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

Ryan Quist, Ph.D.
Riverside County Department of Mental Health
Western University of Health Sciences

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 from 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**

- Prevalence of Mental Disorders
  - Number Receiving Services
  - UNMET NEED
    - Didn’t get services but should have

**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.)

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

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<th># Of Sessions</th>
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<td>Family Members of Adult Consumers</td>
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<tr>
<td>TOTAL</td>
<td>81</td>
<td>879</td>
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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
- 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