid and Entitlements
- Increase housing resources
- Need a public awareness campaign / advertising campaign
- Transportation
- Interagency/community collaboration needs to be improved
- Crisis services are inadequate
- Help clients with gaining employment
- Dual diagnosis services are needed
- Provide services through home visits
- Follow up services following hospitalizations are needed

Family / Consumer Involvement:

Themes Identified

- Find ways to include families in actual treatment
- Families need support services
- **Spanish** speaking focus groups indicated they want more materials in their native language

Effective Services:

Themes Identified

- More consumer education needed regarding diagnoses and medications
- Provide recreational activities
- Provide more frequent and more individualized time with psychiatrists
- More support groups are needed
- The doctors should listen to us about side effects

Individual Care Plan:

Themes Identified

- "What's a Care Plan?"
- Clients should be "allowed to set own goals!"
- Include family in developing care plan
- There should be consistency between staff

Accountability:

Themes Identified

- Get more feedback from consumers
- Improve staff interactions with consumers
- Services should decrease hospitalization
- Services should decrease involvement with the law, jail time, and time in juvenile hall
- The department should publicize outcomes and share with clients
- Services should decrease homelessness

Cultural Competency:
Themes Identified

- More bilingual, bicultural, and culturally diverse staff are needed
- Location of services needs improving
- Services need to be appropriate for sex/gender issues
- Clinicians need to respect religious beliefs
- Provide more trainings and certifications for staff on cultural competency Celebrate cultural holidays
- Cultural competency does not mean segregation and discrimination Clinicians need to know how to work with people with different sexual orientation

How Was Focus Group Feedback Implemented?

In Riverside County…

- Feedback was summarized and provided to Advisory Committees
  - Remember, Advisory Committees also include stakeholder representatives
- Advisory Committees made recommendations regarding program & treatment strategies for the MHSA plan

State-Wide General Experiences

Of course, there has been a range of experiences:

•Many counties reported it was difficult to recruit community members and stakeholders to participate in focus groups

•Many counties challenged to even get enough representation for advisory committees

•Community members who are willing to participate / provide feedback are over extended

•One problem for all counties is that consumer feedback probably does not fully represent 'unserved' populations

Implementation Studies

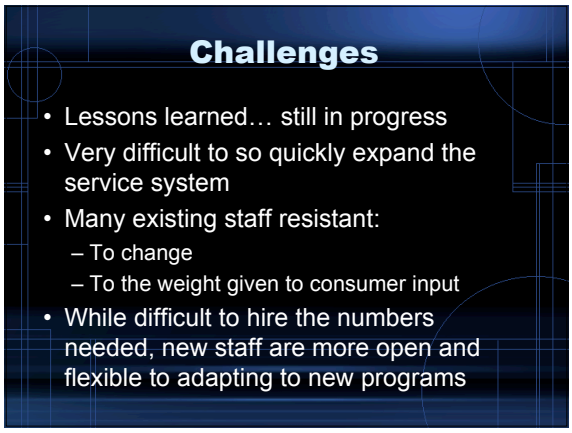
- Numerous Experts Emerging
- Two major studies:
  - One Focusing on issues and priorities identified by the CA State DMH
  - One by the Petris Center
- Copies available…

Bottom Line

- Predominately, those involved say the planning process has been "empowering, exhilarating, and exhausting"
- New directions and priorities have been identified
- Both Planning and Implementation has been much more difficult than anticipated

Implementation

- Since the MHSA legislation passed…
- Over 90% of California's 58 counties have completed this needs analysis process
- And begun implementation of the programs
  - Funded by MHSA
  - Developed out of this planning process


Challenges
• Lessons learned… still in progress
• Very difficult to so quickly expand the service system
• Many existing staff resistant:
– To change
– To the weight given to consumer input
• While difficult to hire the numbers needed, new staff are more open and flexible to adapting to new programs